THE ANTEROOM: A CAMERA OBSCURA FOR GRASPING ASPECTS INVISIBLE IN THE CLASSICAL SETTING

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The anteroom^{1, 2} is not only an architectural space, but also a location in the field where analyst and patient meet in a different frame of mind from the therapeutic attitude that characterizes their relationship in the consulting room. Drawing a parallel with the variations in perception generated by the camera obscura in the experience of a painter, the author investigates how new aspects of the conscious and unconscious relationship between analyst and patient can emerge within a different setting. Observation of these variations suggests the possibility of regarding the setting no longer as an invariant of the field, but instead as one of the factors that can actively mold the analytic relationship.

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INTRODUCTION

Every day, the sound of my office doorbell ushers in a somewhat repetitive sequence: the patient arrives, we shake hands, cross the anteroom,

¹ Translator's Note: The Italian word for "anteroom" is anticamera, and hence the comparison with a camera obscura.

² Author's Note: An early reader of this paper made an interesting linguistic point: while the English word anteroom seems to suggest an area that functions as a step toward the consulting room, the Italian word anticamera is more suggestive of a contrast, perhaps even an antagonistic one, between the two areas.

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and then go into the consulting room. After the session, the route is more or less the same but the other way around.

At the beginning of the session, it is not unusual for me to consciously register sensory data from the patient on his way in³—such as, for example, the sound of footsteps on the stairs or the use of the elevator, or how the patient's eyes and my own meet or avoid each other—thus triggering fantasies or hypothetical attributions of meaning inside me. At the end of the session, on the other hand, I feel that my mind is relaxing and relinquishing the task of continuing to pay active attention to the other party in a state of tension. I am, as it were, allowing myself a short break in which to go back inside myself, and as soon as the patient is on the threshold of the consulting room—whereas I was previously profoundly mingled with him in empathy—I am already enjoying a feeling akin to the pleasure of being "alone in the presence of someone" (Winnicott 1958, p. 33).

As a consequence of these various states of mind, while the situation in the anteroom before the analytic session always arouses my curiosity, so to speak, what occurs in this architectural and mental space at the end of the session has first and foremost the effect of surprising me. So the anteroom is not only the environment that precedes the consulting room, but also a place in my mind where I experience different states of being with the patient.

While attuned to these initial impressions, I noticed an architectural detail that had always been right in front of my eyes, although I had never paid conscious attention to it or assigned it a specific meaning. While the room in which I practice analysis is flooded with sunshine and light for most of the day, the anteroom is a relatively dark space, lit only indirectly or artificially. The anteroom [anticamera] then appeared to me as a kind of camera obscura that could project "wrong-way-around" images of my patients or me onto the wall.

Aside from providing the reversal of an image, which is a visual reflection of surprise at the experiential consequence of an unusual perspective, the optical device of the camera obscura gives rise to other vi-

 $^{^3}$ Translator's Note: For convenience, the masculine form is used for both sexes throughout this translation.

sual effects that have been used by painters since the sixteenth century (Hockney 2001). In a camera obscura, the image is slightly flattened and hence brought closer and rendered more visible, because projection through the pinhole cancels out the effect of the focal distance. Another advantage is that it facilitates the representation of even a very extensive landscape within a confined space and, by restricting natural light, allows the perception of subtle shades of color. To sum up, the image observable in a camera obscura is contained within more readily representable dimensions and has less well-defined contours—which therefore appear somewhat more fluid—and its tonal gradation is more strongly emphasized.

Transposed to the analytic situation, this optical phenomenon has helped me imagine the architectural space of the anteroom as a place in the mind that can modify the focal distance between the patient and me, thus changing the way in which we relate to each other. This paper is an attempt to describe some of these relational events and to arrive at hypotheses about the mind at work in a transitional area between *being inside* and *being outside* the analytic situation, in which the patient's contribution has made unexplored areas of the relationship representable.

Furthermore, living images have arisen within the space of the anteroom, entering the mind from a different angle and hence throwing light on certain limiting aspects of the exploration of the analytic field undertaken by the patient and me in the consulting room.

THE CAMERA OBSCURA AND THE ANTEROOM IN RELATION TO THE SETTING

For a long time, the analytic setting was regarded as something that did not form part of the actual process of analysis, a kind of external frame defining the space-time of the analytic encounter; however, it has gradually come to be seen in analytic theory as playing a more active, more intimate part in the process itself. Qualitative aspects, such as the rhythm of sessions and the stability of location, have been identified as repeating, in effect, the primary function of maternal holding in the analytic process. Understood in this way, the setting guarantees a sense of security that allows the patient to regress—that is, to discover something

of his own personality and his most archaic mode of relating (Civitarese 2008; Modell 1976, 1989; Winnicott 1955). The setting, in its holding function, affords protection from traumatic discontinuity, and therefore contributes actively to the re-creation of a relational situation that can facilitate psychic development.

Spatiotemporal discontinuity, on the other hand, may be conducive to the emergence of psychotic elements of the personality, related to archaic aspects such as the autistic-contiguous position or, more simply, to primary fusional needs (Bleger 1967; Greenberg 2012; Ogden 1992).

Again, whereas the setting was originally seen as a device favorable to the patient's psychic transformation, it is now widely regarded as capable of conditioning the minds of both analyst and patient at work. So the setting has increasingly come to be seen as a mental function more intimately connected with the process (Ferro and Basile 2006; Grotstein 2009). In field theory, the setting can indeed be regarded less as a factor in the initiation of the analytic relationship, and more as an element of psychoanalysis that is generated by the relationship itself (Meltzer 1978; Ogden 2004a, 2004b).

Certain interactions that take place outside the consulting room but in mental contiguity with it can therefore justifiably be deemed phenomena of the analytic field, and hence phenomena that fall within the definition of the setting in a wider sense of the word. For this reason, I will not only consider certain interactions in the anteroom as taking place in a specific architectural space; I will also use the dimension of space—a space that permits the observation of elements not fully perceptible in the consulting room—to explore an area of the mind in the process of relating.⁴

From this point of view, the concrete experience of the camera obscura has helped me understand how a given setting can guide my per-

⁴ Relational and intersubjectivist authors have shown that variations of the setting may be a response to a specific need of therapist or patient. In addition, the setting may be an aspect of the co-construction of the analytic process (Benjamin 1991; Hoffman 1998; Ogden 1994; Rigas 2012). In this contribution, I would like to consider the setting as an area of the field in which unconscious aspects of both patient and analyst can be deposited. Some modifications of the setting can be a way for the analytic couple to start dreaming these unconscious aspects.

ception toward details neglected in the natural environment, and how this optical device can facilitate their representation.

In the anteroom, one is not on the analytic stage, but one's mental disposition preserves a degree of immersion in the dark that excludes external reality. This, then, is a transitional area between inside and outside, one in which certain details invisible in the light become more obvious by virtue of the change of mental setting.

In seeking to focus on the variations in my mental state in the anteroom, I can say that, having exited the consulting room, I feel as if I am emerging from a state of intense, vivid involvement in emotions, achieved by way of separating them, relatively speaking, from my thoughts. However, this state of deep immersion in the emotions of the field also entails a largely noncritical espousal of the mass of earlier thoughts deposited in the setting and in the explicit or implicit theory by which each analyst attempts to master a chaotic tangle of emotions (Ambrosiano 1998; Nissim Momigliano 1988).

Outside the consulting room, softening the stabilizing foundation of theories affords access to emotions and facts, allowing involvement from a different perspective. This, I believe, is why I have several times had the experience in the anteroom of being surprised by the other or of surprising myself in the presence of the other (Schacht 2001; Winnicott 1951).

On the basis of the clinical situations reported in what follows, I will attempt to explore in particular the role of the setting—or rather, how the shared mental space can determine what patient and analyst are able to apprehend, represent, and dream together.

Alice: The Fluid, Wrong-Way-Around Image

Alice is a 12-year-old girl suffering from selective mutism. During therapy sessions, her eyes are fixed on the floor for the entire hour, and she is unable to whisper even a single word. Three years have passed since we first met, and an enormous number of attempts have been made to build a relational bridge without words.

One day as she is leaving, at the door to the street I see her eyes lift from the ground and hear her exchange a few words with her mother, who has come to pick her up. I have already said goodbye to her and followed her into the anteroom after a brief delay, so that Alice probably feels she is already outside, and, like me, she no longer feels the anxiety generated by the presence of the other.

I realize that, for a long time, albeit as subtly as I can, I have tried to force her to look up and to induce her to emerge from her defenses—which she needs in order to avoid the catastrophic sensation that caused her to stop speaking to anyone except her mother. Alice shows the world concretely how alone she is, perhaps in the hope that someone will help her confront the blockage in which her defenses have taken the place of what never was—of what was unable to create the ability to relate.

For Alice, not speaking signifies the concrete communication of being unable to fill the space of distance symbolically, of lacking the instruments to confront an object loss felt to be catastrophic. I feel that I am sharing with her the anxiety of being together in a room where she feels unable or unwilling to speak so as to oppose what everyone—including me—wants from her.

At this point in Alice's therapy, I now propose to try to make this space disappear by turning the setting that guarantees our meetings the other way around—although I do not really know how and to what extent this may affect the transformation of our unconscious emotions.

Having obtained her parents' permission, I suggest to Alice in the next session that we go out into the street to photograph her feet as she walks. In the street, I find myself thinking about my possible responsibility in the event of an accident, and I feel vulnerable and insecure. I am always extremely reluctant to vary the setting, for a number of good reasons. Disobeying the rules of the setting as developed in the theory of analytic technique to guarantee security for patient and therapist alike is subject to powerful inhibitions and is very painful, so at first I feel inadequate and afraid of catastrophic accidents. For this reason, while we are walking, I experience a painful and sometimes terrifying sense of being subject to coercion; I imagine that these feelings are similar to Alice's when I try to tear her away from "her setting"—that is, the closed, silent room in which she lives.

On returning to my office, we upload the photographs Alice has taken to my computer, yielding a *photoreportage* in which I see from her

perspective a series of holes, disconnected paving stones, drains, stunted blades of grass looking for cracks in which to grow, and fragments of pedestrian crossings. I observe urban landscapes that sprout from beneath her tennis shoes, which tell me more than words about her state of mind: the wish to trample on everything and everyone, and the fragility of having to maintain a balance with the maelstrom that is her world. Alice feels that she is the protagonist in showing me something of herself by way of her skill in producing photographs of good technical quality—that is, in speaking in images.

When the photographs have been printed, I watch as they are selected, as some of them are deleted, and as she timidly seeks to put them in an aesthetically satisfying order. As she does all this, Alice whispers almost imperceptibly: "like this." She means "putting them together like this," but I also imagine that she is referring to the experience of a creative side of herself and the establishment of some level of communication.

Alice shows an emergent ability to superimpose a personal "frame" on the beta elements of the sidewalk, an agency of a personal self to scaffold/contain her being-in-the-world that is sponsored by the analyst and experienced by the patient as the analyst's sponsorship. These actions seem to have led Alice into an area of the mind where the roots of a relationship lie, where touch and sight fill the gap between self and other, and where the perception of one's space while walking summons up the archaic experience in which space was first and foremost the experience of an anxiety-inducing distance separating the child from the mother's arms (Milner 1950).

What first surprised me was that the holding function contained in the setting was paradoxically achieved in an open space and with a variation of the setting's rhythm. This turning around of the concrete setting, which originated in the anteroom, and its comparison to a mental device with analogous effects to the camera obscura, made me wonder what had hitherto prevented the birth of a function whereby both my own and Alice's primitive anxieties could be symbolized. I wondered whether the classical setting always suffices to apprehend both the primitive and the deeply buried.

Alice's symptom is situated at a primitive level of development, and my adult mental functioning finds it very difficult to attune itself to these early developmental levels. I need a different mental approach from the one I normally use in the consulting room—a kind of "anteroom" enabling me to draw closer to a part of myself of which I am entirely unconscious. "I think that when we use the word 'deep' we always imply deep in the patient's unconscious fantasy or psychic reality: that is to say, the patient's mind and imagination are involved" (Winnicott 1957, p. 111).

Primitive refers to an experience in which the conditions required for a mind to distinguish between conscious and unconscious have not yet arisen; their establishment depends on the appropriate development of a child's early relationships. Sensory, emotionally primary consciousness—or, as Bion (1961) calls it, "rudimentary" (p. 117) consciousness—is not associated with an unconscious, and for this reason Alice needs a considerable number of therapeutic interventions directed toward constructing the mental container, rather than toward probing its functioning. For what underlies extreme defenses is an interruption of the psychic functions of thinking, which early on met with a blockage in the capacity to create relational links, thus compromising affective and cognitive development. In these cases, analytic therapy is called upon to recreate an environment and interactions permitting a rerun of the stages of primal psychic experience.

With all due caution stemming from the examples—and failures—of the past, can we today think of possible variations of the setting to help us explore areas of the analytic field that cannot readily be reached in the classical setting—which, after all, has been structured as an approach for individuals who can speak? Can younger or older children who do not speak or play benefit more from settings other than those hitherto applied in the analyst's consulting room?

My variation of the setting has in a sense enabled the minds of analyst and patient to meet in an extraterritorial location of the field; that is to say, we were both in practice disobeying an obligation to observe the rules of our respective groups—rules that were made for security.

The first step in this direction, perhaps not coincidentally, was that of "turning the other way around"—when I focused on the patient's feet

instead of her head. This shift involved a sensory sharing of experience and triggered an initial transformation of a mass of sensory data that could not be represented in the consulting room. In proposing that we leave the consulting room, I thought it might be possible to adopt Alice's visual perspective, but when I actually did so, my fear of setting off in a dangerous direction became equally concrete, thus favoring a physical and emotional *con-sensual* experience with my young patient.

In addition, my experience in the anteroom when Alice began to talk to her mother must have triggered something personal in me. My patient and I had "turned things the other way around" in the sense of unconsciously exchanging roles. An infantile part of me must have enjoyed the idea of an exclusive relationship, which I had somehow offered to Alice in the form of something absolutely special. The variation of the setting was an unconscious identification that enabled both of us to reestablish a function of development. Alice was able to lead me into a camera obscura, in which I was surprised by an image that took an unexpected shape, and afterward she was able to be surprised in my presence.

Giovanni: The Focal Distance and the Flattened Image

Mr. D is the father of a child in analytic treatment, Giovanni. Mr. D and I have an extremely bad relationship. Despite all my efforts to believe that his attitude results from a defensive armor, this gentleman sorely tries my ability to tolerate him, especially when, at the end of a session, I am in the anteroom and still profoundly identified with his son and quite unwilling to listen to the other, equally traumatized child concealed within the father.

The following brief dialogue indicates what I tend to find intolerable:

GIOVANNI: Daddy, have a look at the house we have played!

Mr. D: You can't say that because *to play* is an intransitive verb.

Repeat after me: *in-tran-si-tive* . . . and then be careful And your cap is on the wrong way around again!!

How many times must I tell you how to put it on right, but you never learn anything! I keep telling you, but it's a waste of time—anyone would think you were mentally deficient.

Considering that Giovanni is five years old, it is easy to see that the use of incomprehensible words and the inability to attune emotionally to an as-yet imperfect competence repeatedly have the effect of an icy-cold shower both on the child and on me.

Without a conscious decision, it so happened that, as the weeks passed, at the end of his sessions I began to help Giovanni put on his hat and coat before leaving the playroom, so that I could return him to his father in the anteroom, ready to leave the building in a way that limited our interactions to the essential minimum. The anteroom thus became an intransitive place—that is, a place unsuitable for the negotiation of conflict that was not readily tolerable.

In a session just before Christmas, both parents accompany Giovanni to his appointment and wait for him. At the end of the session, when Giovanni and I leave the children's room, his mother appears in the anteroom and Giovanni embraces her. At this point, his father leaps out as if wanting to play hide-and-seek. Giovanni is startled and, already slightly off balance from embracing his mother, he falls to the floor, dragging his mother down with him. We three adults then find ourselves bending over the child in a strange, less hostile proximity.

"We all fell down," I say, thinking of ring-around-the-rosy. This is not intended as an analytic intervention, nor do I wish to describe either how the parents relate to the child or the possible meaning of what has just happened. My utterance has to do with me personally; it is perhaps the unconscious response to my surprise at the hint of a game introduced by the father, together with the childlike scene we have just staged of disarranged bodies accidentally in contact with each other. Just for a moment, I and this odious gentleman find ourselves in a play space where neither of us needs to demonstrate anything to the other.

That evening, I recall a game that Giovanni has repeatedly wanted to play with me. When we paint with tempera, he likes first of all to stick pieces of Scotch tape onto the paper. What happens when he then starts to paint is that the color tends to seep through the slippery surface of the tape, causing smudges that blur the division of the space for painting.

It then occurs to me that dressing Giovanni for the street has been intended to avoid hassle—it was an attempt to distinguish sharply between the space of a behavior deemed appropriate (mine) and one felt

to be inappropriate (the father's). This presumption had accentuated the normal sense of rivalry that Mr. D felt in his heart—the rivalry experienced by any parent compelled to use a therapist for his child—and a corresponding sense of superiority that is always liable to insinuate itself into the therapist against his conscious will. The problem that seemed to me to be the other's became intolerable owing to my active participation in its creation.

The point I wish to make here is that, in the anteroom—that is, where we had concretely come together as a group—the child had demonstrated to me his capacity to influence his parents, that is, by triggering an affectionate response in both.

The reduction of the distance between us and the actual situation of being off balance with respect to my relational schemata enabled me to see that Giovanni had already apprehended an element of the group analytic field with which the unconscious relationship that united us could be described. I then used the child's painting to introduce into the field of the relationship with his parents the effective representation by which he had been able to act as the sounding device of the unconscious group field—an extremely sensitive device for the detection of a problem in which each of us ultimately colluded (Molinari 2013).

A Family: A Landscape Too Wide-Ranging to Be Confined within a Room

"Pardon me, doctor, do you by any chance have a diaper?"

These words are addressed to me after an initial consultation, in the anteroom of my office. The problem for which the inquiring woman and her husband have consulted me concerns their eldest son, but since she is breast-feeding and they have come from relatively far away, they arrived at the consultation together with their baby daughter, who is just a few months old.

At first it takes a few seconds for me to get my bearings; then the mother gestures toward the baby. I understand and politely reply that I do not have any diapers.

When I decide the next day to take some notes on the consultation, the surprise I had felt in the anteroom on the previous evening begins to take on a wider significance. First, I am more aware of the form of the couple's arrival: "My husband dropped us off and went to park the car; he'll be here in a moment," the wife had begun, in explanation of her husband's momentary absence. Although it is in fact not difficult to park near my office at that time of the day, the husband did not join us for a good half-hour. In the meantime, the wife had described the behavioral and linguistic difficulties of their elder child to me. According to her account, these difficulties were bound up with the twofold trauma that had afflicted him when he started school: separation from the grandmother who had cared for him until then, and separation from his diapers. Since the child, according to the mother, had not yet mastered sphincter control, this drastic demand had in her view given rise to humiliation on a number of occasions. The father, who had meanwhile joined us, told me that a previous therapy had been broken off because the boy did not like being observed.

Since the family's provisional explanations of their child's difficulties in terms of direct causality had seemed to me, even while I listened to them, somewhat simplistic, the little appendix to the dialogue in the anteroom played a fundamental part in helping me put certain things together and assign at least a provisional meaning to them.

It seemed to me that the protagonists had in various ways invited me to understand that there was both an overflowing and a void that they found difficult to handle. I had experienced this in the first part of the consultation, when the constant interruptions due to the mother's caring for her crying infant and the account of the elder child's difficulties made me feel that so many demands were being made on me that I was quite unable to think. Thereafter, every so often I found myself looking at the empty chair, expecting the father and wondering where he might have ended up. The theory they had thought up to explain their child's problem once again suggested an unexpected deficiency of caring and the absence of a diaper to absorb evacuations.

At the door, they had given me the key to embarking on the therapy without being immediately evacuated, since the father had *dropped off* mother and daughter,⁵ and then explained to me that he absolutely did

⁵ Translator's Note: The Italian word scaricato, "dropped off," also means discharged in the sense of evacuation or excretion.

not want to be observed. I was therefore required to become a diaper, to receive and absorb the toxic fluids disseminated in the form of various kinds of action, which eventually became a disorder of language and behavior in the older child.

As to the setting, it seems to me that, had I suggested a form of observation or therapy to the father, the consultation would not have been followed up, while my receiving the mother and daughter would represent collusion with the failure to listen to an infantile part of the father. A decision to see the child a few times either by himself or together with the mother on the basis of a shared consultation might have been understood as a refuge that immediately laid down unacceptable rules.

My eventual choice of a relatively passive setting was guided by these considerations. I told the parents that we could decide on each occasion when to meet; I said that they could take turns coming or they could come together, with or without the children, as they saw fit.

DISCUSSION AND CONCLUSION

In imagining the anteroom [anticamera] as a place similar to a camera obscura, I have presented some examples of how the psychic reality that manifests itself in this space can facilitate the observation of phenomena that are not visible in the kind of analytic field arising in the consulting room. After all, when patient and analyst are together in the consulting room, they generate a highly intense conscious and unconscious emotional field of forces. The analyst is in a state of receptive availability, on the lookout for any verbal or nonverbal signal; analyst and patient alike are involved in an exploratory situation in which each exerts a powerful influence on the other.

Although we are not emotionally unavailable in the anteroom, our level of emotional availability is certainly different. Being alone in the presence of someone makes it possible for both patient and analyst to gain access to emotional experiences that may be less readily contactable, for reasons of collusion, in the field established in the consulting room.

The clinical examples presented earlier in my view illustrate a number of phenomena described in what follows.

a. The setting is in effect a device that regulates the focal distance between the two subjects in the analytic relationship. The internal and external setting, as it has come to be structured and as we have learned to use it, has many advantages, but the rigidity of this frame may make it impossible to get in touch with certain phenomena.

We are now in a position to try out settings different from those of psychoanalysis in its more classical form. The range of possible settings includes, for example, what happens in the anteroom; the text messages often sent to us by patients; sessions via Skype; or, as described above, brief forays outside the consulting room.

Among the first painters to use the device of the camera obscura to bring out certain aspects of their talent was Vermeer. He used it to emphasize the effects of light in the various focal planes of the scene portrayed. I believe that, like Vermeer, my patient Alice showed me her talent in demonstrating her unconscious gift for representation, and was able to do so when we agreed to apply an artifice of the setting to explore what had become visible in the anteroom as a fluid, wrong-way-around image. By surprising each other, each of us was then able to take a step in the direction of exploring the unknown.

b. In the case of Giovanni, the anteroom was the place in which I was able to experience an "out-of-place" sensation, analogous to that noticed when observing works by painters who have used optical aids. In some of these paintings, the device had to be moved so that, on closer inspection, the image of the model appears slightly unnatural or with inconsistent details. These are, of course, only details, and the out-of-place sensation mostly remains subliminal, but it becomes obvious when the "correct" image is observed.

In Giovanni's case, the "unnatural" sensation had become more evident in the anteroom, and I had originally felt that it might have to do with his father's difficulty in relating to the child. What was unnatural, however, was my involuntary but annoying substitution of myself for the parental function, which had resulted in our relationship being painted in vivid colors stemming from profound anxieties and an intense unconscious conflict. Yet it was only in a

virtually extra-analytic situation that we were able to observe what we were constructing and to realize how the anteroom had played a decisive part in our ability to observe.

In the anteroom, I had become more aware of my hatred for the father and my resulting "out-of-place" position in relation to the parents. This perception had been favored by the child's ability to represent unconscious aspects of the group and of my relationship with the parents, but it was only in the anteroom that these compositional elements emerged into the light of day and became accessible to perception and consciousness.

c. In the last case I presented, the anteroom becomes the space in which a wider view can be discerned of the psychic dynamic of the entire family group—a dynamic in which the therapist was co-opted with effect from the very first meeting. In this case, too, it is the patient who, albeit unknowingly, supplies the focal point upon which a complex landscape converges. Here the anteroom is analogous to the process utilized by the painter Canaletto in reducing an overextensive view to the dimensions of a canvas by optical means. This involves a kind of compression or reduction of longitudinal spaces in such a way that the canvas can accommodate a wider view than would be possible for the naked eye.

The camera obscura was at first regarded as an instrument that could supersede the skill of the painter and allow anyone to reproduce reality. Similarly, I believe that carefully chosen alternative settings can permit the exploration of areas that cannot be reached in the strictly classical situation. When patients request a variation of the setting, we must in my view beware of collusion and avoid acting out, which would interfere with our grasping what is actually happening. However, if our posture is not one of suspicion, and if we regard the patient as our best colleague, discreet variations of the classical setting may well constitute a new adaptation of this device, which has hitherto helped us apprehend psychic phenomena, but which, precisely for this reason, can be complemented by additional instruments permitting new representations. The setting, after all, can be seen as a probe for exploration of the field—a probe that is in turn modified by the field it explores.

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THE ANALYST'S APPROACH AND THE PATIENT'S PSYCHIC GROWTH

BY WARREN S. POLAND

Psychoanalysis, which shares many functions with other therapies, is built upon its unique concern for the unconscious forces active behind a patient's symptoms and difficulties. What defines psychoanalysis is the analyst's approach as a disciplined engagement in the service of exploring those forces and their roots, an approach that is the product of curiosity working in the service of the other. As a result of the analyst's actualizing this approach, the patient comes to benefit not only from whatever specific declarative interpretations and insights have been explicitly opened, but also, importantly, from observing and taking in the unspoken underlying psychoanalytic mental processes. In this light, the patient's significant capacities for empathy, a subject often neglected, are also discussed.

Keywords: Analytic approach, curiosity, naive patient fallacy, patient's empathy, service of the other.

The basic relationship of the patient to the analyst springs from what his [the patient's] unconscious perceives of the unconscious of the doctor.

—Nacht (1962, p. 207)

¹ My comments draw deeply on the vast ocean of thought generated by analysts across generations. While I will cite a few, it would be impossible to acknowledge all who have contributed to what I say. I take responsibility for my own views, but I emphatically do not suggest that my views are merely of my own creation.

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INTRODUCTION

While it shares many therapeutic aspects with other clinical approaches in the broad range of psychotherapies, and does so beneficially, psychoanalysis has central qualities that define it, that set it apart as unique. Its core concern with seeking increased self-knowledge, self-mastery, and freedom for the patient by exposing and exploring those unconscious forces that lie hidden behind manifest functioning leads analysis to use a particular approach of emotionally engaged but disciplined inquiry by the analyst. It is a process that commands the analyst's mainly silent self-analysis in the service of the patient's analytic work, a process the patient senses. As a result, psychoanalysis is defined by *how* an analyst explores, not by *what* the analyst then finds. And the patient learns that *how*.

CLINICAL ILLUSTRATION

A clinical moment:

Ms. R was a bright but severely guarded woman, one who had been raised in a family of great social privilege but who as an adult lived as if alienated from the world. For the first several years of our work together, she stayed emotionally distant as she tried to do what she believed was expected—that is, satisfy me by speaking of her current life and of her childhood, but do so in a way that hid any genuine feeling and guarded against personal engagement. She spoke to satisfy the other, not to express herself. Whenever I addressed what was actually developing between us, my invitation for her to speak openly of her experiences and feelings seemed only minimally accepted.

Yet slowly, a tiny step at a time, Ms. R began to open. She could not complain, but we gradually learned how severely harsh her childhood had been: how she not only suffered physical abuse from her mother, but how much more harrowing had been her experience of what Shengold (1989) termed *soul murder*. She was told what she felt and told what she thought. Any sign of her having a thought of her own was not only squelched but taken as forbidden rebellion. At age six she could debone a fish flawlessly, but she did not know how to play. Her childhood seemed an endless effort to survive by avoiding notice while living in the underground.

At times I commented to Ms. R about aspects of her style. For instance, when I realized how intensely observant she was despite her seeming detachment, how she seemed never to miss a trick, I mentioned a piece of film that *she* brought to *my* mind. It was the image of one little girl sitting among others in an early film by Margaret Mahler of mothers and children in a waiting room. Every time that child began to crawl, to move to explore as all the other children did, her mother picked her up and placed her back in her original spot, always forcing the child to stay still. After a while, the child stopped even trying to crawl. The film's narrator commented on the intense curiosity the child subsequently manifested. The little girl stayed still but never missed a thing, always taking in everything with her eyes.

I wondered about the usefulness of my telling the patient something so intellectual, but what I said did not seem academic to Ms. R. For her, I was helping make sense of a piece of her life, and doing so in a way that opened the possibility of connecting her style to developmental forces and experiences, even from early preverbal days.

Our work continued at the patient's cautious, glacial pace, only gradually building tentative trust. Then, other early experiences opened in a much less delicate way, indeed in a way that seemed to be exposed by a sadistic force coming from me.

One day during an otherwise ordinary session, there was a sudden loud explosion just outside my office window. Startled, Ms. R burst out, "What was that?" Calmly and in a soft voice, I answered, "What was what?"

If we were both surprised by the noise and if I was surprised to hear what I said as not what I would expect myself to say, I was then further surprised by my patient's response. What I think I had had in mind when I made my odd remark was a sense of commonality between us, the feeling that we had come so far that she and I could share being frightened, yet we two could face that threat together, even with humor. Of course, I too had been startled, but then I thought I could be reassuringly playful, my words implying "You and I can together play in the face of such shock." But that was not how Ms. R heard what I said, so I then followed *her* line of thought rather than my own.

I was surprised she had taken my joke, cruel as it might seem, as if it were a statement about reality. Naturally, I was also concerned about my

own sadism. Yet Ms. R's instant concern was as if to re-right herself after being disoriented. She wanted urgently to get clear whether in fact there had been a noise, whether in fact she had heard what she did or whether she had imagined it—this despite the fact that, without doubt, there had been a shocking noise.

What then emerged was a universe of memories from which, we learned, Ms. R's developing sense of reality had been undermined by a mother who decided for her when she was hot and when she was cold, when she was alert and when she was sleepy, when she was hungry and when she was full. It was as if she had been raised always to disown her own perceptions but to accept reality as it was defined by the other.

Looking back at it, the interchange seems to have arisen out of a confluence of the undercurrent of sadism with which the patient was raised, the characteristic guilt feelings and more deeply buried sadism of the patient herself, and the reservoir of my own personal sadism called to life in our relationship. My recognition of this, together with my unspoken acknowledgment of the meanness of my remark, led us to explore how this rapid transaction captured experiences from the earliest periods in Ms. R's life. These were times in which what Ms. R as a girl felt was never defined by how she experienced her bodily sensations, but by her conscious acceptance as true of whatever her mother had proclaimed those sensations to be. One association led to another as memories tumbled out.

In what had been years leading up to this incident, my attitude had always been one of curiosity about the implications of whatever appeared. That approach was also present here: I was of course keenly curious about my personal sources for speaking in a teasing way, as if uncaring cruelty were a fitting way to express shared vulnerability to helplessness. The specifics of what I learned of myself were not, I believe, something to burden the patient with. Nonetheless, that I shifted a bit in my stance to myself and our clinical engagement is something I believe the patient could and did infer. Indeed, I think such incidents were actually important elements that made possible the patient's growing trust in my *trying* to be honest and thus trust in our work together.

"In the service of the other" implies that priority is given to the other's need, not to one's own. It was tempting to explain to Ms. R what I

had had in mind with my comment, but it was clinically more appropriate to follow where *she* had turned in *her* understanding. If the patient moves on, I first try to follow where the patient has gone. Resistance cannot be defined as the patient's moving away from what the analyst expects to come next, from what the analyst has in mind.

This incident can illustrate some of what I wish to discuss. In the course of our earlier work, I had offered declarative interpretations of the connection between the patient's experiences and urges, my comments about the child constrained by her mother in Mahler's film an instance. Equally important, on the whole (and "on the whole" is as good as one can get), I had also tried to maintain an outlook of analytic curiosity. That included respectful openness to her—not dismissing her urges and fantasies and whatever they evoked and elicited in me as pathological, but rather valuing them as expressive and informative, using my own emotional reactions as also informative. Then, having taken what I heard and experienced as data for consideration (which does *not* mean taking my own emotional reactions as if they could be translated directly as informative about the patient), I remained curious about possible meanings.

While the content of the words I subsequently spoke resulted from that process, I believe the patient could and did observe and infer both the curiosity and work of self-taming that went into what I said. The long experience, slowly developed over our shared time together (which by now she had come to trust, at least in part), made her know I was working emotionally primarily in her service, and this allowed her to move on without having to first explore aspects of my sadism beyond whatever was transferentially cogent to her. It seemed that at least for that moment, we had done that enough so that she could maintain her own efforts at inquiry.

ORIGINS OF THE PSYCHOANALYTIC WAY OF THINKING

My premise is that what is specifically psychoanalytic in clinical work arises from the force of the analyst's curiosity tamed in the desire to utilize that curiosity primarily in the service of the patient. The analytic

point of view, the result of that combination, includes not only declarative interpretations but also the essential background interpretive attitude, with both necessary to have a truly mutative benefit for the patient.

To see where we are, let us consider how we got here. Psychoanalysis, the revolutionary route to self-knowledge, grew out of the insights of a lonely genius struggling toward insight in "splendid isolation" (Masson 1985, p. 412). Even as Freud strove toward self-analysis, at the same time, he approached patients with the very mind-set that would prove successful with himself: an insatiable curiosity that kept him listening over and over and over to what each had to say, convinced that seemingly meaningless symptoms and associations had to mean something.

Freud's genius provided the awesome power that let him grasp the importance and meaning of what he was observing, but genius alone was not enough. It was Freud's indefatigable *curiosity*, his always searching for what might be hidden behind what was manifest, that was the force driving his unrelenting explorations, that pushed him to succeed. As Freud wrote to Fliess, "I am actually not at all a man of science I am by temperament nothing but a conquistador . . . with all the curiosity, daring, and tenacity characteristic of a man of this sort" (Masson 1985, pp. 397-398). His push to mastery was driven by daringly tenacious curiosity.

It was that curiosity that preceded and made possible his many breakthroughs, whether regarding dreams, infantile sexuality, or any aspect of the power of the unconscious. Nothing was dismissed as meaningless. Everything that might arise in the mind of the person under consideration, whether himself or his patient, was valued as worthy of search.

At the same time, in his clinical work as in his self-analysis, Freud's respect for each patient's meaningfulness was manifest in his persistent search for forces at work hidden behind their mysterious difficulties. Curiosity was shaped by respect.

There is an inevitable tension built in between those two forces: curiosity to satisfy oneself and respectful regard for the needs of the other. With the luxury of retrospection, we now see that problems followed from Freud's failure, at first, to recognize the differences between self-analysis and clinical analysis. He was slow to realize the effect of his own presence and influence on patients, slower still to appreciate their in-

fluence on him. He was slow to acknowledge the role of transference, slower still to appreciate the power of countertransference. Yet ever open to new learning, bit by bit Freud's growing appreciation of those forces led him to spell out in his papers on technique the import of two person engagement, and thus the importance of neutrality, abstinence, and anonymity—not as goals, but as principles in the service of exploration.

The need to respect and accommodate to the patient's individuality in refining analytic technique had not been as immediately evident as had been the driving force of curiosity. As we now know, the tensions between one-person and two-person psychologies, between what is intrapsychic and what is interpersonal, do not yield to easy resolution. None-theless, it was from the marriage of *curiosity* with *respect for the other* that clinical psychoanalysis was born.

Let us consider how far we have moved from those early beginnings. More than a century has passed since Freud first excitedly wrote Fliess of his personal discovery, the oedipal nature of his own fantasies, and in that dozen decades the world has vastly changed. With it, psychoanalysis has expanded explosively, growing from the insights of a lonely genius to the turbulence of so vast and diverse a field of learning that we now name it *pluralism*.

Growth has brought its own problems. With pluralism, parochialism has ensued. That is not surprising, for the variety of analytic points of view is great—beyond the containing capacity of any individual mind. Focus of attention on any single point of view necessarily implies a turning of attention away from the multiple contrasting and even conflicting views. The result is that concepts that have contributed to the development of new schools of thought at times, unfortunately, have also brought with them loyalties that constrict allegiances to limited points of view.

At our worst or our most anxious, we become defensively dogmatic and quarrelsome. Our disputes often then attach themselves to the most outward manifestations of the structure of our analytic work, as if the mechanics of the analytic instrument are more crucial than are the underlying aims for which those mechanics exist. Frequency of sessions, use of the couch, use of a telephone or of other new media of communication, handling of the analyst's self-exposure, relative neutrality or absti-

nence—all these and endless more become areas of dispute in which underlying principles are too easily obscured by battles over rules.

I do not suggest that matters of structure and of an analyst's style are without profound implications for the analytic process. While the analytic process is undoubtedly affected by its frame, it is not the mechanical machinery of physical space and time that determine whether analyzing is going on. Those aspects matter, but the analytic work is essentially determined by the nature of the relationship of the clinical partners in their emotional psychic space, by the aims the collaborative inquiry struggles to accomplish (Poland 1992).

It is necessary to transcend partisanship. We have been enriched by detailed clinical reports of so many analysts from so many analytic schools that one observation commands recognition: successful analytic work has been reported, and reported in detail, by members of all major schools of analytic thought. These many schools have enlarged psychoanalysis—but most valuably when their contributions have been added to our common treasure. Knowledge is cumulative.

Thus, it appears valid to accept successes reported by analysts adhering to the full range of modern analytic schools. That being so, what is likely is that powerful underlying forces essential to analytic inquiry matter more than do superficial differences. What are those forces that unfold in common in all successful analyses? Can it be that some matters can be dealt with privately by a patient so long as certain essential core issues are sufficiently dealt with by the analytic couple? And, if that is so, what are these issues?

We should not be surprised that our path has led us full circle back to our basic concept, the meaningfulness of hidden forces, now applied to ourselves, analysts at work. Our theme arises from recognition that debates of technique too often have been focused on manifest aspects, not the underlying meanings behind them. Technique is the analytic approach actualized, inexorably so since unconscious forces contribute to the shaping of manifest behavior of the analyst at work.

Appreciative of Schafer's (1983) early commanding study of the analytic attitude, a broad and deep survey of multiple aspects of analytic technique, I too have thought in terms of attitude. However, reflecting on the broad range of forces underlying that term of complex inner

compromise, I came to conclude that for me the word *approach* works better. It is not that critical distinctions exist between the two words, but rather that there is a cluster of connotations each bears that accounts for my choice. Intended or not, to my ear, *attitude* has too static, too fixed a quality; it carries undertones of posture and stance. *Approach*, in contrast, feels as if it bears more of a sense of activity, of movement. It suggests attitude alive at work, sounding more close to a verb than merely a noun. It is to emphasize the *active* psychological engagement of the clinical partners, unconscious or conscious, nonverbal or verbal, that leads to my preference for the word *approach*.

The forces at hand in an analytic approach include the analyst's multiple and varied underlying motivations for practicing analysis, together with their taming—the analyst's professionalism informed by education, experience, and practice. This implies that what matters most from the analyst's side in what develops in an analysis are not simply the mechanics of manifest technique, but more likely their implications, the unspoken and also unconscious meanings that evidence the analyst's analytic approach—the mind-set, outlooks, and feelings, all of which are ways of thinking and engaging the world that the patient can and does read, even when the analyst's own mind may not be conscious of them.

THE PATIENT AND THE ANALYST'S MIND

Before proceeding further to define the analytic approach, it is first fitting to step back and address possible doubt, the question of how much difference what is in the back of the analyst's mind actually makes to the patient if left unspoken. Are not the analyst's manifest actions, what is said and done, really all that count? Is not the nature of disorder such that psychic conflict leaves the patient unable to read the analyst's mind with significant accuracy?

I think we have to answer both *yes* and *no*. Yes, it is so that psychic disorders lead the patient to find and see what he expects to see. On the other hand, no—that does not mean that this is *all* the patient can take in.

Our literature has paid so much attention to the analyst's empathy that it has tended to overlook the patient's similar reading of what lies behind what the analyst says. One noteworthy exception appears in Hoffman's (1983) outstanding survey of attitudes about the blank screen. In the course of his incisive and extensive study primarily addressing the so-called blank screen and countertransference, he also refers to

... what might be termed *the naive patient fallacy*, the notion that the patient, insofar as he is rational, takes the analyst's behavior at face value even while his own is continually scrutinized for most subtle indications of unspoken or unconscious meanings. [p. 395, italics in original]

Our relative lack of focus on the patient's perceptive skills may be little more than a reflection of how often we analysts underestimate patients' psychic strengths. In support of the patient's ability to read us, I offer two points. One may be merely anecdotal; the other, however, results from substantial study throughout our history.

First, the anecdotal. Let us consider candidly our own coffee table conversations when they touch on our personal past analytic experiences. How often we hear about quirks, foibles, and inhibitions of our prior analysts. What might once have been complaints are softened by time to a tone of sympathetic acceptance, yet we hear that one analyst could not tolerate *this* subject; another, *that*. One could not hear *this* kind of viewpoint straight on; another, *that*.

At times one hears statements that go something like "He just could not hear me if I talked about such-and-such, but we were able to get around to it another way." Or "We never really discussed such-and-such, but somehow I was able to work it through on my own."

These commonplace remarks are not to be dismissed solely as remnants of unresolved transference. Instead, it is likely that in the wish to get help, the patient adjusts to the analyst's idiosyncrasies. Indeed, how else could patients manage to succeed analytically in a world of analysts with so widely ranging and even seemingly contradictory theoretical approaches and styles? We ourselves as patients give evidence of the ways a patient is attentive to and bends to the idiosyncrasies of any specific analyst.

That brings us to the second indication of the patient's concern for the analyst's way of thinking, one more than merely anecdotal. Even as we cherish putting things into words, our experience consistently teaches us the power of unconscious communication.

One of the most valuable lessons learned in analytic experience is that a child identifies with the unconscious conflicts of the parents. It is not what the parents explicitly battle over that has deepest impact, but it is precisely what the parents cannot and do not talk about that registers most deeply and often influences the child most. No one survives infancy successfully without learning the skill of reading between the lines as well as possible.

That is so for the vulnerable patient as it is for the vulnerable child. Wanting to understand the patient, the analyst is empathic. Is it plausible that the patient would be any *less* empathic than the analyst, considering that it is the patient's very life that is at stake in the analysis?

That the patient predominantly expresses transferential forces does not mean that other parts of the patient are not also silently at work. With the vastness of our attention to the analyst's empathy, how slight seems the attention given the patient's reading between the analyst's lines.

Just as the child must learn to navigate the language and styles and emotional fashions of the parents, so must a patient manage to navigate the inevitable preferences and constrictions of the analyst. In learning to know us, the patient manages to get done what work can be done within *our* limitations. Indeed, it is only by staying respectful of the patient's reading of the analyst's unspoken messages that an analyst can render useful the crucial task of *listening to listening* (Faimberg 1996).

THE ANALYTIC APPROACH

Let us return to the analytic approach, that product of curiosity united with and turned to the service of the analyst's respect for the introspective efforts of the patient.

The analyst's mind-set not only helps shape the atmosphere of the analytic situation, but itself becomes an essential part of the medium of the analytic work. Clinically, that the patient takes in observations of how the analyst handles conflicts that have been evoked by the patient's forces brought to life has by now become broadly accepted. As Racker

(1957) succinctly put it, "Every possible psychological constellation in the patient also exists in the analyst, and the constellation that corresponds to the patient's is brought into play in the analyst" (p. 321).

Thus, not only does the patient benefit from the content of what the analyst says focused on the specific issue of the moment, the patient also has the benefit of observing, and observing repeatedly, the analyst's way of handling conflicts, the analyst's preferred ways of delaying impulsive discharge and instead turning inner conflict into data for consideration. The analyst's approach informs the patient how the analyst analyzes.

The issue is complex because, while central, insight is not the only goal of an analyst at work. Indeed, there are broad clinical goals that analysts and non-analytic therapists alike share—goals such as working toward the relief of pain, toward increased patient comfort and symptom relief. Furthermore, there are important clinical functions in analysis in addition to those of psychic investigation and exploration. Thus, to be clear on what psychoanalysis can uniquely offer, we must define what marks a process as distinctively *psychoanalytic*.

From painful experience, we have learned to be both cautious and reluctant before saying that something is *not analytic*. Too often, that has been a statement too easily used as a way of defending one analytic point of view by arrogantly dismissing another. Respecting the caveat against such self-serving arrogance, we are nonetheless left with the realization that, if we cannot say that something is *not* analytic, then we are unable to say that something else *is* analytic, and *analysis* is then left meaning nothing because it is used to cover everything.

Schneider (2012) has valuably clarified that *non-analytic* and *anti-analytic* are separate categories—that non-analytic absolutely need *not* mean anti-analytic—and even that inclusions of non-analytic functions are not only valuable, but indeed are essential elements in a psychoanalytic approach. Now we face having to try to sort out what defines that which is uniquely psychoanalytic from that which is not analytic, doing so while cautiously protecting the place of the many non-analytic functions that may be simultaneously valuable and even necessary to psychoanalysis, but that do not demarcate it.

What underlies an approach as specifically psychoanalytic rather than simply broadly therapeutic is the central concern for the power and import of unconscious forces at work. What is uniquely psychoanalytic in practice is the disciplined effort to expose, explore, and understand those forces, including, in the process, the pressures that have led to keeping those forces hidden. All this takes as its clinical goal the patient's resulting introspective capacity for self-mastery and consequent broadening of freedom of choice.

That disciplined use of the analyst's self in the clinical engagement in the service of—indeed, as mentioned above, as part of the medium for—the patient's emotionally engaged introspective exploration marks clinical analysis. The word *disciplined* necessarily includes the analyst's own private, active self-analysis as part of that clinical work—whether that self-analysis is processed consciously or unconsciously, and whether that self-analysis is made explicit or, wisely and more commonly, kept silent and implicit.

Present in all this is the struggle toward insight, toward emotional self-knowledge. We should not be surprised that insight results in an increased capacity for self-mastery, because the passion to explore grows directly out of a curiosity that is basic to human growth. It is part of one's instinct to mastery. For the analyst at work, the drive to understand and to know comes to clinical life in the service of another urge: the desire to cure, to help, to aid the other (motivations essential but not unique to psychoanalysis). I will add just a few words about each: *curiosity* and *therapeutic intent*.

The drive to know—essential to the analyst's curiosity—has, since the time of Freud, been widely studied, perhaps emphasized most by Bion. Putting that curiosity into the service of the patient, which is the analyst's psychoanalytic therapeutic intent, at times creates a conflict. This is likely what provoked Freud (1912) to offer the model of the surgeon for dealing with the need to elicit pain in the patient in the short term in the service of long-term benefit. The conflict is evident in Glover's (1927) identifying the analyst's fear of his own aggression as the source of "over-solicitousness about the patient's reactions" (p. 512).

The tension between the analyst's curiosity and wish to advance inquiry, on the one hand, and the analyst's staying sensitive to the patient, on the other hand, demands creativity on the analyst's part. This is a large part of what makes clinical work an art. Yet whatever the conflict, the value of clinical analysis derives from channeling the analyst's personal desire to know into the service of respect for the other in the other's own right. Indeed, as in my opening illustration, it is the patient's sensing and benefiting from all that goes on that allows true emotional progress to result.

Still, even when investigation and comfort seem balanced, other derivative tensions appear, tensions that at times have led to dismissal of the importance and value of interpretation. Interpretation, putting into words significant links between transference dynamics and genetic roots, at times seems in conflict with other, non-interpretive functions.

In helping to structure a psychoanalytic situation, the analyst provides a holding environment, an empathic ambiance, and a capacity to contain the anxieties and conflicts taken in from a patient's emotional projections. The analyst respects, listens, hears, regards, and witnesses. The analyst stands as guardian of the analytic work and protector of the patient's interests while the patient sets aside some normal waking executive mental functions. The analyst, with the assistance of private self-analysis, acts to be available to the patient as a new object for both continued and new mental development. [Poland 2002, p. 811]

All of these matter. Nonetheless, the list, while not comprehensive, goes far beyond the charge of interpretation extending conscious understanding. Often these differing pressures seem at odds.

Difficulty in integrating these differences, reinforced by reaction to authoritarian and rigidly narrow views of analysis, has led at times to an overreaction, one that devalued and dismissed interpretation. In addition, appreciation of the place of nonverbal communication has ironically been itself misused to repudiate the importance of interpretation. If insight can result without the analyst having spoken an explicit interpretation, then interpretation must not be essential for psychic change and growth.

It was for those reasons that when I first addressed this subject, I wrote of an *interpretive* rather than an *analytic* attitude:

Decreasing attention to *explicit* interpretations has brought with it a devaluing of an *approach* that is interpretive in nature—the

unspoken but nonetheless communicated basic attitude that privileges search for unknown and as yet undiscovered meanings. This *interpretive attitude* not only searches for ever new levels of meanings but also, crucially and profoundly, values that search. [Poland 2002, p. 812, italics in original]

A specific, manifest declarative interpretation is not only of worth, but is often essential to free up psychic forces fixed in a symptom or other frozen function. It is hard to conceive of successful psychoanalytic work in which explicit communication of declarative interpretations and implicit nonverbal communication of an interpretive analytic attitude have not both been active. While a declarative interpretation contributes significantly to a patient's introspective progress and resulting insight, it is the analyst's ever-present interpretive approach transmitted through the parallel and shared introspective experiences that is crucial to increasing the patient's self-analytic skills. The analytic approach is based on the conviction that unknown meanings lie behind manifest meanings, and that conviction is communicated as it is actualized in the analyst's engaged self-inquiry, silent though it be.

The centrality given to declarative interpretations early in analytic history is a natural consequence of our field's birth in a self-analysis. The effect was as if self-analytic insight could be transposed to the office, with the patient's analytic understanding remaining that of an uncomplicated one-person psychology. Understandable excitement over early discoveries in depth psychology, as already noted, obscured or delayed recognition of the importance of the clinical engagement. The results were narratives of content that developed without appreciation of the interactive process alive behind the growth of those narratives. And as an added result, declarative interpretations seemed the sole heart of the cure.

Only with increasing appreciation of how the transference was actualized in the clinical engagement could the interpretive stance of the analyst come into focus. Recognition of the unconscious communication of that analytic interpretive point of view is vital to the patient's not only internalizing specific insights, but also becoming much more able to generalize self-knowledge, to take personal benefit from internalizing the skill of self-analysis.

By the patient's *generalizing self-knowledge*, I refer to what seems implicit in a patient's making use of an analyst despite the analyst's at times narrowness of approach. Once internalized, insight can spread. A common example is seen in the frequency with which a patient's fear of flying is tamed without explicit analytic focus on that specific symptom. Once conflicts over helplessness are exposed and explored, the fear of flying often significantly fades. It then seems reasonable to think that some central conflicts have been mastered sufficiently for the patient to be able to extend working through on his own, whether or not it is done consciously.

Indeed, Reid and Finesinger (1952) observed such an increase of self-knowledge outside conscious attention as the effect of *a spreading factor* quality by which insight extends itself. This intrapsychic aspect of a *spreading factor* is itself evident in the good analytic situation. A successful analytic situation is one in which the patient, able to intuit and infer the self-inquiry of the analyst's mind at work, can then extend personal analytic mastery to areas not brought explicitly into the clinical conversation. Much of this processing occurs outside the patient's own conscious attention.

In the illustration of my work with Ms. R, declarative interpretations (both dynamic and genetic) had been essential to the building up of sufficient trust for her to develop increasingly her own self-analytic facility. It was her internalization of an interpretive curiosity that made possible her introspective usage of my unusual intervention in the incident described. She was thus able to turn an interchange into data profitable for introspection, indeed doing so more swiftly than had I. In psychologically important ways, the analyst is always behind the patient, always following, leading only in the manner of demonstrating how to explore, how to look.

THE APPROACH TO THE APPROACH

Before concluding, let us consider just a moment how that *how-to-look* model of analytic work gets first established. It is a method set from the start.

Someone with a difficulty and someone offering professional help come together, moving toward each other and bearing the conventional roles of patient and doctor or therapist. Analysis, however, is premised on setting aside what is conventional for what is undeniably nonconventional, aiming for exploration of what is private behind what seems public.

In entering this fresh relationship, *each* partner approaches the other as a stranger, an outsider to the other's personal universe, with *each* vulnerable by virtue of being alien to the other's inner world of meanings and expectation. This is so for the analyst as well as the patient, despite the availability for the analyst of the fall-back sense of safety of having a professional identity—too often the fantasy of the analyst's being the one of the two who knows better how to live life, a fantasy patient and analyst may even share. Just as the patient utilizes neurosis to contain vulnerability, so can the analyst use professional position, and even more often misuse analytic theory, to decrease the feeling of vulnerability that comes from being ignorant of the other's, the patient's, emotional universe.

For the work to proceed, what is essential is that, instead of imagined safety by virtue of being the one who owns the room, the analyst accepts personal ignorance, tolerating associated helplessness in dedication to working in the service of the patient. With such commitment in place, that is, with the analyst's faith in the analytic process sufficient to let the analyst tolerate not knowing, and with the patient's willingness to take enough risk so as possibly to receive help, the two can join to create their new, singular, and profitable partnership.

Valid analytic exploratory work demands true inquiry by both partners. Only that can ultimately lead to unexpected learning, to discoveries and surprises, rather than to the *quod erat demonstrandum* satisfaction of finding preordained proofs.

IN CLOSING

Psychoanalysis is only one of many therapeutic approaches designed to relieve a patient's pain, to help a patient live a less symptomatic and less constricted life, but it is a unique one. Its singularity comes from its central appreciation for the vital significance of unconscious forces at work, with its structure shaped to facilitate the patient's use of the clinical engagement as the living medium for experiential inquiry into those forces.

The analyst's contributions to the shared task arise from a broad range of motivations, with curiosity, a crucial part of the mind's instinct to mastery, fueling the ongoing search for hidden meanings and unconscious roots. Balancing curiosity with respectfully purposeful concern for the patient is one of those areas where it is fitting to speak of the "art" of clinical work.

It is in navigating the area at the edge of darkness between the differing psychic realities of the analytic pair—and doing so for the primary purpose of the *patient's* analysis—that analytic exploration can lead to genuine insight. Yet it is not only from the manifest interchange between the analytic clinical partners that the patient becomes able to transcend symptoms and constrictions. Remarkably and momentously, beyond what is manifest in the clinical work, the patient's capacity for psychic growth is liberated and facilitated by the patient's learning how the analyst's mind works while it is also silently working psychoanalytically.

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THE "AS-YET SITUATION" IN WINNICOTT'S "FRAGMENT OF AN ANALYSIS": YOUR FATHER "NEVER DID YOU THE HONOR OF"...YET

BY HAYDÉE FAIMBERG

The author proposes a new hypothesis in relation to Winnicott's "Fragment of an Analysis": that as early as 1955, in the case described in this text, Winnicott is creating the paternal function in his patient's psychic functioning by implicitly linking his interpretations regarding the father to the Freudian concept of Nachträglichkeit. The author introduces an original clinical concept, the as-yet situation, which she has observed in her own clinical work, as well as in Winnicott's analysis of the patient described in "Fragment of an Analysis" (1955).

Keywords: D. W. Winnicott, *Nachträglichkeit*, paternal function, interpretation, as-yet situation, temporality, anticipation, primitive agony, paternal prohibition, rivalry, psychic change, parricide, narcissism.

Freud seems to me to be struggling to use what he knows to be true, because of his analytic experiences, to cover what he does not know. I almost wrote, what he does not yet know, since it is so difficult for us to believe that he has left us to carry on with the researches that his invention of psycho-analysis makes possible, and yet he cannot participate when we make a step forward.

-Winnicott 1969a, pp. 240-241

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INTRODUCTION

In this paper, I shall propose a hypothesis that as far as I am aware is new: that in "Fragment of an Analysis" (1955), Winnicott gives increasing importance in his interpretations to the function played by the father in his patient's psychic functioning. He proposes a possible change in the patient's functioning by implicitly linking his interpretations regarding the father to the Freudian concept of *Nachträglichkeit*—although never, in any of his papers, did Winnicott explicitly mention this concept. According to my hypothesis, in his implicit conception of psychic temporality in the course of the analysis described in this text, Winnicott designates a father in the making, a father who would give *retroactive meaning* by managing *to say "no" to what is not "as yet" there*, a father in actuality—in other words, creating in the psychoanalytic process a paternal function.

Winnicott's thinking about temporality is clearest in "Fear of Breakdown" (published posthumously in 1974). For this reason, I shall briefly come back to what I have been developing for some time—i.e., the relation I have established between the Winnicottian text in "Fear of Breakdown" and the Freudian concept of *Nachträglichkeit* (Faimberg 1998).

In the process of endeavoring to identify in various authors the implicit basic assumptions that underpin our analytic work, I came across "Fragment of an Analysis," which contains Winnicott's detailed notes of an analysis that took place in 1955. In studying the notes that came to form "Fragment of an Analysis," I made the surprising discovery that, as early as 1955, Winnicott gave importance to the paternal function as a means of helping the patient overcome psychic suffering. On the basis of my new hypothesis described in my opening paragraph, I wish to elaborate further what I have previously highlighted in relation to "Fear of Breakdown" (Winnicott 1974) and to Winnicott's implicit use of *Nachträglichkeit* (Faimberg 1998).

Starting in 2008, I was given the opportunity to continue the task of discovering Winnicott's implicit thinking in the analysis described in

 $^{^1}$ Winnicott's notes for "Fragment of an Analysis" were also published in book form (Winnicott 1972).

"Fragment of an Analysis" in an ongoing seminar.² Winnicott had a way of taking notes that makes readers feel concerned; he makes us curious to understand what he has in mind as an analyst when he speaks to the patient, and where (and how) he experiences the patient to be. It is not always easy to identify his implicit assumptions when he interprets in what sometimes seems to us to be surprising ways. And it is this curiosity that I see as the guiding thread in my research.

The Winnicott I wish to consider is curious to explore retroactively what he was truly thinking when he found himself saying something to the patient. The following quotation, taken from a much later text, suggests how Winnicott viewed the authenticity of his own thinking:

We get so used to words through using them and become so dulled to their usage that we need from time to time to take each one and to look at it, and to determine in so far as we are able not only how the word came into being through the poetry of etymology, but also the ways in which we are using the word now.

I have chosen to look at the word "use" because *I want to see what it is that I meant* when I ended a public lecture with the words: "And it is the greatest compliment we may receive if we are both found and used." [1969b, p. 233, italics added]

Where Winnicott says, "I want to see what it is that I meant," I think Bion would have said, in reference to the lecture he was about to give: "I can hardly wait to know what I actually think of this subject." (In my own reading, here are the roots of what Italo Calvino [1981] defined as a classic3: a book that has not finished saying what it has to say . . . in this case, for the author himself.)

² When I organized the reading of "Fragment of an Analysis" in 2008, my initial aim was not to study Winnicott's work per se, but simply to take advantage of his detailed notes to follow up on my interest in the implicit basic assumptions evident in an analyst's work. In two earlier articles (Faimberg 1976, 1990), I was guided by a similar interest in studying the detailed notes for *Narrative of a Child Analysis* (Klein 1961). But there I applied a different method of reading in my search for new perspectives in the light of concepts not used by Klein.

³ The Italian writer is himself a classic.

A problem that I feel has no solution, at least for me, is how to portray the beauty of Winnicott's style in his writing, which simultaneously combines poetry and rigorous thinking. When he wishes to convey the polysemic meaning of a transferential situation, he says at the end of a session: "It is a kind of portmanteau situation" (1955, p. 536). As an enthusiastic reader of "The Hunting of the Snark" (Carroll 1874), I am amazed at the metaphor he chose to open the patient's mind to the complexity of the situation.

When Winnicott begins to take notes, in the fifth session with this patient, he writes: "The patient said that he wondered how there could be hope of getting at something here in the analysis which had never been before" (1955, pp. 478-479, italics added). Winnicott answers that it depends on the analyst to resolve this particular issue. And with lucidity, he tells the patient that now the two of them are speaking theoretically about psychoanalysis, which is different from doing psychoanalysis.

I shall select some passages in which Winnicott includes the expression "had never been before" (with different shades of meaning) in his interpretations. I might add here that I am tempted to reproduce the entirety of "Fragment of an Analysis" and thus to adopt an approach ironically proposed by Jorge Luis Borges (1960), who noted that faithfulness to an original requires a scale of one to one!⁴

"Fragment of an Analysis" describes how Winnicott managed to transform his patient's psychic conditions (and we can guess from his notes that he is also often speaking of his *own* psychic conditions) so that what had never been there came into being. And I am trying to describe how this process took place in my mind.

To conclude this introductory section, my aim here is to utilize "Fragment of an Analysis" to take a fresh look at this original idea of mine of linking *Nachträglichkeit* to the Winnicottian interpretation of the fear of a future breakdown. (Here it is worth emphasizing that Winnicott took the notes that constitute "Fragment of an Analysis" before writing "Fear of Breakdown," which was published after his death in 1974.)

⁴ The idea expressed by the Argentine writer appears to have originated even earlier, in chapter 11 of Lewis Carroll's *Sylvie and Bruno Concluded* (1889), which refers to a map on a scale of one mile to one mile!

NACHTRÄGLICHKEIT AND FEAR OF BREAKDOWN

At the risk of repeating what I have written in previous papers, I prefer to contextualize my argument here by summing up certain previously expressed ideas. Lacan was the first to highlight that form of Freudian dialectical temporality known as *Nachträglichkeit*. Part of my own contribution has been to link psychic change to *Nachträglichkeit*, including a broader concept of it (Faimberg 2007a).

I have presented the hypothesis that Winnicott's "Fear of Breakdown" (1974) can be seen as a particular form of temporalization, the operation of *Nachträglichkeit* (Faimberg 1998). When I wrote about this for the first time, I was astonished at my own idea, because Winnicott never explicitly used the concept of *Nachträglichkeit*, and I could not find any mention of this possible link made by any other authors (Faimberg 1998, 2005a, 2005b, 2007a). As we know, Winnicott says that the breakdown the patient fears and expects to come in the future has actually already taken place at a time when there was, properly speaking, no subject to experience it.

In a nutshell, my reasoning has been the following: Winnicott, in the Freudian tradition, gives central importance to the concept of *Hilflosigkeit*: the child's helplessness due to prematurity (a characteristic of human beings), a key concept. His concept of *primitive agony* is linked to the associated sense of the child's helplessness. What Winnicott is proposing here is *a new temporal link* between the patient's fear of what is *yet* to happen and what the analyst says has *already* happened. The primitive agony that has already occurred *starts to exist now as belonging to the past*, precisely because, from the present, Winnicott *names this agony*, and he uses a kind of temporality that *retroactively reveals early psychic events*.⁵

Why do I speak as I do of a *broader* concept of *Nachträglichkeit?* When beginning to elaborate this concept, Freud wrote to Fliess: "The material

⁵ Winnicott (1974) notes that there is a "possibility that the breakdown [that the patient fears will inexorably occur in the future] has already happened, near the beginning of the individual's life. The patient needs to 'remember' this but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to" (p. 105, italics added).

present in the form of memory traces . . . [is] subjected from time to time to a re-arrangement in accordance with fresh circumstances—to a re-transcription" (Freud 1896, p. 233).⁶

If we consider both *a first moment* of an *already there*, as Laplanche and Pontalis (1967, 1973) write, or a movement of *anticipation*, as I prefer, but one that is not recoverable as a souvenir (even in the psychoanalytic process), together with *a second moment of meaning*, we are using a broader concept of *Nachträglichkeit*. It is broader because we are not asking from a standpoint of "remembering" the proof of the existence of such a first movement (see Faimberg 2007a; Faimberg and Corel 1989).

Winnicott (1974) considers a primitive agony to be one without any content that receives a meaning for the first time. In this sense, I believe that Winnicott—who never wrote explicitly about Nachträglichkeit—was in that instance using a broader concept of it. I continue to think, as I discussed earlier (Faimberg 1998), that the enlarged conception of Nachträglichkeit enables us to consider this kind of temporality as an operation that reveals early experiences, ones that happened before the acquisition of speech, and gives them a retroactive meaning.

As noted, I have linked this operation of temporalization to what Freud called *Nachträglichkeit*. May I now add that, back in 1978, I heard a distinguished analyst quote the opening lines of a poem as a witty (albeit critical) comment on Winnicott's "Fear of Breakdown." The words he quoted were: "Yesterday upon the stair/I met a man who wasn't there" (Mearns 1899).

At the very moment when I heard these words—long before giving form to my hypothesis—an idea crossed my mind in the form of a question that I set aside for myself, something like: "But this unlikely meeting with 'a man who wasn't there'—isn't it an illustration of precisely what is understood by *Nachträglichkeit*, beyond what Winnicott is saying here?"

This was my first way of linking Winnicott's concept with this kind of psychic temporality. The poem that the analyst quoted speaks of meeting *someone who is not there*, and paradoxically asserts that we do not wish that

⁶ In the operation of *Nachträglichkeit*, there is a phase of *anticipation*—an *already there*—and a phase of *retroactive meaning*. Both phases are necessary; they are always present when I refer to *Nachträglichkeit* (even when I use a broader concept of *Nachträglichkeit*, as will be seen in what follows).

person to come again.⁷ For our purposes here, I propose a link between this uncanny presence/absence and this thing that is difficult to understand (at least for me): it is the second phase of *Nachträglichkeit* that gives meaningful psychic existence to the first anticipatory phase—in the case of a fear of breakdown, the uncanny feeling of a nameless anxiety.

Although "Fear of Breakdown" is not the object of this paper, which is instead centered around "Fragment of an Analysis," I am referring to the former paper in order to share with the reader the first time I encountered Winnicott's thinking on this specific conception of temporality, while realizing that I had been using a broader concept of *Nachträglichkeit*. This allowed me to think about an initial meaning that Winnicott could give to the nameless anxiety occurring in the present of the psychoanalytic process. This helps us pose the following question from a different perspective: with a patient who experiences the future as an agony, is there any way of interpreting in terms of *Nachträglichkeit*?

I might mention briefly here a particular problem. Some analysts may think that "what has never been, cannot become"—that there is a "too-late" dimension; this way of thinking postulates that a patient experiencing the future as nameless agony cannot change. According to this view, whenever a collapse of environmental support (in Winnicott's terms) has occurred, there is no way of interpreting in terms of *Nachträglichkeit*. It is as if the patient's capacity to overcome such an initial collapse in analysis has been foreclosed forever. And even if those with this view adhere to the Winnicottian concept of environmental support, they would not accept the possibility of the analyst's interpretation and creation of a sense of temporality (i.e., the creation of a past separate from the future). In other words, such persons disagree with Winnicott's view of "getting at something here in the analysis which had *never been before*" (1955, pp. 478-479, italics added) as depending on the analyst.

In a 1998 conference that I organized in Paris as an intra- and intercultural dialogue, in which the aim was to understand how French culture considers the issue of temporality and its construction, Laplanche

⁷ Someone who is not there constitutes a powerful metaphor for exploring many issues and, in particular, dialectical thinking. In a related vein, I have previously explored the status of an *absent/present object* (in the paranoid-schizoid position) in relation to dialectical thinking (Faimberg 1976).

(1998) presented a paper on *après-coup* ("afterwardsness"). In the same conference, I presented my own paper on "*Nachträglichkeit* and 'Fear of Breakdown'" (Faimberg 1998), precisely to propose links between different cultures. My views here are in line with Winnicott's conception (as well as Bion's and Bleger's) that, in the same patient, there are various ways of psychic functioning (on condition that the analyst is able to listen to them and interpret them). Therefore, my viewpoint has one caveat: it requires the proposition of a broader concept of *Nachträglichkeit* (with the aim of reconstructing nameless anxieties or narcissistic, unconscious, inaudible identifications; see Faimberg 1994).

Here I will return to what I developed earlier and say that, to my eye, in "Fear of Breakdown" Winnicott addresses both ways of functioning: a primitive agony with no one there to overcome it (in Winnicott's conception of psychic development), and a primitive agony that is reexperienced with the analyst. Through repetition, something different is now happening: that is, now, here, someone is there. *Someone* in this context refers both to Winnicott and to the patient; there is no such thing as *a patient*, *a baby*—or, as Freud (1911) writes, it would be "a fiction to consider the infant [without including with it] the care it receives from its mother" (p. 220n).

NACHTRÄGLICHKEIT IN "FRAGMENT OF AN ANALYSIS"

Let us consider the operation of *Nachträglichkeit* in selected fragments of Winnicott's notes. In the session of March 23:

- Patient: There has begun a curious change in the nature of my problem. [p. 531]
- PATIENT: The issue now hinges round personal and sexual problems Lately I have been more willing to see that the personal are the only real issues. I am reminded that in regard to my inability to accept responsibility, the key was my sexual immaturity. [p. 531]
- WINNICOTT: You couldn't show a more specific symptom at the start because you weren't there as a person to be having

sexual difficulties. It is a part of your emergence as a person that you can now come with personal symptoms. [p. 531]

In the present of the session, Winnicott is listening to the "curious change": the patient says that he is now aware of having personal and sexual problems. Winnicott interprets that in the present ("now"), "it is a part of your emergence as a person" (that you can have sexual difficulties). With these words, the analyst gives retroactive meaning to a phase ("at the start") when the patient was not yet there as a person (to have sexual symptoms). In contrast with the *nameless anxiety* at the base of the Winnicottian *fear of breakdown*, what is central to "Fragment of an Analysis" is the patient's newfound ability to have "personal [sexual] symptoms."

Let us now take another look at the nature of this operation of temporalization, which Winnicott did not designate as *Nachträglichkeit*. Wouldn't the idea of repetition compulsion suffice to take into account this operation?

Without the concept of repetition compulsion, we would not be able to listen to what the patient says once and then again in different ways and still cannot say. But the concept of repetition compulsion is not enough, in my view, to explain the richness of Winnicott's conception of temporality, considering in particular the following three points:

- 1. This operation of temporalization is characterized by a twofold movement: a movement that I have called one of anticipation, which is expressed here by Winnicott with the words "you couldn't show a more specific symptom at the start because you weren't there as a person to be having sexual difficulties," and another of retrospection, denoted by the words "It is a part of your emergence as a person that you can now come with personal symptoms."
- 2. It takes place in the present time of the analytic relationship ("now") and gives retroactive meaning to the movement of anticipation.
- 3. Lastly, the two points in time are linked by a relationship of meaning ("it is a part of your emergence as a person" [that you could not then at the start have sexual symptoms, and now you can have them]).

I conclude that here there is an implicit instance of *Nachträglichkeit*. I have linked the operation of *Nachträglichkeit* to the capacity for psychic change ("there has begun a curious change in the nature of my problem" [Winnicott 1955, p. 531]).⁸

NACHTRÄGLICHKEIT AND THE PATERNAL FUNCTION

Nachträglichkeit as a way of conceiving psychic temporality must be linked to other psychoanalytic concepts. In this paper, I have chosen to explore it in conjunction with the concept of paternal function. Based on the different interpretations proposed by Winnicott to his patient, I define this function as the capacity of the father to say "no" to incestuous access to the patient's mother.

Winnicott considers both temporality and what has actually been missing:

You couldn't show a more specific symptom at the start because you weren't there as a person to be having sexual difficulties. It is a part of your emergence as a person that you can now come with personal symptoms. [1955, p. 531]

Later on in the same session, he adds that he said to the patient: "There are changes in yourself, for instance you are only *just starting to meet the idea of men as rivals*" (p. 532, italics added). Winnicott had been interpreting up until then that the rivalry would be between women, and that it was up to the woman whether or not the patient would be frustrated.

From Winnicott's description of the April 1 session (following), I find that what has been missing is linked once again to the operation of *Nachträglichkeit*. I consider this to be a major shift in this analysis.

PATIENT: It is the girl who prohibits.

⁸ "Nachträglichkeit, in its broader conceptualization, operates in the clinical situation, in the psychoanalytic process, and gives us a conceptual framework of unconscious psychic temporality with which to explore and understand how psychoanalysis produces psychic change. No less than the nature of the efficacy of psychoanalysis is at stake" (Faimberg 2007a, p. 1238).

WINNICOTT: You are all the time looking for a man who will say "No" at the right moment; someone you could hate or defy and with whom you could come to terms, and you are just a little bit allowing me to be in that position, insofar as you got a little bit angry with me.

PATIENT: It just occurred to me that it must be the end of the time and that in a way that is saying "No."

WINNICOTT: At this moment as it was time I said: "In that case I am saying 'No' which means no more analysis today I am coming in between you and analysis and sending you off." [Here the session ends.] [pp. 548-549]

By being in the transference the father who separates the patient from the mother/analysis at the end of the session, Winnicott meets the patient in a particular guise. The patient in turn meets the analyst by providing him with the key situation in which Winnicott becomes, in actuality, precisely the kind of father that, in his interpretation, the patient did not have (I would add, that he did not have *yet*).

Winnicott's interpretation actually becomes the *cutting*, the castration function of the father that he has once again been interpreting. Here we see that the concept of repetition compulsion is not enough to highlight the richness of Winnicott's conception of temporality and the nature of psychic change.

According to the way in which I follow Winnicott's interpretations, from now on, it will be clearer why I choose to define the paternal function as the father's capacity in the patient's psyche to say "no" to incestuous access to the mother. And, according to the same principle, I choose to speak of the human condition as the capacity to engage in rivalry with a father. I am merely restating the clinical conceptualization that Winnicott brings to his interpretations; he speaks of transforming talion logic into human rivalry, and the patient, for his part, says he "never became human"—he "missed it" (1955, p. 567). This anticipates what he wrote much later on a theoretical level in "The Use of an Object in the Context of Moses and Monotheism" (1969a).

Through his interpretations up until then, Winnicott had created the psychic conditions for the patient to be able to tell him as the analyst that now, in the here and now of the session, he, the patient, was prepared to hear the father saying "no." I am tempted to say that now—perhaps for reasons at the same time equivalent and different—both the patient and Winnicott are prepared to hear the latter saying "no" to his patient's relationship to a particular kind of mother.

This session in the here and now gives a retroactive meaning to what was not yet there: the father who forbids incest. This operation of temporalization is that of *Nachträglichkeit*, characterized by a twofold movement, starting with a movement of anticipation, which we shall explore in particular in the next section. This operation takes place in the present time of the analytic relationship. In this particular session, the patient's meeting with the analyst is as valuable as the analyst's meeting with the patient: they co-construct the wording of the interpretation, and this constitutes the second movement of creating retroactive meaning.

Now we shall see in a particular fragment what kind of father was not "as yet" there.

YOUR FATHER "NEVER DID YOU THE HONOR"... YET

Winnicott describes another session, of March 24:

[The patient is caught in a dilemma between his wife and his girlfriend (in the background, three other men are present—"a pentagonal situation," says the patient, with this expression including Winnicott as well).]

WINNICOTT: You are showing me how urgent the matter is, and how you want me to do everything I can do in the analysis before you bring about a showdown. The thing is that, if I ignore your wife's difficulties and the question of her ability to change and to recover from the effect of your earlier treatment of her, I can say that you are using her as the nearest you can get to the mother with whom sex is prohibited by father. If I go to your adolescent dream of intercourse with mother, or to your early childhood, I can say that you needed father to say, "I know you love mother and want intercourse with her, but I love her and I do not allow it." In

that way father would have freed you to love other women You have missed rivalry with men and the friendships that come with such rivalry [pp. 537-538]

WINNICOTT: So by not prohibiting I am permitting. You can only think of me as in one or [the] other position.

PATIENT: With the girlfriend I feel enthusiastic.

WINNICOTT: You never met your father as a man to hate, a rival, someone you feared. Whether because of him or yourself or both, you missed this, and so you never felt mature.

PATIENT: If I never got to father's prohibition then I was left having to find it in myself.

WINNICOTT: Exactly, that is what I was meaning [p. 539]⁹

WINNICOTT: The fact is you are looking for father, the man who prohibits intercourse with mother. Remember the dream in which the girlfriend originally appeared and this was about a man, one who was ill.

PATIENT: This would account for my lack of grief or of feeling when my father died. He had not met me as a rival and so left me with the awful burden of making the prohibitions myself....

WINNICOTT: Yes, on the one hand he never did you the honor of recognizing your maturity by banning intercourse with mother, but also he deprived you of the enjoyment of rivalry and of the friendship that comes out of rivalry with men. So you had to develop a general inhibition, and you could not mourn a father you have never "killed." [Here the session ends.] [p. 540]

By saying that the father "never did you the honor," Winnicott interprets something essential: the patient's narcissistic pain of having been disregarded as a genuine rival by the father. *Castration* in this context

⁹ I must regretfully leave aside the analysis of psychic bisexuality and, in particular, this patient's fear of being an effeminate type of man. The inclusion of this issue would have drastically changed the perspective of this paper.

means that the patient is castrated as a man by not being considered a worthy rival by his father. Then Winnicott reconstructs that there was no need to "kill" the father—who never put the patient in a position of rivalry. If parricide has not been committed, there is no grief.

This session of March 24 is very close to the session of April 1. The April session gives *retroactive meaning* to the March session. I shall explore the operation of *Nachträglichkeit* between these two sessions.

First, from the patient's standpoint: In the March session, the patient says, "If I never got to father's prohibition then I was left having to find it in myself." In the April session, this insight is transformed into: "If I never got to father's prohibition then I have to find it in Winnicott" (my paraphrasing of the patient's position).

Second, from Winnicott's standpoint: In the March session, he interprets: Your father "never did you the honor of recognizing your maturity by banning intercourse with mother" (p. 540). In the April session, in the transference, Winnicott becomes the father and does the patient the honor of saying "no" to the incestuous relationship with the mother/analysis by interpreting and finishing the session on time.

Winnicott's interpretations, first in one session and then in the other, modified the conditions of the patient's psychic functioning, and this allowed the patient to meet his analyst in the transference. From this encounter, the analyst's interpretation was born.

In those two sessions, through several interpretations, Winnicott depicts a father in the making, a father who would give retroactive meaning by managing to say "no" to what was not as yet there—a father in actuality, a father who does his son the honor of recognizing him as a rival. Winnicott interprets:

... but also he deprived you of the enjoyment of rivalry and of the friendship that comes out of rivalry with men. So you had to develop a general inhibition, and you could not mourn a father you have never "killed." [1955, p. 540]

This interpretation addresses in particular the following words by the patient: "This would account for my lack of grief or of feeling when my father died. He had not met me as a rival and so left me with the awful burden of making the prohibitions myself" (p. 540). Winnicott is here implicitly referring to Freud's (1912–1913) book *Totem and Taboo* (as we know, Freud considered this one of his favorite writings). 10

For my part, while studying the character of Laius in the Oedipus myth, I developed the hypothesis that Laius represents the narcissistic oedipal father who cannot imagine a future for his son: one must live and the other must die. I have called this a *narcissistic dilemma*. It is essential to consider the parents' interpretation of the fact that a child is born and the meaning that each of them gives to the child being male or female. The reconstruction of these meanings (which impinge on the patient's psyche) led me to propose the concept of *oedipal configuration* and its narcissistic dimension (Faimberg 2005a).

In this fragment, the narcissistic dimension is interpreted by Winnicott: your father "never did you the honor." Winnicott also interprets that the patient is deprived of a particular kind of enjoyment; here he is addressing something that becomes crucial, both for Winnicott and for his patient: what makes the patient feel he has missed the opportunity of feeling human?

To explore this question, let us turn to a fragment from the session of May 5:

WINNICOTT: You are hovering here between the idea of your relation to mother alone and your relation to father and mother as a triangle. If father is perfect, then there is nothing you can do except be perfect too, and then you and father are identified with each other. There is no clash. If on the other hand you are two human beings who are fond of mother, then there is a clash

PATIENT: I feel that you are introducing a big problem. I never became human. I have missed it. [p. 567]

By interpreting the conflict through two different ways of relating to a father, Winnicott gives a retroactive meaning to what has not been fully

¹⁰ Anzieu (1970) refers to *Totem and Taboo* (Freud 1912–1913) as a myth created by Freud, where parricide is the myth of the origin of exogamy. If the brothers wish to have access to women, and the so-called narcissistic primitive father is the only one who has the right to such access, then the brothers are motivated to kill him. Then an alliance is formed among the brothers in order to protect them from a repetition of the crime, for which they feel grief; they begin to *mourn the dead father*.

there . . . yet. The patient can find words to designate what he missed, which now has a psychic existence: a human being as a rival with the father.

In the previous session (of March 24, in which mention was made of a father who "never did you the honor," p. 540), we observed Winnicott's reference to the father's perfection as a possible identification with him, and not as rivalry. We may say that, by May 5, Winnicott brings to the fore new ways of addressing this problem. Would we say that he is aiming to present it as a conflict?

In my reading (and keeping in mind my concept of the narcissistic dimension of the oedipal configuration), we may see this kind of conflict as the narcissistic dimension of the working through of oedipal rivalry. We could phrase this as a conflict between a father who "never did you the honor" (March 24 session) and a father/analyst who *did* "honor" him (April 1 session).

THE AS-YET SITUATION

Winnicott (1969a) addresses Freud's thinking with the word *yet* in the quotation with which I began this article. He writes: "I almost wrote, what he does not yet know" (p. 241); "yet" is here presented almost as a slip to indicate that Freud is there with him exploring new areas of the mind. "As yet" seems to me such an implicitly and explicitly key expression in Winnicott's work with this patient!

By the *as-yet situation*, I mean a clinical situation in which psychic temporality is in play, and therefore the operation of *Nachträglichkeit* may potentially be present. In fact, I have recently been referring (inside myself) to certain moments in my own clinical work as the *as-yet situation*. This expression relates to a particular kind of psychic temporality, which reveals new and unspoken psychic situations. I am referring to the Freudian concept of *Nachträglichkeit*. In my clinical experience, I call it an *as-yet situation* because, in the operation of *Nachträglichkeit*, there is always a phase of anticipation—an *already there*—and a phase of retroactive meaning. (As we know, the two phases are necessary to describe this kind of psychic temporality.) It is the phase of retroactive meaning that allows us to better hear the *as-yet situation* as such.

I am proposing in this paper for the first time the *as-yet situation* as a way to denote a clinical situation in which the operation of *Nachträglichkeit* may come into play. I have not explicitly named it as such in my previous writings, even though I have been working with the concept of *Nachträglichkeit* a great deal. I am testing this clinical way of naming a kind of psychic temporality in order to reflect on Winnicott's clinical work in a more in-depth way.

How is Winnicott actually addressing temporality when in his interpretations he uses such expressions as "you are not yet there for" or "you were not yet there for"? I propose to consider these expressions as denoting a clinical as-yet situation. I believe that as-yet situations condense at least two different Winnicottian conceptions of psychic temporality. The complexity of the way in which they are linked deserves a separate study; therefore, this essential issue is not explored in the present article, but let me mention just two points:

- 1. In certain fragments quoted earlier, the as-yet situation is the clinical expression of the operation of *Nachträglichkeit*, which is always constituted by two phases, the second giving retroactive meaning and new existence to the first.
- 2. In other fragments, as-yet situations are actively created by Winnicott, who by means of his interpretations gives the dimension of the future to a patient who is not yet there. This was explored in the session of March 24: "[Your father] never did you the honor" (p. 540).

The fact that *yet* was added by me, and that I have submitted this session to the test of the operation of *Nachträglichkeit* (with the session of April 1), allows us to conceive of the complexity of the as-yet situation and the value of exploring it as a clinical concept. As mentioned, this subject deserves further study.

Building on what has been said, let us pose an additional question: is Winnicott working to create the psychic conditions in which his patient can become able to experience what happened in the past without his being there yet—able, that is, to experience it as a subject? In other words, can he claim it as a personal experience?

THE AS-YET SITUATION AND THE PATERNAL FUNCTION IN THE MAKING

Winnicott interprets in different sessions that, since the father appeared too early in the patient's life, he had the characteristics of a "fathermother," and by imposing his presence indicated that the mother had failed. At first I thought that to fail in this case meant to be an absent mother, but in fact, for Winnicott, the mother had failed by being too present, as indicated in the following quotations from three different sessions:

- Patient: "[My father] said he took part in the care of his infants as early as possible so as to be recognized and accepted as the father, so as to establish his claim as father." [Session of March 18; 1955, p. 523]
- WINNICOTT: "In a sense you are all the time looking for the man that you hate on account of the love of a woman. In the long run this is father, a new aspect of father that you hardly encountered, especially as he came into your life deliberately at a very early stage and established himself as an *alternative mother* to you as an infant." [Session of March 22; p. 530, italics added]
- WINNICOTT: "Only gradually have you come to be able to deal with me as a human being rival." [Session of March 23; p. 535, italics added]

In the session of March 23, Winnicott interprets the complexity of the situation, and at the end he says: "Yes, there are several things all at once, and the relationship between your wife and yourself and me contains many different meanings. It is a kind of portmanteau situation" (p. 536).

As a result of the transferential interpretation of March 23, Winnicott adds at the end of the March 29 session:

[The patient] had a reason for the first time in the analysis to be suspicious of me since in the previous session I had come in in the role of the father who prohibits incest. In the previous session he had thought of the father, I reminded him, as avoiding the main issue in which there was hate between him and his son, and therefore the son had no fear of the father. It was *this new thing turning up in his relation to me*, which made him able to bring suspicion as expressed by his friend. It can be said that he was not ready to bring it directly himself. [p. 545, italics added]

I would add that the patient was not ready . . . yet. But let us notice that the session of April 1 is just there! This is a turning point because the patient has been given the psychic tools to bring about *for himself directly* the situation that *allows Winnicott to become a father in actuality*.

As mentioned, *Nachträglichkeit* as a way of conceiving psychic temporality must be linked to other psychoanalytic concepts. In this paper, I have chosen to explore it in conjunction with the concept of paternal function. I have also noted that, based on the various interpretations proposed by Winnicott, I define this function as the capacity of the father to say "no" to incestuous access to the patient's mother.

As-yet situations were frequently incorporated into Winnicott's interpretations that gave retroactive meaning to what was not there . . . yet. In this sense, they set up the psychic conditions for deploying the two phases of the operation of *Nachträglichkeit*. I have often wondered about the source of Winnicott's wisdom in working implicitly with *Nachträglichkeit* while not explicitly mentioning the concept. I like to think that the source of the transmission was Freud himself: James Strachey and Joan Rivière had both been in analysis with Freud and were, respectively, Winnicott's first and second analysts.

Let us come back to the sessions of March 24 and April 1 so as to give a general overview of how I have been thinking of the paternal issue and the as-yet situation. As is clear, both sessions have been taken as constituting the paradigmatic situation in which the as-yet situation (a clinical concept, let us not forget) allows us to appreciate the implicit concept of *Nachträglichkeit*.

Let us recall that the patient *transforms* what he says on March 24, "If I never got to father's prohibition then I was left having to find it *in myself*" (p. 539, italics added), into "If I never got to father's prohibition then I have to find it *in Winnicott*" (my paraphrasing) on April 1. For his part, Winnicott, in the first session, interprets: your father "never did

you the honor of recognizing your maturity by banning intercourse with mother" (p. 540).

Let us put to work my hypothesis that this is an as-yet situation, though for the moment Winnicott uses "never did you the honor of" (italics added). To understand the inclusion of "never did you the honor of". . . yet" in the title of my paper, we need to reconsider his interpretations in the session of April 1. Here Winnicott places himself in the countertransference position of listening to what his patient has to say, and as a consequence, he interprets in the transferential position of a father who does him the honor of saying "no" (forbidding possible sexual access to the mother/analysis and interpreting the end of the session on time). The "no" here is an enriching psychic situation (one of the possible meanings of symbolic castration).

Last but not least, the analyst's interpretation was born, as has been pointed out, from the encounter between patient and analyst. Winnicott's previous work has modified the patient's psychic functioning to the point that it is the patient who opens this possibility ("It just occurred to me that it must be the end of the time and that in a way that is saying 'No,'" p. 549).

Winnicott also modified his countertransference position in relation to the implicit flexibility of his setting, and he interprets: "In that case I am saying 'No' which means no more analysis today. I am coming in between you and analysis and sending you off" (p. 549). This encounter between analyst and patient on April 1 constitutes a beautiful example of how the primal scene is symbolized by the union of the patient's words and the analyst's listening: from this encounter, the analyst's interpretation is born.

I will now show how my discussions of the as-yet situation, the paternal function, and the notion of *Nachträglichkeit* fit together. In the session of April 1, as we have just seen, Winnicott does the patient the honor of considering him a rival and bans access to the mother/analysis. My reading of the first session (March 24) in the light of the second one (April 1) confirms my idea that we are in an as-yet situation.

How can we decide if we are in the presence of the operation of *Nachträglichkeit* as well? And what kind of transformation of the father issue are we considering here? In the transference, Winnicott becomes

the father in actuality, the father who does his son the honor of recognizing him as a rival, in his humanity. This is what I consider the paternal function in this particular analysis. This session in the here and now gives a retroactive meaning to what was not yet there (the movement of anticipation, "the father who never did you the honor". . . yet)—the twofold movement necessary to speak of *Nachträglichkeit*.¹¹

REPETITION COMPULSION

Let us consider the as-yet situation in the light of the repetition compulsion, first on the basis of my understanding of Freud's perspective and then with reference to temporality in Winnicott's "Fragment of an Analysis" (1955). I believe that "Remembering, Repeating and Working-Through" (1914) is not only one of Freud's best articles, but also one that allows analysts from different traditions to meet at a central point to explore the key issue of repetition in their work. Without repetition, without insistence, psychoanalytic working through would be impossible.

Though Freud's observation concerning his grandson playing with a reel was described in 1920, in a paper in which he introduced the concept of the death drive, I shall take the liberty of treating this play as a metaphorical model of the compulsion to repeat in the context of the aforementioned article of 1914 (with the awareness that I am controverting the chronology of Freud's work).¹²

In the reel game, I choose to underline the following:

- 1. The child's playing is already a creation that symbolizes the presence and absence of the mother. Through this game, the child can actively and symbolically make her appear and disappear instead of passively submitting to her unpredictable absence or presence in material, external reality. In other words, with this game he is symbolically able to bring back the lost mother.
- 2. The game is symbolic both in *action* and in *language* because the child discovers that, with two different words, *fort* and

 $^{^{11}}$ A new dialectic spiral would open up if we were to read this material in the light of Winnicott's essay "The Use of an Object in the Context of Moses and Monotheism" (1969a); I regret that it is not possible to explore this area here.

¹² This analysis of the reel game has been previously presented (Faimberg 2007b).

da, he can refer to the mother's existence in two different positions. He plays to actively make her absent—fort, and he plays to actively make her come back—da, and together, fort/da.

3. In a footnote (footnotes are wonderful places for creative remarks!), Freud writes that one day the child met the mother with the phrase "baby o-o-o-o" (1920, p. 15n). This was at first incomprehensible (just as what the patient has to say to us and cannot say may be incomprehensible, and hence our need to contain it for as long as necessary). "During this long period of solitude the child had found a method of making *himself* disappear," noted Freud (p. 15, italics in original). By saying "baby o-o-o-o," the child was telling his mother, once she returned, that he had discovered a means of making himself disappear and reappear in a mirror.

Thus, by repetition, the child could actively *change his own position* and enact his relation to the presence and absence of the object as well. The child's relation to himself (as absent or present through the mirror) and to the presence and absence of the object is *not a one-to-one relation;* appreciating the complexity of this relation may help us imagine one of the multiple forms in which we begin to build our sense of separateness, our recognition of otherness, and the continued existence of people who are absent.

By playing with the reel, the child is *not simply repeating*. Among other possibilities, we might say that, in this game, what is being insisted upon (through the compulsion to repeat) is the child's way of finding, at a different level, a certain kind of satisfaction (satisfaction that he would have obtained with the actual presence of his mother), and, by the same token, *he is experiencing and creating ways of symbolizing absence*—his mother's and his own.¹³

So, to the question of *what is being insisted upon* in the compulsion to repeat, my proposed answer has two aspects:

¹³ In the analytic session, we speak of *an absent object*. When the patient speaks of a dream, we analyze his discourse *about* the dream, not the dream in itself. The dream is an *absent* object—a *psychoanalytic object*, as Green (1975) beautifully described.

- 1. In one aspect, I shall consider only a *partial* element of what is insistent: *what is insistent is an attempt to confirm a timeless* "solution" to unconscious conflicts.
- 2. Looking at another aspect, in my chosen perspective (in which the reel game is a metaphor), when the patient is heard in a new and unprecedented way via the psychoanalytic method, it becomes possible for him to change his psychic functioning—and the nature of *what is being insisted upon changes as well.* That is, it is transformed from being a timeless insistence into an insistence on the service of exploring and experiencing, once and then again, new kinds of satisfaction at another level.

The transformational quality of the psychoanalytic method itself is a key concept with which to understand—paradoxical as it may seem—that insistence is a precondition for psychic change, for a change of what is insistent to occur.

Why does Winnicott (1955) so repetitively interpret in this analysis what "had never been before" (in the patient's and Winnicott's words), while at the same time charting a path toward what I have called the *asyet situation?* Winnicott is careful to propose an interpretation that points time's arrow toward an open future. This is the reason why I have given this paper the subtitle of "Your Father Never Did You the Honor of"... *Yet.*"

AN OPEN-ENDED CONCLUSION

In my view, in certain passages of this material, psychic temporality clearly appears with the characteristics of the twofold operation of *Nachträglichkeit*. For example, to reiterate a statement of Winnicott's in the March 23 session, quoted earlier:

You couldn't show a more specific symptom at the start because you weren't there as a person to be having sexual difficulties. It is a part of your emergence as a person that you can now come with personal symptoms. [1955, p. 531]

As we have seen, it is the second phase that gives a psychically meaningful existence to the first anticipatory phase.

In other fragments, as-yet situations are alluding to a possible future. In this case, it is as if, by uttering his interpretation directly and repetitively, Winnicott is already giving a certain psychic existence to what was not (fully) there . . . yet. What is the status given by Winnicott to this second kind of temporality? As stated earlier, when he listens and interprets, the nature of what is insisting changes, there is a transformation from a timeless insistence to an insistence on the service of exploring and experiencing what has not been possible for the patient to experience . . . yet. 14

How can we articulate the different kinds of temporality that are at stake here? I do not have the answer (may I add "yet"?). And the question—an important one—remains open.

Let us come back to the poem mentioned earlier that I "met" twice in different contexts—a poem that condenses various meanings, but which, as we shall now see, over a long period became linked in my mind to the central concepts that I have been addressing here. As noted, in 1978, I first heard the poem quoted as a critical comment on Winnicott's concept of fear of breakdown: the fear of a future breakdown that had already happened and simultaneously had not happened yet—because there was no one there yet to make it happen. This quotation, while intended critically, had the paradoxical effect of inspiring me with an original idea that had never been proposed before; I thus found myself considering Winnicott's writing from the perspective of *Nachträglichkeit*.

I wish to add that, some time later, Sodré (2005) wondered whether or not a certain concept was a missing concept in other cultures, as I had suggested. To my surprise, in a playful spirit, she also quoted the entire first stanza of the same poem:

Yesterday upon the stair I met a man who wasn't there He wasn't there again today Oh, how I wish he'd go away. [Mearns 1899]

¹⁴ Perhaps this is in part the implicit reason why—though he did not refer to it in those terms—Joseph Sandler, in preparing for the 1998 conference I organized in Paris, underlined the importance of repetition compulsion linked with other possible mechanisms (he did not specify which). Perhaps, he said, that was why he did not use the concept of *Nachträglichkeit* (Sandler 1998).

It must be added that the concept that Sodré playfully wished would go away was that of *Nachträglichkeit* (*après-coup*). She also noted humorously that there are psychoanalysts who can live perfectly happily without ever using the concept of projective identification. The fact that she assured me that the concept of *Nachträglichkeit* would find a place somewhere in her own forthcoming writings allowed us both to entertain the suspicion that we had not fully displayed the controversial spirit expected of us in the panel dialogue for which her remarks were originally written. To my mind, this poem matches Winnicott's playful and paradoxical style.

Because Sodré (2005) quoted the poem to illustrate a missing concept—in response to my suggestion that *Nachträglichkeit* (*après-coup*) could be considered missing—I was obliged to define what I understood "a missing concept" to mean. After all, someone who does not use a concept cannot miss it! Consequently, all that can be said is that a concept is "missing" when its inclusion would add a further dimension, a new understanding that cannot be achieved without that concept. Thus, a missing concept can be called "missing" only retroactively.

Given all that has been said, my conclusion is that . . . I owe a debt of gratitude to Mearns's poem. I therefore choose to end this essay by quoting it in its entirety:

ANTAGONISH

By William Hughes Mearns

Yesterday upon the stair I met a man who wasn't there He wasn't there again today Oh, how I wish he'd go away

When I came home last night at three
The man was waiting there for me
But when I looked around the hall
I couldn't see him there at all!
Go away, go away, don't you come back any more!
Go away, go away, and please don't slam the door

Last night I saw upon the stair A little man who wasn't there He wasn't there again today Oh, how I wish he'd go away

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MOURNING, DREAMING, AND THE DISCOVERY OF THE OEDIPUS COMPLEX

BY EUGENE J. MAHON

The author argues that the structure of mourning and the structure of the Oedipus complex are triadic, the latter being obvious and easy to conceptualize, while the former is quite subtle. When it is the father who is mourned, the son must repeatedly invoke the dead object so that libidinal cathexis can be reinvested in living objects. Such was the situation in which Freud found himself in 1896 when his father died—the triadic nature of the Oedipus complex ironically not yet discovered by him. In the author's belief, Freud's mourning and his attendant rich dream life occurring between 1896 and 1897 gave him access to the unconscious raw material that would eventually help him conceptualize the triadic structure at the instinctual core of the Oedipus complex.

Keywords: Mourning, dreaming, Oedipus complex, Freud, self-analysis, Freud's dreams, Fliess, death, insight, triumph, creativity, repression, transference.

On October 23, 1896, Freud's father, Jacob, died. On October 15, 1897, Freud wrote to Wilhelm Fliess the now-celebrated letter in which he described his discovery of the Oedipus complex:

Being totally honest with oneself is a good exercise. A single idea of general value dawned on me. I have found, in my own case too, [the phenomenon of] being in love with my mother and

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jealous of my father, and I now consider it a universal event in early childhood If this is so, we can understand the gripping power of Oedipus Rex Everyone in the audience was once a budding Oedipus in fantasy and each recoils in horror from the dream fulfillment here transplanted into reality. [Masson 1985, p. 272]

Between the time of the death of his father and the writing of this letter, the concept of the Oedipus complex was gestating in Freud's mind. What internal creative ingredients could have led to such a discovery?

In this paper, my aim is to bring attention to the neglected analogy between mourning and the Oedipus complex. I argue that there is a *triadic structure* at the core of both. While the triadic structure of the Oedipus complex seems conceptually obvious, the triadic structure of mourning is easy to neglect, if not to disavow altogether.

Having introduced this analogy, I will then examine the role that mourning and concomitant dreaming may have played in Freud's discovery of the Oedipus complex. Freud had embarked on his self-analysis in July 1897, according to Ernest Jones; his father died in October 1896. Despite the profound effect this death had on him, Freud would not try to conceptualize his own particular grieving reaction, or the whole subject of mourning in general, until much later (Freud 1917). This, of course, does not mean that the process of Freud's mourning was postponed. In fact, I want to argue that mourning and dreaming—two psychic processes over which consciousness or willpower has no control—can rake the depths of the unconscious, producing rich and provocative, if painful, raw material, especially for the creative mind.

Freud was in the middle of his own tortured self-analysis, delving free associatively into childhood memories, breaking down barriers of repression single-handedly, with Fliess the only transferential, long-distance sounding board available. Mourning and dreaming must have been constantly "feeding" his self-analysis with turbulent affect and memory. I argue that it was out of such creative torment that the Oedipus complex emerged in October 1897.

Let me acknowledge from the outset that, of course, this is an exercise in imaginative speculation. By *imaginative speculation*, I do not mean

to imply that I will not use the available historical data as I try to piece together Freud's state of mind as the discovery "came" to him. Freud left us a record (reluctantly, as we know; without Marie Bonaparte's intervention, we would not have access to it at all) of his self-analysis. We know some of what he was thinking, feeling, dreaming, and discovering as he tried to construct the new "science" of psychoanalysis. But even though I am reconstructing from data available to all of us, I wish to acknowledge that I am also speculating.

No matter how prepared we are from prior readings, I believe it always comes as a shock to read the opening words of Freud's letter of October 15, 1897, to Fliess: "My self analysis is in fact the most essential thing I have at present and promises to become of the greatest value to me if it reaches its end" (Masson 1985, p. 270). Freud continues, as cited earlier:

A single idea of general value dawned on me. I have found, in my own case too, [the phenomenon of] being in love with my mother and jealous of my father and I now consider it a universal event of early childhood. [Masson 1985, p. 272]

Five months earlier, on May 31, 1897, Freud had written to Fliess: "It seems as though this death wish is directed in sons against their fathers and in daughters against their mothers" (Masson, p. 250). Strachey and Jones have commented that this may be the first mention of the Oedipus complex in Freud's writings.

Before getting into the details of Freud's self-analysis and the role played in it by mourning and dreaming, I will comment on mourning and dreaming per se. If one stresses that mourning is a merciless, even ruthless act of *re-presenting* the absent dead object in consciousness—the better to strip it of its libidinal investment, so that the corresponding psychic energy can be reinvested in other, living objects—the whole process, especially when the father is the object being mourned, has an oedipal cast to it. It is as if the stricken mind is proclaiming (protesting, even): "I kill the object over and over by summoning it to the table of consciousness so that I can divest it of its psychic energy."

If the dead object's (the father's) wife is still alive, and if the son's mind is investing psychic energy in her that has been retrieved from

the attachment to the husband, is this characterization of mourning not entirely oedipal? If we imagine Freud in early October 1897 not yet in possession of his discovery of the Oedipus complex, but very much possessed by his mourning, isn't it ironic that he had the seeds of his discovery in his grasp without recognizing them? In a way, his mourning not only held his dead father's absence in its startled hands, but also the discovery of the Oedipus complex as well.

Dreaming, on the other hand, would seem be the opposite of mourning. If mourning insists on the reality of death and the need to deal with it realistically, dreaming's raison d'être is wish-fulfillment. Dead objects can come to life again in the illusion of dream. Awakening can be conceptualized, of course, as another kind of mourning: the spoils of dreams have to be recognized and relinquished as the illusions that they are, the reality principle thumbing its nose at wish fulfillment and illusory pleasures.

Is it possible that both these processes (mourning and dreaming) going on from October 1896 (the date of Jacob Freud's death) to October 1897 (the date of the initial formulation of the Oedipus complex) fed Freud's crucial insights into his self-analysis (Jones dates its inception from July 1897), making his momentous discovery possible one year after the death of his father, a yahrzeit of great significance?

Interestingly, the end of Freud's self-analysis is left undated by Jones. His comment is instructive: "Freud told me he never ceased to analyze himself, devoting the last half hour of his day to that purpose" (Jones 1961, p. 215).

Let us try to piece together what Freud's seminal insights might have been. He acknowledged that the writing of *The Interpretation of Dreams* (1900) was a reaction to his father's death. In thanking Fliess for his letter of condolence, he wrote:

By one of those obscure paths behind official consciousness the death of the old man has affected me profoundly. I valued him highly, understood him very well, and with that combination of deep wisdom and romantic lightheartedness peculiar to him he had meant a great deal to me. His life had been over a long

time before he died, but his death seems to have aroused in me memories of all the early days.

Now I feel quite uprooted. [Masson 1985, p. 232]

This arousal led to the creation of *The Interpretation of Dreams*. In his 1908 preface to the second edition, Freud wrote that it was only after finishing the book that he could connect it to his father's death: "It was, I found, a portion of my own self-analysis, my reaction to my father's death—that is to say, to the most important event, the most poignant loss, of a man's life" (1900, p. xxvi).

In my opinion, there was a relative denial of the discovery of the Oedipus complex in this estimation of *The Interpretation of Dreams*, without an equal emphasis being placed on the discovery of October 15, 1897. There was also a similar, relative diminution of emphasis on the role of mourning in the discovery of the Oedipus complex in Freud's not writing his classic text on "Mourning and Melancholia" (published in 1917) until 1915. If my thesis—that mourning in its very form and structure resembles the Oedipus complex in an uncanny way—is correct, Freud seemed unwilling to acknowledge the gift of insight contained in it.

Perhaps he was in no mood to be deferential toward such a universal process as mourning or to acknowledge his debt to it at a time when he was discovering his own particular oedipal hubris, not wanting to be indebted to filial piety or dependency any longer. Like Hamlet confronted with Gertrude's rebuke: grief is universal, Hamlet; "why seems it so particular with thee?" (Shakespeare 1603, I.2.78), the Hamlet in Freud responds: "I know not 'seems'" (79).

Freud had gone deeper than "seems" into the very core of *re-pressed* oedipal desire itself; and one further manifestation of his triumphant oedipal discovery might have been his wish not to acknowledge the lineage of his insights or the role played in it by an uncontrollable, unconscious, unwilled process such as mourning. If he were unwilling to surrender to the psychological authority of parents in his newfound oedipal defiance, why would he be willing to surrender to the kind of uncontrollable process of inevitability that mourning implied?

From a developmental point of view, the original resolution of the Oedipus complex in children at approximately six years of age relies mainly on repression and identification to steer the oedipal child out of seemingly unresolvable conflict and into the relative quiescence of latency.¹ But now I want to stress an aspect of mourning that is involved when a child relinquishes his oedipal conquest of one parent, even as fantasy runs off with the prize of the other. This developmental drama is almost completely covered up, the infantile amnesia a kind of painting over of instinct, its replacement being the great Eriksonian "industry" of latency. Developmental and cognitive maturities assist the latency child with his "mourning" of oedipal desire and his new acceptance of the reality principle that society—and *social hypocrisy*, as Freud mischievously called it—demand of him.

If the inevitable developmental demand for a resolution of the Oedipus complex confronts the child with a kind of mourning, it is the actual experience of mourning in later life that reintroduces the adult to the repressed Oedipus complex. In Freud's case, before the Oedipus complex was first formulated by him, it was the experience of mourning and the return of the repressed that made his great insight possible for him to grasp—or at least, that is one of the main arguments of this paper.

Let us imagine Freud formulating for himself in 1897 the insights he published in "Mourning and Melancholia" (1917) many years later. Earlier, I suggested that mourning, as Freud defined it in 1917, seems to encapsulate the Oedipus complex in its very form and structure. In that remarkable paper, Freud describes how, after reality has declared the object to be dead, psychology, which initially drags its feet in accepting the painful loss, does eventually, in a piecemeal fashion, sever its attachment to the object. Essentially, the work of mourning "kills" the object intrapsychically at a slower pace than reality, which finishes off the object in one fell swoop.

In comparing mourning and melancholia, Freud writes:

Just as mourning impels the ego to give up the object by declaring the object to be dead and offering the ego the induce-

¹ There are other factors at play besides repression and identification, including a neglected cognitive factor that I discussed in depth several years ago (Mahon 1991).

ment of continuing to live, so does each single struggle of ambivalence loosen the fixation of the libido to the object by disparaging it, denigrating it and even as it were *killing* it. [1917, p. 257, italics added]

Freud asks why there is no phase of triumph after the work of mourning is done, no sense of triumph comparable to the mania that sets in when melancholia has severed its ties to the object. "I find it impossible to answer this objection straight away" (p. 255), Freud writes. If my thesis is correct, Freud's triumph may have been repressed or sublimated into the masterwork that his mourning had instigated. I am referring to *The Interpretation of Dreams* (1900), and a little later, I will outline several of Freud's own dreams that played a key part in his discovery of the Oedipus complex.

In my own clinical experience, an adult man whose father had died when he was five, on being told of the death, had exclaimed, "Good riddance! Now I can have my mother all to myself." The child's initial sense of triumph, however, was replaced in later years by a sense of guilt that compromised his adult life until analysis addressed the complex vicissitudes of oedipal conflict.

As I commented earlier, Freud's triumph may have been sublimated into *The Interpretation of Dreams* (1900). I suggest that the discovery of the Oedipus complex and his paper on "Mourning and Melancholia" (1917) are also masterworks that contextually belong alongside the dream book when the history of psychoanalytic ideas is comprehensively considered.

So far, I have stressed the role of mourning in Freud's discovery of the Oedipus complex, but I believe that many other factors were at play, such as Freud's self-analysis, the "transferential" role that Fliess played, the recovery of crucial childhood memories, and the remarkable interpretation of several seminal dreams. A host of other ingredients probably contributed to Freud's genius, ones that cannot be fathomed or even formulated. "Before the genius of Freud's creativity, psychoanalysis must, alas, lay down its arms": here I am co-opting Freud's statement about another topic² to make a point about Freud himself.

 $^{^2}$ "Before the problem of the creative artist analysis must, alas, lay down its arms" (1928, p. 177).

But since I cannot delineate all the unfathomable ingredients of Freud's creativity, I will next examine the crucial role that I believe dreams played in his great discovery. Mourning and dreaming were the two engines that fueled his creativity, in my opinion, with mourning doggedly insisting on engagement with and submission to reality, while dreaming embarked on its unconscious mission of mining the past, though disguising it out of all recognition in the interest of replacing reality with the hegemony and magic of the infantile wish.

These two forces, mourning and dreaming, pulling at the mind from opposite sides, so to speak, must create a confusion, an ambiguity, a ferment that confounds the realistic psyche, perhaps, but energizes the creative imagination in complex ways. If mourning insists that the libido invested in dead objects must be recycled in practical, new engagements with the living rather than the dead, dreams reenvision, resurrecting the dead in manifest and latent illuminations of the past that ignore reality as they dramatize and populate the oneiric landscape with their bewitching and bedazzling artistic flourishes. Awakening from such dreams and again accepting drab reality is an act of mourning in itself—unless one is able to interpret and inform and strengthen reality testing with new, dream-gleaned insights. It is such dream-spawned insights to which I would now like to turn.

Before Freud's letter of October 15, 1897, in which he announced the news of his discovery to Fliess, there were a dozen well-documented dreams that could be thought of as steppingstones on the road to his discovery:

- Dream of Irma's Injection (July 24, 1895)
- Close-the-Eyes Dream (October 25–26, 1896)
- the four Rome Dreams (January 1897)
- Uncle with Yellow Beard Dream (February 1897)
- Villa Secerno Dream (April 27–28, 1897)
- Hella Dream (May 1897)
- Running-Upstairs-Undressed Dream (May 1897)
- Sheep's Head Dream (October 3–4, 1897)
- One-Eyed Doctor Dream (October 1897)

These dreams have been well analyzed by Freud himself and later by Grinstein (1968) and Anzieu (1986), whose scholarship I have leaned on and learned from. Omitting the dream of Irma's injection, the other eleven dreams were dreamt in the year between the death of Freud's father and the discovery of the Oedipus complex; they were some of the essential raw materials of Freud's intense self-analysis during that most fruitful year, nocturnal gifts that he extracted from sleep and from his capacity to remember his dreams.

But while Freud was awake, there was another essential context to be considered. He was examining not only himself, after all; he was treating patients as well, and some of what he discovered in his analysands complemented and even stimulated his own burgeoning hypotheses. For Freud, I believe, psychological raw material was everywhere: in his dreams, in his analysands, even in his own grief.

Just before Freud describes the Oedipus complex in *The Interpretation of Dreams* (1900), he mentions one of his patients: a very obsessional young man who was afraid to go out into the street for fear of killing everyone he met. "The analysis" (which eventually led to the patient's recovery, Freud writes) "showed that the basis of this distressing obsession was an impulse to murder his somewhat over-severe father" (1900, p. 260). Later, Freud describes his "identification" with this young man (p. 458), suggesting and even confirming, perhaps, my earlier point that Freud's clinical work with his patients was, along with his dreams and his mourning, a crucial factor in his voyage of discovery.

Another significant factor was his relationship with Fliess, his secret sharer, whom he idealized but also felt very ambivalent about—an attitude that eventually could not be contained and led to the end of the relationship. But there is no question that Freud, who was conducting an analysis on himself without the benefit of an "objective" professional, found a sounding board in Fliess, who in a way became a transferential therapeutic figure. In the history of science in general, has there ever been such a comparable moment? Perhaps there are many that I am not aware of. That the raw material of the science of psychoanalysis emerges from relationship and through relationship is the point I wish to stress, however.

Freud's great discovery of transference, after all, is the product of a remarkable insight about the nature of relationship itself. What Freud realized was that people are constantly projecting imagined reactions onto the people with whom they are in contact, as if subjective reality could at any moment become a casualty of what projected imagination needed to dramatize, in the interest of displacing the past rather than facing up to it. Ironically, when the past is displaced in this transferential manner, it can be examined in its projected form, if one is able to recognize what prompted the projection of it in the first place. Freud's abandonment of hypnosis allowed him to recognize that one does not have to induce sleep to recover the past; it is there in the transferential ways in which people react to each other all the time. In the privacy of the consulting room, psychoanalysts have exploited this new discovery of transference in very profound ways for more than a hundred years.

Freud dispatched "letters" to Fliess that not only contained personal notes, but were also "drafts" of Freud's most original discoveries. These drafts are astonishing to read more than a century after they were written. That Fliess was not always aware of their momentous nature, and did not always respond to them via return mail, began to irritate Freud more and more, sometimes paralyzing his ongoing progress. But when Fliess eventually did respond, Freud's creative energies would return and the voyage of self-discovery would pick up steam again.

In comparison to the usual psychoanalytic procedure, which depends on the reliability and predictability of an ongoing, free-associative engagement between analyst and analysand, what Freud was subjected to in this quasi-analytic relationship must have been exasperating. It was an exasperation out of which extraordinary products emerged, and the history of ideas is indebted to it.

I believe that, if we try to track Freud's unconscious affects from the Irma Dream on through to the One-Eyed Doctor Dream, we will become like the ancient audience at Sophocles's Oedipus Rex: awash in dramatic irony as they witness the doomed hero (Oedipus) doggedly and innocently insisting on pursuing a truth that only the audience knows will destroy him! Freud, of course, was not destroyed by his discovery, as Oedipus was, but instead was enlightened.

I will briefly summarize these dreams of Freud's and their main affects while tracing the structure of the Oedipus complex as it slowly emerges from the mists of ignorance. I will treat the sequence of dreams as if their partial insights eventually coalesce to make possible the ultimate creative eureka of insight. I will assume that the reader has a certain familiarity with these dreams, and that memory can be refreshed, if necessary, by access to the original texts (Freud 1900; Masson 1985) and to subsequent commentaries (e.g., Anzieu 1986; Grinstein 1968).

The Irma Dream is probably the most famous of Freud's dreams, brilliantly deconstructed by Freud himself and the subject of much further exegesis by a host of subsequent investigators. I will make one comment only: the predominant affect is guilt about the botched surgery, with the additional factors of Freud's reluctance to blame Fliess directly for his obvious surgical mismanagement of the case, and Freud's wish to exonerate himself from guilt by association. The elements of an oedipal triangle are all there: a damaged woman (Irma), a guilty man (Fliess), and a child witness (Freud); but as yet Freud has no inkling of their oedipal meaning. His mind seems focused on the challenge and complexity of the dreaming process and how to make sense of it.

The Close-the-Eyes Dream is obviously about Jacob Freud's death, since we know it was dreamed either immediately before the death or very soon thereafter. The manifest content is stark: "You are requested to close the eyes' or, 'You are requested to close an eye'" (Freud 1900, p. 317). This imperative, like an announcement on a signpost, is the only content of the dream. The conflict seems obvious: should Freud recognize his guilt about his father's death, face it squarely, or close an eye to it, wink at it?

The four Rome Dreams: If we compress these most complex dreams together, they express a very overdetermined desire of Freud's: to get to Rome, like Hannibal (a one-eyed hero), and thereby to overcome the shame Freud had felt as a child when his father was humiliated on the street by a Christian. Freud described that humiliation as follows:

I may have been ten or twelve years old, when my father began to take me with him on his walks and reveal to me in his talk his views upon things in the world we live in. Thus it was, on one such occasion, that he told me a story to show me how much better things were now than they had been in his days. "When I was a young man," he said, "I went out for a walk one Saturday in the streets of your birthplace; I was well dressed, and had a new fur cap on my head. A Christian came up to me and with a single blow knocked off my cap into the mud and shouted: 'Jew! Get off the pavement.'" "And what did you do?" I asked. "I went into the roadway and picked up my cap," was his quiet reply. This struck me as unheroic conduct on the part of the big, strong man who was holding the little boy by the hand. I contrasted this situation with another which fitted my feelings better: the scene in which Hannibal's father, Hasdrubal, made his boy swear before the household altar to take vengeance on the Romans. Ever since that time Hannibal had had a place in my phantasies. [1900, p. 197]

Freud later recognized his error: he had confused Hannibal's father, Hamilcar Barca, with Hannibal's brother, Hasdrubal. This parapraxis is comparable to another that Freud made when he described his discovery of the Oedipus complex for the first time in his letter to Fliess of October 15, 1897. There he compared Hamlet to Oedipus Rex, describing Hamlet as "positively precipitate in killing Laertes" (1897, p. 266). But a close reading of Shakespeare makes it clear that the "positive precipitate" murder refers to Polonius, not Laertes; a father and son are being confused in this slip.

Could it be that the discoverer of the Oedipus complex flinches as he imagines the oedipal death of his own father, and that his guilt-inspired slip unconsciously dispatches Polonius's son Laertes as an unconscious stand-in for Freud himself? The fact that all this was first adumbrated in a letter to the transferential figure of Fliess adds to the oedipal irony.

Uncle with the Yellow Beard Dream: Freud's ambition to become a professor is the core affect of this dream.

Villa Secerno Dream: Obvious, growing ambivalence toward Fliess and toward Freud's own father begins to emerge more clearly in this dream. Secerno refers to *hiding* or *secreting*, and thus to the conflict about knowing and not knowing; opening the eyes or closing them continues to be unresolved.

Hella Dream: Freud's sexual feeling for his daughter Mathilde is the main affect of this dream. Jones maintains that it led to Freud's abandonment of the seduction hypothesis. This is a major advance: sexual instincts must be acknowledged, as opposed to projected or disavowed.

Running-Upstairs-Undressed Dream: This dream, along with other staircase dreams, leads to the recovery of a most significant memory of Monica Zajic, the nurse who took care of Freud when he was a child in Freiberg. This nurse could be rough. As Freud sarcastically puts it: "Her treatment of me was not always excessive in its amiability" (1900, p. 248).

So if the Villa Secerno dream allows Freud to embrace his ambivalence toward Fliess and his own father, this retrieved memory puts him in touch with ambivalence toward a woman. The two poles of the Oedipus complex (positive and negative oedipal attitudes toward parents) are beginning to come into view.

The Sheep's Head Dream: The manifest content is as follows.

- I took out a subscription in S. and R.'s bookshop for a periodical costing twenty florins a year. [Freud 1900, p. 166]
- She [Freud's childhood nurse] was my teacher in sexual matters and complained because I was clumsy and unable to do anything At the same time I saw the skull of a small animal and in the dream I thought "pig," but in the analysis I associated it with your wish [Fliess's] . . . that I might find, as Goethe once did, a skull on the Lido to enlighten me. But I did not find it. So [I was] a "little blockhead" [literally, a little sheep's head]. [Masson 1985, p. 269]

This dream leads to the memory of the nurse who bathed him in red water (she was menstruating). She also stole twenty *zehners*, a "crime" that Freud at first took on himself. Later his mother confirmed the details of his retrieved memory, but corrected his distortion. The nurse was found out and subsequently spent ten months in prison. Freud was clearly affected by the loss of this significant primary object.

In trying to assess the significance of a recently recovered memory, he writes:

I said to myself that if the old woman disappeared from my life so suddenly, it must be possible to demonstrate the impression this made on me. Where is it then? Thereupon a scene occurred to me which in the course of twenty-five years has occasionally emerged in my conscious memory without my understanding it. [Masson 1985, p. 271]

Freud is knocking on the door of the Oedipus complex, so to speak, and the door is about to be thrown open.

Freud continues, remembering the frantic affects of the scene that returns to consciousness again and again without being fully understood:

My mother was nowhere to be found: I was crying in despair. My brother Philipp (twenty years older than I) unlocked a wardrobe [Kasten] for me, and when I did not find my mother inside it either, I cried even more until, slender and beautiful, she came in through the door. [Masson 1985, p. 271]

There is a poignant congruence here between a child trying to open the mystery of his own distorted magical misunderstandings and a genius trying to make science out of that distortion many years later. Freud did eventually make sense of this memory and its condensation of his nurse being locked up in prison in actuality, while his mother was locked up in the metaphorical prison of his own imaginings. Freud had feared that his mother was pregnant, and was relieved when she appeared "slender and beautiful"—therefore, decidedly not pregnant.

The components of the Oedipus complex were slowly falling into place. Philipp, the 20-year-older brother; Freud's mother; and Freud himself were locked inside an unconscious oedipal box that only insight—and a most transgressive insight, at that—could unlock.

When one considers Freud's letter to Fliess of October 3, 1897 (which contains the Sheep's Head Dream in a postscript), it is clear that Freud's self-analysis had helped him recover very early memories from the first three years of his life. In that letter, he admits to feeling jealous of his father, even if he had failed to find any evidence of sexual seduction on his father's part in the coffers of retrieved memory. He acknowledges sexual feelings for his *matrem*, whom he had seen *nudam* on a journey to Vienna when he was between "two and two and a half years" (Masson 1985, p. 268). Freud's need to Latinize his memory surely suggests his discomfort with the affects his oedipal conflict aroused in him.

In that same letter, Freud describes the birth of his brother Julius and the ill wishes he felt toward him. When Julius died a few months later, Freud's guilt must have been intense. In reading his account of all this to Fliess in October 1897, when he was on the verge of discovering the Oedipus complex, one senses that Julius was the prototype of oedipal hatred toward the father, given the telescopic, tendentious nature of memory.

The One-Eyed Doctor (and Schoolmaster) Dream: Following is the manifest content.

I had a dream of someone who I knew in my dream was the doctor in my native town. His face was indistinct, but was confused with one of my masters at the secondary school, whom I still meet occasionally. [1900, p. 17]

Freud had much resentment toward the childhood doctor. His ambivalence is displayed by juxtaposing the hated doctor and the beloved schoolmaster. These condensations became clearer when his mother explained to Freud that both doctor and schoolmaster were one-eyed! It is tempting to condense the one-eyed doctor and the closing of one eye in the earlier Close-the-Eyes Dream ("You are requested to close an eye," 1900, p. 317).

Freud seems very reluctant to interpret this dream fully when he first describes it to Fliess. It is only in later editions of *The Interpretation of Dreams* that he allows himself to disclose that he had fallen as a very young child and injured his chin. The castration fear aspect of the Oedipus complex was too much to be incorporated into the complexity of Freud's emerging philosophy at this time.

Freud's oedipal hatred of the one-eyed doctor and father can only be insightfully seen with both eyes open. To close one eye or two at this point would be to deny an extraordinary insight at the moment of incipient triumph. In this context, Freud's question in "Mourning and Melancholia" is relevant: "Why, then, after it has run its course, is there no hint in its case [he is referring to mourning, and when the work of mourning is completed] of the economic condition for a phase of triumph?" (1917, p. 255).

As noted earlier, Freud immediately follows up this question with: "I find it impossible to answer this objection straight away." If I am correct in my thesis that mourning contains in its very form and structure the architecture of the Oedipus complex (the discovery Freud was on the verge of granting himself in October 1897), he must have felt it almost impossible to experience any sense of triumph—especially if that triumph were in any way related to the oedipal, "good riddance" triumph I described earlier in one of my own patients. Ahas of excitement, eurekas of self-congratulation usually accompany great discovery. But in Freud's case, was it necessary to close one's eyes to such oedipal dancing on the father's grave?

Freud insisted on depicting the Close-the-Eyes Dream as a twofold text: to close one eye (to wink) is juxtaposed with the closing of both eyes. To wink at someone has an oedipal meaning that I would like to emphasize. Freud did not focus on this, nor has subsequent scholarship, to the best of my knowledge. If one deconstructs the drama of one person winking at another in the presence of a third, it becomes clear that an oedipal motif is being enacted. Winking is usually triadic: I wink at you, and both of us are in a collusion of supposed superiority over a third party who is left out of our mutual conspiracy against him. Isn't winking a drama of ironic subtlety, a cruel version of the Oedipus complex in comic dress—two "informed" members lording it over an unwitting third?

One other "incident" prior to Freud's discovery of the Oedipus complex is analogous to winking and closing the eyes or to keeping them insightfully open. Between October 4 and October 15, 1897, Freud made a professional blunder. He was at that time treating an elderly woman daily by putting a few drops of lotion (collyrium) into her eye and giving her a morphine injection. (Isn't it striking how prominent *eyes* are in Freud's mind as he approaches this most momentous discovery, as if he needs to blind himself, like Oedipus, even as he dares to retrace the footsteps of Sophocles's tragic protagonist?) On this particular morning, he accidentally put morphine into the patient's eye instead of collyrium.

It was not until a few years later that Freud (1901) explained this symptomatic act; it was a memory of another patient's dream that made

it possible for him to retrospectively understand the meaning of his selfdestructive, mal-practical parapraxis:

I was under the influence of a dream which had been told me by a young man the previous evening and the content of which could only point to sexual intercourse with his mother While absorbed in thoughts of this kind I came to my patient, who is over ninety, and I must have been on the way to grasping the universal human application of the Oedipus myth as correlated with the Fate which is revealed in the oracles; for at that point I did violence to or committed a blunder on "the old woman." [1901, p. 178]

Thus, Freud was aware in October 1897 that he was "on the way to grasping the universal human application of the Oedipus myth," but he seemed to need to blind not only the old woman against whom he transgressed, but himself as well, by damaging his professional status in a kind of oedipal blinding of himself. His tragic identification with Oedipus seems to be total at such moments of blinding insight, even as his scientific integrity insists on staying the course.

DISCUSSION

In retrospect, it would seem that symptomatic acts, parapraxes, dreams, mourning, screen memories, transference (in relation to Fliess), and clinical work with the daily raw material of his patients' unconscious minds led to Freud's remarkable discovery of the Oedipus complex in October 1897. In the final analysis, what is crucial, of course, is the fact that Freud was able to open both eyes in an act of triumphant, transgressive insight, and to make the Oedipus complex a cornerstone of psychoanalytic thinking for the last 115 years. It is a major contribution to the history of ideas, now and doubtless for many years to come.

I have suggested that mourning and dreaming assisted Freud in his extraordinary odyssey into the mysteries of the unconscious mind, and especially into that aspect of the mind subsumed under the concept of the Oedipus complex. If the Oedipus complex is the precipitate in the mind of complicated interpersonal dynamics between a child and his parents—a precipitate that is rendered unconscious by powerful forces

of repression culminating in infantile amnesia at age six or seven—the repressed can *re-press* itself into symptomatic repetitions that can startle current adaptation levels with their pathological replications. But the repressed can also become a revenant in dreams and mourning, which are two nonpathological phenomena that can enlighten, and can lead to extraordinary insights if the mind is prepared to greet the revenants as ambassadors of knowledge rather than as fearful specters of superstition.

The Oedipus complex is so intensely repressed that it seems like a dark secret that reveals itself in uncanny ways. The return of the repressed is always greeted ambivalently, as if the mind wants to be reminded but at the same time does not want to be. Mourning seems to insist on a brutal confrontation with reality; dreaming seems to need to disguise truth in an elaborate finery of self-deception. Working together, they churn the mind by simultaneously appealing to reality and fantasy—an ambiguous state of affairs that genius, in a most creative iteration in Freud's mind, exploited with extraordinary results.

When dreaming learns to fathom its own disguises and mourning learns to bury its own guilt with its dead, so to speak, reality testing is enhanced, and even the confounding affects of the Oedipus complex can be integrated into a good enough adaptation of fantasy and reality. Freud was as unflinching as Sophocles, I believe, in the sense that he insisted on eyes being open, even as he closed the eyes of the dead father—an act of courageous, visionary, oedipal hubris that does not need to blind itself, even as it re-presents its guilt to itself, in the fierce tenderness of human insight.

I have argued that mourning and the Oedipus complex share a common triadic unconscious structure that enabled Freud to arrive at his momentous discovery in 1897. I have also noted that this neglected analogy can shed some light on the mystery of Freud's *annus mirabilis*, 1896–1897. Ironically, I believe that Freud may have been consciously unaware of the similarity between mourning and the Oedipus complex, even though his dreams after the death of his father in 1896 seemed to point inexorably toward the tragic triangle at the core of both.

Freud would write his great opus on dreams not long after the discovery of the Oedipus complex, but his seminal article on "Mourning and Melancholia" would not be published until 1917. Is it possible that

Freud did not want to acknowledge his debt to mourning, which might be considered an almost biologically driven internal force over which neither genius nor less enlightened minds have the least control?

If "Scepter and Crown" are "equal made/With the poor crookèd scythe and spade" (Shirley 1659, lines 5–8) in the existential democracies of death and mourning, was Freud perhaps unwilling to share any aspect of his discovery with a merciless agency that insists on forcing the heart to recycle itself even after it has been broken? If it takes a broken heart to ignite such engines of creativity, Freud's mourning can claim some credit for urging him on unflinchingly toward his great discovery.

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THE IDEAL AND THE REAL IN KLEIN AND MILTON: SOME OBSERVATIONS ON READING PARADISE LOST

BY JOHN STEINER

Extracts from Paradise Lost (Milton 1674) are presented to illustrate some ideas of mutual interest to poets and psychoanalysts. In particular, Milton portrays the distinction between the human and the divine in terms of God's perfection and omnipotence, in contrast to man's imperfections. Recognition of this difference can open a painful gap between the self and the ideal, leading to attempts to bridge it via omnipotence. Because we imbue our objects with omnipotence, a similar gap can arise between adult and child and between patient and analyst. Klein's description of the ideal good object highlights similar issues. Both Klein and Milton present the ideal as something important to internalize as a foundation for hope, trust, and belief in goodness, and both emphasize the ideal as something that can be aspired to but not omnipotently realized. Facing this distinction requires a capacity to relinquish and mourn the loss of the good object, as well as the loss of the omnipotence that made possession of it possible.

Keywords: *Paradise Lost*, Milton, Klein, ideal, reality, shame, Satan, Adam and Eve, disobedience, hierarchy, oedipal situation, creativity, Eden.

My initial interest in *Paradise Lost* arose from my concern with shame and humiliation that are so vividly portrayed in the experience of the

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expulsion from Eden. The evident suffering is not due just to the loss of an ideal state, but also includes the sense of having done wrong and being discovered. It has always seemed to me to be a representation of the feelings of an infant emerging from an idealized place, where he felt himself to be in possession of the breast and with it of the mother's love, into a more reality-based connection with the world in which the existence of others begins to be acknowledged. Guilt is a feature, but it is shame that dominates, and this arises from the knowledge of being observed as small and needy, in painful contrast with the earlier phase of omnipotent possession, which is now exposed as an illusion (Steiner 2006, 2011a).

Reading *Paradise Lost* led me to reflect on the remarkable amount of common ground between Milton and Klein, and of course Freud as well, but also on the insight that a poet can provide to deepen and clarify ideas of importance to psychoanalysts. It is clear that neither Milton nor his audience would have formulated the story of such epic events in terms of early infantile experience. Scholars and critics have studied his poetry in relation to his political and personal beliefs, his writing on divorce, his blindness, and the political and religious climate he lived in, the better to understand his view of the world.

I have dipped into the enormous volume of critical literature on Milton's work (Beer 2008; Bloom 1975; Elledge 1975; Empson 1965; Fish 1967, 1975; Ricks 1963) and have read some of the many relevant papers by psychoanalysts (Fulmer 2006; Rudat 1985; Rudnytsky 1988; Zimmerman 1981), but I soon realized that it is beyond me to attempt a review. Instead, I decided to concentrate on the effect that the poem has had on me as a reader interested in a psychoanalytic understanding of unconscious fantasy.

Despite the apparent gap between Milton's views and those of today, I was impressed by how little the difference of time and of outlook affects our capacity to appreciate the poem. Many of the ideas not only prefigure our psychoanalytic understanding, but also remind us that these themes have been around for a very long time, and can sometimes be more clearly articulated by poets than by psychoanalysts.

I will touch on a number of issues in my selective readings from *Paradise Lost*, noting the striking closeness between the views of Milton

and Klein—for example, over issues like envy, shame, hierarchy, and difference. I will pay special attention to the significance Milton gives to the dangers of enacting omnipotent fantasies, because I think this alerts us to similar dangers for both patient and analyst in the consulting room.

I see Milton offering us a picture of a God as real, existing in the real world as a perfect being, and able to serve as a model or ideal of goodness to which we can aspire and alongside which we can be judged. Three hundred years after Milton, Klein (1957) had what seems to me to be a similar understanding of the good object as real, and also as serving as a model or ideal of goodness:

We find in the analysis of our patients that the breast in its good aspect is the prototype of maternal goodness, inexhaustible patience and generosity, as well as of creativeness. It is these phantasies and instinctual needs that so enrich the primal object that it remains the foundation for hope, trust and belief in goodness. [p. 180]

For both Milton and Klein, the good object serves precisely the same function as a foundation for hope, trust, and belief in goodness, and both are aware that this perfection presents difficulties. In particular, a gap is seen to exist between the perfect ideal object and our ordinary human abilities and achievements. It is when the awareness of this gap becomes unbearable that it is likely to be bridged by fantasies of omnipotence. Man, and before him Lucifer, have sometimes attempted to lessen the difference between themselves and God by assuming perfection for themselves, and sometimes by lessening the perfection of God through attributing human qualities to him.

Clinically, in a similar way, we find that contact with what are felt to be ideal objects gives rise to a gap that provokes envy and jealousy, and is dealt with by omnipotent fantasies of an ideal self. The distinction between the ideal as a symbol and that of an achievement is then lost. Freud himself tackled a similar distinction in his early descriptions of the *ideal ego* and the *ego ideal*. In his discussion of narcissism (1914), he writes, "We can say that [the one] man has set up an *ideal* in himself by which he measures his actual ego" (p. 93); this is the *ego ideal*. By contrast, the ideal ego results from the subject's narcissism, leading to an il-

lusion in which "the infantile ego finds itself possessed of *every perfection*" (p. 93, italics added).

Later, Freud (1923) used the terms interchangeably and subsumed them both into the superego, but Hanly (1984) thinks this is misleading and suggests that it is useful to retain both terms. He describes the ego ideal as aspirational, "a state of becoming," whereas "the ideal ego is a self-image that is distorted by idealization but it may be experienced as more real than the ego itself" (p. 253).

Freud also anticipated the use of identification as a means of possessing the perfection of the ideal object. In a fragment found after his death, he wrote:

"Having" and "being" in children. Children like expressing an object relation by an identification: "I am the object." "Having" is the later of the two; after the loss of the object it relapses into "being." Example: the breast. "The breast is a part of me, I am the breast." Only later "I have it," that is, "I am not it." [Freud 1938, p. 299]

Today we would say that in narcissistic states, the self is equated with the ideal object through omnipotent projective identification; "I am the breast" and this type of omnipotent fantasy bridges the painful gap between the real and the ideal, functioning as a defense against both envy and loss. For development to proceed, omnipotence has to be recognized, relinquished, and mourned.

In *Paradise Lost*, man eventually accepts the difference between himself and God through painful struggles with reality and loss. We see him bowing to fate, mourning the loss of paradise, and accepting the loss of omnipotence. God's goodness and power can then become a symbol and measure of goodness rather than an achievable state. Moreover, as Segal (2007) pointed out, Milton provides us with two examples of a struggle with omnipotence: that of man, who painfully relinquishes it and accepts his expulsion from Eden, and that of Lucifer, who remains defiant in perpetual opposition to God.

The God described in *Paradise Lost* is one of perfect goodness and justice, but at one and the same time, he is shown behaving like an authoritarian father. He is presented as powerful, despotic, unforgiving,

cruel, and provocative, demanding obedience and provoking hatred and rebellion. Imputing such human characteristics lessens the gap between man and God, and in the poem, it is often Satan who accuses God of human failings in his attempt to seduce man away from what is good and right. Milton allows us to see that God is often experienced as far from ideal, and that when he is viewed as a person, rebellion is provoked by his tyranny.

In the same way, our patients imbue their objects—for example, their actual parents and their actual analysts—with ideal qualities, and when these figures fail to live up to such expectations, they are often experienced as persecutors. Milton helps us recognize that the very same difference that provokes envy may unjustly be exploited to exercise power. I will suggest that in all these situations, it may be difficult or impossible to differentiate envy of good objects from rebellion against bad ones.

Milton believed in a God who existed as a real external presence, and whose perfection provoked envy and led to wishes on the part of Lucifer and Adam and Eve to be his equal. Similarly, for Klein, the ideal object in the mind of the infant is a real external presence, and she suggests that, chiefly to obviate envy, the infant internalizes this ideal object and identifies himself with it, initially in concrete form: "I am the breast." In its narcissism, the ego has become perfection itself, creating something like Freud's ideal ego.

Klein considered further that, later in development, as the possession of the ideal is gradually relinquished and mourned, the concrete is transformed into a symbolic version, and becomes an ideal to be aspired to—namely, something like Freud's ego ideal. Indeed, we could consider the process to involve movement from an ideal ego to an ego ideal.

I believe that Milton also saw a change taking place as a result of development, when Adam and Eve ultimately faced the loss of Eden,

¹ Some analysts consider that the ideal is something we are born with—that it exists, hard-wired, in the infant's internal world as a primitive prototype, and that it is this prototype that is projected onto external objects that are then viewed as ideal. Money-Kyrle (1971) linked such prototypes with Bion's (1962) ideas of innate preconceptions and with Plato's theory of ideas. Plato, Money-Kyrle suggests, considered that "a particular object is recognized as an imperfect copy of an ideal or general object laid up in heaven," and remarked that "if, by heaven, we mean our own phylogenetic inheritance, . . . Plato was here very near the mark" (1971, p. 103).

mourning this loss and facing their life in the real world. Initially, as we are introduced to the personalities in *Paradise Lost*, we are led to sympathize and identify with Lucifer, and with Adam and Eve, in their reaction to God as unjust and cruel; we support their rebellion. We are persuaded that God is not really good but only claims to be.

One of the pleasures of the poem, as Fish (1967, 1975) helps us recognize, is that we are persuaded to reflect on and reconsider this view as we go through a process of relinquishment and loss, something like what Milton's protagonists go through. We can follow the course taken by Adam and Eve, who first rebel and then suffer the consequences of their action, eventually to face their shame and guilt and reconcile themselves to God.

MAN'S FIRST DISOBEDIENCE

The opening of *Paradise Lost* sets the scene for the discussions that will follow:

Of Mans First Disobedience, and the Fruit Of that Forbidden Tree, whose mortal taste Brought Death into the World, and all our woe, With loss of Eden, till one greater Man Restore us, and regain the blissful Seat, Sing Heav'nly Muse.

[Book One, line 6]²

Through the admonitions of the angel Raphael, God repeatedly warns Adam that he must not eat from the tree of knowledge, whose presence sets limits on what is permitted to man. Possessed of free will, man was allowed to choose, and in his disobedience he breached these limits in his attempt to equal God. Satan persuades us that God behaved like a tantalizing, cruel father, placing the tree in full view of Adam and Eve, and at the same time repeatedly emphasizing that tasting was forbidden. Under the sway of his seductive reasoning and in sympathy with Adam and Eve's situation, we see God as a tyrannical father, but another

² In this paper, all quotations from *Paradise Lost* (Milton 1674) are taken from the following electronic version: http://www.dartmouth.edu/~milton/reading_room/pl/book_1/index.shtml. Line numbers refer to the last line of each quoted passage.

view is that the prohibition and punishment were nothing more than a confrontation with reality.

Sometimes the prohibitions of a father, especially those against knowledge and curiosity, need to be disobeyed in order for the child to develop and exercise his rights. But if the rebellion is against the limitations imposed by reality, the ultimate need is to submit. Man has to make these judgments himself, but he can use his image of a perfect God as an ideal by which to measure himself. These difficult judgments are frequently encountered in analysis, in my experience, and are sometimes evaded by submission—not to reality but to the analyst, who is experienced as an authoritarian father who tells the patient what he should do.

Britton (2003) points out that Freud condensed some of these distinctions in his picture of the superego, in which he included both the ideal as a measure of goodness and the critical agency that judges it. Britton suggests that if development is to proceed, the judgmental function has to be wrested away from the superego by the ego. In his view, the ego can use the ideal as a standard by which it is judged, but the judging process has to be recognized as an ego function. In this way, the ego is emancipated from the earlier dominance of the superego.

It is often difficult for the patient to evaluate his own actions, as well as those of his parents and his analyst, and to make judgments about them. But the development of this capacity and its recognition as an ego function is an important step to the taking of responsibility for our own actions. In the process, however, we have to be able to judge and evaluate our objects, both good and bad.

Milton describes how difficult it was for Adam and Eve to recognize Satan's guile and his motives of envy and revenge, and how this played a vital role in their disobedience:

Say first, for Heav'n hides nothing from thy view Nor the deep Tract of Hell, say first what cause Mov'd our Grand Parents in that happy State, Favour'd of Heav'n so highly, to fall off From thir Creator, and transgress his Will For one restraint, Lords of the World besides? Who first seduc'd them to that foul revolt? Th' infernal Serpent; he it was, whose guile

Stird up with Envy and Revenge, deceiv'd The Mother of Mankind.

[Book One, line 36]

Adam and Eve were created "Lords of the World" but for that "one restraint," and it was that restraint that became their downfall. Satan was quick to find this weak point in God's plan and leapt to capitalize on it by presenting God as cruel, tormenting man by putting something so desirable within his reach and then forbidding access to it, as the following passage illustrates:

All is not theirs it seems:

One fatal Tree there stands of Knowledge call'd, Forbidden them to taste: Knowledge forbidd'n? Suspicious, reasonless. Why should thir Lord Envie them that? can it be sin to know, Can it be death? and do they onely stand By Ignorance, is that thir happie state, The proof of thir obedience and thir faith? O fair foundation laid whereon to build Thir ruine! Hence I will excite thir minds With more desire to know, and to reject Envious commands, invented with designe To keep them low whom knowledge might exalt. [Book Four, line 525]

Satan uses this argument in his seduction of Eve, famously suggesting that envy may even dwell in "Heav'nly brests," and in this way seduces Eve to believe that God is not really very different to herself:

> What can your knowledge hurt him, or this Tree Impart against his will if all be his? Or is it envie, and can envie dwell In Heav'nly brests? these, these and many more Causes import your need of this fair Fruit. Goddess humane, reach then, and freely taste. [Book Four, line 730]

Of course, we know that it is Satan speaking, and it is his claim that God is susceptible to human feelings, which is to deny the divinity and perfection of God. He has just come from spying on Adam and Eve, sensually "imparadised" in one another's arms, and he is consumed with envy. In this tableau, observed by Satan, Eve begins by praising Adam's manliness:

With that thy gentle hand Seisd mine, I yielded, and from that time see How beauty is excelld by manly grace And wisdom, which alone is truly fair.

So spake our general Mother, and with eyes
Of conjugal attraction unreprov'd,
And meek surrender, half imbracing leand
On our first Father, half her swelling Breast Naked met
his under the flowing Gold
Of her loose tresses hid: he in delight
Both of her Beauty and submissive Charms
Smil'd with superior Love, as Jupiter
On Juno smiles, when he impregns the Clouds That
shed May Flowers; and press'd her Matron lip
With kisses pure.

[Book Four, line 500]

Here we have an idealized depiction of the primal scene that is too much for Satan to bear:

Aside the Devil turnd
For envie, yet with jealous leer maligne
Ey'd them askance, and to himself thus plaind.
Sight hateful, sight tormenting! thus these two
Imparadis't in one anothers arms
The happier Eden, shall enjoy thir fill
Of bliss on bliss, while I to Hell am thrust,
Where neither joy nor love, but fierce desire,
Among our other torments not the least,
Still unfulfill'd with pain of longing pines.

[Book Four, line 510]

Satan feels himself to be excluded from the bliss of the primal couple and describes his hell as a place where he continues to feel tormented by intense desire. Despite our awareness of the evil that Satan is about to inflict and our awareness that he is driven by envy, we feel compassion for him. Adam and Eve "imparadised" inflict the pain of exclusion—which is even more unbearable if, like Satan and Adam, we have previously enjoyed God's favor and have indulged in the delusion that we will never be expelled. The suffering of the excluded child can elicit compassion, but it is more difficult to decide if his treatment has been cruel and unjust or if it is simply reality that is cruel.

Satan leaves Adam and Eve to their pleasure, prophesying that it will be short:

Live while ye may, Yet happie pair; enjoy, till I return, Short pleasures, for long woes are to succeed.

So saying, his proud step he scornful turn'd, But with sly circumspection, and began Through wood, through waste, o're hill, o're dale his roam.

[Book Four, line 538]

When he departs to pursue his malign aims, we are left with an idealized picture of Adam and Eve preparing for bed, while moved by the dramatic irony of knowing it will be short-lived:

This said unanimous, and other Rites Observing none, but adoration pure Which God likes best, into thir inmost bowre Handed they went; and eas'd the putting off These troublesom disguises which wee wear, Strait side by side were laid, nor turnd I weene Adam from his fair Spouse, nor Eve the Rites Mysterious of connubial Love refus'd.

[Book Four, line 743]

Like many features of pre-lapsian life, the lovemaking here is idyllic but rather boring. The absence of passion in such ideal love is revealed when it is contrasted later with Milton's vivid description of sex after the fall: As with new Wine intoxicated both They swim in mirth, and fansie that they feel Divinitie within them breeding wings Carnal desire enflaming, hee on Eve Began to cast lascivious Eyes, she him As wantonly repaid; in Lust they burne: Till Adam thus 'gan Eve to dalliance move, For never did thy Beautie since the day I saw thee first and wedded thee, adorn'd With all perfections, so enflame my sense With ardor to enjoy thee, fairer now Then ever, bountie of this vertuous Tree. So said he, and forbore not glance or toy Of amorous intent, well understood Of Eve, whose Eye darted contagious Fire. Her hand he seis'd, and to a shadie bank, Thick overhead with verdant roof imbowr'd He led her nothing loath; Flours were the Couch, Pansies, and Violets, and Asphodel, And Hyacinth, Earths freshest softest lap. [Book Nine, line 1044]

Milton is able to allow them to enjoy their passion, which despite its impurities remains imbued with love, and he even provides them with a bed of flowers. "Divinitie within them breeding wings" suggests that, in their passion, they have identified with God's omnipotence, and in their disobedience the forbidden fruit has enlivened them toward a passionate sexuality. However, as we anticipate, Adam and Eve, when they awake, are consumed with guilt and shame as they face the consequences of their disobedience.

THE DISOBEDIENCE OF LUCIFER

Earlier, Lucifer's rebellion drove him to challenge the very omnipotence of God, unleashing the war in heaven that led to his expulsion. But Milton also shows that Satan had been sorely provoked when, with the other angels, he was summoned to witness the arrival in heaven of God's newly begotten son, to whom all must bow in submission:

Hear all ye Angels, Progenie of Light,
Thrones, Dominations, Princedoms, Vertues, Powers,
Hear my Decree, which unrevok't shall stand.
This day I have begot whom I declare
My onely Son, and on this holy Hill
Him have anointed, whom ye now behold
At my right hand; your Head I him appoint;
And by my Self have sworn to him shall bow
All knees in Heav'n, and shall confess him Lord.

[Book Five, line 608]

Milton is clear that it was envy of God and jealousy of his newly begotten son that provoked the disobedience. When Lucifer disobeys, he departs from God's model of goodness, and he has to be expelled so that heaven can be restored to perfection. But Milton is also compassionate when he recognizes how dire the provocation was that drove Lucifer to his rebellion.

What God demanded of his angels was that they should worship and obey his newly begotten son, just as they would him. Jesus is not another angel, but is instead the embodiment of perfection and hence divine. It is not surprising that Lucifer feels displaced:

Satan, so call him now, his former name
Is heard no more in Heav'n; he of the first,
If not the first Arch-Angel, great in Power,
In favour and preeminence, yet fraught
With envie against the Son of God, that day
Honourd by his great Father, and proclaimd
Messiah King anointed, could not beare
Through pride that sight, & thought himself impaird.

[Book Five, line 665]

He thinks himself impaired—that is, reduced—by the raising of another, and taking his supporters with him he incites them to rebellion, anticipating that, like him, they will find it has been difficult enough to pay homage to God alone, and to do so to his son as well is just too much.

Knee-tribute yet unpaid, prostration vile, Too much to one, but double how endur'd, To one and to his image now proclaim'd? But what if better counsels might erect Our minds and teach us to cast off this Yoke? Will ye submit your necks, and chuse to bend The supple knee? ye will not, if I trust To know ye right, or if ye know your selves.

[Book Five, line 785]

In Satan's eyes, God has become a domineering father who has no understanding of the child's reaction to the parents' adoration of his newborn sibling. It is this provocation that led to the terrible war in heaven in which Lucifer was able to enlist an army of angels, as many as a "third part of Heav'ns Host" (Book Two, line 692), in his attempt to overthrow a God seen as unjust. But later we recognize that, if God is perfect, he cannot be unjust, and we shift to the view that Lucifer is driven by envy and narcissistic pride because he cannot tolerate seeing himself diminished.

Here we also get a taste of God's severity and ruthlessness:

Him the Almighty Power Hurld headlong flaming from th' Ethereal Skie With hideous ruine and combustion down To bottomless perdition, there to dwell In Adamantine Chains and penal Fire, Who durst defieth Omnipotent to Arm.

[Book One, line 49]

Lucifer's fall evokes the image of an infant who is abruptly confronted with the reality of a third object in the oedipal triangle. A new baby is announced, and the infant feels ousted from the unique place in which he lived in the illusion that the breast was his possession. He feels displaced from a paradise in which he can merge with the ideal object from "I'm the breast and the breast is me" to a position of separateness, in which he feels that "I need the breast, which is not me." This often seems to lead to the realization that "it is not uniquely mine either," which may be equated with the conviction that "I am not loved at all" (Sodré 2008, 2012).

Lucifer was dethroned from his belief that his place in heaven was second only to God in the "great chain of being" (Bunnin and Yu 2004,

p. 289). He had believed himself to be "first Arch-Angel, great in Power/ In favour and preeminence" (Book Five, lines 660-661), and he could not accommodate to the new situation. When he realized that God's love was not uniquely his, he was deeply humiliated, and when he could not be persuaded that he was still loved, he could not relent and was hurled headlong into chaos. Ultimately, when he recovered from the shock, his reaction was to create a psychotic organization out of his corner of chaos and to reverse the humiliation by trying to defeat God in a power struggle (Segal 2007).

Sodré (2008, 2012) describes how the patient who has created an idealized fantasy in which he can control an ideal object and identify with it responds with a feeling of catastrophic collapse if this is challenged. The disillusionment in the moment of the first realization of separateness, when the object is seen more realistically and no longer as a possession, opens up a gap between the self and the object—a gap that to start with is filled by chaos, leading to panicky feelings of falling into a terrifying unknown.

Sodré thinks that, normally, the mother's love saves the day because it creates a link and is felt to rescue the baby from the abyss. But if this fails, and the pain, humiliation, and fear are unbearable, the "horizontal" gap between self and breast becomes a "vertical" gap with only two positions: triumph or humiliation. The longing for love is then replaced by a longing for power. The patient inhabits an up-and-down universe in which strength fueled by hatred is idealized, and love is seen as weak and contemptible. It was in this kind of situation that Lucifer gave up the quest to be loved and dedicated himself to evil.

STRUCTURE AND HIERARCHY

In order to instruct man and to impart what knowledge he is allowed to have, God sends the kindly angel Raphael to answer Adam's questions. Raphael responds to several queries, but repeatedly reminds Adam that there are limits to what he is allowed to know, and specifically that the fruit of the tree of knowledge is forbidden. Raphael emphasizes the importance of order, structure, and hierarchy in which man has to learn to know his place—in particular, that he is different from God.

Moreover, the difference between man and God is the chief difference of many that are met in relation to others, and many of these differences cause such pain that it is difficult for us to see them as aspects of reality rather than as injustices inflicted on us. Money-Kyrle (1968, 1971) singled out three facts that are so fundamental that he referred to them as the "Facts of Life": "the recognition of the breast as a supremely good object, the recognition of the parents' intercourse as a supremely creative act, and the recognition of the inevitability of time and ultimately death" (1971, p. 103).

These three facts all have to do with the recognition of differences, particularly those we confront in the Oedipus situation, in which the child attributes ideal qualities to the relationship between the parents from which he feels excluded. He cannot accept that there is a difference between the generations, and, in denial of his smallness, he attempts omnipotently to enter the primal scene by identification with one or the other parent. He also comes up against the fact that differences in gender give rise to inequalities in the procreative couple, and eventually he is forced to recognize the reality of the passage of time.

This last fact of life is forced on us by the reality of aging and death, but before that by the repeated experience that all good things come to an end, and hence even the good object cannot be enjoyed forever. These facts give meaning and structure to the child's early view of the world, but they are difficult to tolerate, and to varying degrees are denied and distorted by the developing child.

The difficulty of tolerating them is prominent in *Paradise Lost*, especially in the many hierarchies that emphasize difference and rank, and that can easily lead to issues of superiority and inferiority. In paradise, man is superior to animals, each in their natural order, and even in heaven there are clear distinctions. Milton frequently shows angels assembled and ordered with military precision in their various ranks:

Under thir Hierarchs in orders bright Ten thousand thousand Ensignes high advanc'd, Standards and Gonfalons twixt Van and Reare Streame in the Aire, and for distinction serve Of Hierarchies, of Orders, and Degrees.³ [Book Five, line 590]

It is when this structure is disturbed that dissension breaks out in heaven and later in paradise. If a familiar hierarchy is disrupted, then the individual steps out or feels pushed out of his allotted place, and easily becomes either superior and triumphant, or looked down on and humiliated.

If our place in the hierarchy is a function of reality, it may eventually have to be faced, even though it provokes envy and jealousy of those with greater advantages. However, hierarchy can also be used to put people in their place, so to speak—to inflict humiliation on them and to exercise power over them. This is often how patients in analysis see things, and it is precisely how Lucifer saw them, since for him obedience meant a subservient submission to a greater power, which left behind a sense of injustice and resentment.

CREATIVITY AND DIFFERENCE

Recognizing the parents' intercourse as a supremely creative act emphasizes the oedipal triangle and the primal scene as the arena of creativity. This, too, provokes envy of the primal couple, so amply illustrated in Satan's torment when he witnesses Adam and Eve "imparadised." It involves a further recognition that creative relationships—for example, between man and woman, on the one hand, and between mother and baby, on the other—involve a recognition of difference and are very provocative of envy. Indeed, Klein believed that creativity is the quality most often envied and hated.

Raphael's description of the creation of the world emphasizes the imposition of structure upon chaos. At the same time, it is replete with references to pregnancy, fecundity, and sexuality:

He took the golden Compasses, prepar'd In Gods Eternal store, to circumscribe

³ Milton seems mostly to adhere to the classically defined *Nine Orders of Angels*: Seraphim, Cherubim, Thrones, Dominions, Virtues, Powers, Principalities, Archangels, and Angels (in descending order of status).

This Universe, and all created things: One foot he center'd, and the other turn'd Round through the vast profunditie obscure, And said, thus farr extend, thus farr thy bounds, This be thy just Circumference, O World.

Thus God the Heav'n created, thus the Earth,
Matter unform'd and void: Darkness profound
Cover'd th' Abyss: but on the watrie calme
His brooding wings the Spirit of God outspred,
And vital vertue infus'd, and vital warmth
Throughout the fluid Mass, but downward purg'd
The black tartareous cold Infernal dregs
Adverse to life: then founded, then conglob'd
Like things to like, the rest to several place
Disparted, and between spun out the Air,
And Earth self ballanc't on her Center hung.

[Book Seven, line 242]

The world is created by dividing and assembling ("conglob'd"); vital virtue and vital warmth are infused, and anti-life forces are "downward purg'd." The act of creation circumscribes an area of chaos and transforms it by giving it structure. There are resonances with the mother's love that can rescue a lost child from chaos, and also with childbirth under God's brooding wings.

It is precisely this creativity, and the structure and meaning that result from it, that is so impressive and admirable that it is also a potent stimulus to envy. The goal of the envious attack so precisely portrayed by Satan is to eliminate difference and to re-create chaos, where there is no structure or meaning and nothing to provoke envy (Klein 1957; Money-Kyrle 1968).

THE EXPULSION FROM EDEN

When God announces the punishments that Adam and Eve shall suffer, he speaks to each separately:

And to the Woman thus his Sentence turn'd. Thy sorrow I will greatly multiplie

By thy Conception; Children thou shalt bring In sorrow forth, and to thy Husband's will Thine shall submit, hee over thee shall rule [Book Ten, line 195]

On Adam last thus judgement he pronounc'd. Because thou hast heark'nd to the voice of thy Wife, And eaten of the Tree concerning which I charg'd thee, saying: Thou shalt not eate thereof, Curs'd is the ground for thy sake, thou in sorrow Shalt eate thereof all the days of thy Life; Thorns also and Thistles it shall bring thee forth Unbid, and thou shalt eateth' Herb of th' Field, In the sweat of thy Face shalt thou eat Bread, Till thou return unto the ground, for thou Out of the ground wast taken, know thy Birth, For dust thou art, and shalt to dust returne.

[Book Ten, line 207]

Here each is condemned to nothing more and nothing less than to live in the real world, without the delusional comforts of paradise (Segal 2007). For Eve this means the pain of childbirth, and for Adam the need to work for his daily bread, and both have to face the reality of their deaths.

Clinically, it is remarkable how often the patient finds it difficult to believe in the possibility of development over time. He wants relief from his suffering now, and the idea that in the passage of time he will grow and develop increasingly adult capacities is difficult to accept.

Of course, it is as true now as in Milton's time that we seek assurances of our immortality in order to deny the finality of death. For Milton, the hope of immortality is sustained by the belief that a "greater Man/Restore us, and regain the blissful Seat" (Book One, lines 4-5); but for contemporary man, it is perhaps a relief to know that it is our mortality that makes us human and obliged to live in the real world—limited not by injunctions of obedience or promises of reward, but by the verdicts of reality.

REPENTANCE AND COMPASSION

Having expelled Adam and Eve, God (in the person of Christ) is moved to compassion and provides clothing:

Then pittying how they stood
Before him naked to the aire, that now
Must suffer change, disdain'd not to begin
Thenceforth the form of servant to assume,
As when he wash'd his servants feet so now
As Father of his Familie he clad
Thir nakedness with Skins of Beasts, or slain,
Nor hee thir outward onely with the Skins
Of Beasts, but inward nakedness, much more
Opprobrious, with his Robe of righteousness.

[Book Ten, line 220]

Both Adam and Eve, having displeased God, next go through the various feelings that are familiar to the person facing loss. They are angry, guilty, and ashamed, and face their despair sometimes with resentment but ultimately with acceptance. Eventually, Adam encourages Eve to bear her punishment and tries to persuade her that it will have its compensations:

Pains onely in Child-bearing were foretold,
And bringing forth, soon recompenc't with joy,
Fruit of thy Womb: On mee the Curse aslope
Glanc'd on the ground, with labour I must earne
My bread; what harm? Idleness had bin worse;
My labour will sustain me; and least Cold
Or Heat should injure us, his timely care
Hath unbesaught provided, and his hands
Cloath'd us unworthie, pitying while he judg'd.

[Book Ten, line 1059]

God will ease their suffering and then, when their time has come, they can prepare for death:

What better can we do, then to the place
Repairing where he judg'd us, prostrate fall
Before him reverent, and there confess
Humbly our faults, and pardon beg, with tears
Watering the ground, and with our sighs the Air

[Book Ten, line 1090]

Thus they in lowliest plight repentant stood
Praying, for from the Mercie-seat above
Prevenient Grace descending had remov'd
The stonie from thir hearts, & made new flesh
Regenerate grow instead, that sighs now breath'd Unutterable, which the Spirit of prayer
Inspir'd, and wing'd for Heav'n with speedier flight
Then loudest Oratorie.

[Book Eleven, line 8]

SATAN UNREPENTANT

By contrast, Satan, after the fall, is unrepentant and defiantly proclaims that to submit to God's injustice would be wrong and shameful. The dreadful punishments of hell are vividly described, but so, too, is the resilience of Satan and his crew, who like their leader, recover their defiance and remain unrepentant. Both their suffering and their resilience are increased because of their immortality. They must suffer pain eternally and can get no relief from death. Eventually, they recover their strength and dedicate themselves to revenge:

And till then who knew
The force of those dire Arms? yet not for those,
Nor what the Potent Victor in his rage
Can else inflict, do I repent or change,
Though chang'd in outward lustre; that fixt mind
And high disdain, from sence of injur'd merit, . . .
His utmost power with adverse power oppos'd
In dubious Battel on the Plains of Heav'n,
And shook his throne. What though the field be lost?
All is not lost; the unconquerable Will,
And study of revenge, immortal hate,
And courage never to submit or yield:

. . . . To bow and sue for grace
With suppliant knee, and deifie his power,
. . . that were low indeed.

[Book One, line 114]

For Satan, it would be a weakness to admit his wrong and repent it, and his hatred of God's goodness reveals how central envy is to his cause:

To be weak is miserable
Doing or Suffering: but of this be sure,
To do ought good never will be our task,
But ever to do ill our sole delight,
As being the contrary to his high will
Whom we resist. If then his Providence
Out of our evil seek to bring forth good,
Our labour must be to pervert that end,
And out of good still to find means of evil;

Farewel happy Fields
Where Joy for ever dwells: Hail horrours, hail
Infernal world, and thou profoundest Hell
Receive thy new Possessor: One who brings
A mind not to be chang'd by Place or Time.
The mind is its own place, and in it self
Can make a Heav'n of Hell, a Hell of Heav'n.
... To reign is worth ambition though in Hell:
Better to reign in Hell, then serve in Heav'n.

[Book One, line 263]

The refusal of Lucifer to submit to God arises simultaneously from his inability to tolerate the infinite goodness that God represents, and from his view of God as a father who has treated him unfairly. As was the case with man's passionate sexuality, Satan's passionate defiance is a direct result of his disobedience. Like God, Satan can represent an ideal, this time of absolute evil, but Milton allows him some more human characteristics; Satan even wavers, considering the possibility that he, too, could repent and make his peace with God:

Is there no place Left for Repentance, none for Pardon left? None left but by submission; and that word Disdain forbids me.

[Book Four, line 82]

In sadness, however, he realizes that there is no way back, and it is this that leads him to espouse evil as his goal:

So farewel Hope, and with Hope farewel Fear, Farewel Remorse: all Good to me is lost; Evil be thou my Good.

[Book One, line 110]

It is the magnificence of the poetry in sections such as these that led Blake (1790) to write: "The reason Milton wrote in fetters when he wrote of Angels & God, and at liberty when of Devils & Hell, is because he was a true Poet and of the Devils party without knowing it."

ADAM AND EVE FACE THEIR FUTURE

Another archangel, Michael, is sent to explain Adam's future and that of his descendants by giving accounts of biblical events, such as the building of the Tower of Babel and the flood. In these accounts, Michael warns Adam that, in contrast to paradise, the world is both good and bad.

To shew thee what shall come in future dayes To thee and to thy Ofspring; good with bad Expect to hear, supernal Grace contending With sinfulness of Men; thereby to learn.

[Book Eleven, line 360]

Adam responds to what he has been shown with further protestations of submission and obedience.

Greatly instructed I shall hence depart.
Greatly in peace of thought, and have my fill
Of knowledge, what this Vessel can containe;
Beyond which was my folly to aspire.
Henceforth I learne, that to obey is best,
And love with feare the onely God.

[Book Twelve, line 562]

Michael is pleased and sees this subservience as true wisdom. Eve assures Adam that she will willingly accompany him out of Eden, and they both agree to submit to God's will. The final departure is both sad and splendid—partly, I think, because we see the obedience as a submission to reality rather than a compliance to authority.

> They looking back, all th' Eastern side beheld Of Paradise, so late thir happie seat, Som natural tears they drop'd, but wip'd them soon; The World was all before them, where to choose Thir place of rest, and Providence thir guide: They hand in hand with wandring steps and slow, Through Eden took thir solitarie way.

[Book Twelve, line 649]

DISCUSSION

There are many themes in this work that connect with contemporary psychoanalysis, and by focusing on the distinction that Milton helps us make between the real and the ideal, I have tried to draw attention to an issue of particular interest to psychoanalysts. In order to distinguish between the ideal and the real, and between the abstract and the concrete, we have to be able to distinguish between a symbol and the thing it symbolizes, and this distinction requires that we relinquish the ideal and mourn it. We have to accept that the object is not our possession, and that relinquishment enables it to be internalized as a symbol and used as an ego ideal.

However, this capacity to symbolize is not always an advantage; sometimes, when we are under threat or when anxiety is too great, a shift to paranoid-schizoid mechanisms takes place. Bion (1962) described concrete objects (beta elements) that cannot be symbolized, and suggested that they can only be dealt with by projective identification. Elsewhere (Steiner 2011b), I have proposed that the converse may also be true, namely, that in some circumstances—for example, in times of war—it is necessary to undo the capacity to symbolize and to revert to more primitive mechanisms. Symbols are then transformed back into concrete objects that can be more effectively dealt with by projective identification.

Although states in which concrete thinking is extreme are prominent in psychotic patients, I think it is wrong to think of concrete thinking as exceptional or abnormal. We have to recognize that we all revert to using paranoid-schizoid mechanisms when under stress, and indeed could not function efficiently if we did not have that option. This means that we all periodically think concretely and are then unable to appreciate goodness as an ideal. Instead, we project the ideal onto an actual object and demand perfection from it.

Moreover, when it fails to deliver, the real object, into which we have projected the ideal, becomes a persecutor. We have reverted to the use of omnipotent mechanisms to establish ideally good and ideally bad objects, and only when the threat has abated are we able to reestablish depressive-position modes of thinking in which we recognize the limitations of what is possible. This involves facing the loss of our objects and mourning them, but also and more critically, it involves relinquishing and mourning our omnipotence.

But not all persecuting objects are delusional: bad objects exist, and it is often necessary to rebel against them so that we can protect our good objects and ourselves when we become the victims of injustice and cruelty. Defiance can be vital for our survival, and we must recognize that demands for obedience can be, and commonly have been, used by the strong to crush the weak and to suppress curiosity and healthy inquiry. With these considerations, we can understand that it is important to be able to differentiate between obedience to an ideal and obedience to the dogmas of a philosophy or to the dictates of an individual or group.

I believe that the injunction not to eat of the tree of knowledge can be interpreted in two ways. On the one hand, it is an expression of a tyrannical demand to submit in obedience to more powerful figures, and this calls for rebellion. On the other hand, it is a demand to submit to a truth and, in particular, to the fact that we are not omnipotent and cannot know everything. The justification of obedience then assumes that we have the capacity to make the distinction between the real and the ideal, here represented by that between man and God.

Rebellion and disobedience, when successful, simultaneously attack good objects alongside the bad, and it is only after the fact, with the realization of this destruction, that love can be liberated and feelings of guilt and remorse can usher in the depressive position. Klein (unpublished) makes this point in one of her lectures on technique, in which she explains why an analysis of the negative transference is necessary in order for a positive transference to be released:

I hold the view that feelings of sorrow, guilt and anxiety are experienced by the infant when he comes to realize to a certain extent—that his loved object is the same as the one he hates and has attacked and is going on attacking in his uncontrollable sadism and greed—and that sorrow, guilt and anxiety are part and parcel of the complex relation to objects which we call love. It is from these conflicts that the drive to reparation springs, which is not only a powerful motive for sublimations, but also is inherent in feelings of love, which it influences both in quality and quantity. [Klein, unpublished]

The hatred of the real object is then a compound of envious attacks on its goodness and a rebellion against its badness. Frequently, it is only after the attacks have been carried out that the goodness can be recognized, and only then that love and the wish for reparation can be liberated. Here we can see the difference between Milton's portrayals of man and of Satan. When their disobedience is discovered, both suffer the painful humiliation of being exposed as defiantly omnipotent, but man becomes humble and contrite, his heart softened and his love released, while Satan retreats to an unrepentant devotion to evil and destructiveness.

Toward the end of the poem, Christ reports to God, and in describing man's contrition, he argues that when goodness is released in the aftermath of rebellion it is deeper than that associated with dutiful obedience:

See Father, what first fruits on Earth are sprung From thy implanted Grace in Man, these Sighs And Prayers, which in this Golden Censer, mixt With Incense, I thy Priest before thee bring, Fruits of more pleasing savour from thy seed Sow'n with contrition in his heart, then those Which his own hand manuring all the Trees Of Paradise could have produc't, ere fall'n From innocence.

[Book Eleven, line 30]

This theme seems to me to suggest that Milton recognized that paradise had to be lost and mourned before deeper feelings of love could be discovered.

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PATIENT-ANALYST "WITHNESS": ON ANALYTIC "PRESENCING," PASSION, AND COMPASSION IN STATES OF BREAKDOWN, DESPAIR, AND DEADNESS

BY OFRA ESHEL

This paper focuses on the analyst's "presencing" (being there) within the patient's experiential world and within the grip of the psychoanalytic process, and the ensuing deep patient—analyst interconnectedness, as a fundamental dimension of analytic work. It engenders new possibilities for extending the reach of psychoanalytic treatment to more disturbed patients. Here patient and analyst forge an emergent new entity of interconnectedness or "withness" that goes beyond the confines of their separate subjectivities and the simple summation of the two. Using a detailed clinical illustration of a difficult analysis with a severely fetishistic-masochistic patient, the author describes the kind of knowledge, experience, and powerful effects that come into being when the analyst interconnects psychically with the patient in living through the process, and that relate specifically to the analyst's compassion.

Keywords: Analyst's "presencing," patient–analyst interconnectedness or "withness," passion, compassion, fetishistic-masochistic perversion, early breakdown, suffering versus feeling pain, transformation $O \rightarrow K$, "dreaming" the patient.

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Not passion but compassion. Com—means "with."

What kind of withness would that be?

Translate it.

—Carson (1995, p. 51)

The lines of Anne Carson's poem beautifully capture the main theme of this paper. I would like to describe the way in which I have come to view analytic "withness" and the move from passion to compassion within the terms of the psychoanalytic process. It has been my experience for more than a decade that psychoanalytic work that is grounded in the analytic presence and the ensuing patient–analyst "withness," or interconnectedness, opens up yet another dimension of analytic functioning that engenders new possibilities for extending the reach of psychoanalytic treatment, particularly with more disturbed patients.

WHAT KIND OF ANALYTIC PRESENCE AND "WITHNESS" WOULD THAT BE?

I will begin by introducing the main terms of this way of thinking. The starting point is the analyst's "being there" or "presencing" within (within) the patient's experiential world and within the grip of the analytic process as a fundamental therapeutic means. I first developed this approach with regard to massive acting out, acting in, and enactment, arguing that the fate of these acting situations in the therapeutic work is determined largely by the analyst's willingness and ability to give him- or herself over to "being there," staying within the intense impact of the acting situation and communing with it (Eshel 1998a, 1998b). Later, I expanded these ideas to the treatment of difficult-to-reach schizoid, narcissistic, and severely perverse patients, and to various difficult treatment situations (Eshel 2005, 2009, 2010, 2011, 2012, 2013a).

Essentially, "presencing" is the analyst's deep acceptance of the necessity of becoming an embedded, elemental, and sustaining functioning presence within the treatment process—thereby experiencing, withstanding, processing, and gradually transforming, *from within*, the repetitive cycle of pathological self–other relations and defenses. "Presencing" may develop into its full potential in the treatment of difficult-

to-treat patients and in difficult treatment situations and enactments. It is a primary quality of presence, a multiple-function presence or deep availability that focuses on experience-near attunement, receptive capacity, holding, containing, and protection, rather than proffering interpretations of the analytic relationships and especially of patient–analyst separateness.

I believe that, while "presencing" involves the above capacities and functions, the experience of "presencing" is a quality that is superordinate to these capacities and functions and must be considered an aspect of the analytic experience in its own terms. It is primarily an interconnected relatedness, rather than an interactive relationship, and it concentrates on the ontological (being) quality of the analytic experience that is lived through with the analyst, rather than on epistemological and interpretive qualities.

This seems to me closely related to Ferro's (2005) description of "the analyst's way of being in the session . . . without any particular interpretive caesura" (p. 44). The analyst gives himself over to becoming part of the patient's ongoing emotional reality and mental processes.¹ Patient and analyst "live an experience together" (Winnicott 1945, p. 152, italics in original; see also Ogden 2001²).

Winnicott's and Green's unique words come to mind in this regard, as compelling arguments for the analyst's presence or "being" in the clinical situation. Winnicott (1971), in a memorable interpretation that he

¹ In this context, I would like to refer to Bollas's (1987) distinction between two fundamental genres of transference. One genre involves the patient and his objects; the other derives from a receptive capacity (in both analyst and patient). It is a state of being in which the analyst functions as a part of the patient's mental process, which facilitates the creation of new internal objects and self experiences. "The psychoanalyst's countertransference task within this transference is to allow himself to be assumed by the patient and not to interpret unless the patient needs it" (p. 256). I find that working with this kind of countertransference is closely related to my idea of "presencing."

² Ogden (2001) beautifully amplifies this aspect of Winnicott's thinking: "Live an experience together'—what makes the phrase remarkable is the unexpected word 'live.' They do not 'take part in,' 'share,' 'participate in,' or 'enter into' an experience together: they live an experience together. In this single phrase, Winnicott is suggesting (though I think he is not fully aware of this as he writes this paper) that he is in the process of transforming psychoanalysis, both as a theory and as a therapeutic relationship" (pp. 226-227, italics in original).

made two hours into a long session, poetically and simply expresses this "presencing" quality:

All sorts of things happen and they wither. This is the myriad deaths you have died. But if someone is there, someone who can give you back what has happened, then the details dealt with in this way become part of you, and do not die [And in a footnote, he added the following:] That is, the sense of self . . . is lost unless observed and mirrored back by someone who is trusted and who justifies the trust and meets the dependence. [p. 71]

Forty years later, Green (2010), in his last paper on Winnicott, uses this passage to elaborate on the concept of *being* in Winnicott's work, and in particular, the vital aspect of how *being* develops in opposition to destruction, dying, or not-being. "Green leads us to realize that . . . [this] is much more than either holding or containing" (Smith 2010, p. 3).

Drawing on Winnicott's latest (posthumous) writings, Green (2010) emphasizes

... a connection between dying and reflection as a form of resurrection, through the presence of the other, felt as an opportunity for survival—the other having integrated the dead fragments into a new, living unity ... sending back the situation with what has been newly integrated by him or her

In this situation, the other tries to stay as close as possible to the subject, without being confused with him But in an earlier stage, there is no difference between subject and object. [pp. 14-15]

These powerful words on the experience of *being* and its standing in opposition to destruction, dying, and not-being are especially relevant to patients who overwhelm their analysts/therapists and themselves with physical and/or psychic death and not-being, such as the patient I describe in the clinical illustration later in this paper.

Through the analyst's "presencing with-in" (and the often evolving therapeutic regression, in Winnicott's and Balint's sense), patient and analyst enter another realm of experience—of patient—analyst interconnectedness or "withness." The patient is able to transfer/project unbearable, split-off inner experiences into another psyche that is there to be

used as an area of experiencing, processing, and transformation. Patient and analyst thereby forge a deep experiential-emotional interconnectedness, and thus a living therapeutic entity that is fundamentally inseparable into its two participants. Viewed in this way, it is not a one- or two-person psychology, but a process whereby analyst and patient interconnect psychically and become an emergent new entity that goes beyond the confines of their separate subjectivities and the simple summation of the two—an entity (unit or being) of "withness," interconnectedness, or "t(w) ogetherness": *two-in-oneness*.

This new entity transcends the duality of patient and analyst, transference and countertransference. In this respect, it is closely related to Ogden's (1997) conception of the *intersubjective analytic third*, and I share his thinking that "do[es] not view transference and countertransference as separate entities that arise in response to one another; rather, I understand these terms to refer to aspects of a single intersubjective totality" (p. 25).

However, I differ from Ogden in the emphasis that he places on the analyst's own subjective past experiences and memories, which are evoked in the analyst's mind in the session. I reach out toward the analyst's embeddedness in the patient's subjective reality, especially as a necessary, functioning presence. The analyst thus becomes part of the patient's state of being and experiencing, to the extent of becoming psychically akin to a transplant or to chimeric antibodies (Eshel 2012); or, put differently, of receding toward the vanishing point in a perspective drawing. It is this very specific quality of the analyst's "presencing" and interconnectedness that engenders a new possibility for being and experiencing, where that possibility had been absent or foreclosed.

I have described this process as *quantum interconnectedness* (drawing on physicist David Bohm's phrase, *quantum interconnectedness of distant systems*) in order to convey the profound implications of this quantumlike psychoanalytic counterpart. It evokes the quantum physics revolutionary ideas of the inseparability of observer and observed, the crucially formative effects of the process and the conditions of observation, and the unbroken wholeness that underlies our perceived world of separateness at the particle level (Bohm 1980; Botella and Botella 2005; Eshel 2002,

2005, 2006; Field 1996; Kulka 1997; Mayer 1996).³ This unified counterpart in psychoanalysis may be described as the *implicate order* (Bohm 1980) of psychoanalysis.

As in quantum reality, treatment thus *creates* psychic reality, and goes beyond the exposing or deciphering of the patient's already existing repressed or concealed psychic reality. This point of view focuses predominantly on a different kind of knowledge, experience, and way of being in the analytic process—not that of a patient-centered, one-person mode or an interactive, two-person mode, but on the knowledge, experience, and powerful effects that come into being when the analyst/therapist interconnects with the patient's psyche in living through the process. It is a shift in emphasis from the unveiling of meaning and relationships within already existing scripts to a process of being and becoming, as a consequence of the experience of patient and analyst living the experience t(w) ogether.

Such interconnection means changing the patient's (and analyst's) already existing psychic space. Their interconnected psychic existence—through the analyst's readiness to be given over to this interconnection—creates an actual, *nonlinear* (synergic and transcendent) *new possibility* of getting in touch with, wit(h)nessing, experiencing, containing, and affecting hitherto unknown, dissociated, unthinkable aspects of being and relating. Hence its importance, even its necessity, in working with more disturbed patients (Eshel 2001, 2004a, 2004b, 2005, 2006, 2009, 2010, 2011, 2012, 2013a).

Over the years, I have encountered various terms used by a number of psychoanalysts that emphasize profound forms of patient–analyst connectedness. Recent contributions include Ogden's (2009) formulation of what he views as Bion's second principle of mental functioning: "It takes two minds to think one's most disturbing, previously unthink-

³ Elsewhere (Eshel 2002) I have elaborated on the specific significance of this quantum process. Whereas classical physics (and classical psychoanalysis) are based on assumptions of linear causation, determinism, continuity, and sharp separation between the observer and the object under observation, quantum physics is based on essential inseparability and indeterminacy at the most fundamental levels of particles. I believe that this fundamental claim of quantum physics finds its counterpart in this dimension of the analytic process in which patient and analyst form an interconnected unit that is, in principle, inseparable.

able thoughts" (p. 100). Another formulation is Botella and Botella's (2005) intriguing description of the analyst's "functioning or working as a double," which goes beyond "already-known" countertransference meaning and thus gives access to the patient's unrepresentable areas that would otherwise remain traumatically unknown and unreachable (pp. 82-83). The conceptualizations of the Barangers' work of confluence (2009) and Ferro's bipersonal field (1999, 2009, 2010; see also Ferro and Basile 2009) both emphasize the formation of a new identity—the analytic field—which is created between patient and analyst within the unit that they form in the session. "Such a description illustrates the fundamental point that the field must get ill with the patient's own illness in order to be then cured of it" (Ferro 2010, p. 418). While I completely agree with this fundamental point, the analytic experience of "presencing" and "withness" or interconnectedness is not located between patient and analyst, but is as much as possible within the patient's world. (I have pointed this out earlier with regard to Ogden's intersubjective third.)

To further support this distinction, I will add here Vermote's (2013) recent formulation of an integrative model of psychic functioning for dealing with the unknown. Drawing heavily on Bion's writing, Vermote discerns three distinct zones of psychic functioning with varying degrees of differentiation, different major psychoanalytic models, and clinical implications for the analyst:

- 1. Reason—Oedipal, understanding Ucs. System (Freud, Klein);
- 2. Transformation in Knowledge—container-contained, reverie, dream-work, alpha-function (Bion, Marty, de M'Uzan, Bollas, Botella and Botella, Ogden, Ferro);
- 3. Transformation in O, when dealing with the most non-thought, unknown, undifferentiated zone of psychic functioning (Winnicott, Milner, late Bion, late Lacan). Rather than epistemological exploration (knowing), the focus here is on the unknown and unknowable, ultimate, emotional reality-O, the primacy of being at-one with the patient's emotional reality, and a lived, new experience.

For me, it is in this zone of analytic functioning that Bion's (1970) radical words acquire their full meaning: "atone-ment with it [O] and evolution In practice this means *not* that the analyst recalls some relevant memory but that a relevant constellation will *be evoked during the process of at-one-ment with O*, the process denoted by transformation $O \to K$ " (pp. 30, 33, italics added).

In my view, the emerging dimension of the analyst's "presencing" and "withness" or interconnectedness that I am proposing reaches down to this third, most undifferentiated and fundamental analytic functioning and transformation in O. "Presencing" and interconnectedness go beyond the level of interactions and patient—analyst relationships (object or subject relationships), even beyond intersubjectivity, to offer the opportunity for getting in touch with basic (environmental) relatedness and formative experiences of being and becoming (in terms of modern physics—to influence at an elemental, nano-level [Eshel 2013b]). In Winnicott's (1954a) words on therapeutic regression, it

. . . reaches and provides a starting-place, what I would call a *place* [italics in original] from which to operate. The self is reached. The subject becomes in touch with the *basic self-processes* [italics added] that constitute true development, and what happens from here is felt as real. [p. 290]

In this context, I would add Nacht and Viderman's (1960) inclusive conception of the *analytic situation as a whole* and the *pre-object universe* in the transference situation, which encompasses the movement toward a more primal form of analytic experience.

Sometimes, in the course of analysis we reach a deeper, more secret and unchanging level of the psychic structure, characterized by an intense need for absolute *union* [italics in original] Let us accept that the same aspiration . . . remains buried and unknown in recesses of each individual psychic structure We agree that the dynamic of transference, in the strict sense of the word, is drawn from man's perpetual search for object relationships But the analytic situation as a whole goes beyond the elementary dynamic of transference, perhaps to include the original primitive experience of Being and to express its essence. From this point of view it is legitimate to describe the analytic situation as an *ontological experience* [italics added]. [pp. 385-386]

Thus, working within this dimension of analytic presence and interconnectedness has less to do with object relationships than with the emergence of a new *place* or psychic space-time, and a new possibility of experiencing and becoming, via the analyst's being *with-in* and staying interconnected to the patient's unbearable core of experience. In terms of time, it is an actual process of becoming that is neither the past nor the present. Rather, it is a past–present convergence, past–present actuality, where the past that has invaded the present is altered by the ongoing history of the patient–analyst lived moment. In other words, the past that actualizes within the patient–analyst's new psychic space does not merely repeat itself in the present, but can be experienced, processed, and transformed *in statu nascendi* (Eshel 2004b).⁴

The critical question here is to what extent the analyst is prepared to open the boundaries of his or her psyche to the patient and the patient's world, especially in difficult, unbearable and devastated/devastating states, and allow the patient and him-/herself emotional contact and interconnectedness at a deep, formative level.

Over the last fourteen years, this dimension of analytic "presencing" and interconnectedness has become an integral and especially important part of the way I practice, think of, and envision clinical psychoanalysis. I have attempted to describe the clinical scope of working within this framework, and its various, sometimes even radical expressions (Eshel 1998a, 1998b, 2001, 2004a, 2004b, 2005, 2006, 2009, 2010, 2011, 2012, 2013a). In the present paper, I will focus on *compassion*, which is the analyst's "withnessing" or interconnectedness with the patient's agonizing states of distress, annihilation, and hopelessness.

COMPASSION

Compassion, from the Latin *com*, "with" + *pati*, "to suffer," means to suffer with (and, I would add, to suffer with *in*), to be present within another's suffering and become at-one with it. It is different etymologically from words that may be regarded as synonymous, such as pity (from the

⁴ Here I intend *actualize* in its two meanings: "In the present and in the process of actualization, that is, trying to bring into existence what didn't happen" (Pontalis 2003, p. 45).

Latin *pietas*, meaning "duty") or mercy (from the Latin *merces*, meaning "recompense").⁵ In addition, the word *patient* is derived from the same Latin word *pati*, to suffer. Hence, as the etymology of the word suggests, compassion is *being-with* the patient and *being* the patient.

Thus, the *withness of compassion* is what distinguishes it from other feelings of sorrow for the suffering of others, such as pity and mercy (and also from such feelings as kindness and generosity). Compassion involves and shares, while pity and mercy are often considered more distinct, more distant and impersonal, and may include aloofness, feelings of superiority, and condescension toward another's suffering.

The distance and impersonal nature of pity and mercy are defiantly expressed by Yehuda Amichai, one of Israel's leading contemporary poets, in his poems "God Has Pity on Kindergarten Children" and "God Full of Mercy." The latter of these poems is quoted below:

God-Full-of-Mercy, the prayer for the dead. If God was not full of mercy, Mercy would have been in the world, Not just in Him.

[Amichai 1962]

According to Arendt (1965), pity is concern for the misery of another unprompted by intimacy with, or love for, the sufferer, while compassion is a love directed "towards specific suffering" of "particular persons." Pity "may be the perversion of compassion" because the person who pities "is not stricken in the flesh" and keeps a "sentimental distance."

Arendt maintains:

For *compassion*, to be stricken with the suffering of someone else as though it were contagious, and *pity*, to be sorry without being touched in the flesh, are not only not the same, they may not even be related. Compassion, by its very nature, cannot be touched off by the sufferings of a whole class or a people, or, least of all, mankind as a whole. It cannot reach out farther than what is suffered by one person and still remain what it is supposed to be, co-suffering. Its strength hinges on the strength of passion itself, which, in contrast to reason, can comprehend

⁵ See Collins Dictionary (2002, pp. 690 and 561, respectively).

only the particular, but has no notion of the general and no capacity for generalization. [1965, p. 85, italics in original]

Compassion has hardly been addressed in the psychoanalytic literature. The few papers on compassion—five that I located, most of them written in the last decade—display great variance with regard to the essence and meaning of compassion in the context of psychoanalytic treatment, although all take a very humane stance.

Bernstein (2001) attributes this avoidance of compassion in psychoanalytic work to the "fear of compassion" or of "being human, though a psychoanalyst" (p. 209). He argues that a misreading of Freud has perpetuated two compelling shibboleths: the fear of countertransference and the abstinence rule, which deprived psychoanalysts of the privilege of using all their feelings—especially the feeling of compassion and of behaving compassionately with their patients. Bernstein briefly describes two difficult treatments of disturbed female patients, arguing that the early one failed because he was then unprepared to allow himself to act as a compassionate human therapist, while in the second case, fifteen years later, he was able and willing to assume compassionate responsibility.

Feiner (1993) attributes this inhibition of psychoanalytic compassion to the dialectic between compassion and standards. In this regard, Nacht (1965) had already suggested that in every case the analyst's attitude of benevolent neutrality has to gradually change and be replaced by a new presence (a deep-down goodness, described in his previous papers). But with patients whose ego functions have been disturbed by real, severe trauma and much suffering, it has to include a truly authentic attitude of gratification on the part of the analyst (in certain aspects of the analytic relationship), stemming from genuine compassion for the misery that underlies the patient's incessant and outrageous aggression and demanding-ness.

Young-Eisendrath (2001) views the amelioration of suffering during and after treatment and increased compassion for self and others as the two main objectives of a successful psychoanalytic treatment. She posits that the two means by which compassion is cultivated are the "unobjectionable, idealizing transference" (p. 276), filled with hope of transcending the suffering, and the investigation of the patient's suffering within the patient and analyst's interdependent relationship of discovery.

In the tradition of self psychology, Kohut (1978, 1984) deals with compassion in relation to empathy. Orange (2006) relies on Kohut and on Feiner for psychoanalytic thinking about compassion, and also on the implications of complexity theory. In her view, compassion is that part of empathy that makes the analyst willing and able to descend into the patient's realms of suffering and shattered life. This enables emotional understanding and integration of the patient's suffering, as opposed to dissociation and fragmentation, and affirms the human dignity of the patient.

The above articles, however, relate to compassion from interactive, relational, two-person psychology perspectives. Even Orange's recent paper on the subject of compassion is, as she herself writes, "a more relational version of what I once called the psychoanalytic function of witness" (2006, p. 7). But while the term *witness* applies to an interaction between two subjectivities (Stern 2012; see also Reis's attempt to broaden the conception of witnessing, 2009a, 2009b), I wish to propose here the notion of *psychoanalytic* "withness"—the being there, within the experience of suffering, becoming at-one with it, in deep patient–analyst interconnectedness.

It is the unique conceptual space opened up by Bion's writing, especially his later writing, that has facilitated my thinking on passion and compassion and the movement from one to the other—although, as Sandler (2005) writes, "The words compassion and passion are used by Bion in some seminal texts. Nevertheless, they do not attain the status of concepts. Bion uses the word 'compassion' in its vernacular, colloquial sense" (p. 146).

First, I encountered Bion's (1963) remarkable words on passion:

By "passion" or the lack of it, I mean the component derived from L, H, and K. I mean the term to represent an emotion experienced with intensity and warmth though without any suggestion of violence Passion is evidence that two minds are linked and that there cannot possibly be fewer than two minds if passion is present. [pp. 12-13]

Later on, Bion (1970) goes further and presents his profound conception of at-one-ment and the analyst's being and becoming O, the

unknown and unknowable, ultimate emotional reality of the patient (although Bion does not relate it to compassion): "With this [O] the analyst cannot be identified; he must be it" (p. 27, italics in original).

Lastly, there are Bion's (1991) compassionate, touching words: "I do not think we could tolerate our work—painful as it often is for both us and our patients—without compassion" (p. 522).

All these ideas of Bion's have infused themselves into my thinking of compassion as patient–analyst "withness" within the violence of the suffering—com-passion that incorporates passion experienced with intensity and warmth, though without any suggestion of violence; that goes beyond the analyst's projective-introjective identification, and is the analyst's "being" and "becoming" at-one with the patient's inmost emotional reality.

The clinical importance of the analyst's "becoming" has recently been elaborated in Grotstein's (2010) compelling writing on infantile trauma and chronic resistance (particularly negative therapeutic reaction), which require

... the indivisibility of the transference \leftrightarrow countertransference in the analyst's reverie [in the treatment of those traumatized patients] [It is] the necessity for the analyst to experience his own inner version of what the analysand is suffering from; to "become" the analysand's anguish and agony. Bion (1967, 1970) termed this phenomenon "transformation in O within the analyst." [p. 25, italics in original]

Despite the paucity of psychoanalytic writing on compassion, over the last few years, psychoanalysts in Israel have produced some intriguing writing on this subject and in particular on compassion as a patient—analyst, interconnected occurrence.

Kulka (2008a, 2008b), linking self psychology and Buddhism, views compassion as "the repeal of the *individuality partition* between subject and subject." Thus, "compassion is not an interpersonal state, but a supra-personal state; not a feeling, but an ethical decision for nondual interconnectedness, an existential transcendence that turns man into pure presence" (2008a, pp. 118-119). "Compassion, that which infuses foundational parts of Eastern cultures, is the abolition of duality,

repealing the separation between water and fish . . . between one human and another, between humans and the world" (2008b, p. 1).

Ettinger (2006), artist and psychoanalyst, relates compassion to the primary maternal connectedness in the *matrixial borderspace*. She distinguishes between *empathy-within-compassion* and *empathy-without-compassion*. The former means empathy (to the patient) within compassion (also toward the patient's significant primary figures), and this is in contrast to empathy-without-compassion—an empathy to the patient only. In Ettinger's view, empathy (to the patient) without compassion (also to the patient's archaic and actual significant primary objects) "endangers the matrixial sphere itself," creates internal splitting, and "leads to a fixation in a 'basic fault' positioning" (Ettinger 2010).

I, however, would like to return from these inclusive views of compassion as interconnectedness of all beings, and of compassion toward the patient's significant objects, to compassion only in patient—analyst interconnectedness. I will concentrate on the analyst's difficult, sometimes even exceedingly difficult struggle to give over him-/herself—with all his or her might, mind, heart, soul (Eigen 1981)—to being and staying within the painful, annihilated-annihilating realness of the patient's suffering, in deep interconnectedness, in patient—analyst suffering.

"This collapse into being with another, the deepest states of the other" (Eigen 2006) is the heart of my clinical illustration.

One last note on compassion. Perhaps another reason for the avoidance of the subject of compassion in the psychoanalytic literature is that the word has become saturated with religious connotations, especially Christian and Buddhist. Yet I venture to mention the compassion in the Jewish morning prayer that a religious Jew recites every morning immediately upon awakening—thanking God, "for You have returned my soul within me with compassion; great is Your faithfulness."

Though I am not a religious person, I relate deeply to this wondrous intertwining of God's great faithfulness and the compassion of returning the soul each morning, each day, after the terrors of the night of "troubling thoughts, evil dreams and evil fancies . . . lest I sleep the sleep of death" (these words are from the prayer recited before sleeping). It is even enigmatic, this great faithfulness and faith of God's in returning

the soul with compassion.⁶ And this compassion that is interwoven with faithfulness and faith in the process reverberates in my analytic use of compassion.

CASE ILLUSTRATION: "FOR YOU HAVE RETURNED MY SOUL WITHIN ME WITH COMPASSION"

The clinical material presented here is taken from a four-times-a-week analysis of a patient with severe fetishistic-masochistic perversion, which I have described in an earlier paper on perversion (Eshel 2005). I will now proceed to later periods in this analysis, which I have not yet written about.

P. started analysis when he was in his late thirties. He was referred to me by a psychiatrist who had first treated him with medication. The psychiatrist told me that his severe perversion had intensified over the last few years, to the point of becoming life-threatening. In the year before he came to her, he had approached several sex therapists who were all so alarmed by the severity of his disturbance that they refused to treat him. When he turned to this psychiatrist, she prescribed medication for compulsive disorders in an attempt to minimize the compulsive nature of his perverse behavior. However, this was unsuccessful and produced harsh physical side effects, some of which she found rather puzzling. She therefore stopped the medication and told him that, in her opinion, psychoanalysis would be the only treatment that might help him since it is the most profound form of treatment.

It should be mentioned that this man had not previously had anything to do with psychology or psychoanalysis, and I do not believe that he had even heard the word *psychoanalysis* before. His agreeing to this proposal was thus an indication of his despair and hopelessness. After several unsuccessful attempts at finding him a psychoanalyst, the psychiatrist approached me, knowing I take difficult cases. She seemed hesitant to specify the nature and extent of his perverse behavior, lest I, too, refuse to treat him. However, at the time, I had been crystallizing my

 $^{^6}$ In Hebrew, the word emunah , which appears in the morning prayer, means both "faithfulness" and "faith."

thoughts about extending the reach of therapeutic work through the depth and intensity of psychoanalysis, and about analysis as a unique process of becoming—drawing on the powerful notions of a new opportunity for development (Winnicott), a new beginning [in] the basic fault (Balint), and an area of faith (Eigen). Thus, I thought, psychoanalysis should be able to offer a real treatment option for this person's distress, and I agreed to accept him for analysis.

P. telephoned me the next day. During the initial session, he told me that his severe perversion had started as a shoe fetish of licking and kissing shoes "with a woman's feet in them," along with a masochistic element of wanting them to trample on his fingers, a wish that he recalled having had since kindergarten. It escalated over the years into a masochistic fetish as the shoe "turned into a tool of destruction," and in the past few years it had become a particularly severe and violent masochistic perversion.

Over the first months of analysis, he gradually presented me with extremely harsh descriptions, told matter-of-factly, of his almost nightly visits to prostitutes, usually a different one each time, to be humiliated and abused by them in increasingly extreme ways with all sorts of instruments of torture. He would lie down naked; sometimes he would wear a mask, masturbating until he ejaculated; and he would leave beaten, trodden upon, wounded, bleeding, and burned by cigarettes that had been extinguished by shoes grinding them into his naked body—and he would already be yearning for the next abuse. He sought treatment because he knew that, in his own words, "if it goes on like this, it will end in a hospital—in a serious injury or in death."

After a few months of analysis, when he realized that I would not throw him out of treatment because of what he told me, P. said, "This is the last stop for me. Psychoanalysis. After that—it's the graveyard." Since then he has clung to treatment despite some very difficult periods that we have gone through.

In his "ordinary" life, he was a dreary accountant, in a nonsexual marriage with a woman he knew from work, an accountant like himself, whom he told nothing about his perversion. At the end of the first year of analysis, he told her the "truth" about himself and his secret life. She

found it unbearable, reacted with shock and repulsion, and decided that they should separate. He left the house, hurt, and they were divorced.

As mentioned above, I described this analysis in an earlier paper on perversion, up to the cessation of the perverse practices in the third year of analysis (Eshel 2005). I emphasized the importance of the analyst's abiding "presencing" and interconnection with the perverse patient, thus being with-in and listening to the perversion beyond its pathology, for its survival function and for the profound loneliness and despair it carries. I pointed out the fundamental function of the evolving process of therapeutic regression in Balint's and especially Winnicott's terms in the analysis of the perverse patient—namely, to understand it primarily as a situation of need resulting from an early maternal-environmental failure (rather than manipulative acting out), with the ensuing treatment priorities of holding, analytic reliability, and attentiveness to the patient's need states and dependence.

Thus, in Winnicottian terms of regression, the analyst's interconnected "presencing" can be seen as enabling the transformation of the patient's withdrawal and massive self-defensive organization—in this context, the perversion—into regression to dependence in treatment, which carries with it a new opportunity for correcting the patient's past experiences and for emotional development (Winnicott 1954b, 1964, 1988).

Before proceeding to the third year of P.'s analysis, I would like to recount an example from the earlier period that epitomizes these qualities of experience, as presented in my 2005 article. The patient, here in the second year of analysis, arrived at the first session following my holiday break. (The gaps created by the analyst's vacations are most troublesome in these treatments.) As soon as I opened the door, I noticed his swollen face.

He lay on the couch, and after a brief "How are you?" told me quietly and bluntly, in detached detail, that he had gone to a whore that morning, a cheap one who charges only 100 shekels (about \$25), a most violent type, who went wild and slapped him and beat him madly, incessantly, for five minutes, and he came very fast and hard, went home, washed up, and came to the session.

For the first time in this analysis, I felt great tiredness and disgust, although he had already recounted far more violent and bizarre scenes—perhaps because of this inundating, wretched cheapness. I was thinking to myself: What is the point of all the hard work, of this entire analysis, the great investment of money and years? Better go to a whore every day, get beaten up for five minutes, pay 100 shekels, and be done with it.

And I withdrew, fell silent.

Then I noticed that he became very agitated, in sharp contrast to his former quiet and detached manner. As if he'd heard my thoughts, he said: "Nothing can be done. I ask you: What? What is there to say? When I'm butchered, I exist. It's like the Alien got inside my belly and stayed there, breaking out every time, and that's it. Nothing left to do. There's no solution; everything just gets worse. I'm finished. I was born and I'll die this way. I'll be dead before I'm forty."

He sat up, shaken, suddenly looking so withered, shapeless and pitiful, with his beaten-up, swollen face. And I realized he sensed and knew that I had *abandoned* him, left him wounded and lost on the battlefield, and had gone off to save myself.

Thus I returned to this despicable, despairing, and desperate place, his and mine, and said: "You are so desperate because you felt that I'd given up. And when we both give up, there's nothing more to hold on to. It's really very despairing, but we are going on."

He lay back quietly, tears in his eyes for the first time in analysis (perhaps in his life), and said, "Death can be so cheap. You should lock me up inside the treatment." [Eshel 2005, pp. 1089-1090, italics in original]

I will now proceed to the third year of analysis. Toward the end of the third year, after the perverse practices had ceased, analysis was filled with great agitation and confusion, and with massive holding on to the treatment and to me instead of to the perversion. It led to a deeper regression in the analysis. In the sessions, P. would speak feverishly, addressing his words to me, frequently calling me by my first name, Ofra—which he had never done previously—in the sessions and also in voice-mail messages that he now began to leave. I will present some detailed vignettes, using his own words, as I feel that they most closely depict the

actual experience and convey the turbulent nature of the analytic situation at that time.

It was a Monday session—always a particularly difficult session after the weekend break. P. began:

Don't remember a period in my life like this, don't know what's happening to me, mentally and physically exhausted. Don't know what's happening. [He sighed and was silent.] My entire old world is collapsing, dissolving and disappearing, the whole world of evil, and I'm facing a new world, don't know what to do. I don't have the tools to cope with it.

I said: "Tools need time to develop." But my words remained suspended in space.

He went on:

Don't know, don't know what's happening Don't know, Ofra, just don't know what's happening to me, how all at once this thing that I used to fall into has disappeared—where has it gone to? All sorts of strange things, don't know, don't know what's happening in my head [he put his hands on his forehead]. Don't know, don't know, not anything I know—all sorts of things are flying in the air. Maybe I'm going mad, don't know, it's as if my brain is emptying out, as if things are flying in the air, like in a hurricane, as if something is making things fly out of my brain. In the last few days, things are unclear to me; I'm not in control of what's happening to me, it's as if I'm falling apart, the first time in my life, falling apart completely. Don't know what to do—I'm going mad.

I said: "You're not going mad. You're changing, changing a lot." He said:

I've never had thoughts like these, never in my life. The very element of violence has disappeared. I'm standing at the entrance to a new world, and I don't know how to behave. What to do with my brain and my dick. Don't know what I want from myself. We talked so much, Ofra, and all of a sudden something big collapsed all at once, not gradually. What a huge jolt.

He became silent and lay quietly, as if sleeping, until the end of the session.

After about eight turbulent months, his confusion diminished. "Apparently, I have to get used to this new situation, that I'm not so much of a fetishist any more, and I need to calm down a bit," he said. He continued to abstain from his perverse activities. He frequented the cinema, listened to a lot of music, started exercising on the days that he was not in analysis, and began to look for and date women through Internet dating sites. He called this period "the age of uncertainty" because previously everything had been familiar to him and under his control. He said: "I've never been out with a woman, I've never touched or been touched by a woman. I've never slept with a woman. I'm very scared of it, it's new. It's hard to get out of the gutter." (He said this even though in fact he had been married for years. Here I would like to add that this was a man who could not bear to be touched. In the first year of treatment, when I asked him about his descriptions of the cruel fetishisticmasochistic practices, why the whores had to dig their high heels into him and extinguish their cigarettes on his body with their shoes rather than with their hands, he replied that he could not bear to be touched by a human hand.)

Nonetheless, despite his deep misgivings and fear, he now proceeded from telephone calls to dates and began meeting an increasing number of women. These meetings were usually for no more than a single evening. In the course of time it became easier for him to meet women; some of these dates were even enjoyable. And still, deep inside, he felt cut off and vulnerable, and an immense inner emptiness was growing and taking hold of him. It seemed that the fetish that had disappeared had left behind a vacuum and profound emptiness.

Was this what he had foreseen when he spoke repeatedly about his perversion during the first year of analysis? "It sustains you more than anything else. You won't let anyone or anything take it away from you. If you give it up, it will be unbearable, since there won't be anything else."

Now, in the fourth year, he was saying:

It's amazing, amazing, how the fetish took over my entire life, and now there's nothing, nothing. Don't know what's going on here. With women it doesn't seem real; I don't really want it. Last night I talked to that woman who approached me—don't know, it seemed pointless, like, what, what, for what, suddenly

everything seemed pointless, strange, strange Don't know what to do, Ofra—altogether feel completely cut off. Don't know where everything I've fantasized till now is, where everything that filled me all those years has gone Everything hurls me into a world that has no center. I'm so empty inside Feel so unreal, so unable to exist in the world of the living—and mainly, so ill.

P. gave himself time until his birthday, which was very close to the end of the fourth year of analysis, to try it out. In his own words:

The transition between worlds is a tremendous jolt. Ilan Ramon⁷ didn't survive the transition between worlds. I'm going through a jolt that is just as great. It will end either in death or in a different life.

But after his birthday, throughout the fifth year of analysis, profound despair, unfathomable emptiness, and death seemed to possess him and to have become the only reality—dreadful and absolute. This was a terrible, excruciating year in analysis. He reverted to searching the Internet for the most ferocious fetishistic-masochistic websites with extreme violence and self-destruction. He masturbated to horrendous fantasies, even though he did not revert to actually performing perverse activities. He said:

It's a kind of total self-destruction, without any brakes, as if I don't have a drop of self-love in me, a drop of compassion [compassion here is his word], a drop of self-pity, a drop of anything, anything. It's unbelievable, Ofra, unbelievable—only dread, hatred, violence, feelings of inferiority, and fear of criticism.

He requested a year's unpaid leave from work because he could not live with the huge disparity between his internal world and his external "normal, false," and painstaking way of functioning: "I'm normal there, that's what doesn't let me get better. My death is the normal life that I built all those years around the fetish." He lived on his savings, and his entire existence was drawn into the treatment, collapsed into the treat-

⁷ Ilan Ramon was an Israeli astronaut who was killed when the space shuttle *Columbia* was destroyed upon reentering the earth's atmosphere in 2003.

ment. He wanted to be "hospitalized in treatment," and to be. To exist. To feel real.

But now it seemed that the defensive shield of the perversion had been totally breached. "Fetishistic energy isn't an energy of life; it's energy that repairs death. It's between life and death—dead-alive, more dead than alive; death-in-life," he said. Indeed, I, too, had written on perversion as an "autotomous," massive splitting defense in the service of psychic survival, so that "not all of me shall die." "The perverse act seizes and clutches, preventing in its corporeality, in its actuality and intensity, a collapse into dread, psychic deadness and total internal annihilation. Perversion is the pervert's last-ditch attempt to halt the fall into the abyss" (Eshel 2005, pp. 1078-1079).

But now this last-ditch attempt to halt the fall into the abyss had collapsed. Perversion no longer repaired death, no longer secured survival. Throughout this year, death was the very heart of his existence. It was everywhere, all the time, invading every hour with menacing forcefulness.

He came to every session, never late, never asking for any change of time, arriving psychically and physically ill—"the fetish and violence are destroying every bit of goodness in me," or lifeless, empty, without the strength and will to live. Frequently, he would sleep during the sessions—a still, motionless, and soundless sleep. He would leave me many telephone messages, at least one a day, and on Wednesdays and weekend breaks, when we did not meet, he would leave several messages. His words in the sessions and in the messages were full of despair, harrowing emptiness, and death, and no attempt on my part to understand and interpret had any significance, meaning, or impact.

He would say over and over again:

I have nothing to say to you, Ofra; I simply have nothing to say to you. Everything is one huge nothing. I'd rather be sucked into a black hole. Everything's a load of bullshit; everything's empty words. It's better to be sucked into the nothingness, Ofra, and finished—to disappear completely. I just don't have any plans, I don't want any plans, anything—just nothing, Ofra, nothing, I have nothing to say. Everything is so pointless, including your words They're so meaningless, there's nothing in them, Ofra, nothing, nothing.

Suddenly, unexpectedly (and perhaps not so unexpectedly), during this period harsh details of his very early childhood were revealed. Until now, whenever he had asked his mother about his childhood, she had answered, "Everything was fine." But now when he asked, she said, "It was very hard," and told him about the dead baby.

It turned out that his mother had had six pregnancies. Two of them ended in miscarriages before the birth of his brother, who was eighteen months older than he; as a result, she was prescribed total bed rest during that pregnancy. She did not work at all during those years since she was pregnant most of the time, and the pregnancies were difficult. P. thought that his father had wanted a lot of children. When his mother was pregnant with him, she fell while carrying his brother in her arms and thought that she was going to miscarry again. But he was born a year and a half after his brother, with a heart defect (persistent truncus arteriosis), for which he was operated on at the age of seven.

In the year after his birth, "when I was very small," he said—his mother did not remember exactly when—she gave birth to another son in her sixth month of pregnancy, and the baby died twelve days later. She remembered only that they had told her something was wrong with it. She did not remember whether she ever saw it, did not remember whether she stayed in the hospital for the twelve days until the infant died. It did not have a name. She did not remember whether they buried it—but "somewhere inside [his] head," he remembered she had once told him that his father and his grandmother (her mother) "had taken care of the matter and buried it." When he was twenty months old, his mother became pregnant with his next brother, who was born when he was two and a half years old, and she almost died in childbirth.

I suggested we were beginning to understand that, during those early years, his mother had undergone dreadful experiences, misery, suffering, depression, and death. I said that a baby is born into the psycheand-body of its mother and comes into being and grows there. And he was born to a mother who became distraught, alive-dead, and his yearning as an infant and small child to attach to and grow within her psyche and body had overwhelmed and filled him with her agonized feelings—with depression, death, a dead baby.

At first it seemed that these words held meaning for him. "I'm a tiny baby that terrible things have happened to," he said. Two and a half years later, he would say: "I went mad when I was a baby," but now this emergent understanding very quickly turned into a terrible, lethal attack on my capacity to really meet, take in, and feel the desperation of the fundamental nothingness and death within him. It became something that came from without, illusory, "as if"—too far from that baby and small child overwhelmed by traumatic, annihilating impacts.

The more there were words and the greater the understanding, the wider yawned the gap he felt was between us; and there was no real contact with death and dying. He said repeatedly:

I'm a dead baby and a perverse adult. All day I've been thinking that I want to die tonight, don't want to get to tomorrow. And that's it. I hope I'll die tonight. Simply feel completely redundant, Ofra, completely redundant. You're so healthy, Ofra, and I'm so sick. There's no point of connection between us. There are big words and a big illusion and big lies, but nothing apart from that. After the session with you, I hope I'll go to sleep and won't wake up. Won't wake up.

I said: "Then your body-psyche will decide whether we will be able to go on." And at the end of each session, I did not know whether he would survive and come to the next session. There no longer seemed to be even a fragile remainder of his sense of life and hope, but only a state of devastating despair.

Analysis was now a meeting place with a terminal object (in Bollas's sense, 1995, p. 76)—indeed, a terminal and annihilating object and the despair of his first year of life. Was this his way of making me meet and experience the terminal, annihilating, invasive presence of a depressed, dead-alive m/other in the grip of depression and death, who induced

 $^{^8}$ I would like to add here the recent, intense description of annihilation by Eigen (2010), which is closely related to the agonizing experience expressed here: "Annihilation is not a static state. It goes on and on and on. It's electrifying. I don't have the words for it. It's like being in an electric chair with the current continuously on, or being suffocated but you never die. You keep getting more and more suffocated I felt that this is partly what babies must feel, in their own way . . . screaming and screaming and then the scream fades away" (pp. 26-27).

depression and death, and who could not be extricated from death? Or might it be that damage that begins so early cannot be repaired—as he repeated over and over—except in death? To die, and then perchance to begin anew?

I was reminded at that point of the last words of Otto Weininger, a brilliant young thinker, imbued with self-hatred, hatred of his Jewish ancestry and hatred of women. A year after he published his book *Sex and Character* and converted to Protestantism, at the age of twenty-three, he wrote in his final notes: "An honest man, when he feels that he is irreparably deformed, goes willingly towards death" (Sobol 1982, p. 121). He wrote this and then killed himself. I was becoming exceedingly worried.

I suggested, for the first time in my clinical work, that he should go back to the psychiatrist who had referred him to me and get medication that would afford him temporary relief from this terrible suffering. But he replied angrily and bitterly:

How can you say that to me? I thought you were holding the hope, you and psychoanalysis. I don't need anything else to keep my body alive; for that there's the fetish, big time, and familiar for so many years. But I don't exist. I'm *not*. There's nothing here. I'm dead. That's the fundamental thing—I'm dead.

His words, I felt, cried out the very real, ongoing desperation of his being

"In the very ill person there is but little hope of new opportunity" (Winnicott 1954a, p. 281). Inwardly, I struggled to find some hope while faced with this overwhelming, immense desperation. I seized upon two of Winnicott's later writings on "Fear of Breakdown" (published posthumously in 1974) and its continuation, "Psychology of Madness" (1965), which are of great importance to me. Winnicott relates to the disastrous impact of being broken down in infancy, at a time when "the ego organization . . . is threatened. But the ego cannot organize against environmental failure in so far as dependence is a living fact" (1974, p. 103).

It is that extreme agony of early breakdown, which Winnicott also calls *madness X*, and that Eigen (1999, 2004), following him, calls *agony X*. This early breakdown was so unthinkable and indescribably painful that it could not be experienced, and a massive defense organization,

which the patient displays as an illness syndrome, was organized against it. In my patient's case, it was the ferocious fetishistic-masochistic perversion that turned him from a passive victim of unbearable early damage and destruction into an active "doer" of them, over and over again, while beneath it there yawned an abyss of inner death and emptiness.

I reminded myself that, according to Winnicott, in those depths of annihilation and the agony of early breakdown, or madness X, are buried both the traumatic experience and a "basic urge" to experience it, and thus "to be recovered in experience . . . remembered in the reliving of it" (1965, p. 126) in treatment. This evokes the fear of breakdown or of the return of the original madness, but also evokes the patient's great need to reach this original, unthinkable state of breakdown, to risk reexperiencing and reliving the early agony—this time in treatment, with the analyst and his or her different holding and "auxiliary ego-supporting function" (Winnicott 1974, p. 105) that will make recovery possible.

I thought that we were now within this process, touching the core breakdown, madness X and profound devastation. But I was not sure whether he would be able to survive the extreme horror of it. Can one survive contact with such excruciating breakdown and annihilation? Winnicott (1974) refers to his patient whose suicide he did not manage to prevent: a patient who wanted to die because of her deep feeling of inner death that had already happened to her psyche in early infancy, although her body continued to live. She killed herself in despair of finding a solution, thus consigning her body to the death that had already happened to the psyche.

In the face of P.'s relentless death threats, I tried to extract a promise from him that he would not commit suicide during the next six months. I said, "I won't continue the treatment unless you promise not to kill yourself." He replied, "What, you'll abandon me just like that, after five years like this?" I said:

You'll always have a place in my thoughts, I'll always care about you, and I'll always think about what's happening to you and how you feel—whether you are alive or dead. And I think that that's the way you'll feel about me. But I won't continue the treatment if you don't promise that you won't kill yourself. There's no point to it if you've already chosen death.

He said: "And if I promise and don't keep the promise?" I said: "I trust your promise."

He did not promise. But he did stop threatening to kill himself. Yet both in the sessions (he never failed to attend each session) and in the many phone messages he left me, he wished he would not wake up in the morning. He repeatedly said:

I felt sick looking at the Internet sites of violence and evil last night. I wished that I wouldn't wake up in the morning. Nothing's happening; I'm completely dead. I've completely despaired of you, of the treatment. Two years without actually engaging in fetishistic activities, and the fetish in my brain is winning, is taking over. And I'm dead, Ofra, simply dead. I'm simply dead. That's it.

I would reply: "These are very troubled words. Thank you for not despairing of sharing these feelings with me." But I felt that my words were also an attempt to protect myself from the intensity of this violent, repetitive desperation to which I had no answer.

I now come to the point at which something different transpired. It was a Monday session, after the weekend break. At the beginning of the session, he said that he was dead. True, for more than two years he had not engaged in any more fetishistic activity, and this month he was not even entering these Internet sites, but he was dead. Nothing was happening inside him. Over the weekend, he had tried meeting women again, but these meetings did nothing for him.

"Nothing's happening. I'm dead, just dead," he said, and fell silent. His words reached deeply within me. Is death really victorious? I no longer tried to extricate us from this state with agreements and promises or with interpretations.

I said:

We've done things. Things have happened. We're trying to do the best we can in this fateful encounter of ours, but we really don't know whether we'll succeed in crossing this huge dead place. It's like sailing on a tiny boat in an ocean of death

He remained silent, collapsing into a sleeplike state, until the end of the session.

I sat behind him, and Ansky's play *The Dybbuk* (1914) came to my mind—how the possessing spirit, the dybbuk, was exorcised from Leah, but then she died. And here, the fetish has gone—but will he live? And I saw a sort of *pietà*—not Michelangelo's well-known, frontal, seated *pietà*, but a figure of a woman walking with a dead body in her arms. I saw her from the side, did not see her face, and she was wandering about. I felt terrible distress, which changed to acceptance, and then I felt sorrow, very quiet, profound, pure sorrow—without words, even to myself. It was as if this sorrow had become all-being.

I sat within this immense sorrow, in silence, until the session was over. At the end of the session I woke him, and he went away, heavily, stooped. Outside it was dark.

Late that night (more than two hours after he had gone) he called me, sounding excited. He said:

After I left you, I wandered around. Eventually I got to the gutter district. I went to the same place where that prostitute had been [a prostitute who three years earlier, after an act of sadomas-ochistic fetishism, had kissed him and asked, "Why are you like this?"]. She wasn't there. There was someone else, someone I think I did fetishistic acts with a long time ago.

I paid her a reasonably small sum, and she agreed to a kiss and to do it with her hand. [As I mentioned, this was a man who had not been able to bear the touch of a hand, particularly a nonviolent touch, and certainly not on his sexual organ.] She had high heels, but it made no difference, and she had breasts, and a mouth like that. It went very quickly and very smoothly, perhaps too much so. When I finished I trembled terribly, and I burst out laughing. I said, "Wow, it went so easily!"

She didn't understand what I was talking about or why I was trembling. So that's it—it wasn't like other times, it was nice to get it out like that, it's a shame that I have to pay for it and do it in the gutter. But perhaps it's a stage—I don't know; perhaps it's a stage. I'm still talking to you from the gutter district of Tel-Aviv.

I said, "You sound excited."

"Yes," he replied, "I'm happy. It's so strange."

The next morning, he left me a long phone message, as follows.

I had to tell you how I feel this morning. I came home tired last night and went to sleep. I think that a lot of tiredness had accumulated inside me last night. What happened this morning There were many times that I wanted very much to come to treatment or to hide there. But this morning I got up, and I don't remember such a real feeling or one so intense as this feeling. I think the only thing in the world I wanted when I opened my eyes this morning was to come and hide in treatment. Don't know whether it was to hide in you or with you—it's all the same. It's unbelievable how much I wanted to come to you! [He laughed.] Then I said to myself, it's not so terrifying, in any case it'll be several hours until you get there, and it'll be different then. But that's it, that's it. I wanted to tell you, but I didn't want to disturb you early in the morning. So I waited a couple of hours, telling myself, "She said I could call." Okay, we'll meet at 2:00.

From that point onward, although there were other difficult periods, there was a beginning of new movement and a new sense of aliveness, at first hidden but gradually becoming more apparent.

I think about Winnicott's unforgettable words: "But alas, there is no end unless the bottom of the trough has been reached, unless the thing feared has been experienced" (1974, p. 105, italics in original). And I add: there is no end unless the bottom of the trough has been reached, unless the thing feared has been experienced in a compassionate holding, within the analyst's "presencing" and interconnecting with the patient's gripping, unbearable agony, devastation, and death. Analyst-and-patient t(w) ogether there, with-in. For me, it was a very deep moment of compassion.

P. called the year that followed "a mad race of hope and illusion." Now, suddenly, he no longer masturbated at night to a fetishistic-masochistic fantasy.

What amazed me was that I had within me some amazing inner strength that I'd never before experienced—I'm sure I'll still pay for it—something that stopped me from performing a fetish. Strange things are really happening. The shoe in the fantasy has disappeared, as if something has blotted it out. I don't know what to say.

He began relationships with two women (he was still afraid of a relationship with only one). He met them, ate with them, listened and talked to them, related to them, entered their houses and their beds. "They are surrogates for learning to live with a woman," he said. The dreadful emptiness gradually faded, but when he tried having sex with either one of them, his penis was dead.

Yet, although he was extremely embarrassed by these repeated experiences with both women, he refused to imagine a fetish fantasy with them, though he was sure that by doing so he would have had an erection. He repeated over and over, determinedly, "I want different sex. In those moments with them, I *felt.* I was deeply depressed, I was sad, but I was there. I really *was.* I existed."

It was also when masturbating that he "bamboozled the automaton" and "created an alternative parallel track." He would now say repeatedly, "We'll live and we'll see." He also began to dream.

One of the two women left him because he refused her suggestion to take Viagra. He met another woman named Doreen, beautiful and several years older than he. P. felt that "something real is beginning to bud there," and she became his only partner. After three months of "feelings of terror—terror, not simply fear—in bed," his penis began to function.

At the session exactly two years after the session described earlier in which the "bottom" of psychic death had been reached (I was surprised to see that it was on exactly the same date, January 21), he said to me:

I'm waiting for the stage when my search will find myself [sic]. As for the tiny boat in the huge ocean, I'm relying on you—and perhaps on myself. It's hard to believe that things change so much.

I was surprised to hear that he had retained within himself the memory of the tiny boat and the ocean.

After nine months of the relationship with Doreen, during which P. told her about the perverse fetishistic-masochistic world he had been in—and she did not leave him—he said to me in our Monday session, after the weekend break:

It's seventy-three hours since we met. We've given me a brain-washing. Now I need a heart-washing—I want to learn to love. I

want to connect, heart and soul. Inside me, in a sort of bizarre quantum leap, things have been happening that I don't know where they came from or where they're going to, but fuck it, I'm not complaining. Every time I say *wow!* things have been happening, I don't know from where. I also think I'm not trying to destroy them—but even if I did want to destroy them, I doubt whether I would succeed.

And all weekend long, I've been saying to you, "Houston, we have a problem." Once a spacecraft caught fire, and once a spacecraft was saved. I intend to be saved. Just as once I used to say, "There's nothing inside me and I have nothing," this time I want—this time there is inside me, and I have. I want to feel more

I think that what I'm missing now is love. My brain's racing like mad; my dick is already here but it's not happening yet in my heart. Still—deep-deep-deep-deep, it's not happening yet. Houston, we have a problem here. You have to reply.

And I replied: "Houston hears; Houston's thinking. It's really a distant and dangerous journey, opening up like that and wanting so much to feel."

He said: "All weekend long I said to myself and to you, 'I'm on a journey that began without me but will end with me.'"

CONCLUDING THOUGHTS: UNLESS THE BOTTOM HAS BEEN REACHED

This difficult treatment demanded of me to be with-in and profoundly interconnected to the patient's descent into breakdown and total sense of devastation, deadness, despair, and hopelessness. My patient's dedication to the analysis, and Winnicott's unique words on experiencing the patient's early breakdown, were there with me. Winnicott (1974) maintains:

The breakdown has already happened, near the beginning of the individual's life . . . but . . . this thing of the past has not happened yet because *the patient was not there for it to happen to*. The only way to "remember" in this case is *for the patient to experience* this past thing for the first time in the present, that is to say,

in the transference. This past and future thing then becomes a matter of the here and now, and *becomes experienced by the patient* for the first time. [p. 105, italics added]

"All this is very difficult, time-consuming and painful, but it at any rate is not futile" (Winnicott 1974, p. 105). This also applies to emptiness: "Emptiness occurring in a treatment is a state that the patient is trying to experience, a past state that cannot be remembered except by being experienced for the first time now" (Winnicott 1974, p. 106).

I emphasize that in order for the patient to be there and experience these agonizing feelings, the analyst must be there, with-in. Only then, can the deadly breakdown that has already happened be experienced and lived out t(w) ogether in the treatment.

I wish to add here the pertinent distinction between *suffering* and *feeling pain*, made by Federn (1952), Bion (1965), and Mitrani (1995). According to Federn (1952), suffering is the expression of an active function on the part of the ego in which the pain-inducing event (frustration with or loss of the object) is taken within the boundaries of the ego and the full intensity of the event is appreciated, consumed, and digested, thus undergoing transformation by the ego and, in turn, transforming the ego.

Feeling pain, on the other hand, is a process in which the pain-inducing event cannot be endured and worked through within the bounds of the ego. The pain is not contained within the ego but merely touches upon the border of the ego, affecting it painfully, and with every recurrence, it meets the ego boundary with the same intensity and with traumatic effect. Therefore, such pain poses a threat to the ego's integrity. Federn attributed this inability of the ego to suffer pain to a primary failure of the ego resulting from a lack of narcissistic cathexis.

Later, Bion (1965, 1970) related to patients who "feel the pain but will not suffer it," and added: "The *intensity* of the patient's pain contributes to his fear of suffering pain" (1970, pp. 9, 19, italics in original). Mitrani (1995), following Federn and Bion, elaborates on the mother's inability to contain: "It would seem that the baby's painful experience has touched the mother, but has not been introjected by the mother, who, it seems, cannot bear to suffer her baby and who is therefore unable to mitigate its experience" (p. 86).

I think of my patient and what transpired during the analysis in these terms of feeling pain, catastrophe, despair, and dying—bombarding experiences that the mother could not take into herself; she could not bear to suffer her baby's agony. Now these feelings were relived here, powerfully and desperately bombarding the boundary of my psyche.

Bion's (1959) powerful words receive critical emotional realness here:

From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain This patient had had to deal with a mother who could not tolerate experiencing such feelings. [p. 104]

But worse than that, my patient, as a baby, had had to deal with a mother who was herself overwhelmed by unbearable traumatic feelings, thus overwhelming him, violently, fatally, with the deadening impacts of her psychic reality. She was not the "dead mother" described by Green (1986; see also Eshel 1998a) whom the child must find a way to enliven. Rather, she was a mother who inflicted devastating, catastrophic feelings, depression, death, a dead baby—all of which possessed and threatened the child's psychic existence, thus rendering him a traumatized, ravaged, near-death infant-child.⁹

Bollas (1995) similarly notes:

The sadomasochists are still trapped by their need continuously to remaster an early trauma, although they have converted the anxiety of annihilation into the excitement of its representation These sadomasochistic alliances enact the near-death of the self, in which the child self avoids its killing but forever feels the near-hit as a kind of narrow escape That the self did indeed

⁹ The new concept of *epigenetic transmission* is rooted in such traumatic environmental conditions or traumatic attachment in early life (Jacobson cited in de Zulueta 2012). This may explain Boris's (1987) fateful words: "Some infants, more than others, may have an idea that they ought to die, if not now, soon, if not acutely, chronically But as analysis shows, primal programmatic urgencies continue throughout life" (pp. 353-354). Gonzalez (2010) similarly describes the foundational, deadening impacts of a profound condensation of life with death that began in early childhood.

once nearly meet its end, that there *was* something awful in the environment that caused such mental intensities, is an unexamined feature of the sadomasochist's life. [pp. 209-210]

I would say, in keeping with Winnicott's ideas of *fear of breakdown* (1974), that the advances of the third and fourth year of P.'s analysis "end[ed] in destruction" (p. 105) because there was no reconnecting to the full intensity of the patient's breakdown and annihilation. But these unbearable core experiences could not be escaped. Therefore, in the fifth year, all these menacing, unbearable, uncontained, and unsuffered feelings were overwhelmingly relived in the treatment, bombarding the boundaries of his psyche and mine over the entire fifth year, in a desperate plea to be taken in, suffered, and transformed.

I was there with these feelings, speaking about them and speaking them, thinking and understanding them, struggling to ensure survival—more and more in the grip of these feelings, but not yet there in the patient's inmost devastation, not "unless the bottom of the trough [had] . . . been reached, unless the thing feared [had] . . . been experienced" (Winnicott 1974, p. 105, italics in original).

I was experiencing the *terror* of breakdown, suicide, and death, but not yet death itself, until the time that I starkly took them into myself and was with the dying child-man, holding the dead body in the arms of my psyche—thinking, feeling, and "dreaming" the death (Bion 1992, p. 216; Eigen 2001; Grotstein 2007, 2009; Ogden 2004). Thereby, this desperate, attacking plea turned into suffering and profound, immense sorrow within me. It became a wordless, deep, psyche-to-psyche interconnectedness and *com-passion*; and the death that was taken in and *became experienced and suffered for the first time* by me-with-him was transformed, and could then become, within him, a different, new possibility of being and experiencing.

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GRADIVA: FREUD, FETISHISM, AND POMPEIAN FANTASY

BY JOHN FLETCHER

This paper is a critical reconsideration of Freud's analysis (1907) of Wilhelm Jensen's novella Gradiva: A Pompeian Fantasy (1903). Freud's interest was aroused by the parallels between Jensen's presentation of dreams and Freud's model of dream formation just published in The Interpretation of Dreams (1900). Freud also acclaims Jensen's presentation of the formation and "cure" of his protagonist's delusion about a marble bas-relief of a woman walking. This paper argues for the centrality of the phenomenon of fetishism, briefly considered but excluded from Freud's analysis. The fantasy of Gradiva as "the necessary conditions for loving" (Freud 1910, pp. 165-166) is also a key thesis of the essay, which makes use of the newly translated Freud–Jensen correspondence contained in this article's Appendix.

Keywords: Gradiva, Freud, fetishism, fantasy, primal fantasy, archeology, dreams, Pompeii, transference, Name of the Father, object choice.

Freud's magnum opus *The Interpretation of Dreams*, published in 1900, was closely followed in 1903 by the publication of Wilhelm Jensen's novella *Gradiva: A Pompeian Fantasy*, which was soon followed in 1907 by Freud's lengthy, multipart essay, *Delusions and Dreams in Jensen's* "Gradiva." So the novella, and Freud's rapidly published response to it, both take place in the immediate wake of his major challenge to the then-dominant scien-

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tific consensus on the nature of dreaming. Freud's reading of *Gradiva* is his most sustained analysis of a literary text, and is indeed a more detailed and elaborate reading than most literary texts usually receive from either literary critics or psychoanalysts.

Such fascinated scrutiny on Freud's part is due to a combination of factors. Initially, he was drawn to the way Jensen's narrative, in its central placement of the dreams of its protagonist Norbert Hanold, so closely parallels key features of Freud's own recently published theory of dreams and their formation. Equally striking is the way in which Freud sees the narrative's resolution emerge through a parallel with his theory of transference and its therapeutic operation in the analytic situation.

Crucial as they were, however, more was at stake than the question of dreams or of transference. For what the "dream book" represents is an acknowledgment of the unconscious as a mental system with a permanent place in all psychic life, whereas in Freud's previous publications on hysteria (Breuer and Freud 1893, 1895) and on the "neuro-psychoses of defence" (Freud 1894), the unconscious was conceived of as a temporary pathological formation to be dissolved by the efforts of psychoanalytic therapy.

Consequently, the detailed signs of unconscious processes at work in Jensen's story, both in the ordinary phenomena of Norbert's dreams and in the pathological symptoms of his delusions, made the novella of overwhelming interest to Freud. It enabled him to enlist imaginative literature in support of his challenge to scientific orthodoxy and of his rhetorically provocative stance as "a partisan of antiquity and superstition" (Freud 1907, p. 7) in his defense of the meaningfulness of dreams. So what clearly delights Freud and is such a striking characteristic of his analysis is the compelling way in which his application of the rules of dream interpretation reveals the presence of unconscious processes identical with the Freudian description of the dream work.

In Freud's admiring view, Jensen not only demonstrated the meaningfulness of his own invented dreams and delusions, but exhibited the very same processes of their formation that Freud had himself arrived at in his theories of dreams and neuroses, so recently formulated over the decade immediately prior to *Gradiva*'s publication (1893–1903). As Freud observes, the formation of symptoms and dreams by means of

compromises between opposing psychic forces "has been demonstrated by me in the case of patients observed and medically treated in real life, just as I have been able to do in the imaginary case of Norbert Hanold" (p. 54). So the enigma and the challenge of *Gradiva* for Freud is stated clearly:

I was thus more than a little surprised to find that the author of *Gradiva* had taken as the basis of its creation the very thing that I believed myself to have freshly discovered from the sources of my medical experience. How was it that the author arrived at the same knowledge as the doctor—or at least behaved as though he possessed the same knowledge? [Freud 1907, p. 54]

The confirmation of Freud's theory, however, that these parallels between novella and case materials might provide, depended on the author's *ignorance* of the doctor's science and its findings. It was Wilhelm Stekel who first drew Freud's attention to *Gradiva*¹; on interrogation by Stekel, Jensen duly provided a denial of any knowledge of Freud's work. (See the first letter in the Appendix at the end of this article, in which Stekel writes, in reference to *The Interpretation of Dreams*, "This work of fiction is almost science"²; in fact, this letter was written entirely to settle a dispute within the Wednesday Psychological Society as to whether Jensen had actually read *The Interpretation of Dreams*, given the parallels between Freud's work and the novella.)

Thus, with his reply, Jensen opened up the possibility of an independent, nonmedical confirmation of Freud's theoretical models of

¹ The *Standard Edition* gives Jung as the source of Freud's knowledge of *Gradiva*, referencing Ernest Jones's biography of Freud (*S. E.*, 9, p. 4). However, this has been challenged by recent scholarship. Both Rudnytsky (1994) and Bos (2003) point to Stekel's claim to have written to Jensen, and to Stekel's summary of Jensen's reply in *Die Träume der Dichter* (1912). There is also an absence of any indication that Jung ever wrote to Jensen (Maguire 1974).

² It is rare if not unique for a scholar working on an author to have the author's great-grandson contact him out of the blue with the offer of an English translation of hitherto lost letters to the author bearing on the work being written about. This article's Appendix contains the following materials generously offered to me by Mr. Hartmut Heyck, in his own translations: Stekel's letter to Jensen (Jensen's reply seems not to have survived) and Freud's three letters (only recently published in German) provoked by Jensen's *Gradiva*, as well as Jensen's response to Freud's initial gift of a copy of his study of the novella and his replies to Freud's letters.

dream, delusion, and transference, precisely by being so untouched by the theory of psychoanalysis. So, in his first letter to Jensen (May 21, 1907), Freud declares: "I... am delighted with your confirmation" (see Appendix, pp. 1003-1004, for the full text of this letter). Freud later acknowledges: "The conclusion seems inescapable that either both of us, the writer and the doctor, have misunderstood the unconscious in the same way, or we have understood it correctly" (1907, p. 92).

THE QUESTION OF FETISHISM

Freud considers the psychoanalytic concept of *delusion* and its application to Jensen's protagonist, Norbert Hanold, and Norbert's elaboration of a fantasy about a Roman bas-relief of "a complete female figure in the act of walking" (Jensen 1903, p. 3)—whom he named "Gradiva"—that came to exercise a certain fascination over him.³ Freud begins by considering the concept of fetishism, given that Jensen's narrative centers on Norbert's puzzling fascination with the position of the walking woman's foot. However, Freud's treatment of this particular piece of "technical terminology" is an oddly reluctant one. Initially, he disavows the term as belonging to the theoretical arsenal of the psychiatrist, "with its tendency to coarsen everything," because Norbert's "being in love with the piece of sculpture" would be labeled "fetishistic erotomania," and because "the young archaeologist's interest in feet and the postures of feet would suggest 'fetishism'" (Freud 1907, p. 45).⁴

The notion of fetishism is further damned by association with a psychiatric orthodoxy that would diagnose Norbert as a degenerate and as the victim of an inherited constitution. Then, in a sudden *volte face*, rather than rejecting the term from which he had seemed to be distancing himself, Freud embraces the notion of fetishism, announcing instead that "in his derivation of fetishism the author is in complete agreement with science. Ever since Binet . . . we have in fact tried to trace fetishism back

 $^{^3}$ Jensen's novel was inspired by an actual Roman sculpture carved in the style of Greek works of the fourth century B.C. It is now in the Museo Chiaramonti in Vatican City; a photograph appears on p. 971 of this article.

⁴ Rachel Bowlby (1992) pointed out that Strachey's translation in the *Standard Edition* omits a crucial phrase in the German text: *weiblicher Personen*. The quoted phrase should read "and the postures of the feet of female persons" (Bowlby, p. 161).

to erotic impressions in childhood" (1907, pp. 46-47). With this "we," suddenly Freud and science (along with Jensen) are as one. This circuitous route taken by Freud's argument, doubling back on itself, suggests a degree of ambivalence as to whether to welcome or exclude the notion of fetishism, at least in Freud's analysis of Jensen's narrative.

Only two years previously, Freud (1905) had cited Binet approvingly, as he does in the above quotation, to the effect that "the choice of a fetish is an effect of some sexual impression, received as a rule in childhood" (p. 154). He added that:

The replacement of the object by a fetish is determined by a connection in thought, of which the person concerned is usually not conscious The foot, for instance, is an age-old sexual symbol which occurs even in mythology. [p. 154]

A footnote added in 1910 makes clear by implication the specifically phallic signification of the foot: "The shoe or slipper is a corresponding symbol of the *female* genitals" (Freud 1905, p. 155, italics in original). This anticipates Freud's developed theory of fetishism in his 1927 paper "Fetishism," elements of which are already in evidence in footnotes added to the *Three Essays* of 1905 in 1910 ("the foot represents a woman's penis, the absence of which is deeply felt," 1905, p. 155) and in 1915 (the scopophilic drive arrested halfway at the foot or shoe, in retreat from the genital object).

Freud's 1927 paper also positions the fetish in relation to the castration complex as a defensively frozen screen memory, akin to that found in traumatic amnesia. The boy's glance upward from below retreats back to the penultimate sight of the foot or the shoe, so that "the last impression before the uncanny and traumatic one is retained as a fetish." Similarly, pieces of underclothing "crystallize the moment of undressing, the last moment in which the woman can still be regarded as phallic" (Freud 1927, p. 155).

What is striking is that Freud's allusion in 1905 to the phallic symbolism of the foot is not invoked at all in the *Gradiva* essay of 1907. It is not allowed to intrude on either Freud's ambivalent discussion of the term *fetishism* itself, or on his analysis of the phenomenon in Jensen's narrative that provokes it: Norbert's fascination with Gradiva's peculiar

manner of walking. Freud excludes from consideration the emergent psychoanalytic analysis of fetishism, preferring to remain with Binet's general reference to childhood sexual impressions. As we shall see, any acknowledgment of the possible phallic signification of the foot and its posture would call into question Freud's explanation of Norbert's delusion and his celebration of Jensen's presentation of its apparent "cure."

THE FORMATION OF THE GRADIVA FANTASY

The impact on Jensen's protagonist, the young archeologist Norbert Hanold, of a marble bas-relief of "a complete female figure in the act of walking" (Jensen 1903, p. 3), is central to the whole opening movement of the novella. The bas-relief elicits an aesthetic response to the figure's modernity—"a sense of present time, as if the artist . . . had fixed her in a clay model quickly, as she passed on the street" (Jensen, pp. 3-4)—manifest in a quality of "movement" that Norbert feels "gave the impression of imparting life to the relief," a combination of "agility" and "composure," a "flight-like poise" (Jensen, p. 4).

In sculpture and painting, movement is often conveyed by an agitation of draperies (and their swirling lines are the predominant visual feature in the actual bas-relief which, on Jensen's own account to Freud, inspired the story; see Figure 1 on the opposite page. The narrator's attention, however, focuses on, and so seems to magnify as in a cinematic close-up, the position of the feet, and in particular the lingering right foot: "The left foot had advanced, and the right, about to follow, touched the ground only lightly with the tips of the toes, while the sole and heel were raised almost vertically" (Jensen, p. 4).

So this is neither a standing nor simply a moving figure, but one caught in a second of arrest, preparing its forces for the next step. The narration will return repeatedly to this enlarged and lingered-over detail, subordinate in the sculptural composition of the original bas-relief, but reframed and made central by Norbert's selective fascination.

We are told he acknowledges that "it was not a plastic production of great art of the antique times"; so he is unable to explain "what quality in it had aroused his attention; he knew only that he had been attracted



FIGURE 1: Gradiva (Photo credit: Museo Chiaramonti, Vatican City; PD-Art, Wikimedia Commons)

by something and this effect of the first view had remained unchanged since then" (Jensen, p. 5). In response to the enigmatic power of the female figure, he asks, "Where had she walked thus and whither was she going?" (p. 5).

Norbert gives her the name *Gradiva*, "the girl splendid in walking" (p. 5). Somewhat surprisingly, it is derived from one of the titles of the war god Mars.⁵ Along with this distinctive name is his speculative construction of a mise-en-scène not represented in the sculpture. This unrepresented, only inferred location is the ruined scene of Pompeii, a suitable framing of the elusive, unnamable "something" that arouses his attention and unaccountably attracts him—the cause of his fascination, Gradiva's lingering and lingered-over, raised right foot.

Significantly, her location in Pompeii is associated in Norbert's mind with her particular manner of walking, and the combining of the two elements signals the moment in which the vivid elaboration of a fantasy begins to harden into a conviction, the prelude to his delusion:

The idea had suddenly come to him one day that the girl depicted by the relief was walking there, somewhere on the peculiar stepping stones which have been excavated Thus he saw her putting one foot across the interstice while the other was about to follow, and as he contemplated the girl, her immediate and more remote environment rose before his imagination like an actuality. [Jensen 1903, p. 6]

The narration pauses and magnifies the precarious micromoment of stepping from stone to stone—"putting one foot across the interstice while the other was about to follow" (p. 6). His dwelling on this scenic fragment then provokes the emergence of a whole street scene from old Pompeii before the destruction of the city, with its temples, porticoes, street stalls, taverns—all in vivid colors under "the glitter and glare of the dazzling noonday sun" (p. 7). The noonday hour in high summer, it will turn out when Norbert later arrives in Pompeii, is the privileged time for an encounter with the dead, temporarily released from Hades.

⁵ Gradivus (masculine) means one who strides or marches forth, from the Latin verb gradior, meaning I step or march. There was a temple to Mars Gradivus outside Rome on the Appian Way, where soldiers halted to pray for victory when they marched out to war.

Along with this overview of the Pompeian cityscape, the narration gives us a further enigmatic close-up. It evokes "the scorching heat of the summer noon hour" that "paralyzed the usually bustling activities." As an exception to the general flight indoors or under shade, "there Gradiva walked over the stepping stones and scared away from them a shimmering, golden-green lizard" (p. 7). This cameo, foregrounded by the narration, has a certain intensity of representation—the flight of the iridescent lizard from Gradiva's approaching foot—that derives from the novella's core fantasy.

Norbert poses the enigma of Gradiva as "a question of critical judgement as to whether the artist had reproduced Gradiva's manner of walking from life" (p. 8). Although he is an archeologist, he finds no analogies in his own collection of copies of antique works. His experiments in observing his own manner of walking conclude, and his consultation with a young male friend, an anatomist, confirm his conclusion—that, compared with their own, "the nearly vertical position of the right foot seemed exaggerated" (p. 8). Consequently, he reformulates the question as to whether "a woman's manner of walking was different from that of a man" (p. 9).

This transposition of the enigma of Gradiva into the register of sexual difference, and the transposition of the latter into a question of the angle, "in the brief moment of lingering" of the rising foot (hers "nearly vertical," his "only forty-five degrees"), prepares the ground for the comedy of his "pedestrian investigations" into the female population of his hometown and their mode of walking (Jensen, pp. 8-9).

This moment of "observation from life for the purposes of enlight-enment" is presented as a reversal of a substitution that had long since taken place: "women had formerly been for him only a conception in marble and bronze and he had never given his feminine contemporaries the least consideration" (p. 9). The trajectory back from idealizing representation to bodily actuality, from *Woman* to *women* (the bas-relief had struck him as "humanly commonplace" and not at all like "a Venus, a Diana, or other Olympian goddess, and equally little of a Psyche or nymph," p. 3), is driven by a "desire for knowledge," "a scientific passion" (p. 9).

Norbert soon discovers that "long skirts generally made the mode of walking indiscernible," but that wet weather "promised the quickest results, for it caused the ladies to raise their skirts" (p. 10). The comedy of Norbert's ignorance of the obvious nature and object of his "scientific passion" is played out through the range of feminine responses from the women of the town to his "searching glances directed towards their feet," later invoked by Freud as evidence of the sexual significance of his "scientific" investigations. Whether a "displeased expression" at his "boldness or ill-breeding" or, due to his own youthful attractions, "a bit of encouragement, from a pair of eyes" is encountered, both reactions are "incomprehensible to him" (p. 10).

Norbert's tunnel vision accumulates a range of observations of various ways of walking—slowly, rapidly, ponderously, buoyantly—but not one that matches Gradiva's. So, having pursued an inquiry into what distinguishes women's walking from men's—whether under their long skirts the ladies harbored something that at certain moments stands "upright," "perpendicular," "nearly vertical"—Norbert then reaches the disappointing conclusion that Gradiva is not to be found in nature. This causes him "annoyance" (an alternative translation of Jensen's *Verdruss* might be *displeasure*), "for he found the vertical position of the lingering foot beautiful, and regretted that . . . it did not correspond to reality" (p. 11).

Thus the drama of phallic expectation and disappointment described by Freud in a traumatic register in his work on fetishism is played out here with a certain lightness of touch as a comedy of sexual unknowingness on Norbert's part.

THE DREAM OF POMPEII AND THE QUEST FOR GRADIVA

Jensen connects this knowledge yielded by Norbert's researches—"it did not correspond to reality"—to the first of Norbert's dreams that structure the narrative: a dream of the destruction of Pompeii by the eruption of Mount Vesuvius in 79 A.D. and of Gradiva's death in that catastrophe. Freud makes this connection to the dream that stages Norbert's first (albeit imaginary) encounter with Gradiva by applying the first of a number

of interpretive rules derived from *The Interpretation of Dreams* (1900). Norbert's pedestrian investigations, as Freud acknowledges, function in effect as the day's residues—that is, the un-worked-through and still active remainders of the preoccupations of the dream day. These investigations, Freud declares, "had no meaning other than a search for Gradiva, whose characteristic gait he was trying to recognize" (1907, p. 57). As a consequence, he interprets the dream as a response to Norbert's quest: it supplies an indication as to where Gradiva was to be found, by staging his previous fantasy of her as an inhabitant of Pompeii.

A second rule of interpretation lays down that the persistence on waking of the dream images experienced by the dreamer "is a psychical act on its own: it is an assurance, relating to the content of the dream, that something in it is really as one has dreamt it" (Freud 1907, p. 57). So it is significant that Jensen (1903) tells us that:

The dream picture still stood most distinctly in every detail before his open eyes, and some time was necessary before he could get rid of the feeling that he had really been present at the destruction on the bay of Naples, that night nearly two thousand years ago [Furthermore] he did not succeed, even by the use of critical thought, in breaking away from the idea that Gradiva had lived in Pompeii and had been buried there in 79. [p. 14]

Consequently, Freud infers that the dream scene of Gradiva-in-Pompeii contains unconscious knowledge of a present reality, the actual whereabouts of the real woman whom the bas-relief unconsciously references for Norbert. So Norbert realizes *in the dream* that, as a Pompeian girl, Gradiva "was living in her native city and, without his having any suspicion of it, was his contemporary" (Jensen, p. 12).

This is the dream's acknowledgment of an essential fact: that, as Freud puts it, "he is in the same place and time as the girl he is looking for" (1907, p. 58, italics in original). Norbert and Gradiva coinciding in Pompeii is thus a "distortion by displacement: what we have is not Gradiva in the present but the dreamer transported into the past" (p. 58). So Freud concludes that the real object of Norbert's search must be his childhood sweetheart, contemporary, and near neighbor, Fräulein Zoe Bertgang.

A further rule of dream interpretation bears on the dream's character as an anxiety dream. Its manifest content is the destruction of Pompeii and the death of Gradiva. However, Freud's leading proposition about the functioning of anxiety in dreams is its essential *disconnection* from the manifest dream scene to which the anxiety is attached. This argument is dependent on a further proposition that all dreams, even anxiety dreams, are driven by a repressed wish that organizes the dream material. The anxiety is the sign of the power and urgency of the wish to achieve representation and of its repudiation: "It corresponds to a sexual affect, a libidinal feeling, and arises out of libido by the process of repression" (Freud 1907, pp. 60-61).

Consequently, from the anxious affect of Norbert's dream, Freud draws his conclusion:

. . . that the dreamer's erotic longings were stirred up during the night and made a powerful effort to make conscious his memory of the girl he loved and so to tear him out of his delusion, but that those longings met with a fresh repudiation, which in its turn introduced into the manifest content of the dream, the terrifying pictures from the memories of his schooldays. [Freud 1907, p. 61]

Freud's argument treats the dream's vivid presentation of the catastrophic destruction of Pompeii as merely the artifact of repression, the imaginary alibi for the anxiety produced by the repudiation of the dreamer's longing for the loved woman.

What is unsatisfactory about Freud's interpretation here is its too-rapid reduction of the ominous drama of the dream scene and its affects. Freud had begun his interpretation by taking as a starting point the aftereffect left by the dream, which was an extension of the waking fantasy, that Gradiva had once lived in Pompeii, to the delusory certainty that she had died in its destruction and burial. What Freud does not recognize is the nature and object of the mourning that is taking place in the dream. For what is being destroyed is the fantasy of the colorful, peopled city in which Gradiva had walked over the stepping stones, with the power to scare away the shimmering, green-gold lizard.

Along with the burial of the city, the dream stages a drama of petrifaction for, as Norbert watches, the living woman—even as she moves through the scene—is gradually turned to stone: "Her face became paler as if it were changing to white marble" (Jensen, p. 12). Finally, stretched out on the steps under the portico of the Temple of Apollo, "as if for sleep, but no longer breathing . . . her countenance . . . with closed eyes, looked like a beautiful statue" (p. 13). The dream, in effect, reverses the process of animation by which Norbert's fantasy had, Pygmalionlike, brought the bas-relief to life. What wish could it be fulfilling in doing this?

The relation of the dream to the day's residues must be more than what Freud suggests, just a riddling reply to the question, "where is Gradiva?" For Norbert's researches had both posed a question and answered it, by regretfully concluding that there was no living reality that corresponded to the marble woman with her beautiful posture. Consequently, the dream mourns the loss of the hope that had driven Norbert's pedestrian investigations. We are told that he now regards the basrelief as a "tombstone" (p. 14) that marks the site of a burial.

The dream presents the volcano's eruption not so much as a release of energies, erotic or destructive, as has often been suggested, but rather as a covering over, a veiling and a burial. The emphasis falls on "the black *mantle* of smoke" that wrapped the doomed city, "the pebbles falling in such masses that they condensed into a completely opaque *curtain*," behind which Gradiva vanishes on her way to the temple, and that, as a climax, "soon like a Northern winter snowfall, *buried* the whole figure under a smooth cover" (p. 13, italics added).

Mantle—curtain—veil—snowfall—burial—cover: Jensen's vivid description stages a final wipeout of the image of the fantasized original of the bas-relief, shifting it from a historic Mediterranean catastrophe to a freezing North German winterscape in which she lies buried, metaphorically rendering the process of repression itself. In the wake of the disappointing investigations that had found no living Gradiva to embody in the flesh the promise of the stone bas-relief, the dream presents a scene of *re-petrifaction* and burial of Norbert's Pompeian fantasy of the living woman. It reconstitutes the sculpture as a tombstone and memorial, as

Norbert indeed acknowledges, but one that is also a *preservation* (as with the rest of the city) of that buried fantasy.

The guiding thread of Freud's interpretation of Norbert's dream is the same as his interpretation of Norbert's researches into women's mode of walking: both are a search for a specific woman, Zoe Bertgang. The dream, in Freud's account, turns on an attempt to reverse what he takes to be an original substitution of bas-relief for real woman: "In the dream, Gradiva as she steps along is turned into a marble sculpture." Freud argues that this is a representation of the fact that Norbert "had transferred his love from the living girl to the sculpture" (Freud 1907, pp. 59-60), while he ignores the fantasy represented by the sculpture with its beautiful lingering foot. So the latent dream-thoughts, in Freud's paraphrase of them, "sought to turn the sculpture back into the living girl . . . 'After all, you are only interested in the statue of Gradiva, because she reminds you of Zoe, who is living here and now" (p. 60).

For Freud, Gradiva translates back into Zoe without remainder. The aim of Norbert's pedestrian investigations, his dreams, his apparently aimless trip to Italy ending up in Pompeii, his encounters with Zoe/Gradiva, her therapeutic strategies—indeed, Jensen's whole narrative—is to return Zoe to Norbert, to reconstitute the childhood couple in adulthood, on the other side of alienation and loss; or in other words, to eliminate Gradiva. But Gradiva, like the power of the dream's images to persist on waking, will not go away. The buried wishful fantasy she represents is too strong for that.

POMPEII TALKS

The opening narrative sequence of *Gradiva*, which brings the first movement of the story to its close, consists of four moments or scenes:

- 1. Norbert's Pompeian fantasy derived from and animating the bas-relief;
- 2. Norbert's pedestrian investigations with their negative results:
- Norbert's dream of the destruction of Pompeii and the burial/preservation of his fantasy of Gradiva and of the city in which she walks;

4. Norbert's apparent glimpse of Gradiva in the street outside his window.

Norbert's discontent results in his restless journey, on the thinnest of archeological pretexts—first to Rome, then to Naples, and finally to Pompeii itself. It is Jensen's extended, poetic evocation of the ruined cityscape of Pompeii as the scene of Norbert's actual encounter with Gradiva that fills out Jensen's (1903) subtitle: *Gradiva: A Pompeian Fantasy*, with its ambiguous reference to both the protagonist and the text itself.

This fantasy is certainly Norbert's (the novella tells the story of Norbert's fantasy and its realization), but also the author's (the novella stages Jensen's own Pompeian fantasy, as described in his second letter to Freud, dated May 25, 1907; see Appendix, pp. 1004-1007). It also speaks to Freud's Pompeian fantasy, his lifelong fascination with archeology and the collection of grave relics and buried artifacts that proliferated in his consulting room, with their suggestion that the dead might return and be brought to speak.

This metaphor of burial and excavation, as Freud states, is "the key to the symbolism of which the hero's delusion makes use" (1907, p. 40). Hence the fate of Pompeii made the city available and inviting as the site of both literary and psychoanalytic investments:

There is, in fact, no better analogy for repression, by which something in the mind is at once made inaccessible and preserved, than burial of the sort to which Pompeii fell a victim and by which it could emerge once more through the work of spades. [Freud 1907, p. 40]⁶

Jensen's poetic descriptions offer the reader the fantasy of Pompeii itself, as a special place of encounter with the dead, prior to Norbert's actual encounter with Gradiva and as a precondition for it. As such, it is, surprisingly, set in *opposition* to his specialist knowledge as an archeolo-

⁶ In a letter to Jensen, Freud describes himself as "under the spell of the analogy between 'burial' [*Verschüttung*] and 'repression' [*Verdrängung*]"; see Appendix. For a theoretical reflection on Freud's use of the archeological metaphor that both acknowledges its limitations, the object of much critique (Pontalis 1986), but also defines its essential insight, see Laplanche (1981, 1991).

gist. He ricochets from Rome to Naples and finally to Pompeii, driven, as he himself ultimately recognizes, by the feeling that "he lacked something without being able to explain what" (Jensen, p. 35). Determined to rescue "at least one day of scientific profit" from the folly of his journey, Norbert ventures into the ruins of Pompeii, only to discover that his science has deserted him. He is confronted by "a confusion of fragments of ancient gate arches, pillars and walls . . . viewed without the esoteric aid of his science, really not much else than a big pile of rubbish" (p. 38).

We had previously been told that "for his feelings, marble and bronze were not dead, but rather the only really vital thing which expressed the purpose and value of human life" (pp. 18-19). This wholesale transposition of Norbert's libidinal energies into the science of archeology and its objects had resulted in his virtually hermetic withdrawal from most human relations: "And so he sat in the midst of his walls, books and pictures, with no need of any other intercourse" (p. 19).

Norbert's attachment to his plaster copy of the bas-relief of Gradiva and his fantasies about her clearly represent a resistance to and unconscious protest against this ascetic regime. His dream, with its discontented aftermath and subsequent journey to Pompeii, leads to a crisis amid the ruins. In reaction against the public displays of affection by a springtime flood of honeymooners, Norbert feels a "passionate desire" for "silence and science, two calm sisters with whom only one could count upon satisfactory shelter" (p. 31); however, when actually confronted with "the city of graves," like "a dead rubbish field" (p. 36), he feels only indifference and the lack of something he cannot name. His investment in antiquity and its hitherto precious relics has begun to unravel: their sublimatory binding of his libidinal energies has given way instead—through the figure on the bas-relief—to fantasy and delusion.

It is when the day reaches "the scorching heat of the summer noon hour" (Jensen, p. 7), with its power to paralyze the activities of the living, in which Norbert had first imagined Gradiva walking over the stepping stones, that the ruined cityscape of Pompeii begins to change around him in a way that is paradoxical. The omniscient narrator assures us that, on the one hand, Pompeii appeared "completely petrified in dead immobility," while on the other, there "stirred a feeling that death was be-

ginning to talk, but not in a manner intelligible to human ears" (Jensen, p. 40).

These two themes organize an extensive evocation (ten pages in the English translation) of what Jensen calls "the noonday hour of spirits" (p. 49). First, there is the temporary paralysis of the living, a moment of suspended animation that creates a space in which, itself an oxymoron, death talks. Second, there is the theme of the unintelligibility of the messages from the dead, which are beyond ordinary understanding, and especially beyond interpretation by the scientific discourse of archeology.

These themes are associated with certain mythological figures: Atabulus, the south wind blowing across the Mediterranean from Africa; the sun, unnamed but figured as the "eternally youthful mother" of Atabulus (in opposition to the "dried-up" maiden aunt, the personification of archeology); and the figure of the sleeping god, "great Pan" (pp. 40-42). These figures are crucial for identifying the fantasy that underlies the novella's presentation of Pompeii as a privileged site. The postmortem voices, "as if a whisper were coming from the stone," are the work of Atabulus—"he who, two thousand years ago, had buzzed about the temples, halls and houses," and is now "gently fanning again the old acquaintances who had come to life again" (p. 40).

Atabulus is one-half of a symbolic mother—son couple, the essence of the underlying fantasy, whose combined forces of heat and light invade, saturate, even assault the cityscape. Atabulus, "from his natural tendency to devastate, . . . blew with hot breath, even though lightly, on everything that he encountered on the way" (pp. 40-41). The sun, "his eternally youthful mother, . . . strengthened his fiery breath . . . and steeped everything with trembling, glittering, dazzling splendour" (p. 41). The invasive power of light is celebrated as the female sun "with a golden eraser" effaces all shadows from houses and streets, while intruding into all interiors with "a luminous radiance": "hardly anywhere was there a nook which successfully protected itself against the ocean of light" (p. 41).

The sudden stillness of "the lizard- and butterfly-life," the current inhabitants of Pompeii, bears witness to the presence of the dead:

It seemed as if, in this place, they felt even more strongly the command of the hot, holy, noonday quiet in whose ghostly hour life must be silent and suppressed, because during it the dead awake and begin to talk in toneless spirit-language. [Jensen, p. 42]

This spectral awakening provokes in Norbert a "sixth sense" that marks him out from the Baedeker-led tourists, transports him into "a dreamy condition, halfway between a waking state and a loss of sense," attunes him to "the deathly silence" that is "suffused in light" and "guarding a secret" (p. 43). This heightened perceptual intensity is Norbert's response to an uncannily stilled and silent world that is bombarded with a high-energy radiation of heat and light, and itself mysteriously transmits messages.

This moment is marked by a repetition of Norbert's original fantasy of the busy Pompeian streets in which Gradiva walked. Now, however, he encounters inscriptions that he cannot read and an intensified experience of failure in his inability to interpret the messages that circulate around him. He encounters a sidewalk inscription, illegible and worn, perhaps recommending the wine within, and a graffito scratched on the wall, perhaps replying that the wine owed much to "a generous addition of water" (p. 44). Despite his speculations, Norbert can make out only a single word, *caupo* (innkeeper), but with no certainty, unlike the confidence and detail of his original fantasy. His specialist skill in deciphering ancient graffiti—he "had already published widely recognized work in that field"—now "completely failed him He had a feeling that he did not understand any Latin" (p. 44). His science taught merely "a lifeless, archaeological view" and spoke "a dead philological language" (p. 45).

To achieve "a comprehension with soul, mind and heart," Norbert stands alone in the privileged moment of "the hot noonday silence" to see and hear without physical eyes and ears, as "a soundless speech began": "Then the sun dissolved the tomb-like rigidities of the old stones, a glowing thrill passed through them, the dead awoke, and Pompeii began to live again" (Jensen, p. 45).

Pompeii as the scene of a *general* reanimation of the dead past induces a sixth sense that dismantles Norbert's cultural formation and identity—his *Bildung*—as a classical scholar and archeologist, formed

on the model of his father. As a precondition for the reanimation of the marble bas-relief, the mother/sun with her excessive, all-penetrating heat and light dissolves the "tomb-like" stones—Norbert had come to regard the bas-relief itself as a *tomb* after his dream of Gradiva's death—so that "*Pompeii* began to live again" (p. 45, italics added). Only then it becomes possible that "across the lava stepping stones . . . Gradiva stepped buoyantly" (p. 46).

Norbert's first reaction to the spectacle of the figure on the bas-relief in motion before him is to recall only now that "he had seen her here once already in a dream, walking thus," on the night of her death (p. 47). The present moment, he belatedly recognizes, is a return to and continuation of the scene of the dream. This prompts a further realization: "He had, without himself knowing the motive in his heart" come to Pompeii "to see if he here could find trace of her—and that in a literal sense" (p. 47). The literal trace he seeks relates the current scene to the earlier moment of his pedestrian investigations: "For, with her unusual gait, she must have left behind in the ashes a foot-print different from all the others" (p. 47). Norbert now realizes that he has been motivated by the unconscious aim of continuing his disappointed pedestrian investigations in Pompeii itself. Not just in Pompeii, but "in the ashes," a unique footprint must have been left and preserved in the moment of Pompeii's destruction, which would confirm the truth of his founding fantasy.

Freud saw Norbert's delusion as tearing him away from the near reality of his neighbor and true love object, Zoe Bertgang, and so working on the side of the forces of repression. The discovery scene in Pompeii, however, in which Norbert encounters Gradiva "in the flesh," reveals his stubborn commitment to that founding fantasy, which had invested and animated the bas-relief; his unconscious pursuit of Gradiva's footprint in the ashes of Pompeii expresses his refusal, as Lacan would say, to give up on his desire.

Norbert gazed along the street "as if he were doing it in a dream" and found that Gradiva is the same again "in profile as plainly and as distinctly as on the bas-relief" (p. 46). Yet what the scene discovers, as if on a loop that Jensen's narration is compelled once again to rehearse for the reader, is the moment of the stone figure's coming to life, focused

in the microdrama of the left hand and the right foot: "Her left hand held up lightly the extremely voluminous dress and . . . the right foot, lingering, if only for a moment, rose on the tips of the toes almost perpendicularly" (p. 46).

With this action of her left hand, the curtain lifts, yet again, on the scene of Norbert's loving fascination, the rising of the right foot, its erection "on the tips of the toes almost perpendicularly." This realization of his "Pompeian fantasy" is both "a noonday dream-picture . . . yet also a reality" (p. 47). What is offered as the scene's guarantee of "reality," however, is a detail that roots it firmly in the novella's founding fantasy:

On the last stepping stone of the further side, there lay stretched out motionless, in the burning sunlight, a big lizard, whose body, as if woven of gold and malachite, glistened brightly to Norbert's eyes. Before the approaching foot, however, it darted down suddenly and wriggled away over the white, gleaming lava pavement. [Jensen, p. 47]

If the lizard testifies to the physical reality of that "approaching foot," it also functions as a dreamlike repetition of the climactic moment of Norbert's first fantasy scene, forty pages earlier, where "Gradiva walked over the stepping-stones and scared away from them a shimmering, golden-green lizard" (p. 7). Beyond testifying to the realism of the scene, the foot-lizard connection is an essential part of the fantasy's ensemble of elements. The iridescent quality of the lizard—an elusive native of the ruins—invests it with something of the glittering, if quiescent, energy of the noonday moment. This scene also enacts a microdrama of disturbance and flight, one that is to be picked up again and worked through in Norbert's third dream, that of the lizard-catcher.

As we have seen, Jensen dedicates a considerable amount of narrative space, time, and poetic-descriptive energy to realizing the world of Pompeii and its noonday hour as the essential core of his narrative: a scene of ruins still charged with the energies of a long-dead past, its presences and enigmatic messages. Pompeii is presented at the beginning of the story as the object of specialized scientific knowledge—the paternal legacy, we are told, inherited from Norbert's father, "a university professor and antiquarian" (p. 18), whose name and reputation Norbert is

committed to uphold. This paternal discourse is then dismantled and displaced by a numinous scene of whisperings, voices from the dead, their enigmatic messages illegible, a reanimation induced through the warming, even dissolving of its tomb-like stones by the searing heat and light of a mythological ("eternally youthful") mother—son couple.

This archaic and postmortem world energizes Gradiva's reappearance: Norbert "felt from the secret inner vibrations that Pompeii had begun to live about him in the noonday hour of spirits and so Gradiva lived again, too" (p. 49). With her tomb-like stone bas-relief warmed back to life by the heat of Atabulus and his mother, in the moment when Pompeii talks, Gradiva walks.

POMPEIL AS ORIGINARY FANTASY

Jensen himself, in a long letter responding to Freud's inquiry about the source of his *Phantasiestück*, gives priority to his peculiar experience of Pompeii. Even though he traces the tale back to the "especially poetic impression" made on him by the copies he saw *in Munich* of the original *Roman* bas-relief, he felt compelled to search for the marble original in the Museo Nazionale *of Naples*—due to "my unjustified preconception that the bas-relief had to be in Naples," an "*idée fixe*" extending to his conjecture that it "portrayed a Pompeian" woman (see Appendix for the full text of this letter, pp. 1004-1007).

Like his character Norbert, Jensen assimilates the fascination of the bas-relief to the distinctive street scene of Pompeii: "I saw her . . . in my imagination gliding over the stepping-stones of Pompeii, which was very familiar to me as a result of frequent, days-long sojourns among the ruins." For Jensen, the bas-relief draws its power from the preexistent fantasy matrix into which it is inserted:

I preferred to spend the silent midday hour there, from which all other visitors had been driven away to the hotel restaurants, and in the hot sun-drenched solitude approached ever more decidedly the state in which the waking vision of the eyes slides into an imaginary one. From this state, which I considered plausible, Norbert Hanold later evolved. [See Appendix, p. 1005]

The characters of the narrative are a function of that central miseen-scène that preexisted them, whether drawn from another source (Gradiva) or emerging directly from the scene itself (Norbert).

In his comments on the "conditions of representability" in the formation of dreams, Freud formulates what one might call a principle of *scenification* of the dream. He notes that the dream-thoughts include "recollections of impressive experiences—not infrequently dating back to early childhood . . . situations having a visual subject-matter." They exercise "a determining influence upon the *form* taken by the content of the dream" (italics added), and constitute what he calls "a nucleus of crystallization, attracting the material of the dream-thoughts to itself and thus affecting their distribution" (Freud 1901, p. 659). This infantile visual situation acts as a nucleus of crystallization organizing the distribution of the dream-thoughts, Freud argues, and is repeated in modified form in the manifest dream. It thus provides a mise-en-scène, a scenic template, for the dream prior to the dream narrative, its "characters," and their development.

Laplanche and Pontalis (1964), in their classic essay on the primal fantasies, argue that, by contrast with daydreams centered on the ego, primal or originary fantasies (Freud's *Urphantasien*) are "characterized by the absence of subjectivization, the subject is present *in the scene*" (italics added). Indeed, the subject is present in the very configuration of the scene, for the authors add: "present in a desubjectivized form, that is to say, in the very syntax of the sequence in question" (p. 26).⁷

The scene itself is internalized prior to any identification with particular subject-positions that the fantasizing subject might take up in the scene.

"A father seduces a daughter" might perhaps be the summarized version of the seduction fantasy. The indication here of the primary process is . . . the peculiar character of the structure, in that it is a scenario with multiple entries, in which nothing shows whether the subject will be immediately located

 $^{^7}$ I have attempted to illustrate this paradoxical proposition in my analysis of the movement of fantasy in poems by William Blake, Elizabeth Barrett Browning, and Emily Dickinson (Fletcher 1986, pp. 109-141).

as *daughter*; it can as well be fixed as *father*, or even in the term *seduces*. [Laplanche and Pontalis 1964, pp. 22-23]

These convergent psychoanalytic observations on the fundamental structures of dream and fantasy enable one to begin to grasp that, in Jensen's Pompeian fantasy, prior to the narrative's manifest representation of Norbert as the male subject of desire, and Zoe as in turn the female object of his desire and the subject of her own, the scene of Pompeii is *itself* a site invested with desire and a corresponding intensity of representation in its own right. As an originary or ur-scene, it is not just at the origins, but it also has the power to originate, to produce later fantasy derivatives and narratives.

The whole of Jensen's considerable poetic artfulness goes into the seduction of the reader into that simultaneously ruined and reanimated world, and the inducement of readerly desire for Gradiva as noonday *revenant*. It is there in that obliterating, animating moment of heat and light, with its enigmatic messages, that the fantasy's most intense and archaic wishes are encoded. So when Zoe Bertgang fails to reply in Greek or Latin to Norbert's inquiries, but speaks with smiling irony in German, the emergence of "the girl next door," with all her intelligence, composure, and quick-wittedness, is unavoidably shadowed by a sense of loss and anticlimax, as well as by the persistent hope for the recovery of those lost possibilities, of all that Norbert's "Pompeian" prehistory represents.

OF LIZARDS AND ROSES: NORBERT'S "CURE" IN THREE MOMENTS

With Norbert's three meetings with Zoe/Gradiva, Freud argues, the process of her therapeutic cure of his Pompeian delusion begins. Indeed, Freud makes the strong claim that it is not only Jensen's narrative of dream and delusion that parallels the psychoanalytic account of these processes, but also his representation of the therapeutic dissolution of

⁸ "In most dreams it is possible to detect a central point which is marked by peculiar sensory intensity This central point is as a rule the direct representation of the wish-fulfilment The *psychical* intensity of the elements in the dream-thoughts has been replaced by the *sensory* intensity of the elements in the content of the actual dream" (Freud 1900, pp. 561-562, italics in original).

Norbert's delusion. Zoe's procedure "shows a far-reaching similarity—no, a complete agreement in its essence—with a therapeutic method which was introduced into medical practice in 1895 by Dr. Josef Breuer and myself" (Freud 1907, pp. 88-89).

Freud's description of this therapeutic process consists of four propositions. First, that Zoe "accepted the role of the ghost awakened to life for a brief hour . . . by accepting the flowers of the dead": along with the asphodel that Norbert gave her, she took up the position of the long-dead Gradiva, the woman on the bas-relief. Second, that "by expressing a regret that he had not given her roses, she gently hinted in ambiguous words at the possibility of his taking up a new position" (Jensen, p. 70). Third, that "the treatment consisted in giving him back from the outside the repressed memories which he could not set free from inside" (p. 88). Fourth, that as "in analytic psychotherapy too the re-awakened passion, whether it is love or hate, invariably chooses as its object the figure of the doctor" (p. 90).

As with Norbert's pedestrian investigations and his first dream, Freud explains his "cure" entirely in terms of the reduction of Gradiva (delusion) to Zoe (reality). In Norbert's first actual encounter with Zoe in Pompeii, he tells her of his witnessing in a dream her death nearly two thousand years before, when she lay down on the steps of the Temple of Apollo for her last sleep: "I called to you when you lay down to sleep and stood near you then. Your face was calmly beautiful as if it were of marble," and he pleads with her: "May I beg you—rest it again on the steps in that way" (Jensen, p. 56).

What is curious about this first meeting with the living Zoe, however, is that Norbert asks her to play dead—"rest it again on the steps in that way"—to be again the petrified, lost figure, whose marble beauty obviously still holds captive his imagination. It suggests that Norbert's "passionate longing" is *not* "for the Zoe he had once known" (p. 61), whether as the long lost childhood friend or as the ignored, "negatively hallucinated" contemporary and near neighbor. As he enters the scene of their first meeting, Norbert realizes: "He had found what he was looking for, what had driven him unconsciously to Pompeii; Gradiva . . . sat here before him, *as*, *in the dream*, *he had seen her on the steps* of the Temple of Apollo" (pp. 53-54, italics added). The reenactment in which he seeks

to enlist Zoe is driven by a passionate longing for her, but only insofar as she resurrects and embodies the buried/preserved fantasy of Gradiva.

While Zoe accepts her position in Norbert's fantasy, she does so ironically, speaking in the ambiguous phrases that Freud comments on, as both Gradiva and Zoe. Her parting statement to him on their second meeting as she accepts the asphodel branch is full of her implied feelings for him: "I thank you. To those who are more fortunate one gives roses in spring, but for me the flower of oblivion is the right one from your hand" (pp. 71-72). There is a certain poignancy about Zoe's personalizing the asphodel, the flower of oblivion, as a reference to Norbert's forgetfulness of her but, as Freud points out, her evocation of the opposite gift of roses in the current season of spring hints at "the possibility of his taking up a new position" (Freud 1907, p. 70). It provokes in him a gradual awareness of Zoe's feelings for him that finds expression in his final dream on the second night, as a prelude to their third meeting in which he is precipitated out of his delusion.

Norbert arrives for their third meeting clutching the roses Zoe had hinted at, but with no conscious memory of her mentioning them as an alternative gift of flowers: the idea seems to have arisen from his dream of the lizard-catcher from the night before. Norbert's third, lizard-catching dream provides Freud with the occasion for a tour de force display of dream analysis. This dream is highly condensed and nonsensical by comparison with Norbert's other dreams, and Freud elegantly dismantles its puzzling combination of elements in order to demonstrate their sources in the residues of Norbert's experiences of the previous day.

Although no roses appear in the dream, the rose connection seems to organize the lizard-catching situation, which is borrowed from Norbert's meeting with the elderly zoologist and lizard hunter of the day before, and from his demonstration of the art of catching a *Faraglionensis* lizard devised by his colleague Eimer (a distinguished zoologist of the period). Zoe replaces the elderly lizard hunter in Norbert's dream, and his colleague Eimer is replaced by her "lady colleague" (Jensen 1907, p. 25). Freud connects the latter to the congenial young woman wearing a red Sorrento rose and staying at Norbert's hotel with her male companion, whom Norbert had misread as a sister-and-brother couple.

Unconsciously, however, Norbert had understood this unknown woman to be one of the more fortunate young women who are given roses in spring as a love token, and he has taken Zoe's hint to him as a form of wooing. This disavowed perception of Zoe's meaning, couched in the language of flowers, is translated by Norbert into the lizard situation of the dream. Freud's explanation of this is that the zoologist is in fact Zoe's father (Richard Bertgang, professor of zoology) and that Zoe acquires her lizard-catching skills from him. What Freud omits is the previous, highly invested image of the lizard, in both Norbert's founding fantasy and later in his first sighting of Zoe/Gradiva in Pompeii, each time negotiating the stepping stones of Pompeii at noonday. In both cases, the lizard is associated with and in flight from Gradiva's "approaching foot" (Jensen, p. 47).

The first scene of Norbert's dream replicates the previous day's situation with the zoologist and his lizard catching, but with its change of dramatis personae the latter takes on a threatening implication. It is now Zoe, not her father, who orders him: "Please stay quite still" while she tries out her colleague, the congenial young lady's method for catching lizards and all that it represents. Norbert's anxious reaction—he "became conscious in his dream . . . and cast about to free himself from it" (Freud 1907, p. 82)—indicates his unconscious fear of being caught, and like the lizard in his fantasy he attempts to escape Gradiva's approach.

Curiously, in the dream's second scene, we are told that Norbert succeeds in freeing himself "by the aid of an invisible bird, who seemingly uttered a short, merry call and carried the lizard away in its beak" (p. 82). Again, Freud persuasively identifies the "invisible bird" as Zoe herself, who on the previous morning had, on taking the asphodel, disappeared, while "from some distance, there once rang, short and clear, a sound like the merry note of a bird flying over a devastated city. This was stifled immediately, however" (Jensen, p. 72). Freud comments: "It had in fact come from Zoe, who with this laugh was shaking off the gloomy seriousness of her underworld role" (1907, p. 83). Norbert recycles in his dream the imagined bird and its merry call, indicating both his unconscious knowledge that it was Zoe who laughed, and that the bird's seizure of the lizard, an image of husband hunting, represents her desire for him.

Norbert's unconscious knowledge is confirmed in a coda to the dream indicating the symbolic translations that have produced its manifest dream scenes: "On waking, he remembered that in the night a voice had said that in the spring one gave roses" (Freud 1907, p. 82). Zoe's voice and her desire for roses remembered in the night are translated into the dream's lizard-catching situation taken from the day before. Norbert recalls the anonymous nighttime voice when prompted by his glimpse the next morning of "a bright bush of red flowers . . . of the same kind as those which the young lady had worn in her bosom . . . and he involuntarily plucked a couple and smelled them" (p. 82). These are the same roses Norbert brings as an offering on his third meeting with Zoe.

This completes the circuit from Zoe's indirect expression of desire via the rose as love token, Norbert's meeting with Zoe's father, the old lizard hunter, the lizard dream with its expression in two scenes of Norbert's anxiety and its assuagement, and ending finally with his return-to-sender wooing with roses of Zoe/Gradiva.

TRANSFERENCE, DREAMS, AND THE ABSENCE OF MEMORY

While Freud does not use the term *transference* in his commentary on Zoe's "cure," he justifies her acceptance of Norbert's delusion about her on the grounds that "serious treatment of a real case of this kind could proceed in no other way than to begin by taking up the same ground as the delusional structure" (1907, p. 22). However, the recovery of repressed memories that Freud always considered crucial to analytic treatment does not happen in the story, as his modification of his usual requirement of the treatment tacitly admits: "the treatment consists in giving him back from the outside the repressed memories which *he could not set free from the inside*" (1907, p. 88, italics added).

It is hard to see, therefore, how Freud can justly claim that there is "a complete agreement in essence" (1907, p. 89) between what happens between Zoe and Norbert and the therapeutic method introduced by Breuer and himself (1895). Freud refers to bringing to consciousness "to some extent forcibly, the unconscious whose repression led to

[the patient] falling ill—exactly as Gradiva [sic] did with the repressed memories of their childhood relations" (1907, p. 89). Instead, Zoe *tells* Norbert of *her* childhood memories: "When we used to run about before with each other as friends every day, and occasionally beat and cuffed each other" (Jensen, p. 106), which are taken by Freud to fill the absence in Jensen's narrative of Norbert's own remembering. Previously, having shared her lunch with the breakfastless Norbert, she had invited him, speaking the language of his delusion like a good therapist, to recall: "It seems to me as if we had already eaten our bread thus together once two thousand years ago. Can't you remember it?" But he cannot: "Of that he knew nothing and even in the dream could find nothing about it . . . he did not remember the bread he had formerly consumed with her" (pp. 93-94), and increasingly he is inclined to think the whole idea implausible.

Even if we agree to treat Norbert's Gradiva delusion as a transference neurosis in the narrow, technical sense, no recognizably infantile feelings, no associations or memorial material are released in the working through and apparent dissolution of that delusion that takes place between them. The animating force of Norbert's "transference" is not a childhood situation with the young Zoe that is repeated in the present with the adult Zoe, but rather the fantasy of Gradiva and her return from the dead into which Zoe is recruited. To this corresponds the notable absence of the infantile dimension in Freud's own analyses of Norbert's dreams, which are entirely conducted, persuasively and in copious detail, at the level of the day's residues, without any reference to the dreams' infantile "nucleus of crystallization" (Freud 1901, p. 659).

Significantly, in response to a direct epistolary query of Freud's about "the awakening of a memory by the bas-relief," Jensen replied:

I cannot confirm with any certainty whether, below the threshold of consciousness, an active memory of his childhood friend plays a part; however, I can confirm, in any case, the influence on him of the Gradiva-gait. [See Appendix, p. 1006]

Significantly, Jensen conceives this as a memory trace or inscription that has effects only belatedly: with Norbert "grown to manhood, with its reappearance [in the form of the bas-relief] a vague erotic longing

is awakened," which dissolves into "a dreamlike wish and desire." The childhood inscription of the distinctive Gradiva-gait, he claims, was without affect: "He had absorbed it as a child without connecting any of his feelings with it" (see Appendix, p. 1006).

It is hard to see, however, why the detail of Zoe's gait would have been internalized by the young Norbert if there had originally been no feeling attached to it—why the selection and focus on that attribute, which laid down a preliminary symbolization as the starting point for the adult fantasy of Gradiva?

This leaves something of a black hole in both Freud's interpretation and Jensen's narrative, for as Freud observes, "our author has omitted to give reasons for the repression of the erotic life of his hero" (1907, p. 59). This absence at the level of individual character psychology can be partly addressed not through considering Norbert's memories of Zoe, but rather through exploring the text's fantasy of the privileged scene, out of time, where the dead talk, evoked by the narrative voice independently of Norbert's subjectivity. It is elsewhere that an infantile dimension must be sought in the fantasy mise-en-scène of Pompeii itself, with its mother–son couple, which lies enigmatically beyond the discourses of both archeology and character psychology, and whose emanation is Gradiva walking alone in the sun in the noonday hour of spirits.

GRADIVA AND THE NAME OF THE FATHER

Despite the absence of the earliest wishful fantasies at the manifest level of the text in Jensen's narration or in Freud's analyses, we can glimpse them in the symbolic mother–son couple embedded in the intensely invested Pompeian mise-en-scène discussed above, and in the fantasy of the phallic woman repeatedly freeze-framed in the figure of Gradiva and her rising foot. Pompeii is the scene of the collapse of Norbert's identification with the figure of the father and his legacy, a legacy that had organized his whole adult life thus far:

From his early childhood no doubt had existed in his parents' house that he, as the only son of a university professor and antiquarian, was called upon to preserve, if possible to exalt by that very activity the glory of his father's name; so this business

of continuity had always seemed to him the natural task of his future. He had clung loyally to it even after the early deaths of his parents had left him absolutely alone. [Jensen, p. 18]

Norbert's assigned role in life is to preserve, even exalt "the glory of his father's name," and his loyalty in the wake of his parents' early deaths becomes the very content of his science: the retrieval and maintenance of the lost past, his commitment to sustain the name of the father in his very absence and death.

The latter emphasis in Jensen's text suggestively anticipates the Lacanian formulation of the Name of the Father, designating the oedipal prohibition of the symbolic father, which Lacan (1956) underlines by punning in French on *le Nom/Non du Père*—the Name and No of the Father (p. 230), with the transmission of the patronymic from father to son embodying a claim on filial identification and loyalty—"this business of continuity" (Jensen, p. 18), as Norbert thinks of it.

As we have seen, Norbert withdraws from all other relations into the study of "these objects from the distant past," and so the tasks imposed in the service of the father's name conscript all his emotional and libidinal energies in the form of a coercive sublimation: "For his feelings, marble and bronze were not dead, but rather the only really vital thing which expressed the purpose and value of human life" (Jensen, pp. 18-19). Certainly, Zoe indicates that she had lost Norbert as a companion to the dead father's science of antiquity.

Lacan situates the Name of the Father as a signifier or symbolic element in what he calls the paternal metaphor, through which he maps the outcome of the Oedipus complex. According to the traditional definition of metaphor as the substitution of one term for another, the paternal signifier is substituted for "the desire of the mother" (*le désire de la mère*, which in French suggests both the mother's desire and the desire for the mother [Lacan 1959, p. 465]).

Drawing on Freud's sketch of what Laplanche calls a *translational model* of psychic formation in his great theoretical letter to Wilhelm Fliess of December 6, 1896, Laplanche has further argued that for every successful act of symbolic substitution or translation, there is always a partial failure in translation, resulting in a remainder. Something ei-

ther resists or is refused translation and is left untranslated. Whereas a successful translation anticipates the notion of sublimation—"every later transcript inhibits its predecessor and drains the excitatory process from it"—Freud identifies repression as "a failure of translation—this is what is known clinically as 'repression'" (Masson 1985, p. 208; see also Laplanche 1987).

In Norbert's case, that repressed, untranslated, highly charged remainder reappears to undo the substitutions of the Name of the Father and its archeological sublimations. Jensen never mentions Norbert's mother; the dramatis personae are Norbert, his father, Zoe, and her father. Nevertheless, *le désire de la mère* returns insistently in Norbert's crisis amid the ruins of Pompeii, in his driving sense of a lack of something for which his commitment to his father's science cannot compensate, in his failure to read the graffiti—to translate the messages from the dead whose voices and whispers he nevertheless hears—and in the loss of the *arche*, the promise of whose restoration his archeological commitment to the dead had previously held out to him.

In his later return to the question of fantasy and especially *Urphantasie*, Laplanche (1993) argued that "*infantile scenes—the ones with which psychoanalysis is concerned—are first and foremost messages*" (p. 154, italics in original). Laplanche is referring here to parental messages, rendered enigmatic by the part played by the parental unconscious and its affects, and transmitted by a variety of adult parapraxes in verbal and nonverbal communication and behavior, targeting and provoking the child. Fantasy is an attempt by the recipient to map and translate these exciting, even traumatizing enigmatic messages.

Pompeii's haunted landscape—with its extremes of heat and light, its elusive, untranslated messages from the dead past—is a fantasy space that rhymes strikingly with the Laplanchean model of *primal seduction*, with its enigmatic messages and its invasive intensities of sexual affect. In this fantasy space, the *untranslated* remainders return to usurp and undo the crumbling archeological discourse authorized in the Name of the Father. Various symbolic figures, discussed above, inhabit this reanimated ruinscape—most strikingly, the mother–son couple: Atabulus, the south wind, and his unnamed but "eternally youthful" mother, the sun; Great Pan, the figure of a dormant but potentially panic-striking male

sexuality; and Gradiva, warmed back into life from her marble origins by the noonday mother/sun. The latter, coupled with her son, is said to have "strengthened his fiery breath, and accomplished, besides, what he could not" (Jensen, p. 41)—a figure of the mother's desiring investment in the son. From this maternally haunted place and time, charged with enigmatic messages and fierce libidinal energies, the fantasy of the phallic-footed maiden materializes.

Norbert encounters Gradiva returning from the dead, a phantasm that refigures "the eternally youthful," unnamed, lost mother, desired and desiring. In no way is she simply reducible to the unremembered child-hood playmate or unnoticed girl next door, Fräulein Zoe Bertgang, as Freud would have it. For one thing, taken in her full force, she calls into question Freud's account of Norbert's cure that leaves uninterrogated Gradiva's phallic nature and how it is to be understood.

Freud avoids acknowledging this in his published work, but his correspondence with Jung indicates that he was aware that Gradiva's gait could not be explained simply as a naturally graceful attribute that distinguished Zoe Bertgang from the crowd of her female contemporaries. He infers the presence of something pathological, but of the order of a bodily deformity—such as a clubfoot in the biographical model for Zoe—rather than pursuing the question of fetishism that he had raised at the beginning of his analysis, as we have seen, only to reduce it to a general reference to childhood sexual impressions, in the manner of Binet. It is extraordinary that, even in Freud's private speculations with Jung, there is no sign of his developing account not only of the phallic character of the foot fetish, but crucially of its establishment in relation to the fantasy of the phallic mother.

Norbert's one contribution to his own "cure" is his philological decoding of Gradiva's fantasy name in terms of her patronymic, as precisely the Name of the Father: "Bertgang [Zoe's family name] has the same meaning as Gradiva and signifies 'the one splendid in walking'" (Jensen,

⁹ In his letters to Jung, unfortunately, Freud addresses the question of Gradiva's gait as part of the author's psychology *behind* the text, rather than as a pattern of fantasy that *structures* the text. For his speculations about the deformity of Jensen's model for Zoe/Gradiva, see the letters of November 24 and December 21, 1907 (Maguire 1974, pp. 100, 104-105).

pp. 5, 111). ¹⁰ Insofar as it signifies the Name of the Father, however, *Bertgang* is the site of a *failure* of the traditional paternal function; for Professor Richard Bertgang withdraws into his science (a zoology that replaces Zoe), failing to return his daughter's love or to sustain a paternal relation with her.

Freud points out the ironic effect of this neglect, which supplies a model or template for the daughter's choice of love object in the equally neglectful Norbert, as Zoe herself points out: "I am not an indispensable piece of his collection; if I were, my heart would probably not have clung to you so unwisely" (Jensen, p. 115). In the face of paternal indifference, Zoe goes husband hunting for herself, but chooses Norbert on the model of her father.

GRADIVA: "A SPECIAL TYPE OF CHOICE OF OBJECT MADE BY MEN"

The question of Norbert's final choice of Zoe as love object remains bound up with his fantasy of Gradiva, and Jensen's narration repeatedly and playfully insists on the continuing presence of the latter in the form of a hybrid Zoe/Gradiva. In their final encounter in the Villa Diomede, the scene of Norbert's demystification and Zoe's revelation of her identity and her feelings for him, we find that the fantasy of Gradiva persists not just in Norbert's repeated consciousness of their uncanny likeness, but insistently in the narration's framing of Zoe. The narrator repeatedly references her in terms of her feet, even her "Gradiva-feet" (Jensen, p. 112), and when Zoe threatens to exit prematurely out of jealousy over Norbert's supposed feeling for the congenial young lady with the Sorrento rose, we are told that, "placing her left foot forward," she "raised the sole of the right almost perpendicularly to pass out. As she lifted her dress lightly with her left hand . . . the resemblance to Gradiva was perfect" (p. 113). It is precisely in response to this vision of their perfect resemblance, together with "a quite insignificant deviation in the living picture from the stone one . . . a little dimple in her cheek," that Nor-

¹⁰ Strachey comments in a footnote: "The German root 'bert' is akin to the English 'bright'; similarly 'gang' is akin to 'go' (in Scotland 'gang')" (Freud 1907, p. 37).

bert's desire is inflamed. He suddenly kisses first the cheek and then the lips of "the living Gradiva" (p. 114).

Jensen's novella then concludes at the old stepping stones of the Strada Consolare, with the closing tableau of Norbert's desire:

Norbert Hanold stopped before them and said in a peculiar tone, "Please go ahead here." A merry, comprehending, laughing expression lurked around his companion's mouth, and raising her dress slightly with her left hand, Gradiva *rediviva* Zoe Bertgang, viewed by him with dreamily observing eyes, crossed with her calmly buoyant walk, over the stepping-stones, to the other side of the street. [Jensen, p. 118]

Jensen joins their names with the adjective "rediviva," which Cassell's New Latin Dictionary defines as "renewed, renovated; applied to old building materials used a second time" (Simpson 1966, p. 506)—which could almost be a synonym for the clinical transference. It is clear, however, that what is being renewed and renovated here is not a childhood scene with the young girl Zoe, but instead "Gradiva rediviva" (where the adjective comes after, not before, the noun it qualifies, according to the rules of Latin grammar).

The "old building materials" being recycled are Norbert's imagined originary scene with which he first animated the bas-relief. It is the contemporary Zoe invested with this fantasy of Gradiva *rediviva*, not Gradiva exposed as really the childhood Zoe *rediviva*. This poses the question of the relation between Norbert's love and Norbert's delusion—does the one depend on the other?—and the closely related question Freud avoids: that of fetishism.

Norbert's obsessive fascination with the supposed beauty of a particular body part, the classic instance of the foot and its rising movement, signifies the unconscious operation of a fantasy of the phallic woman—in this case, warmed and energized by the figure of "the eternally youthful" mother. Certainly, "the approaching foot" is the site of an intense emotional ambivalence, a repeated drama of fascination and flight.

But does this constitute an instance of fetishism in the strict sense? Classically, the fetish object participates in an explicitly sexual practice, and sustains the sexual potency of the male subject who is condemned

to impotence without it. In the case of foot fetishism, in Freud's (1909) discussion (pp. 156-158), this often seems dominated by the sense of smell, with a predilection for oral or olfactory contact with the feet of a sexual partner. This is not the case with Norbert, for whom a copy of the bas-relief "that for years had hung in his room" (Jensen, p. 67) supplemented his withdrawal from life and love, and indeed substituted entirely for a sexual relation. Its idealization played a part in what I have called the *coercive sublimation* enforced by the family tradition and by the paternal discourse of antiquity and archeology that it sustained. Only gradually does Norbert's investment in the bas-relief become the weak point in his asexual system and the means of its undoing.

Two years after writing his *Gradiva* paper (1907), Freud sought to clarify the concept of fetishism theoretically and to exclude from it the phenomena of adult object choice modeled on what he called *prerequisites for love*, where early relations to the mother provide models for later sexual development and "flow into what is entirely normal" (Freud 1909, p. 153).¹¹

The association between fetishism and pathology in Freud's thought explains his insulation of the "cured" Norbert from any suggestion of perversion. A fetishistic Norbert would call into question Zoe's therapeutic triumph and Freud's welcoming of her into the guild of psychoanalysts. At the same time, Freud's commitment to a reading of the fantasy of Gradiva as merely the product of the forces of repression prevents him from considering the fantasy as precisely such a set of prerequisites and "necessary conditions for loving." Jensen presents the Gradiva fantasy as a model or *Vorbild* for Norbert's object choice, laying down the conditions on which he is able to return Zoe's love for him, whose own prerequisites as neglectful academic and scientist he in turn fulfills.

Consequently, the fantasy of Gradiva as presented by Jensen's novella has aspects of both prototype and fetish. With its concluding tableau of Zoe's "Gradiva-feet" performing her "Gradiva-gait" at Norbert's request across the stepping stones of the Strada Consolare, Jensen's narration makes insistently clear its role as template for Norbert's desire.

¹¹ The concept of *prerequisites for love* or *necessary conditions for loving* was developed in a later presentation to the Vienna Psychoanalytic Society in May 1909, and was published in "A Special Type of Choice of Object Made by Men" (Freud 1910; see pp. 165-175).

However, the unconscious fantasy of the phallic woman with its maternal subtext is harder to locate in terms of the text's authorial project. Jensen, both as narrator and in his letter of commentary to Freud, has a psychologically articulate and sophisticated understanding of his protagonist's consciousness, its failings and confusions, and the power of his dreams and unconscious mental processes. It is not at all clear, however, that his text has a similarly diagnostic understanding of the unconscious dimension of the Gradiva fantasy.

Indeed, it does seem that when it comes to fascination with Gradiva's gait and footwork, Norbert and his creator are joined at the hip. On at least fifteen different occasions the process of narration itself slows, lingers over, and magnifies the drama of the lifted skirt and the rising, upright/vertical/perpendicular right foot—sometimes in the representation of Norbert's consciousness, but often enough in the impersonal narrator's voice, distinct from the protagonist's own thought processes. The enunciation of this charged scenic fragment is indistinguishable between narrator and protagonist, at least in the English translation.

For all the novella's ironic comedy at the expense of Norbert's naiveté and lack of self-knowledge, nevertheless, in the noonday hour when Pompeii talks and Gradiva walks, Jensen's narrative exerts all its considerable poetic powers to evoke that scene of fascination, as well as its manipulation of plot to supply an actor for that scene. Freud (1907), of course, contributes his own speculative fantasy to provide a supposedly "realistic" justification of Jensen's narrative coincidences (Zoe's uncanny likeness to the Roman bas-relief, her convenient appearance in Pompeii) by projecting a prehistory of Bertgang women with the Gradiva-gait stretching back to Roman times.

Likewise, Freud's inability on most occasions to refer to Zoe Bertgang by any name other than Gradiva, while framing an argument that reduces Gradiva to Zoe, suggests that the inventor of psychoanalytic science was himself far from immune to the fascinations and seductions of Pompeian fantasy.¹²

¹² Freud wrote to Jensen: "That the Gradiva-relief actually exists was a lovely surprise for me; I am going to acquire it and decorate my room with it" (see Appendix)—and, like Norbert Hanold, so he did. For the rest of his life, Freud lived with his copy of the antique

APPENDIX: STEKEL'S LETTER TO JENSEN AND THE JENSEN-FREUD CORRESPONDENCE

TRANSLATED BY HARTMUT HEYCK

Letter from Wilhelm Stekel to Wilhelm Jensen¹³

Shortly after the publication of *Gradiva*, Jensen received the following letter from Stekel:

Med. Dr. Wilhelm Stekel

Vienna,
20/III 1902
(Meisel'sches Stiftungshaus)
Telefon Nr. 5379

Most esteemed Poet!

Your splendid novella *Gradiva* has delighted us. Us—that is to say a small psychology group which meets every week at Professor Freud's, the famous neurologist [*Nervenarzt*].

Every week there are discussions, and last week we discussed *Gradiva*. We were all agreed that the novella is a masterpiece of the first order. But also from the medical and psychological point of view you have endowed it with so much truth that we all had to admit: this work of fiction is almost science.

Now a superclever person thought, Jensen has thoroughly studied the dream book by Prof. Freud (*The Dream*, Deutike, 1901).¹⁴

Opinion opposed opinion. We had a heated discussion.

Master! Settle the argument. Have you read the book by Freud about the dream or have you shown once

image that had provoked the Jensen/Norbert fantasy of Gradiva, which can be found in the study of his final home in Hampstead, London (now the Freud Museum).

¹³ This letter in the original German appears in Heyck 2013.

¹⁴ Stekel confuses two works by Freud: *Traumdeutung (The Interpretation of Dreams*, 1900) and *Über den Traum* ("On Dreams," 1901).

again that the poet comes closer to the truth than dry science? Have you read it?

Don't be angry, I implore you, if I ask for a reply.

Respectfully, *Stekel*.

Because the so-called Wednesday Society—to which Stekel apparently refers—did not exist in March 1902, and because *Gradiva* began serial publication in the *Wien Neueu Freie Presse* in seven installments only on June 1, 1902, the date of Stekel's letter cannot be correct. It is most likely that the date should have been March 1903. Stekel later recalled that Jensen had replied with a very gracious letter in which he denied any knowledge of dream interpretation (Stekel 1912, p. 14).

Letters between Wilhelm Jensen and Sigmund Freud 15

Prien on Lake Chiemsee, May 13, 1907 Bayaria

Highly esteemed Sir:

Your scientific treatment and appreciation of my *Gradiva*, which just now has been forwarded from Munich here to my country home and read right away, has of course interested and pleased me, so that I thank you most kindly for its arrival. To be sure, the little narrative did not "dream" that it would be judged and appreciated from the standpoint of psychiatry, and here and there you endow it indeed with meanings that the author, at least consciously, did not have in mind. But overall, in all important aspects, I can agree without reservation that your paper has completely divined and done justice to the intentions of my little book. My best advice probably would be to credit to poetic intuition the depiction of psychical developments, although my earlier medical studies may have played a part in it.

But that I had even "somewhat brusquely" responded to an inquiry has completely escaped my memory, and if it really happened, I regret it and ask

¹⁵ For the German text of Jensen's letters to Freud, see Urban and Cremerius (1973). For the German text of Freud's letters to Jensen, see Schlagmann (2012).

you to tell the gentleman concerned from me: *peccavi* ["I have sinned"].

I have ordered right away several more copies of Volume 1 of the *Journal of Applied Psychology* [*Schriften zur angewandten Seelenkunde*] and will not fail to get myself instructed by future ones.

With friendliest greeting, highly honoured Sir,

Yours gratefully, Wilhelm Jensen

* * * * * * * *

May 21, [19]07 Prof. Dr. Freud

IX, Berggasse 19.

Most honoured Sir

Your exceptionally gracious letter makes me bold; I am afraid, too bold. But it is after all up to you whether you respond. I promise not to be angry with the poet of the *Gradiva*, to whom I owe so much stimulus and confirmation, if he does not react to this further aggression.

Just now there is an unusual interest in my little analysis of the *Gradiva* among the colleagues who are close to me. Bleuler in Zurich, for example, who is very startled by the agreement between the poet and the psychoanalyst, nevertheless, claims that such intuition cannot exist, only "such experiences." I don't share his opinion and am delighted with your confirmation.

But the analysis is not complete when it does not have further information available, when it does not know which personal moments the poet allowed to operate during the creative process, combined with unknown powers that can only be guessed at. Would you now grant me the great favour—I cannot call it anything else—not to refuse me some explanations? I would be quite willing to guarantee absolute discretion, if you so wish; because of my calling I am, after all, the keeper of many secrets. The opportunity to explore the connection between the stimulus and the final work is too rare

¹⁶ The quotation marks are in the original—presumably, a citation of Bleuler's words. blos solche Erlebnisse.

and too valuable for me not to dare make the request. But I certainly would also understand a refusal.

I am choosing a few questions, although I accept most gratefully anything you wish to tell me. Where did you get the motive for the story, the awakening of a memory by the bas-relief? How do you explain the fantastical acceptance of the complete similarity between the living person and the antique image? Which persons have served you specifically as models for the scholar who was in the process of rejecting his own sexuality [Sexualablehnung]? Finally, where is your own person hiding [in the story] and how far back does the material reach into your life?

Imagine, what else I would still have to ask, if I had the good fortune to be near you and to possess your confidence!

As I may assume that until the delivery of my volume, my person was unknown to you, permit me as introduction the statement that I am 51 years old, a neurologist and psychiatrist by profession, that for the last 15 years I have pursued problems which have now led me to you and that since the beginning of these interests—strangely, but for you surely understandably—I have taken a liking to archaeological studies, as if under the spell of the analogy between "burial" [Verschüttung] and "repression" [Verdrängung]. My teachings are far from being generally accepted; just now [they are] the subject of vehement dispute among my colleagues.

Yours respectfully, Dr. Freud

Prien on Lake Chiemsee, May 25, 1907

Highly esteemed Sir!

Your reply to my letter has pleased me very much, but regrettably I am not in a position to respond to you with the desired information. What I am able to say consists in short of this:

Bavaria

The idea of the little "fantasy-piece" came from an old bas-relief, which made on me an especially poetic impression. I own several copies of an excellent reproduction from Nanny in Munich (hence also the title page). I searched, however, for years in vain in the Museo Nazionale in Naples for the original and never found it, but learned that it is in a collection in Rome. There was perhaps something of an "idée fixe," to call it that, in my unjustified preconception that the bas-relief had to be in Naples; this grew to the extent that it portrayed a Pompeian female. I saw her as such in my imagination gliding over the stepping-stones of Pompeii, which was very familiar to me as a result of frequent, days-long sojourns among the ruins. I preferred to spend the silent midday hour there, from which all other visitors had been driven away to the hotel restaurants, and in the hot sun-drenched solitude approached ever more decidedly the state in which the waking vision of the eyes slides into an imaginary one. From this state, which I considered plausible, Norbert Hanold later evolved.

The rest was derived from poetic motives. It had to be made dependent on preconditions that made possible the growth of his delusion towards the grotesque, indeed, towards the completely absurd. He is a man only apparently sober, in reality, dominated by a highly excitable, excessive fantasy; as well, he does not inwardly despise feminine beauty, as can be discerned from the pleasure he derives from the image on the bas-relief. Precisely because of this, the figures of "August and Grete" fill him with disgust, because he carries within himself a latent desire for a female "ideal" (for want of a better term). But about all that, he knows nothing of what is taking place within him, only he lacks something and misses it wherever he is, so that even "the flies" annoy him. 17 My depiction aimed at showing him as such an individual, dissatisfied with himself, selfdeceiving, always subject to his imagination, and so to make him believable.

¹⁷ Jensen is alluding to his protagonist's conflation of the flies and the honeymoon couples as objects of intense irritation.

The story necessarily demands a connection between him and the Rediviva that is created by reality and so an external likeness is required. Of course this is not thought of as a perfect one, neither of the face and figure, nor of the clothes, but as a similar one; even the dress made of light, brightly-coloured and richly pleated summer material, with a somewhat antique cut, does not contradict this. Hot, trembling, sun-heated air, blinding, colourful plays of light, all contribute. The full agreement of the two personalities, however, he creates for himself, because his wish inspires him. I cannot confirm with any certainty whether, below the threshold of consciousness, an active memory of his childhood friend plays a part; however, I can confirm, in any case, the influence on him of the Gradiva-gait. This forms the essential salient point of the whole matter, because he had absorbed it as a child without connecting any of his feelings with it; then, grown to manhood, with its reappearance a vague erotic longing is awakened, which, growing progressively, allows the dominance of reason in his head to dissolve and puts in its place the superior power of a dreamlike wish and desire.

This is the basic idea of his psychical development; the manifold framework that supports it, as well as the behaviour of the living Gradiva, presumably need no explanation—she recognizes the "crazy" condition of Norbert, because she finds, in a certain sense, an explanation for it in herself. The little story came about through a sudden impulse, which shows that the urge for it must have unconsciously worked in me, too. Because I was in the middle of a large work which I suddenly pushed aside, in order quickly, apparently quite without any forethought at all, to toss off the beginning of the story and to complete it in a few days. I never came to a halt, always found everything ready, again apparently without any second thoughts [Nachdenken]; the whole has nothing to do with personal experience in the usual sense; it is, as I have called it, a complete "fantasy-piece"; always gliding on a narrow knife-edge ridge of sleepwalking possibility. All creative literature really does that, more or less recognizably; and accordingly the verdict on *Gradiva* was returned. Some have declared it to be absolute foolishness, others found it among the best I have written. Nobody, however, exceeds his own powers of understanding.

Most esteemed Sir, I am unable to reply any further to your question and will only add that my wife and I would be pleased, if your path should bring you during the summer into our region and induce you to enter the country home pictured above, 20 minutes from the railway station in Prien.

With friendly greetings,

Yours truly, Wilhelm Jensen

* * * * * * * *

May 26, [19]07 Prof. Dr. Freud

IX, Berggasse 19.

Honoured Sir

Most humble thanks for your information! You have actually told me very much. I now know that the continuation of the analysis back to your own youth would lead to your most intimate eroticism [intimate Erotik].

How unfortunate that you and your wife's kind invitation was not made before the Saturday before Pentecost, when I passed the Prien station on the way to Munich! Who knows when I will have the opportunity to approach the pretty country home as a visitor.

You are entirely correct that I have exaggerated the difficulty in the likeness of Zoe and Gradiva in an unjustifiable manner.

That the Gradiva-relief actually exists was a lovely surprise for me; I am going to acquire it and decorate my room with it.

You should also know that my little work had been planned as a tribute for your 70th birthday; the clumsiness of the publisher has ruined this intention of mine.

> Respectfully yours, Dr. Freud

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16 (10?) Dec. [19]07 Prof. Dr. Freud

Vienna, IX., Berggasse 19

Honoured Sir

Excuse me if I once more bother you concerning the *Gradiva*, which does not let me rest. The possibility of attaching the process of poetic production to psychical [*seelische*] events that are known to us is tempting me too much and may excuse my approaching you uninvited with another enquiry.

But the occasion for the renewal of my inquiry has been that a knowledgeable friend has drawn my attention to two other novellas of yours, which you have combined under one title as *Superior Powers* [Übermächte]. Of these the first—*The Red Umbrella* [Der Rote Schirm]—shows remarkably many traits which also belong to the *Gradiva*; the other—*In the Gothic House* [Im gotischen Hause]—appears to be related to the *Gradiva* via mediation of the first.

My question is as follows: Did you have a female childhood playmate—preferably a younger little sister—who was sick and died young, possibly a relative whom you wished for as a sister? And if yes, when and from what did she die? What was her gait like? Was it not precisely this that was affected by her illness?

Pardon me—it is not idle curiosity that makes me ask.

Yours respectfully Dr. Freud

Munich, Bavariaring 17 December 14, 1907

Highly esteemed Herr Professor!

Most powerfully pressed for time, and especially this Christmastide by my very close ties to many children and grandchildren, I ask you to accept only a cursory answer to your letter.

No. I have never had a sister, no blood relation whatever. However, *The Red Umbrella* is, nevertheless, woven from my own reminiscences; of a first youthful

love of a childhood friend with whom I had grown up in considerable intimacy, who at eighteen years of age died of consumption; and then of the personality of a young girl with whom I had established a friendly relationship many years later and who was also taken away by a sudden death (the red umbrella comes from her). Both figures in the story were fused, as it were, into one in my feelings; the mystical, which appears mainly in the poems, also derived its origin from the second figure. The novella *Youthful Dreams* [Jugendtraum] (from my collection In Quiet Times, [Aus Stiller Zeit, vol. II]) rests on a similar foundation, but is restricted to the earlier figure. In the Gothic House is completely free invention.

With friendly greetings,

Yours truly, Wilhelm Jensen

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PSYCHOANALYTIC INTEGRATION AND THE ROLE OF AFFECT

BY DOUGLAS J. VAN DER HEIDE

When Theories Touch: A Historical and Theoretical Integration of Psychoanalytic Thought. By Steven J. Ellman. London: Karnac, 2010. 740 pp.

Keywords: Analytic theory, science, analytic history, relational theory, Freudian theory, dichotomization, integration, affect, dreams.

Introduction

Thomas Kuhn (1996) has underscored how scientific advances occur through a discontinuous process; a new theory is required to explain previously inexplicable "facts." Change in science is often revolutionary, not evolutionary, and the newly devised theory then allows for the emergence of convergence and a way forward. Even using the word science in conjunction with psychoanalysis requires caution, as there are analysts who seem eager to divorce the two altogether. But the point Kuhn made is that, at such moments of change, there are both new data that demands new understanding and a climate that supports creative reimagining.

It is my view that a serious consideration of Steven J. Ellman's ambitious opus, When Theories Touch: A Historical and Theoretical Integration of Psychoanalytic Thought, should lead us as psychoanalysts to seize the opportunity to consider just such a paradigm shift in our own theory building. This 740-page book comprises eighteen chapters, the first six-

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teen of which are nothing less than a review of the core concepts of the central thinkers in psychoanalysis over the past 100 years. Starting with Sigmund Freud, Ellman follows the analytic "trail," leading through Heinz Hartmann and Anna Freud to Melanie Klein, Ronald Fairbairn, Harry Stack Sullivan, D. W. Winnicott, Margaret Mahler, Heinz Kohut, Otto Kernberg, and Wilfred Bion.

The chapters are designed to introduce the reader to key papers and are written with the assumption that the reader is possibly encountering all or part of each thinker's work for the first time. Ellman's writing style is admirably clear, and his considerable grasp of multiple theoretical models allows him to compare and contrast often subtle differences in theory and technique. He quotes extensively from the authors' own writings, and his comprehensive bibliography can be easily accessed by any interested analyst to chart a course of further reading and exploration.

Divergences

As an introduction to the considerable divergence in our field, this book is invaluable to analytic candidates and senior analysts alike. The motivation for this "grand review" is grounded in Ellman's deep conviction that psychoanalysis suffers as a sort of Tower of Babel. As he puts it: "In the Old Testament G-d created many languages and there was confusion. In the new testament of psychoanalysis, we use the same language and there is [equal] confusion" (p. xviii). In his view, we are separated—like the city-states of Ancient Greece—as much by ignorance of each other's ideas as by our disagreement about those ideas.

From my personal experience, I concur heartily with this position. My formal analytic training is now some decades ago; I remember a few references to the work of Kohut and Klein, but their ideas seemed foreign, opaque, and therefore irrelevant. I find it chilling to think that at some institutes today, Freudian instinct theory, conflict, trauma, recovered memories, repression, and so on might similarly be dismissed as without significant value. Ellman is deserving of our gratitude, if only for his efforts to break down considerable intellectual barriers. He is far more ambitious than that, however.

Throughout the book, Ellman repeats his conviction that a large part of our inability to make progress in psychoanalysis is embedded in our tendency to promote false dichotomies. In the final chapters of *When Theories Touch*, he offers his own personal attempt at synthesis—a multimodal understanding of the mind and his own conception of clinical mutagenesis.

Although Ellman regularly identifies various theoretical divisions throughout the book, he chooses to focus on more recent splits, such as the relational turn and the consequent wholesale rejection of many aspects of Freudian theory. Ellman himself finds much to extol in relational theory, but sees himself as adhering to a core Freudian perspective.

As I see it, the problem posed by relational psychoanalysis and this latest dichotomy is that, while promoting such concepts as interiority, the analytic dyad, and the subjectivities of analyst and patient, *pari passu* it seeks to discredit psychoanalytic instinct theory and Freudian metapsychology, along with many of the classically held tenets of clinical work. Of course, any reference to "classical" psychoanalysis begs the question as to which version of "classical" is being conceptualized. As noted by Ellman, much of the criticism aimed at this target seems actually to be addressed to the rigidity and codification of psychoanalysis as it evolved in the United States during the postwar years.

Ellman points to such thinkers as George Klein (1976), who began the relational attack by stating that psychoanalysis is a theory of meaning, not a theory of mechanism. Greenberg and Mitchell (1983), considered the founders of the relational movement, maintained that an analyst could "use a drive/structural or relational/structural model, but *not* both" (Ellman 2010, p. 570, italics added). In a similar "either/or" manner, Mitchell, according to Ellman, questions the value of *any* structural hypotheses, when he declares that "meaning is *not* provided a priori, but derives from the relational matrix" (Mitchell 1988, p. 19, italics added). Mitchell and the relational analysts who followed him have argued for jettisoning drive theory and the role of instinct altogether, viewing sexuality and aggression as relational activities.

Dichotomies and Thinking

The effect of splits in our field has indeed been devastating. Much of the decline in morale and in patient referrals, as well as in the public perception of our field, has stemmed from our theoretical squabbling. But to take a step back, it is important to remember that bifurcation is a central aspect to thought itself. What something *is* often is initially defined by what it *is not*. Whether or not one chooses to call psychoanalysis a science, investigation of any unknown requires categorization.

Freud's own theoretical development highlights the way in which such divisions allowed him to think about the previously unthought. Opposing formulations—involving instinct and defense, pleasure and unpleasure, unconscious and conscious, action and thought, hallucination and memory, past and present, dreaming life and waking life, ego or self-preservative drives and species-preservative drives—were required in order to conceptualize one thing as distinct from another. Such dichotomization is key to the development of scientific hypotheses and is undoubtedly necessary in any initial attempt to apprehend phenomena for which there is no adequate explanation.

But as we try to determine the best explanation, we as psychoanalysts face an obvious further difficulty. Until very recently, all our deductions/ assumptions about the inner world of our patients, including data from baby observers, could only be indirectly surmised and had to remain postulates. As Ellman correctly points out, whereas it might seem more reasonable to dispense with such highly abstract constructs as Eros and Thanatos in favor of so-called experience-near concepts, such as transference, repression, or denial, the latter are just as impossible to scientifically verify as any "experience-far," metapsychological speculations.

Our inability to test hypotheses in a double-blind framework makes any psychoanalytic proposition seem equally valid and difficult to disprove. This opens the door for any theorist to claim that his approach is the right or superior one; yet claimed therapeutic success may well be occurring *in spite* of the analyst's understanding of his role or the clinical situation. This significant, ongoing obstacle to our work may well explain recent calls to reject psychoanalysis as science and attempts to tear it from its medical and neurological roots.

I would argue against such a position.

The list of our particular bifurcations gets longer in light of our inability to choose from among competing theories. Such a list might include: oedipal versus preoedipal, monad versus dyad, individual versus cultural, empirical positivism versus postmodernist relativism, brain versus mind, and reminiscences recovered via transference interpretation versus relationality and intersubjectivity.

Politics and the Splits

Our inability to test one hypothesis against another creates an intellectual vacuum, and nature is not alone in abhorring that situation. Although Ellman attributes our splits principally to conceptual confusion, I suspect that this explanation is too kind by half and ignores the antagonisms, the secret hatreds and jealousies that have plagued our field. Ellman himself recounts that as a young analyst in the early 1980s, he wrote a glowing review of Loewald's *Collected Papers* (2000), only to be chastised by his supervisor since Loewald was not truly an analyst.

I distinctly remember being present when Martin Bergmann was asked to give a paper at New York Psychoanalytic Society and Institute in the late 1990s. In the course of giving it, he recounted that he, as a psychologist, had at one time been allowed to sit in on educational meetings at the Institute only from behind a rope, indicative of his and all psychologists' diminished status. Much of the vituperation against classical Freudian psychology reflects at base the animus of clinicians and theorists who have felt excluded from powerful, medically dominated institutes. Personal loyalty combined with the desire for fame and economic success has always played a significant role in our schisms, as cogently observed by Rangell (2004).

In fact, it was Rangell's opinion that Kohut's decision to leave the Freudian camp was an outgrowth of personal bitterness over being denied the presidency of the International Psychoanalytic Association in 1969:

From my vantage point, the new theoretical soil that Heinz Kohut chose to cultivate for the remainder of his life was not the cause of his failure to win the presidency of the International Psychoanalytic Association, as claimed by some. On the contrary; it was a *sequel and consequence of that event*. [p. 149, italics added]

The Freud–Klein controversies, as Ellman points out—whatever the substantial theoretical differences that they reflected—were fueled in large measure by the rapid influx of Freudian analysts from continental Europe during the Second World War to a London already populated by Melanie Klein and her followers.

The Relational Turn

As a classically trained analyst, I find myself torn. Whereas the value of many of the ideas of the relational movement is clear, its fanaticism and tendency to promote itself as revealed truth make that value difficult to acknowledge. Its proponents continue to insist that the interpersonal world is the only valid psychoanalytic perspective, and in doing so reveal a deep political agenda rooted in popular postmodernist notions of relativism and antiauthoritarianism. The most effective way to undermine a hated established order is simply to claim that there is no order; the way to discredit the role of the scientist-observer is to claim that resultant observations are completely invalid, divorced from the setting in which they occur.

To me, demands for an exclusively relational perspective feel uncomfortably like political correctness on crack. We are all aware that data in our field is inherently subjectively influenced, and therefore not the same as measurements obtained from using a slide rule. The past, as Freud himself wrote (1899), is distorted and utilized to express unconscious fantasy and satisfactions. Nevertheless, we all assume the reality of all sorts of things that we have no firm way of knowing. Psychoanalysts should know a lot more about the process of psychoanalysis, and most of the time should know a lot more about the patient, than the patient does. (I am excluding specifically endopsychic understanding.) That no two analysts are alike will undoubtedly influence the expression of a particular transference, but reanalyses, such as those performed by Horowitz (1992), have demonstrated that a virtually identical transference configuration emerges with a new analyst.

Aron, quoted in Ellman, insists on "a relational version of the truth [that is] 'perspectival, plural, fragmentary, discontinuous, kaleidoscopic and ever-changing'" (Ellman 2010, p. 582). I certainly agree that aspects of clinical truth do and should change as the understanding of the analytic pair grows, but core memories/fantasies and their repetition in individual patients are quite demonstrable and stable. To deny this is to verge on speciousness.

From a grotesque stretching of a particular perspective, an untrue portrait is painted, requiring changes in the way we work that have serious and damaging implications for our field. Such changes have included the rejection of the use of the couch as, in light of the dyad, offering no special information; the rejection of analytic authority, as if the analyst can and should know no more than the patient; and the rejection of personal history and attempts at historical reconstruction, since history itself is unreliable and therefore unimportant.

Contributions to our literature can appear almost deliberately obscurantist as the here and now of the intersubjective moment is extolled, so that Bollas (1989) can be said to observe that

... an aesthetic moment occurs when we are in such deep rapport with an object ... that time seems to disappear and space crystallizes, creating the illusion of fit with the object that evokes an existential memory of being with someone in an affective dialogue that helps give continuity to our self-experience. [Pivnick 2013, p. 180]

Intersubjectivity in its purest state, as exemplified by Hoffman's (1992) constructionist views—despite such reassuring phrases as "the special kind of discipline [required of the analyst]" (1992, p. 302)—can easily devolve into theory-less "wild analysis," reminding me of Glover's statement that "there is nothing to prevent us from falling into a primitive variety of mysticism" (quoted in Ellman 2010, p. 255).

An Attempt at Integration

Perhaps one way to attempt the theoretical integration that Ellman seeks is to start with my own version of a relational perspective: i.e., that each theory is propounded by a particular thinker with a particular development and perspective. For example, would it be absurd to consider that working with psychotic children had an impact on Klein and her theories? Is the emphasis on aggression in Kleinian thinking a result of her exposure to children who presumably were more affected by this drive derivative than nonpsychotic children? Is it reasonable to suggest that extensive exposure to the unalloyed fantasy material of psychotic children could have heightened Klein's appreciation of the centrality of fantasy life—of splitting, projective identification, and the activity of a death drive?

Freud was trained as a neurologist; his conceptions and misconceptions can be seen as a consequence of the deficiencies inherent in that perspective at that time. It is not by accident that he reiterates that "the [conscious] ego . . . is first and foremost a body-ego" (Freud 1923, p. 27). An appreciation of the elegant feedback systems present in all parts of the body made energy reduction easy to view as synonymous with pleasure, and the drive for structure and constancy in the mind as entirely analogous to all other organ systems. Neurotic conflict appeared to Freud to be intimately related to disturbances in the functioning of areas of the body that yield the most intense pleasure, but also the possibility of heightened bodily pain and injury.

Thus, Freud (1905) advanced a developmental model grounded in satisfactions around erogenous zones that ultimately lead to genital behavior. As Ellman points out, Freud gradually discovered the *interior*, and via his metapsychological papers (e.g., 1917), he attempted to conceptualize the path to object love. However, at least in part due to his training, Freud had great difficulty finding a place in his theorizing for the centrality of affect and personal meaning.

Two Alternative Perspectives

Meltzer (2009) states:

The great divide [in models of the mind] is defined by the basic stuff with which . . . [analysts] imagine themselves to deal, whether it is psychic energy or meaning. This cleavage naturally leads practitioners either towards the natural sciences for their metaphors, or towards theology and philosophy as embodied in myth and literature. [p. 71]

In his thinking, Freud remained "bound to the body and its needs, and thus [development is viewed as the outcome, since each individual is] . . . engaged upon finding means to gratify those needs without running into an absolute confrontation with the environment" (Meltzer 2009, p. 36). The relational turn rightly underscores a dimensional absence in this mechanistic/deistic view. I would say that, while this view of mental life makes sense, it somehow misses the point of living, so that—again, quoting Meltzer—for Freud, "the very purpose of life is to die peacefully" (p. 36).

Meltzer apposes two central ways of apperceiving the world, an approach that I think gets us to the core of the relationist argument. How does one apprehend the world around us? A division can be made between those who attempt to understand life from without, exemplified by scientific dispassion, and those who do so from within, via affect, empathy, and relatedness. The scientist thinks, "From the outside it *looks* like this," whereas the artist thinks, "From the inside it *feels* like this." Our knowledge of the world springs equally from what we can observe and what we feel about that experience; both need to have their place in our theory of mind.

Affects, Dreams, and a Potential Solution to Dichotomization

It would seem that this dichotomy has contributed to our field's considerable disagreement. Each of these perspectives—loosely, the scientific and the artistic—can cause something important to be missed if it is excessively promoted.

Winnicott, like Freud, retained the position of the outside observer in creating his developmental schema. His stages of absolute dependence, relative dependence, and movement toward independence dovetail quite well with Freud's concepts of autoerotism, narcissism, object choice, and object love. But in addition, Winnicott's theoretical and conceptual understanding was informed by a remarkably empathic capacity and an intuitive, subjective understanding of what his distressed and fragmented patients needed in order to grow. Perhaps that is why his work continues to feel amazingly modern and clinically relevant. To reiterate, our field needs both the perspective of without and the perspective of within.

Recognition of the complex melding of feelings and fantasies of patient or analyst or of both together has led to significant new insights. The concept of *affective interpenetration* and the centrality of basic trust in analytic success, which Ellman espouses, constitute examples. Another can be found in the work of Jacobs and his ideas on the use of the subjective in penetrating the mind of the patient (e.g., Jacobs 1999). Relational rancor aside, we now have the opportunity to reconsider the role of affects and feelings in mental life and treatment, which I feel represents the greatest value of relational thinking.

Freud did not know what to do with affect. Again, turning to Meltzer: "It is clear that he [Freud] viewed affects as *manifestations* of meaning and not as *containers* of meaning" (2009, p. 17, italics in original). Meltzer attributes this to Freud's Darwinian perspective and states that, as an observer, Freud "confused the *experience* of emotion with its *communication*" (p. 17, italics in original).

Freud states:

Our feeling tells us that an affect experienced in a dream is in no way inferior to one of equal intensity experienced in waking life; and dreams insist with greater energy upon their right to be included among our real mental experiences in respect to their affective than in respect to their ideational content If the affect and the idea are incompatible in their character and intensity, our waking judgment is at a loss. [1900, p. 460]

By saying "at a loss," Freud denies affects the significance of judgment and deprives them of their status as mental experiences in themselves, worthy of explication and replete with meaning. Affects are diminished mental products relative to ideation. Freud concludes, "Strictly speaking, then, there are no unconscious affects as there are unconscious ideas" (Ellman, p. 115), and they emerge only as an aspect of discharge in the context of disturbing or arousing material becoming conscious.

But today we have strong reasons to think otherwise. It is generally observed that it is precisely when the affect and the reported associated idea do *not* tally with each other that we, as analysts, suspect a hidden issue. Exploration of the affect, as much as any exploration of the linked idea, offers a potential entree into unconscious concerns. The intensity

and quality of an affect are regularly measured against its purported ideational justification. When discrepancies are noted, the affect, processed by the analyst through his own countertransference, can enable him to sense what is hidden below the surface—like a black hole that exerts its power without an apparent presence.

It would appear from everything that occurs in the consulting room that it is the linked ideation-(affect) feeling complex that is subjected to repression and placed in the unconscious. Further, it is the affect or the relief from an affect (e.g., the wish) that presses for discharge in dreams and in waking life. Freud himself says as much, as early as 1893:

The fading of a memory or the losing of its affect depends on various factors. The most important of these is whether there has been an energetic reaction to the event that provokes an affect Linguistic usage bears witness to this fact of daily observation by such phrases as "to cry oneself out" ["sich ausweinen"], and to "blow off steam" ["sich austoben," literally "to rage oneself out"]. If the reaction is suppressed, the affect remains attached to the memory. An injury that has been repaid, even if only in words, is recollected quite differently from one that has had to be accepted. [Breuer and Freud 1893, p. 8, italics added]

Transference, in my view, is driven by the need for the affective release required in order to overcome early emotional injury. The long periods of time during which we psychoanalysts endure "ruthless attacks" (Winnicott 1958, p. 22) can be appreciated as part of the patient's ongoing effort to recover from what are usually severe mother–child disturbances. These pent-up affects, like unrepaid injuries, are obstacles to basic trust while remaining the source of recurrent unconscious fantasies enacted in the patient's life, with disappointing and frustrating results.

With the placement of affect at the epicenter of wishing and enacting, we can now locate the role of empathy on firmer footing. Many classical analysts, including as Freudian an analyst as Isakower (1992), have tried to position empathy in Freud's theoretical framework without much success. Loewald's (2000) efforts, then, can be appreciated when we see that, while performing typical analytic functions, he was aware of the need to present himself as a new object and to emotionally link

up with his patient, allowing for the resolution of the unconscious pain locked in the eternity of the unconscious.

Indeed, our ability to treat is dependent on our humanity regardless of how we view neutrality. Just as there are many good enough mothers, so, too, there can be good enough analysts—especially if they are free to explore the space between themselves and their patients, thereby facilitating an investigation of affect-driven, unconsciously enacted fantasies. Such concepts as Ogden's reverie (see, for example, Ogden 1997) help the analyst use his interiority to appreciate the patient's central emotive concerns.

Integration and the Role of Instincts

Perhaps I am naive in thinking that we can all lay down our weapons and begin to revitalize our most important of endeavors. Nevertheless, I agree with Rangell (2004) and many others that psychoanalysis must be one theory, encompassing the whole of the human mind and mental development. It is my view that large parts of Freudian theory need to be retained; one of those central ideas is the role of instincts.

Instinct theory retains great explanatory power, both as a driver of development via the psychosexual stages, and as a precipitator of mental illness. According to Ellman, Mitchell suggested that sex and aggression should be redefined as "powerful responses, mediated physiologically, generated within a biologically mandated relational field" (Ellman 2010, p. 576). Take out the word *relational* from this statement, and are we not back at the point of describing instinctual demands upon the mind for work?

The explanatory power of instinct theory seems obvious. Many addictive and perverse activities are essentially objectless. Older concepts derived from instinct theory, including instinctual de-fusion and the resulting severe regression, remain useful in appreciating the delusional omnipotence of psychotics and their corresponding surfeit of aggressive ideation and behavior.

Ellman nicely summarizes the value of instinct theory when he states, "Freud's revolutionary insights about the child and how the child sees the world through his/her body can be overlooked easily when con-

centrating on the patient's relationships" (p. 81). Centrally, the value of instinct theory is to underscore the reality that we live and struggle with the fantasied outcome of those very instincts: e.g., wishes to/feelings about commit[ting] incest and murder.

One of the most tantalizing of Ellman's ideas is related to his research in dreams and sleep. He references the work of Olds, Allan, and Briese (1971) in describing pleasure pathways, called ICSS, which have been discovered in most mammals. Ellman adds that researchers have been able to elicit ICSS from the hindbrain and pons.

A fascinating aspect of ICSS relates to Jacobson's (1964) speculations about the initial psychoeconomic state of the infant as:

... characterized by ... as yet undifferentiated psychophysiological energy Under the influence of both, of intrinsic factors and of external stimuli, the undifferentiated forces would then begin to develop into the libidinal and aggressive psychic forces with which the id is endowed. [p. 14]

ICSS research suggests a similar idea of early stimulation as without quality (Steiner et al. 1973)—only gradually identified by the individual as either pleasurable or unpleasurable. According to Ellman, the determination of pleasure (reinforcement) is dependent on at least three factors: the intensity of stimulation, the rate of delivery of stimulation, and the extent that the animal is in control of the stimulation. Variation in intensity, rate, and degree of control can turn pleasure into unpleasure.

Ellman concludes that "in humans the experience of being in control of the pleasure is as important a factor as in other animals" (p. 636). As an aside, I would point out that just such experimentation underscores the ongoing value of the scientific stance of the outside observer. If, indeed, a need for control of stimulation can be shown to be central to the experience of pleasure, this would help immeasurably in our understanding of autoerotism, negative therapeutic reaction, sadomasochistic behavior, and the "stickiness" of neurotic conflict that Freud (1937) addressed. Often, a patient appears frustratingly locked in painful thoughts, behaviors, and relationships (or a lack thereof), despite our best efforts.

Could such an impasse be tied to affective-ideational complexes that, pressing for release, are trumped by a developmentally abhorred loss of control? Such a loss might poison potential satisfactions, leaving the patient feeling something analogous to "it is better to reign in hell than to serve in heaven." In other words, if the patient finds that paltry pleasure becomes unpleasure on the basis of a lack of control over its source and availability, he may well choose to abjure any new experience that would expose him to the potential trauma of reinjury or abandonment at the hands of another.

Conclusion

It seems to me that every claim to limit psychoanalysis diminishes our field and isolates us from coworkers in allied areas of research and knowledge. Discoveries from neuroradiology, dream studies, and research in psychopharmacology, among other areas, can contribute to the expansion of Freud's original models of the mind. And—despite significant ways in which his theoretical models may be considered incomplete, or seen as a handicap to our ability to maximally help our patients—they contain great truth, and they need to be retained.

The relational movement has rightly criticized mechanistic, inhuman aspects of classical theory and technique; relational analysts have made psychoanalytic treatment possible for many patients previously felt to be unsuitable. Relational ideas have altered the stereotypical notion of the analyst as neutral decoder of data to one who is engaged, in conjunction with the patient, in an exploration of *being* that contains new possibilities for personal satisfaction, meaning, and happiness.

Psychoanalytic theory must be reimagined to contain both the inner and the outer. It demands that we retain a focus on each patient's life, viewing each patient as one individual in the human race, while subjectively exploring the full meaning and expression of that patient's interpersonal world. A complete theory, when it is finally fleshed out, should incorporate a formulation consistent with what we come to understand of both mind and brain. The breadth and scope of *When Theories Touch* offer us a vista of what such a comprehensive theory will look like.

Our patients and our colleagues in allied fields expect better of us than the amputation of parts of our understanding just because a good fit is difficult to achieve. We know, ultimately, that development is the product of a combination of genetics, the effects of psychosexual instinctual pressure, the specifics of individual history and trauma, family idiosyncrasies, societal effects, and the precipitates of specific interactions and relationships with others. Our theory must make room for all these factors if our fellow scientists are to believe in what we do and if our patients are to have the full benefit of psychoanalysis in achieving growth and recovery.

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BOOK REVIEWS

PARADIGMS IN PSYCHOANALYSIS: AN INTEGRATION. By Marco Bacciagaluppi. London: Karnac, 2012. 296 pp.

Marco Bacciagaluppi must be a fascinating conversationalist. His knowledge is impressively broad while his curiosity is lively and infectious. In this intriguing book on the interpersonal/relational tradition in psychoanalysis, he ambitiously seeks to integrate an unusually wide range of intellectual perspectives with psychoanalytic theory. Whether or not he succeeds, his book serves as an introduction and a review of many relevant topics. Bacciagaluppi modestly acknowledges that his nine chosen paradigms "are a rather motley collection" ¹ (p. xix).

He agrees with Freud that we should try to avoid "the narcissism of small differences" (p. xix) when forging theoretical integrations. And he approvingly cites Freud's model of the "complemental series" (p. 7) as one framework for combining divergent causal explanations. Reading his personal synthesis challenges the reader to become more conscious of her own. Bacciagaluppi considers attachment theory to be "the most powerful conceptual tool we have at our disposal in psychoanalysis" (p. xix). He considers the "trauma paradigm" to be second in importance. His chapters on these two topics are his strongest. Four of the other chapters, only eight pages each, are disappointingly sketchy summaries of complex disciplines.

Since 1988, Bacciagaluppi has been a Training and Supervising Analyst at the Erich Fromm Institute of Neofreudian Psychoanalysis in Bologna, Italy. Not surprisingly, he returns to Fromm's contributions repeatedly during the book, trying to rectify what he perceives as an unjust neglect of Fromm's work by other psychoanalysts.

¹ He lists these as genetics, neurobiology, attachment theory, infant research, trauma, the relational model, the family system, the sociocultural level, and prehistory.

Ferenczi and Bowlby are the other contributors who receive the most attention from Bacciagaluppi. As he writes on the final page:

In this book I have dwelt especially on Ferenczi, Fromm, and Bowlby. Ferenczi as the initiator of the relational model, Bowlby and Fromm as his main heirs, in my view, on the two sides of the Atlantic. I believe that these three authors, by showing the ravages of the cruel and unnatural intra-specific² predation of the patriarchal culture, point to a way out—to the re-emergence of our innate co-operative and care-giving maternal culture. [p. 246]

Bacciagaluppi's implicit model of neurosogenesis sometimes appears to be misleadingly simplistic, relying excessively on scapegoating. Too often, his brief case reports seem to lay all the blame for the patient's problems on the parents. Here is one case:

This patient is an adult man. He was an only child. In his first year of life, his parents went off on holiday and left him with two spinster aunts. He cried a lot. In subsequent reports by his mother, he was described as having annoyed the aunts by his constant crying. He developed a character structure characterised by emotional detachment. [p. 59]

Here is another:

A thirty-five-year-old patient had been doing her best to look after her baby. A neighbor was very critical of her efforts at mothering, and, on the other hand, did nothing to help. At one point, the patient started ill-treating the baby. [p. 60]

In that second case, he does show sympathy for the mother—but she is his patient.

Another example is titled "Case 3: Multiple Traumas." His comments on this short vignette begin, "This is an example of multiple traumas" (p. 113). Later on that page is "Case 5: More Multiple Traumas." Predictably, its discussion begins, "This is another example of multiple traumas" (p. 114). It is surprising that the editor did not correct this off-putting redundancy.

² I.e., within the human species.

Although there is no entry in his index for dissociation, he cites it repeatedly in his excellent chapter on trauma, as well as mentioning it at least five times elsewhere in his book. He shows exemplary candor in admitting that "I have difficulty in recognising a dissociative state in a patient, even if it takes place in my presence" (p. 84).

Bacciagaluppi links disorganized attachment in childhood to later borderline pathology, but he fails to connect it with dissociative pathology. He provocatively writes of Robert Louis Stevenson's famous character:

The author is describing, in a figurative fashion, a man [Mr. Hyde] in a dissociated self-state committing child abuse. Of course, in Stevenson's novel, the two self-states [Dr. Jekyll and Mr. Hyde] look different, so one can tell them apart. Real life is more bewildering, because the physical aspect of the two self-states remains the same. There might be some relationship between this famous description of dissociation and some traumatic experience in the author's life. [p. 108]

Bacciagaluppi's longest case example is the sensitive portrayal of his once-weekly work for seven years with a woman whose childhood sexual abuse emerged in her dreams. He explains why he dwells at length on this case:

I report this case in detail because it has a central place in this book. It contains many of its main themes: the devastating effect of infantile trauma, identification with the aggressor, the loving approach elicited by the therapist, the presence of a weak precursor³ who was, nonetheless, lifesaving. [p. 157]

As I have noted, Bacciagaluppi can be refreshingly candid. One of his clinical vignettes on trauma is from his own self-analysis, tracing a night of insomnia to anxiety about an impending visit by a repairman, and ultimately back to his childhood fear of his depressed mother's possible vio-

³ He borrows this term from Hoffman, who used it more generically in referring to growth-promoting, earlier life circumstances. See Hoffman, I. Z. (1983). The patient as interpreter of the analyst's experience. *Contemp. Psychoanal.*, 19:389-422 ("maybe . . . [there were] weak precursors in the patient's history that were not pathogenic but rather growth promoting," p. 419).

lence. Intriguingly, he alludes to self states in the analyst when he adds, "I believe my adult part was care-giving towards a suffering child part" (p. 117). His self-awareness and nondefensiveness also come through in his recommendation that the patient's growing independence from the therapist should be respected—for example, when the patient disagrees with "some pet theory of the therapist" (p. 53).

Bacciagaluppi makes the perceptive observation that some parents may promote the child's excessive dependence, out of the parent's

. . . unresolved attachment needs The parent, on account of his or her own unsatisfied needs, is unable to give to the child in the earlier phase, and is unable to let the child go in the later phase. The Oedipal period is an opportunity for such a parent to pretend to give by seduction, while at the same time strengthening the hold on the child. [p. 38]

Elsewhere, he observes that "the Oedipus complex is often the culmination of an inverted parent-child relationship" (p. 45).

Despite the complexity of Bacciagaluppi's theoretical integration, there are moments when he seems to lapse into either/or thinking. His final paragraph warns of a "cosmic struggle between the forces of light and darkness The cosmic struggle can now be described in historical terms as that between the original maternal culture and the superimposed predatory patriarchical culture" (p. 246).

Such a Manichean world-view serves us poorly in psychoanalysis. One of the rare times that he criticizes Fromm is for his alleged "misinterpretation" of why Aeschylus's Clytemnestra killed Agamemnon: "He [Fromm] says that Clytemnestra had killed her husband in order not to give up her lover" (p. 221). Bacciagaluppi holds that this instead took place to avenge Agamemnon's murder of their daughter Iphigenia. However, human behavior is always multiply determined, so that these two motivations may have blended together for Clytemnestra, with the latter motive rationalizing the former—especially in appealing to the people, who might otherwise sentence her to death for killing Agamemnon.

Similarly, Bacciagaluppi seems to fall prey to misleading false dichotomies at times, fashioning straw men as foils for his favored theories. Eschewing Rangell's observation that psychoanalysis grows best through

"total composite theory," Bacciagaluppi instead highlights theoretical differences in a way that often idealizes those who rebel against their forebears. He resists few opportunities to take swipes at Freud. His nastiest attack on Freud is his insinuation that Freud's ultimately fatal cancer was punishment for his "betrayal of [his] true self" (p. 245).

Bacciagaluppi chastises Freud for being a Lamarckian and accepting the inheritance of acquired traits. Misleadingly, Bacciagaluppi claims that "modern genetics does not provide any conceivable mechanism for Lamarckian inheritance" (p. 201). It is true that science often suffers from the false assumption that the lack of a plausible explanation means that certain observations must be invalid.

Although Bacciagaluppi mentions epigenetics, he seems unaware that it offers mechanisms for the occasional inheritance of acquired characteristics. One well-known example is the so-called "Dutch hunger winter babies" of 1944–1945. Born to starving mothers, these children had a high incidence of later obesity due to the inheritance of physiological adaptations to starvation. One of several possible epigenetic mechanisms is *RNA interference*, in which messenger RNA is suppressed.

One might debate just how relevant speculations about human prehistory are to clinical psychoanalysis. Bacciagaluppi devotes his final and third longest chapter to prehistory. He says he dwells on it "out of concern for the future of life on our planet" (p. xix), given our proclivity for violence on individual and societal levels. His hope is that "psychotherapy... might contribute to the re-emergence of our innate co-operative and care-giving maternal culture" (p. xx).

Following Fromm, he believes that "primitive agriculture introduced an important discontinuity into our cultural evolution. Advanced agriculture actually entered into conflict with our cultural evolution" (p. 208), expelling our forebears from their more Edenic hunter-gatherer lives. Of parent–child conflict, he writes that "this inherent conflict might find empirical confirmation in the difficulties encountered in weaning among hunter-gatherers, where, presumably, behaviour moulded by biological evolution has not been significantly altered by cultural evolution" (p. 206).

Bacciagaluppi credits Bowlby with introducing "modern evolutionary biology into the psychological field" (p. 204). He cites Stephen Jay

Gould's sharp criticism of evolutionary psychology, without attempting to answer Gould's objections to it.

Despite the book's thirty-six pages of references, there are inevitable omissions, including the fascinating work on human prehistory by historian Robert S. McElvaine.⁴ With the support of both Betty Friedan and Edward O. Wilson, McElvaine speculated that misogyny originated with the male narcissistic injury stemming from women's development of agriculture, sending womb-envying men over the edge and leading to the dominance of a monotheistic male deity and the replacement of matriarchical societies with patriarchy. Men's hunting was relegated to a less significant role (did this possibly contribute, eventually, to American men's obsession with guns as the last, token vestige of their-once proud if now obsolete role as providers of wild game?).

Bacciagaluppi's bibliography includes some books that receive the barest mention in his text. For example, in the discussion of psychotherapy of the psychoses, he writes, "Rogers (1967) was interested in the therapy of schizophrenia" (p. 153), and "another contribution in this area is *Psychotherapy of Schizophrenia: The Treatment of Choice*, by Karon and Vandenbos (1981)" (p. 154).

He provides cross-references to his other chapters—perhaps to a fault. On a single page, we find the following: "a book by Boehm (1999), which will be discussed in Chapter Nine"; "Rousseau, who will be discussed at the end of this chapter"; "(Helfer & Kempe, 1968, discussed in this book in Chapter Five)"; "the weak object (1965), which will be discussed below"; and "as will be discussed further in Chapter Seven, also the family therapy literature" (p. 41).

With the current popularity of relational psychoanalysis, Bacciagaluppi's exploration of some of its intellectual origins is timely. We are at risk of undervaluing the contributions of some of our forebears. Ferenczi, Fromm, and Bowlby will be better appreciated, thanks to this book.

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⁴ McElvaine, R. S. (2001). Eve's Seed: Biology, the Sexes, and the Course of History. New York: McGraw Hill.

CREATED IN OUR OWN IMAGES.COM. *PYGMALION AND GALATEA* (1876), BY W. S. GILBERT. INTRODUCTION TO THE ART, ETH-ICS, AND SCIENCE OF CLONING. Edited by Fred M. Sander. New York: International Psychoanalytic Books, 2010. 189 pp.

This is an unusual but intriguing little book on a topic that is both timeless and also of current interest. It deals with one of the most basic preoccupations of humankind, namely, our mortality and our limitations as human beings. A major source of consternation and of searing, narcissistic injury for members of our species is the knowledge that, although we are capable of ruling and of transforming the physical world around us to a remarkable degree, we are nevertheless pawns in a grand, biological chess game that began long before we came into existence, either individually or collectively, and that will continue to play out long after we are gone. We are blessed and cursed with an intelligence that allows us to know just how much we are powerful but also powerless.

The book, interdisciplinary in scope, deals with our awareness that nature grants each of us but a few short years of life, allowing us to aspire to a tantalizingly small taste of immortality by engaging in creative acts that will leave something of us behind after we have ended our all-too-brief sojourn on earth. The most fundamental of these is our capacity to bear children so that they can repeat our likeness, to a greater or lesser extent, and so that they can perpetuate some of our biological makeup beyond our lifetime. We are painfully aware, however, that we have but limited control over the form and substance of our progeny, just as we have little or no control over the aging process or over the death sentence that inexorably strips us of youthful appearance, vigor, physical and mental capacities, and the very existence that are the source of our pride and of the influence we are able to exert upon the world.

As its full title indicates, a major focus of *Created in Our Own Images.* com is W. S. Gilbert's 1876 play, *Pygmalion and Galatea*. The play draws upon the ancient Greek myth of the sculptor whose hubris enables him to assume the godlike power of creating life with his chisel—only to find that his artistic wizardry creates all sorts of trouble for him and for those around him. It is as insightful into human nature and into societal vagaries as it is a delightful literary achievement. The book's editor, Fred

Sander, has earned a debt of gratitude from us for having resurrected the play from the dustbin to which time had consigned it, so that it can be read (and hopefully performed repeatedly) again in our time.

Pygmalion and Galatea was Gilbert's last and most successful play before he and Sir Arthur Sullivan began their felicitous collaboration on a series of wonderfully wise, witty, and enormously entertaining operettas that has immortalized them. In their musical comedies, they brilliantly satirized the defects and foibles of Victorian culture and social structure, and they ensnared the narcissistic concerns that people have about their human limitations—and they did so in a psychologically sound and theatrically mesmerizing fashion that has continued to help ease their audiences' distress over being mere mortals by inciting their laughter at themselves.

Why does Sander call this all-but-forgotten play to our attention? He does so because, in a way, it captures the heart of the important scientific and moral issues and concerns that arise out of the relatively recent discovery of DNA and the genetic code that controls life; the mapping out of the genome that generates the formation, functioning, and replication of plants and animals, including of our own selves; and the burgeoning of scientific, godlike command over the processes involved in assisted reproduction and genetic engineering.

In Gilbert's version of the story told by Ovid almost 2,000 years earlier, Pygmalion reproduces his beloved wife's body and face in a large number of statues he creates out of cold, lifeless marble via application to it of the remarkable, creative talent with which he has been endowed. He is unable, however, to slow or reverse the aging process that is taking his wife's beauty away from her, or to give her a child. She goes off to beg for assistance from Artemis, the fertility goddess, while he dreams of acquiring the power to create not only lifelike human images, but life itself.

When his wish comes true, and one of his lovely creations comes to life and instantaneously falls in love with him, Pygmalion is overjoyed—but then all manner of mischief erupts, creating myriad problems on the stage but hilariously entertaining the audience or the reader of the play. I have rarely laughed out loud while reading a book or a play, but I did so when I read *Pygmalion and Galatea*. This play is Gilbert at his cynical, whimsical, topsy-turvy, comical but keenly observant best.

Sander provides an introduction to the play in which he connects his interest in it with his long clinical experience with couples and families. He states:

I have heard my patients again and again express the wish that the person(s) they are living with change in accordance with the images they have of each other Couples struggle over conflicts around dependency, closeness, distance and autonomy. In addition, conflicts over dominance and submission, jealousy, adulterous wishes, guilt and punishment also manifest themselves in couples and families There is also frequent blaming of the other for disappointments in their own expectations that the other person is not reflecting some preexisting image. I have called this reciprocal process the "Pygmalion-Galatea complex." [pp. 16-17]

Sander notes that, less than a century after Gilbert had Pygmalion voice frustration and rage at being able to create only *images* of perfect human beings, in contrast to actual, flesh-and-blood life, the building block of life—DNA—was discovered (in 1953). Scarcely twenty years later, the stem cell was recognized and, just five years after that, the technique of *in vitro* fertilization was developed. Less than twenty years elapsed before a sheep, "Dolly," was cloned (after repeated cloning of frogs).

In 2010, as *Created in Our Own Images.com* was being born in electronic print, Craig Venter and his associates demonstrated their ability to "create" life by inserting artificial DNA into an enucleated bacterium that was then able to replicate itself (p. 25). The godlike or naturelike power to manipulate genes so as to produce perfected crops and livestock via genetic engineering had already been achieved by that point. We should take note that the creation of made-to-order humans might not remain science fiction much longer.

This book's chapter 2, "Reproducing Gender Roles in Victorian England," follows the text of Gilbert's play. In it, Carolyn Williams, who chairs the English Department at Rutgers University, argues that Gilbert was mocking the mythology created in Victorian England to justify a gerrymandered distribution of gender roles, which were attributed to nature when in fact they simply suited middle- and upper-class male in-

terests. She asserts that the Industrial Revolution and the blossoming of a middle class led to abandonment of the agrarian image of men and women working side by side, in favor of a view that cast men in the role of tough, industrious, virile, risk-taking entrepreneurs and workmen who carry out demanding and dangerous activities, while women are relegated to the position of innocent, naive, weak, and helpless caretakers of the household and of the children, remaining under male protection (and more or less under male ownership).

Williams emphasizes that gender roles are not biologically determined but are socially manufactured. Gilbert, she indicates, was an iconoclast who regularly punctured the Victorian gender mythology—one that nevertheless has largely persisted in Western civilization into the present time.

Williams, too, welcomes the resurrection of Gilbert's masterfully satirical play. She observes that, in the play,

[Galatea] crucially . . . does not reproduce correct gender norms and roles, and that is one main point of the play's humor. Galatea is newly born (she literally was "born . . . yesterday"), so that she has not yet been socialized. Therefore, though in an adult body, she does not know how to "act" the part of proper feminine woman. Thus Gilbert shows, tacitly, that gender is a function of culture, not nature—and that its structures are constraining. Galatea speaks freely of her sexual desire for Pygmalion . . . [and] the fact that her outspokenness seems absurd shows the play's critique of the subterfuge and disguise necessary for women to be correctly feminine Pygmalion tries to teach Galatea not to speak out: "Hush! Galatea—in thine innocence/Thou sayest things that others would rebuke." [p. 94]

Williams states further that:

We commonly say that to idealize woman is to "put her on a pedestal." The male fantasy of this perfect woman is that she is created for him, has no will apart from his life, and loves him with her whole being. The play suggests that this sort of fantasy of total devotion is involved in father–daughter incest (as well as the pre-oedipal attachment to a mother image); but whether or not we pick up on that suggestion, it is clear that Pygmalion's

love affair with his artistic creation makes him forget the real woman who is his wife. [p. 97]

Chapter 3, "Mimetic Musings in Art," by art historian Tom L. Freudenheim, contains the view that mimetic reproduction in the form of tangible images "has always constituted an important form of replication, perhaps to generate a sense of continuity or immortality" (p. 101). He connects the idea that "there's something especially threatening about a man-made statue that its creator ends up worshipping—or in any case finds it so alluring as to wish it would come to life" (p. 102) with the awe-somely frightening and awe-inspiring power of religious idols and icons. He proceeds from this to reflect on the power possessed by the more modern artist to create and replicate life in its various aspects.

Chapter 4 is titled "Glimpse of Things to Come." Here Lee M. Silver, Professor of Molecular Biology and Ethics at Princeton University, extrapolates from the theme of arrogation of the capacity to meddle in the natural processes of creating life in the Pygmalion story to the moral and ethical dilemmas posed by the approach of the modern, scientific ability to choose and even artificially construct the genetic makeup of children. He predicts an emergence in the not-very-distant future of the capacity not only to plan—and enrich—children's genetic foundation, but even to create virtual images of what they can be expected to look like at various future stages of their lives. He also foretells the time when two women will be able to create offspring together via skillful manipulation of their genetic material.

Are these ideas incredible? Are they preposterous? Weren't Leonardo's flying machine, Jules Verne's submarine and spacecraft, and, come to think of it, Aristotle's hovering man viewed that way in their time and for many years thereafter? Silver's approach in this chapter is not only scientific, but also humorous and satirical. Gilbert, unlike Queen Victoria, would have been amused.

Unfortunately, the last three chapters of the book, authored by a science writer and two genetic researchers, are not nearly so informative and stimulating as those that come before them. They address the topics of "germline" genetic engineering to develop transgenic seed that yields superior plant crops and the use of cloning to produce consis-

tently healthy and nutritiously valuable food animals; a very simple and rudimentary description of the genetics involved in cloning Dolly the sheep; and the current (promising but not yet delivering) status of stem cell research for the treatment of various medical diseases.

To their credit, one of these authors offers a link to a website that promises a beginning course on genetics, and Sander, in an epilogue, offers links to three additional sites that promise further education on the topics of biological and cultural evolution. He does this in the spirit of maintaining a cheerful outlook about good things to come from genetic research in the future.

Sander also whimsically offers the reader a brief alternative ending to *Pygmalion and Galatea*. This scenario allows Galatea the opportunity to remain alive, in contrast to Gilbert's more sober and theatrically sound ending in which she is required to return to her pedestal as a cold, lifeless, but eternally young and beautiful statue, so that matters might return to the more stable and comfortable *status quo ante*. Apparently, Sander favors allowing readers of this book to be more optimistically idealistic about the kind of future that genetic engineering promises (less than optimally mature) humankind than its scientific contributors appear to foresee—if readers want to view things that way.

This is a thought-provoking, stimulating, and eminently entertaining little book, which is quite appropriate given its organization around a brainchild of Gilbert. After all, Gilbert was a master at addressing serious matters in such a seemingly light-hearted, frothy manner that a theater audience could accept, tolerate, and now and then even think about the ideas being presented to them. Isn't there a song lyric suggesting that a little bit of sugar makes the medicine go down?

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FREUD IN ZION: PSYCHOANALYSIS AND THE MAKING OF MODERN JEWISH IDENTITY. By Eran J. Rolnik, translated by Haim Watzman. London: Karnac, 2012. 252 pp.

First published in Hebrew in 2007, this exemplary work of scholarship is now available to English-language readers. Its author, Eran J. Rolnik,

tently healthy and nutritiously valuable food animals; a very simple and rudimentary description of the genetics involved in cloning Dolly the sheep; and the current (promising but not yet delivering) status of stem cell research for the treatment of various medical diseases.

To their credit, one of these authors offers a link to a website that promises a beginning course on genetics, and Sander, in an epilogue, offers links to three additional sites that promise further education on the topics of biological and cultural evolution. He does this in the spirit of maintaining a cheerful outlook about good things to come from genetic research in the future.

Sander also whimsically offers the reader a brief alternative ending to *Pygmalion and Galatea*. This scenario allows Galatea the opportunity to remain alive, in contrast to Gilbert's more sober and theatrically sound ending in which she is required to return to her pedestal as a cold, lifeless, but eternally young and beautiful statue, so that matters might return to the more stable and comfortable *status quo ante*. Apparently, Sander favors allowing readers of this book to be more optimistically idealistic about the kind of future that genetic engineering promises (less than optimally mature) humankind than its scientific contributors appear to foresee—if readers want to view things that way.

This is a thought-provoking, stimulating, and eminently entertaining little book, which is quite appropriate given its organization around a brainchild of Gilbert. After all, Gilbert was a master at addressing serious matters in such a seemingly light-hearted, frothy manner that a theater audience could accept, tolerate, and now and then even think about the ideas being presented to them. Isn't there a song lyric suggesting that a little bit of sugar makes the medicine go down?

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

FREUD IN ZION: PSYCHOANALYSIS AND THE MAKING OF MODERN JEWISH IDENTITY. By Eran J. Rolnik, translated by Haim Watzman. London: Karnac, 2012. 252 pp.

First published in Hebrew in 2007, this exemplary work of scholarship is now available to English-language readers. Its author, Eran J. Rolnik,

an Israeli psychiatrist, psychoanalyst, and historian, ably combines his knowledge and skill in each of these disciplines to produce a volume so packed with new information and so well written that I strongly recommend it to anyone with an interest in the history of psychoanalysis.

Delving through heretofore untapped archives in Israel and other countries, Rolnik tells the story of psychoanalysis within the *Yeshuv* (the body of Jewish residents in Palestine before the state of Israel came into being). The cast of characters in this story are generally not well known, with the exceptions of Theodor Herzl and Max Eitingon, yet they all played key roles in bringing psychoanalysis to British-occupied Palestine.

Without Eitingon's immigration to Palestine in 1933, there might not have been such a compelling story. A member of Freud's "secret committee," Eitingon is remembered for his financial support of psychoanalysis and for having established the Eitingon model of psychoanalytic training, which for better or for worse continues to be generally accepted. Some may also remember him for an exchange of letters in the *New York Review of Books* in 1988, in which he was accused of being a KGB spy and subsequently defended against this accusation.

Born in Russia to a family of fur traders who moved to Leipzig, Max Eitingon was "perhaps" a distant relative of Leonid Eitingon, a member of Stalin's "killerati" who drove the getaway car following the 1940 murder of Leon Trotsky in Mexico. However, the alleged KGB connection was never proven. At any rate, the Eitingon family fortune—which was considerable—came from the fur trade. It provided Freud with cigars and other gifts, financed the Berlin Institute (including the work of Freud's son Ernst as its architect), and supported both the polyclinic and the *Internationaler Psychoanalytisher Verlag*. The lavishness and decor of Eitingon's home in Berlin was such that it was called "Hotel Eitingon," and the family was known as the "Rothschilds of Leipzig."

Of interest—especially to those who follow the present controversy about the status of training analysts—is the fact that Eitingon received the world's first training analysis from Freud. This took place twice a week for a month and a half while the two key players strolled through the streets of Vienna at night. Their acquaintance resulted in an exchange of 821 letters between them; these letters, which have thus far

been published only in German,¹ were well utilized by Rolnik in his authorship of *Freud in Zion*.

Freud wanted Eitingon to be lifetime president of the International Psychoanalytical Association and to marry his daughter Anna. However, Freud's duplicity was in evidence in a letter to Anton Zweig (with whom he had a voluminous correspondence) that disparaged both Eitingon and his second wife, Mira Yakovlevna, an actress, citing her high-living style and her extensive shoe collection. Rolnik notes that Freud wondered about the "neurotic conditions of their love" (p. 85). Nonetheless, he wrote to Zweig:

I do not care what generations to come may think of this letter. Then, like now, I suffice myself with the fact that we loved this exceptional man [Eitingon]. He also erred when he doubted Mira's love for him. But that, too, is of no importance compared to the fact that he was there and was worthy of our love. [p. xii]

After Eitingon's death in 1933, Mira did not go back to Europe; instead, she used her talents to re-create in Palestine the elegant Weimar lifestyle to which she had been accustomed. Shortly after her husband's death—controverting the innuendo about her selfish nature—she deeded over to the Palestine Psychoanalytic Society the beautiful building in which the Jerusalem Psychoanalytic Institute was housed, together with all its furnishings. It was an act of generosity without parallel in the history of psychoanalysis, in keeping with her husband's legendary munificence. (Eitingon, however, was less generous in his view of Arabs and Orthodox Jews, feeling that they could not be analyzed.)

Rolnik also discusses Arnold Zweig, who arrived in the Yeshuv from Germany with the rise of Nazism. There he entered an analysis that he found helpful, but he became disillusioned with Zionism; he remarked that "Zionism is a disease one can recover from only in Palestine" (p. 108), reflecting his allegiance to Marxism and Communism. After the war, Zweig went to East Germany, where he wrote novels. He won a Lenin Prize, and his image even appeared on an East German postage stamp.

¹ Schroter, M., ed. (2004). Sigmund Freud-Max Eitingon Briefwechsel, 1906–1939. Tubingen, Germany: Edition Diskord.

Moshe Wulff, a Russian who trained in Vienna, was one of the founders of the Russian Psychoanalytic Society. In 1933, he moved to Palestine, where some saw him as a more important psychoanalytic authority than Eitingon himself. Wulff felt that he alone had Freud's blessing, and thus there was conflict with Eitingon. Upon Eitingon's death, Wulff became president and later honorary president of the Israel Psychoanalytic Society—which, incidentally, continues to thrive.

Rolnik discusses many other important psychoanalytic contributors in a chapter on the discontents of the early psychoanalytic pioneers. David Eder, who together with Ernest Jones helped found the London analytic society, came under the allure of Zionism and traveled to Brazil with the idea of promoting the settlement of Jews there. Also with Jones, he hatched the idea of establishing a psychoanalytic colony in Mexico as well. In the course of his travels, he was once captured by cannibals! Eder had a tendency to see the Jewish people as a psychoanalytic patient, claiming that the Jews of the Yeshuv were too ruled by emotion.

Arthur Ruppin, another psychoanalyst, was critical of Eder, claiming that a British Jew could never understand the Arab mind. Dorian Feigenbaum, a member of the Swiss analytic society who would later co-found *The Psychoanalytic Quarterly*, surprised his colleagues when he became superintendent of the only psychiatric hospital in Palestine. Eder and Feigenbaum established a psychoanalytic study group; among its members were the philosopher Hugo Bergmann, who was being treated by Feigenbaum, and Greta Obernik, a teacher who later belonged to the Palestine Psychoanalytic Society.

Although Bergmann found his analysis helpful, he later became critical of what he felt was Freud's biological positivism and lack of metaphysical thinking. Feigenbaum, in his later application for membership in the New York Psychoanalytic Society, omitted mention of his years in Palestine; Rolnik speculates that he feared his brief Zionist fling might hurt his reputation—or even that Hadassah women might catch up with him.

In a chapter on the "new man" of the Zionist revolution, Rolnik mentions a Swiss psychiatrist, Rafael Becker, who saw "Jewish nervousness" as a result of poor living conditions. He believed that Zionism was a form of therapy for the Jewish people.

At the Second Jewish Congress in 1898, Max Nordau, Theodor Herzl's partner in founding the Zionist Organization, characterized Zionism as a sort of political medicine for the revival of the Jewish body. Rolnik writes:

The Zionist scientific discourse about the mental and physical state of the Jews generally tried to move the discussion's centre of gravity outward, from the Jewish body to the ills of the non-Jewish environment. While Ruppin at first used the term "Zion" to refer to a metaphysical condition, rather than a geographical location that could provide for the survival of the Jewish nation, within a few years he became a political Zionist and unambiguously advocated settlement in Palestine as a cure for the ills brought on by the conditions under which most of Europe's Jews lived. Others offered an alternative model that viewed East European Jews, who had more pristine cultural and historical identities than did their assimilated Western brethren, as those most fit to take part in building the nation anew. [p. 6]

If Zionism was to create a new Jewish adult, the kibbutz was to create a new Jewish child, freed from the primal scene and parental influence; it was thus reasoned that there would be a fundamental change in the Oedipus situation. Shmuel Golan, an educator who underwent analyses with Moshe Wulff, argued that the Oedipus conflict was socially determined, and that this weakened Freudian theory. He was joined in this view by Otto Fenichel, who had a Socialist background; he, too, believed that the Oedipus conflict was not universal or biologically determined, but rather a reflection of social and environmental causes.

Freud in Zion is the fourth volume in Karnac's History of Psychoanalysis series, edited by Brett Kahr and Peter L. Rudnytsky. A useful preface authored by Rudnytsky observes that:

If, as Eran Rolnik aphoristically condenses his lesson in the epilogue [of *Freud in Zion*], "Zionism . . . may not have agreed with Freud's theory, but very badly needed it," it is equally the merit

of this formidable contribution to psychoanalytic scholarship to have shown the reverse as well. $[p.\ xv]$

I would add that, as a reviewer, I have rarely come across a book to which I can give the unqualified praise that *Freud in Zion* deserves.

JOSEPH REPPEN (NEW YORK)

ABSTRACTS

THE SCANDINAVIAN PSYCHOANALYTIC REVIEW

Abstracted by Karin Rodhe

Volume 32, Number 1 – 2009

Mother–Infant Work and Its Impact on Psychoanalysis with Adults. By Björn Salomonsson, pp. 3-13.

Drawing on his work with mother–infant psychoanalytic treatment, the author reflects on the ways in which these experiences have influenced his work with older patients. Babies flood the analyst with nonverbal expressions of their feeling states. In working with a mother who is soothing her baby, the analyst can observe container-contained interactions from another perspective than that utilized in a classical psychoanalytic setting.

Work with a two-week-old boy and his mother is presented as an example, as well as the treatment of a 35-year-old woman. The baby-mother work inspired the adult analysis, the quality of which gradually shifted from "battlefield" to "playground."

Freud's Philosophical Path: From a Science of Mind to a Philosophy of Human Being. By Alfred I. Tauber, pp. 32-43.

Despite his early interest, Freud explicitly rejected philosophy because of its allegedly speculative character. He struggled to balance the intellectual appeal of philosophy with the certainty he hoped to find in positivist science.

Putting aside the scientific status of Freud's work, the author reexamines Freud's attitude toward philosophy. In failing to recognize the assumptions made in his investigations, Freud separated psychoanalysis from philosophy on the charge that philosophers equate mind with consciousness, put forth putatively unfounded speculations, and assume false conclusions about the comprehensiveness of their tenets.

However, as Tauber points out, Freud never completely abandoned his initial philosophical proclivities. His contributions to cultural history, social philosophy, notions of personal identity, and the humanistic thrust of psychoanalysis demonstrate that he continued to follow his initial interest in philosophical questions.

The author concludes that a reconsideration of Freud's self-appraisal of his own intellectual commitments is warranted.

On the Art of Loving What Is Written: Review of *Om konsten att älska skriften*, by Mikael Enckell (2009). By Berit Bergström, pp. 71-73.

In his latest book, Enckell, a Finnish writer and psychoanalyst, returns to the theme of psychoanalysis and its roots in Judaism and the importance of the written word. The book is composed of four essays about women for whom these themes are pertinent, followed by two concluding chapters. Enckell relates the lives of these women—George Eliot, Helen Enehjelm (an American who married a Finnish man and moved to Finland), Heidi Enckell (mother of the author), and Irene Némirovsky—to Jewish experience. Like the Jewish people, these women were socially marginalized, and the author reflects on how this experience creates space for the most essential questions.

The last two chapters contain passages on Jewish theology, literature, and psychoanalysis and on their common ground: all deal with the hidden meaning of human experience.

Affect Regulation in Extreme Traumatization—Fragmented Narratives of Holocaust Survivors Hospitalized in Psychiatric Institutions. By Suzanne Kaplan and Dori Laub, pp. 93-104.

Twenty-six videotaped interviews with chronically hospitalized Holocaust survivors are examined in this paper. Laub and her assistants conducted the interviews in Israel in 2002 and 2003, after which transcripts

were sent to Kaplan for analysis. Numerous excerpts from the interviews are included in the article.

Using the *affect-propeller model* that she has presented in earlier work, ¹ Kaplan describes two trauma-related phenomena: *affect imploding* and *affect encasement*. These mechanisms were shown to be much more common in hospitalized Holocaust survivors than in nonhospitalized ones.

The Conflicting Forces of Freud's Clinical Situation: Looking at the Evolving Method in the Case of the Rat Man. By Rolf Kunstlicher, pp. 116-124.

A critical scrutiny of Freud's treatment of the Rat Man elucidates implications of the built-in contradictions found in Freud's work as the psychoanalytic method evolved. By comparing the published case of the Rat Man with Freud's private notes, the author highlights two different perspectives. He notes that—in molding a clinical situation that would confirm his theories—Freud became partially blind to irrational distortions in his perception of the interaction between the patient and himself. Contradictory "theories," both explicit and unconscious, and the emergence of a more modern understanding of transference are expounded.

The Analyst's Desire in the Era of Intersubjectivity. By Maria Fitger, pp. 134-140.

Growing discourse on the concept of intersubjectivity in modern psychoanalysis has pushed interest in the intrapsychic and its emphasis on drive and object into the background. Authors who wish to avoid a one-sided focus on intersubjectivity usually subscribe to a dual-dimensional approach, taking both perspectives into account.

In this article, the analytic situation is described not in two but in three dimensions—the analytic function constituting a third dimension necessary for the interplay between the other two dimensions. Focusing on the analyst's position, the author presents a model that consists of (1) the analyst-as-subject, (2) the analyst-as-function, and (3) the analyst-

¹ Kaplan, S. (2008). Children in Genocide: Extreme Traumatization and Affect Regulation. London: Karnac/Int. Psychoanal. Assn.

1052 ABSTRACTS

as-object. The analytic function is understood to be invested with a particular form of desire; it is argued that the asymmetry between this desire of the analyst and the desire of the analysand is a central characteristic of the analytic situation.

Volume 33, Number 1 - 2010

On the Dialectics of Psychoanalysis and Its Potential for Aliveness. By Marketta Tuominen, pp. 23-31.

We become alive by accepting death. This idea, beautifully expressed in a Native American myth cited by the author, is the starting point for an exploration of the relationship between the capacity to accept paradoxes and the opening up of a potential space for creativity.

Tuominen takes up the concept of *dialectical edge*,² which describes moments when something new is experienced and accepted in the analytic consulting room. Utilizing two clinical examples (an adult woman and a nine-year old boy), the author illustrates how these moments can come about, noting that they require courage and sensitivity on the part of both participants.

Infantile Sexuality: The Concept, Its History and Place in Contemporary Psychoanalysis. By Judy Gammelgaard and Katrine Zeuthen, pp. 3-12.

This article's content is aptly described by its title. Starting with Freud's foundational work,³ the authors review subsequent discussions on infantile sexuality, paying special attention to Michael Balint's concept of *primary love* and John Bowlby's *attachment theory*, since then represented by the work of several other authors.⁴

² Israelstam, K. (2007). Creativity and dialectical phenomena: from dialectical edge to dialectical space. *Int. J. Psychoanal.*, 88:591-607.

³ Freud, S. (1905). Three Essays on the Theory of Sexuality. S. E., 7.

⁴ See, for example: (1) Fonagy, P. & Target, M. (1997). Attachment and reflective function: their role in self-organization. *Devel. & Psychopath.*, 9:677-699; and (2) Holmes, J. (2001). *In Search of the Secure Base.* London: Routledge.

1053

Gammelgaard and Zeuthen find problematic the present attempt to integrate a theory of sexuality into a mentalization model. As an alternative, they offer a formulation based on their reading of Laplanche, Widlöcher, and Botella:

We conclude that the infantile sexual moment is created at a somatically determined point of time through the child's attempt to decipher the impressions that signify sexual themes and therefore excite the child What is not organized in this way to some extent submerges into the unconscious . . . as the internal core of unconscious fantasies. [p. 11]

Two clinical examples are presented.

The Epistemological Status of the Case History and the Play-Character of Clinical Psychoanalysis: Two Doctoral Dissertations. By Johan Eriksson, pp. 40-46.

Two recent dissertations are reviewed: "Close to the Particular: The Constitution of Knowledge from Case Histories in Psychoanalysis" (2009), by Torberg Foss of Oslo, and "The Clinical Situation as a Play Situation" (2010), by Rolf Kunstlicher of Stockholm.

Foss discusses how the psychoanalytic case study can generate knowledge beyond the particular event—by fostering a way of seeing, illuminating instead of illustrating. This way of seeing requires the "researcher" to have a special attitude incorporating presence and openness, directed both inward and toward the external world. Such an attitude can lend form to previously incomprehensible material. The theory it generates is always tentative and functions as an instrument and a sounding board for further analytic listening. "Only here, in the expansion of the ability to see and understand, lies the general epistemological value of psychoanalytic theory" (p. 43), according to Foss.

Kunstlicher takes as his starting point a paradox inherent in the psychoanalytic situation: namely, that by trying to stay "neutral," the analyst is drawn into an emotional field charged with affects. Maintaining the frame becomes crucial in order for different levels of significance to intersect. Here Kunstlicher sees parallels with the play situation in

producing an as-if quality. Inevitably, this quality breaks down when repetition compulsion takes over; therefore, he describes the psychoanalytic process as an oscillating motion between play and repetition. The role of the analyst is above all to be the guardian of the frame, so that the play situation can be restored again and again.

Volume 33, Number 2 - 2010

Expulsion from the Garden of Eden: The Pain of Growing Wiser. By Gudrun Bodin, pp. 96-105.

This paper uses the biblical story of expulsion from the Garden of Eden as a metaphor for the depressive position, wherein integration, development, and maturation take place, and the confluence of hatred and love toward the object gives rise to sadness and guilt feelings. In this story, Adam and Eve took an important developmental step by eating fruit from the tree of knowledge, learning to distinguish between good and evil, but ultimately they were banished from the Garden. They had set foot on a bridge between the internal and external worlds, where there is constant movement; they had approached seeing the Other as different and had progressed toward developing a sense of reality. The myth shows how painful such maturation can be.

Bodin connects these ideas to a clinical example: the analysis of a severely traumatized girl, "J," conducted when the patient was between ten and fourteen years of age. Both J's parents were alcoholics; she had never known her father and her mother died when she was seven years old, after which she was placed in foster care. She had withdrawn from the world and was in hospital when analysis started. The analyst was able to connect to her by verbalizing what she thought J was experiencing.

J started building hiding places in the consulting room and became more and more resentful of the analyst's words, using the analyst as a "toilet-breast." Separations for vacations were unbearable and first had to be denied, after which they were experienced only briefly or indirectly: J sang songs that expressed longing ("Tell Me That You Miss Me"), denying that these were her feelings.

The author discusses how impossible it was for J to accept the analyst as an other, as someone separate—to enter the depressive position, to leave the Garden of Eden.

Developmental Illusion in an Analysand with Difficulties in Revisualization. By Helge Sletvold, pp. 122-129.

This paper describes the analysis of a woman with difficulties in creating and sustaining mental images of persons, especially of those affectively close to her. Neuropsychological and psychoanalytic aspects of this problem of visualization are considered, and an attempt is made to understand the patient's problem in light of her history of early deprivation and repeated separations from attachment figures. She had been cared for alternatively by her maternal and paternal grandparents, and finally by an abusive mother and an uncaring stepfather.

The analysand made it a personal project to explicitly recall places and situations from her childhood. At a certain point in the analysis, she was able to visualize parts of the analyst's body—"as if I use your body," she said.

Important phases in the analytic process—distinct both from transference and from reality—are discussed using the concepts of *new beginning, developmental object,* and *developmental illusion*. The latter, coined by Riitta Tähkä, is juxtaposed with neurobiological facts of development and change, as well as with constraints to change; it remained the hypothetical curative factor in this analysis.

Freud and Philosophy. By Johan Eriksson, pp. 142-148.

In this essay, the author reviews Tauber's *Freud, the Reluctant Philosopher.*⁵ Eriksson finds the book "rich, interesting, and engaged" (p. 143), and summarizes its main argument that Freud's *oeuvre* should be understood as a movement "from a postulated science of the mind to a

⁵ Tauber, A. I. (2010). Freud, the Reluctant Philosopher. Princeton, NJ: Princeton Univ. Press

humanist inquiry of the soul," and "primarily as an ethical project" (p. 143).

While agreeing with the basic assumption of seeing psychoanalysis as an ethical project, Eriksson nevertheless takes issue with a number of points. He questions Tauber's description of Freud's use of the concept of drives as a biological one; according to Eriksson, it must be seen as a "dynamic force within the psyche" (p. 144) that is not the same as instinct.

Another disagreement concerns what Eriksson sees as Tauber's false presentation of a sharp boundary between Freud, the scientist, and Freud, the *clinical* scientist. Eriksson defends analysis as "a science of subjectivity" (p. 145); he quotes Ricoeur's formulation that Freud discovered that "our mental life includes psychological and motivational layers that are not non-subjective but rather *de-subjectivized*" (p. 146).

Finally, Eriksson criticizes Tauber for stressing the rational side of analysis as "an exercise of reason over nature Nothing, in my opinion, could be more wrong as an interpretation of Freud" (p. 147). Instead, analysis is better described as "a constant dialogue and mutual influence between the conscious system and the unconscious" (p. 147), in Eriksson's view.

Freud's Defense of Reason: Response to Johan Eriksson's "Freud and Philosophy." By Alfred I. Tauber, pp. 151-157.

Tauber begins his response to Eriksson by confirming their basic agreement about the ethical commitment of psychoanalysis. He then defines his own interest as a philosopher in Freud as primarily a humanist, believing in the power of reason, and neither as a scientist nor a therapist. He takes up three points about which he and Eriksson disagree: (1) the question of science; (2) the paradox of free will; and (3) the place of reason.

Tauber understands Freud's claim that psychoanalysis is a science as belonging to the 19th-century positivist culture, which is not relevant today; for Tauber, this point is not really fundamental for an appreciation of Freud. Therefore, whether or not analysis can be considered a

science today—which Tauber doubts or even denies, questioning Eriksson's description of "a science of subjectivity"—is not the main concern.

According to Tauber, Freud embraced two apparently conflicting metaphysical positions: a determinist one and a humanist one, believing as he did in free will. Tauber describes this as an unresolved paradox, one that he accepts as fact.

Tauber cites Freud's famous words about the voice of the intellect that is soft but does not rest, and notes that in this Freud follows Kant. Only through reason can we hope to gain freedom, but this requires an active response to life's challenges. Tauber is skeptical of Eriksson's formulation of a dialogue between the conscious and the unconscious: "The id speaks, but does it listen?" (p. 156).

Tauber concludes by saying:

Perhaps that is [Freud's] greatest contribution, for having recognized the power of unreasoned unconscious and the weakness of the ego to direct the powers of the Id, he re-fashioned a humanist program . . . by asserting the standing of reasoned analysis as a moral imperative. [p. 156]

Volume 34, Number 1 - 2011

On the Capacity to Endure Psychic Pain. By Robbert S. G. Wille, pp. 23-30.

In this article, Wille tackles difficult questions about psychic pain: what is it, where does it originate, how is it endured, what is the difference between experiencing and suffering pain?

Wille starts with a memory from his own youth when he was shocked at a clinical supervisor who recommended deeper interpretations that implied taking a deliberate risk of provoking a breakdown in the patient. Reflecting on this memory, the author recalls Winnicott's thoughts about *fear of breakdown* and relates this fear to that of psychic pain. To avoid breakdown and pain, patients use strong defenses that present great

 $^{^6}$ Winnicott, D. W. (1980). Fear of breakdown: a clinical example. Int. J. Psychoanal., 61:351-357.

technical challenges in analytic work when there seems to be no other way for change to come about than through the experience of pain.

In trying to define psychic pain, Wille discusses similarities and differences with somatic pain. Many authors note the connection between psychic pain and object loss. The concept is used in a broader sense as well as a more restricted one; the broader refers to various unpleasant affects, while the restricted one has an existential connotation involving a threat to the coherence of the self.

Wille traces the ability to endure psychic pain to the earliest phases in human life, when the somatic and psychic are not yet differentiated. He gives as an example the mother who soothes her child while it is still in the womb when overly strong stimuli create a disturbance. This sets the pattern for how the mother can share her child's pain, later on by helping it to recognize and verbalize what is happening, giving the pain back in more tolerable form.

As analysts, we sometimes seem to inflict pain; our first goal is to increase and enrich the range of emotional experience rather than to achieve relief of pain. We accept the fact that psychic pain is part of our existence.

Wille's article ends with a powerful clinical example in which a patient puts enormous pressure on the author to help her avoid feeling pain, accusing him of being sadistic and cruel and expressing murderous rage. The author is able to stand firm at the same time that he doubts himself. Later the patient is able to say that there is no other way but to go through the pain. "Patient and analyst alike must learn to endure psychic pain. The analyst must in addition learn to inflict pain lovingly" (p. 30), Wille concludes.

An Interview Study with a Finnish War Child. By Barbara Mattsson and Sinikka Maliniemi-Piispanen, pp. 31-40.

During the Second World War, about 80,000 children were evacuated from Finland, mostly to Sweden. Many later returned, but a substantial number stayed. In 2007, the coauthors of this article interviewed ten

people who remained in Sweden about their childhood memories; one interview is presented as a case study.

The interviews were unstructured, and for their analyses, "grounded theory" was used—meaning an attempt to review the material in retrospect to identify common themes. Mattsson and Maliniemi-Piispanen found traumatic reactions that included feelings of emptiness, rage, and conflict related to having had two sets of parents.

A model created by Kaplan proved helpful in understanding the material. This model describes the long-term psychological impact of war on children. *Trauma linking* refers to the way in which traumatic experiences and affects may reemerge associatively later in life, while *generational linking* denotes what unites the past with the present.

The subject of the interview discussed in this article, Kirsti, was evacuated from Finland at the age of three. She came from a family of six children in which there was not enough to eat; her father was away as a soldier. She was placed in a childless family, with two of her brothers arriving later but not joining the same family. After the war, Kirsti returned to Finland but stayed only a few months; she refused to eat and was allowed to go back to her adoptive family.

The interview was taped and transcribed so that the authors were able to follow the process closely. They used their countertransference feelings during the interview, noting Kristi's need to be in control and to be the one who knew, as well as the lack of real dialogue between them.

Kristi's narrative is a mixture of memories with small details (*trauma linking*) and later constructions (taking control, being the one who knows). In describing her experiences, she often lapsed into the present tense (timelessness) and somatic expressions (coughing and stammering). But she also sustained good memories (*generational linking*). The interview naturally stirred up powerful feelings, some of which Kirsti could reflect on, but she also denied and projected her feelings onto the interviewer, who reports having had the sense of holding her breath and of being controlled.

This report is part of an ongoing research project to better understand the psychological impact of forced evacuation during childhood.

Grappling with *die letzte Dinge*: The Persistent Interest of Psychoanalysis in Religious Experience. By Torberg Foss, pp. 41-49.

In this article, Foss brings together psychoanalytic and philosophical thinking (mainly in the Wittgenstein tradition) on the topic of religious experience. In a way that also characterized his 2009 dissertation,⁷ he discusses the work of many different thinkers and relates it to literary examples.

One example is a short novel by Flannery O'Connor, an author from the Protestant Bible Belt in the Southern United States, called *The Artificial Nigger*. In this novel, a boy and his grandfather betray each other but, through something that O'Connor calls *grace*, they find their way back to each other. How this happens can only be shown, not explained.

Foss compares Freud's and Jung's differing attitudes to religious experience and argues—with O'Connor—that Freud can be more helpful than Jung in understanding and meeting religious patients. He discusses paradoxes in Freud's writings: a stern reductionism, on one hand (religion "is nothing but . . ."), and a fascination and respect for religion as something that goes deep in people, on the other.

Among others, Foss takes up the example of Françoise Dolto, who has written about the importance of her Christian faith in working as an analyst. This leads to a discussion about the relationship between faith and analysis; it is not only that psychoanalysis analyzes faith—explains it, so to speak, by reducing it to something else—but also that faith can cast light on analytic theory.

Other authors whom Foss takes up are Klauber, Rycroft, and Meissner. He discusses their thinking both respectfully and critically. At the end, he cautions: "This is difficult ground where we should tread carefully" (p. 47).

Volume 34, Number 2 – 2011

Crippled Feet: Sadism in Lars von Trier's *Antichrist.* By Siri Erika Gullestad, pp. 79-84.

Siri Gullestad, professor of psychology in Oslo, discusses Trier's film Antichrist. In contrast to many reviewers of the film who have seen it

 $^{^7}$ See "The Epistemological Status of the Case History and the Play-Character of Clinical Psychoanalysis: Two Doctoral Dissertations," abstracted on pp. 1053-1054.

as provocatively antifeminist, Gullestad tries to understand the feelings and actions of the woman in the story. The film relates the interaction between the parents of a child who fell from a window and died; this occurred when the parents were making love and did not notice what was happening.

The mother is first taken to a hospital and medicated, being diagnosed as deeply depressed. Her husband, a therapist, then takes her to a cabin called Eden where he tries to cure her through the exposure and correction of irrational thoughts.

The wife exhibits two kinds of sadistic actions. First, she reacts with violent rage when her husband/therapist tries to correct her without any understanding or acknowledgment of her inner world. Since she is not able to represent her feelings, she acts them out: that is, she ties her husband to a metaphorical grindstone so that he is unable to leave her—this after she has castrated him.

The second sadistic action is less openly violent; Gullestad calls it more silent and cold. The wife had repeatedly put the right shoe on the left foot of the boy who died and vice versa, thereby crippling him, making him unable to move away from her. When confronted with this, she shrugs and dismisses her repeated action as a slip of the mind.

Both these actions are carried out to prevent her husband and child from leaving her, since the wife experiences other people's otherness as abandonment. Here Gullestad draws a parallel with Ibsen's play *Little Eylof*, in which a boy dies while his parents are having intercourse because they are not willing to let him come between them, thus not allowing a third.

Gullestad discusses the film as a mythological narrative: the man and the woman have no names, and the location of their confrontation is called "Eden."

The Absent Father in the Transference: A Case Study of Primary Identification and Psychic Survival. By Simo Salonen, pp. 85-94.

As the title indicates, this article consists of a case study and the reflections it triggered in the author. The analytic process described covers two periods: one an intensive analysis of five years starting thirty years ago, and a second one fifteen years later, stimulated by the patient's painful life changes. The second period lasted for another five years and involved once- or twice-weekly sessions.

The patient, Martin, a teacher of around forty who was married and had three children, sought help because of a recent conflict with his boss, a father figure. Martin felt his mind was fragmenting. He also had hypochondriacal sensations in his genital area.

Martin was a fatherless boy; he and his father never even knew of each other's existence, the mother not having told either about the other. As an adult, Martin came to know who his father was but did not dare to contact him. He spent his first year of life in a children's home and was later moved to live with his maternal grandmother. His mother, who lived and worked in a nearby town, visited him on weekends. At ten, Martin moved in with his mother and her sister.

The author relates the drama of the first years of Martin's analysis; during the first summer break, he regressed but also learned how to swim. He spent time in a psychiatric hospital and could not work for two years. During the second summer break, the patient contacted his father for the first time, which aroused catastrophic feelings and a return to his mother—which in turn activated fears of the primal scene, of "meeting his father at the very concrete site of his parents' love life" (p. 87).

Martin regressed again, losing weight and neglecting his hygiene. Gradually, the analytic work made it possible to work this through, and intrapsychic conflicts in the transference could be addressed. Toward the end of the first five years of the analysis, Martin was ready to actually meet his father—"to see my father's eyes," which made him finally feel "my body as my own" (p. 90).

When Martin again contacted his analyst fifteen years later, his wife had left him and he had retired. He blamed analysis for his failures and wanted retribution. The analyst/author states that he himself had to work through his own doubts about their work before he was able to interpret and finally to reach a resolution, in which Martin discovered his own significance as a father and grandfather.

The article ends with the author's comments relating his work to ideas about primary identification, in which he cites Freud, Green, Chasseguet-Smirgel, and Gaddini.

Phenomena or Data? Qualitative and Quantitative Research Strategies in Psychoanalysis. By Sverre Varvin, pp. 117-123.

Varvin, chair of the Program Committee for the 2013 Prague Congress of the International Psychoanalytical Association, discusses "the relationships between the radical singularity of the elements arising out of clinical practice and the necessary universalities of theory," or, phrased differently, "how to articulate the individual—the only thing that exists—and generality—the only place where science exists" (p. 117). Varvin sees psychoanalysis as the science of the unconscious.

After comparing quantitative and qualitative research, Varvin concludes that the qualitative method is the most appropriate approach for psychoanalytic research. The main content of his article is a description of this method and a discussion of some of the problems encountered.

In qualitative research, the unit of analysis is usually a text—for example, a written case study. The text is a construction whose aim is to convey a structure of meaning to the reader, and in this lies a moment of seduction. But the reader must "be able to cast off the seductive spell and . . . view results from other perspectives" (p. 120). In a case history, there has to be an "empirical minimum" (p. 121) in the form of dialogue sequences to enable the reader to achieve sufficient distance to consider alternative interpretations.

Varvin agrees with the view that both a natural science approach and a hermeneutic one are relevant to psychoanalytic research; the causal factors of psychoanalytic principles are recognized at the same time that psychoanalysis is viewed as a meaning-interpreting activity. This causality, however, is not straightforward, not linear, and Varvin quotes Stiles's discussion of chaos theory as a metaphor for describing it.

The article concludes by describing the results of qualitative research as "not hard facts, but tentative formulations of patterns and phenomena seen in contexts that may inform the clinician and help us see patients in their singularity" (p. 122).

Volume 35, Number 1 - 2012

At the Crossroads of Psychoanalysis and Neuroscience. By Johannes Lehtonen, pp. 9-20.

As both a neuroscientist and a psychoanalyst, the author examines the connection between the two fields, giving special consideration to the ways in which neurobiological findings can both corroborate and inform clinical practice. Historically, Lehtonen mentions three important findings: first, the research by Solms showing that dream imagery depends on cortical activity in medial prefrontal and parietal areas, and not, as earlier thought, on brain stem nuclei—thus confirming analytic thinking about dreams as a psychologically meaningful activity.

Second, the author cites Kandel's Nobel Prize-winning findings about how learning that leads to permanent memory activates neuronal DNA. From this has come further research concerning the interplay in development between genes and the environment (epigenetics)—research that has ultimately pushed aside any contradiction between psychoanalysis and the biological basis of neuroscience.

Third, Lehtonen emphasizes the importance of the fact that affects and mental images have found their way into the neurosciences. Scientists such as Damasio, Ledoux, and Panksepp have paved the way to a view of private mental reality as a valid area of study, seeing affects and mental images as important from a biological perspective. Lehtonen concludes: "Such an intermediate function of mental images between incoming sensory messages and outgoing motor commands is by and large similar in psychoanalysis and modern affective neuroscience" (p. 11).

The author then goes on to discuss a critique of neuropsychoanalysis by Blass and Carmeli, ⁸ in which it is maintained that neuroscience cannot pursue the unknown reality behind sensation due to its reliance on sensory information. Lehtonen takes issue with this by pointing out that the aim of research is always the pursuit of the unknown. The objection that there is a difference between the unknown of the unconscious and the unknown of natural sciences is rejected by Lehtonen—and here he quotes Freud's statement that psychology is established "upon foundations similar to those of any other science."

The relationship between neuroscience and psychoanalysis is described by Lehtonen as an "exchange between two autonomous fields that requires understanding of the language of both parties" (p. 14).

⁸ Blass, R. & Carmeli, Z. (2013). The case against neuroplastic analysis: a further illustration of the irrelevance of neuroscience to psychoanalysis through a critique of Doidge's *The Brain That Changes Itself. Int. J. Psychoanal.*, 94:391-410.

⁹ Freud, S. (1938). An outline of psycho-analysis. S. E., 23; see p. 196.

The author discusses the impact that neuroscientific research can have on clinical practice; one example is data about the mirroring neural systems of the brain, which can help explain how the analysand's nonverbal signals are transmitted to the therapist. But Lehtonen makes the important comment that mirroring is not the same as empathy; information must be evaluated via the therapist's conscious reflection and used for the benefit of the patient.

Finally, the author stresses findings that confirm the fundamental importance of the clinical relationship: "The clinical autonomy of the therapeutic couple in psychoanalytical and other dynamic therapy settings has a crucial position . . . in the dialogue" (p. 17) between the two fields. Empirical research and neuroscientific discoveries can influence clinical work only insofar as the therapist "has personally internalized these findings and has found a way to use them" (p. 17).

The Empty Core: Metapsychological Reflections upon the Lost Object, an Ethical Order, and the Inevitable Void at the Center of Our Existence. By Jurgen Reeder, pp. 35-44.

The starting point of this article is Lacan's famous dictum: "The only thing of which one can be guilty is of having given ground relative to one's desire." Reeder states as his unprovable hypothesis that the object of such desire is a void, an empty core—not something that can be reached or deciphered.

Central to Reeder's argument is his discussion of the concept of *The Thing (Das Ding)* in Freud's and Lacan's texts. He traces Lacan's use of the concept to his reading of Freud, who noted—in speculating about what happens in states of tension in the baby—that there is a gap between the perceptual image and the wished-for memory image, which produces a wishful state. This state of tension can be relieved by hallucination, by movement, or—third and most important—by associations.

Freud proposes that perception consists of two parts: an unalterable and incomprehensible structure (*Das Ding*), and the attributes of the

¹⁰ Lacan, J. (1960). *The Seminar, Book VII: The Ethics of Psychoanalysis, 1959–1960*, ed. J.-A. Miller, trans. D. Porter. New York: W. W. Norton, 1992, p. 310.

object, which can be thought about and understood. This dissection involves a judgment, and in this way the child acquires the capacity to remember, think, imagine, and fantasize.

For Lacan, the concept of *Das Ding* becomes much more important than it was for Freud; it is the object out there, the object of desire that is lost and can never be refound. It is connected to the idea of symbolic castration, which occurs when the acquisition of language creates a severance from the immediate reality of experience. *Das Ding* and the lost object are equated, but the former has never really been a presence; rather, it is a void—"that which a world of objects cannot furnish" (p. 39). It is a representation, not a thing.

Reeder then goes on to discuss the difficulty of giving up the idea of a real, primary object. Often, analytic work results in a narrative of origins, a myth that makes ending possible. What is important is that this myth is not known beforehand; it must be created. To Bion's dictum to listen without memory and desire, Reeder adds: "Do not remember theories" (p. 39).

Finally, Reeder embarks on a discussion of the ethical implications of this view and returns to Lacan's dictum. If the object of desire can never be reached, if it is a void, an empty core—what does it mean never to "give ground relative to one's desire"? What is being demanded is actually impossible—and we will always, at some time or other, be forced to do this.

The article concludes as follows: "So, in the end, the maverick ethic that Lacan holds forth seems doomed to fail, sooner or later. Which is no reason to give up on it" (p. 43).

CONTENTS OF VOLUME LXXXII

Original Articles

BALSAM, ROSEMARY H.: Appreciating Difference: Roy Schafer on Psychoanalysis and Women	23
BION, W. R.: On Arrogance (1958)	277
BION, W. R.: Attacks on Linking (1959)	285
BION, W. R.: The Psycho-Analytic Study of Thinking (1962)	301
BONOMI, CARLO: Withstanding Trauma: The Significance of Emma Eckstein's Circumcision to Freud's Irma Dream	68g
CIVITARESE, GIUSEPPE: Bion's "Evidence" and His Theoretical Style	615
ESHEL, OFRA: Patient–Analyst "Withness": On Analytic "Presencing," Passion, and Compassion in States of Breakdown, Despair, and Deadness	925
FAIMBERG, HAYDÉE: The "As-Yet Situation" in Winnicott's "Fragment of an Analysis": Your Father "Never Did You the Honor of" Yet	849
FELDMAN, MICHAEL: The Value of Uncertainty	51
FLETCHER, JOHN: Gradiva: Freud, Fetishism, and Pompeian Fantasy	965
FRITSCH, RICHARD C.: Roy Schafer's Contributions to Psychological Testing: From Clinical Sensibility to the Analytic Attitude	9
GOLDBERG, STEVEN H. and GRUSKY, ZENOBIA: Chemistry and Containing: The Analyst's Use of Unavoidable Failures	145
GREENBERG, JAY: Action, Agency, and Empathy: Schafer on the Analyst's Dilemma	63
KRAVIS, NATHAN: The Analyst's Hatred of Analysis	89
LA FARGE, LUCY: The Second Sphere and the Story of No Story	39
MAHON, EUGENE J.: Mourning, Dreaming, and the Discovery of the Oedipus Complex	877

MOLINARI, ELENA: The Anteroom: A Camera Obscura for Grasping Aspects Invisible in the Classical Setting	811
PERELBERG, ROSINE JOZEF: Paternal Function and Thirdness in Psychoanalysis and Legend: Has the Future Been Foretold?	557
POLAND, WARREN S.: The Analyst's Approach and the Patient's Psychic Growth	829
SCHWARTZ, HENRY P.: Neutrality in the Field: Alpha-Function and the Dreaming Dyad in Psychoanalytic Process	587
SCHWARTZ, HENRY P.: Roy Schafer: A Beginning	1
SHOSHANI, MICHAEL and SHOSHANI, BATYA: Borges in My Office: The Analysis of a Man Dwelling Outside of Time	635
STEINER, JOHN: The Ideal and the Real in Klein and Milton: Some Observations on Reading <i>Paradise Lost</i>	897
WILSON, MITCHELL: Desire and Responsibility: The Ethics of Countertransference Experience	435
YERUSHALMI, HANOCH: On the Therapist's Yearning for Intimacy	671
Brief Communications	
GROSSMAN, LEE: The Third Wish: Some Thoughts on Using Magic Against Magic	477
Commentaries and Critical Discussions	
BRITTON, RONALD: Commentary on Three Papers by Wilfred R. Bion	311
BROWN, LAWRENCE J.: Bion at a Threshold: Discussion of Papers by Britton, Cassorla, Ferro and Foresti, and Zimmer	413
CASSORLA, ROOSEVELT M. S.: When the Analyst Becomes Stupid: An Attempt to Understand Enactment Using Bion's Theory of Thinking	323
FERRO, ANTONINO and FORESTI, GIOVANNI: Bion and	3 - 3
Thinking	361

JACOBS, THEODORE J.: Discussion of "The Analyst's Hatred of Analysis"	115
KRAVIS, NATHAN: "Lady Analysis" in Full Splendor: Response to Commentaries	141
MICHELS, ROBERT: Roy Schafer: A Narrative	77
MOSS, DONALD: An Addendum to Kravis: An Appreciative Note on Hating One's Work	121
ROBIN, LISA G.: Negation of Awe: Shame in the Burgeoning Psychoanalyst	125
SCHAFER, ROY: Final Word	83
SONI, NIRAV: "Pull Down Thy Vanity": A Discussion of "The Analyst's Hatred of Analysis"	133
ZIMMER, RICHARD B.: Arrogance and Surprise in Psycho- analytic Process	393
Introductions	
GREENBERG, JAY: Editor's Introduction: Bion Across Cultures	271
GREENBERG, JAY: Editor's Introduction to Kravis	87
Book Review Essays	
HOFFMAN, LEON: What Is Childism?	203
MAHON, EUGENE J.: Play and Its Vicissitudes	495
PIVNICK, BILLIE A.: The Beholder's Share: An Intersubjective Review of Bromberg's <i>Shadow of the Tsunami</i>	179
ROELKE, DEBRA; GOLDSCHMIDT, HARLENE; and SILVERMAN, MARTIN A.: <i>Sentio Ergo Cogito</i> : Damasio on the Role of Emotion in the Evolution of the Brain	193
SIMPSON, RICHARD B.: The "Between" of Winnicott and Lacan	483
VAN DER HEIDE, DOUGLAS J.: Psychoanalytic Integration and the Role of Affect	1013

Book Reviews

BACCIAGALUPPI, MARCO: Paradigms in Psychoanalysis: An Integration (R. Waugaman)	1031
BERGER, BRENDA and NEWMAN, SANDRA, eds.: Money Talks (B. Stimmel)	234
BÖHM, TOMAS: The Vienna Jazz Trio (D. Haseley)	779
BROWN, LAWRENCE J.: Intersubjective Processes and the Unconscious: An Integration of Freudian, Kleinian, and Bionian Perspectives (H. Schwartz)	215
BURNHAM, JOHN, ed.: After Freud Left: A Century of Psycho- analysis in America (D. Colombo)	768
DIAMOND, MICHAEL J. and CHRISTIAN, CHRISTOPHER, eds.: The Second Century of Psychoanalysis: Evolving Perspectives on Psychoanalytic Action (J. Reppen)	518
GEEKIE, JIM; RANDAL, PATTE; LAMPSHIRE, DEBRA; and READ, JOHN, eds.: Experiencing Psychosis: Personal and Professional Perspectives (R. Waugaman)	541
GOLDBERG, ARNOLD: The Analysis of Failure (S. Ackerman)	743
GRAHAM, PHILIP: Susan Isaacs: A Life Freeing the Minds of Children (N. Thompson)	535
GÜNTER, MICHAEL, ed.: Technique in Child and Adolescent Analysis (M. Silverman)	528
KNAFO, DANIELLE: Dancing with the Unconscious: The Art of Psychoanalysis and the Psychoanalysis of Art (B. Collins)	771
MOSS, DONALD: Thirteen Ways of Looking at a Man: Psychoanalysis and Masculinity (S. Phillips)	748
PETRUCELLI, JEAN, ed.: Knowing, Not-Knowing, and Sort-of- Knowing: Psychoanalysis and the Experience of Uncertainty	
(J. Wheeler Vega)	759
RENN, PAUL: The Silent Past and the Invisible Present (B. Reis)	$5^{2}4$

Making of Modern Jewish Identity (J. Reppen)	1042
ROUSSILLON, RENÉ: Primitive Agony and Symbolization (H. Levine)	511
SANDER, FRED M., ed.: Created in Our Own Images.Com. <i>Pygmalion and Galatea (1876),</i> by W. S. Gilbert. Introduction to the Art, Ethics, and Science of Cloning (M. Silverman)	1037
VOLKAN, VAMIK D.: Psychoanalytic Technique Expanded: A Textbook on Psychoanalytic Treatment (S. Ginsburg)	221
WILLIAMS, PAUL, ed.: Aggression: From Fantasy to Action (M. San Martino)	228
WILLOCK, BRENT; BOHM, LORI C.; and COLEMAN, REBECCA, eds.: Loneliness and Longing: Conscious and Unconscious Aspects (J. Lieberman)	242
YALOM, IRVIN: The Spinoza Problem: A Novel (G. Graham)	237
<u>Abstracts</u>	
Revue Française de Psychanalyse (E. Wilson)	785
Rivista di Psicoanalisi (G. Atkinson)	549
Scandinavian Psychoanalytic Review (K. Rodhe)	1049
Selections from Two German Journals (R. Teusch)	245
Name Index	1073

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NAME INDEX

KEY: (A) Abstract

(R) Book Review

ACKERMAN, SARAH reviewer of Goldberg, 743-748 AISENSTEIN, MARILIA

on psychosomatic illness (A) 795-799 AKHTAR, MONISHA C.

Play and Playfulness (R) 495-508

AKHTAR, SALMAN

on playfulness (Mahon) 496-497, 499-501

ALDERDICE, LORD

on violence and aggression (R) 232-

ALEXANDRIDIS, ATHANASIOS

on mind-body issues (A) 806-807

ALVAREZ, ANNE

on violent behavior in children (R) 229-230

AMICHAI, YEHUDA

poetry of (Eshel) 934

ANZIEU, DIDIER

on Freud's self-analysis (Bonomi) 705-708, 712, 714, 720, 731

APFELBAUM, BERNARD

on neutrality (Schwartz) 598-599

ARENDT, HANNAH

on compassion (Eshel) 934-935

ARLOW, JACOB A.

on analytic rules (R) 529

ATKINSON, GINA

abstractor of *Rivista di Psicoanalisi*, 549-556

BACCIAGALUPPI, MARCO

Paradigms in Psychoanalysis: An Integration (R) 1031-1036

BACON, FRANCIS

on truth (Civitarese) 624-625

BALSAM, ROSEMARY H.

Appreciating Difference: Roy Schafer on Psychoanalysis and Women, 23-38 on Schafer's writing (Michels) 79

BALSAMO, MAURIZIO

on memory (A) 554

BARANGER, MADELEINE and BARANGER, WILLY

on field theory (Schwartz) 587, 589, 599-603

BARROS, ELIAS MALLET DA ROCHA

on alpha elements (Cassorla) 327 on dreaming/non-dreaming (Cassorla) 330

on representation and symbolization (Cassorla) 332

BENJAMIN, JESSICA

on the analytic third (Perelberg) 570-576

on "doer and done to" (Wilson) 457 on "moral third" (Wilson) 435ff.

BERGER, BRENDA

coauthor of *Money Talks* (R) 234-237 BERGSTRÖM, BERIT

on Enckell's writing (A) 1050

BERNSTEIN, JEANNE WOLFF

on Winnicott and Lacan (Simpson) 490-493

BINSWANGER, RALF

on neurosis (A) 263-265

BION, WILFRED R.

on alpha function (R) 219; (Schwartz) 589, 603, 605-606

on analytic functioning (Eshel) 931-

On Arrogance (1958), 277-283

Attacks on Linking (1959), 285-300

on beta elements (R) 219; (Shoshani and Shoshani) 643

on "character" (Civitarese) 626-627

BION, WILFRED R. (continued) BOLLAS, CHRISTOPHER on "here and now" (Van der Heide) on concepts (Civitarese) 625 on containment/container-contained on object relations (Eshel) 948 (R) 219; (Eshel) 956-957 on sadomasochism (Eshel) 957-958 contributions of (Greenberg) 271ff.; (Britton) 311ff.; (Cassorla) 323ff.; on transference (Eshel) 927 on working with difficult patients (Ferro and Foresti) 361ff.; (Zimmer) (Goldberg and Grusky) 151-153, 393ff.; (Brown) 413ff.; (Civitarese) BONOMI, CARLO on countertransference (Shoshani and Withstanding Trauma: The Significance Shoshani) 639 of Emma Eckstein's Circumcision to on dreaming (R) 218-219; (Schwartz) Freud's Irma Dream, 689-740 589, 603; (Eshel) 958 BORGES, JORGE LUIS on interpretation (Feldman) 55 stories and influence of (Shoshani on "K" (Eshel) 931-932 and Shoshani) 635ff. on literature and analysis (Shoshani BOURDIN, DOMINIQUE and Shoshani) 636-637 on Freudian Seele (A) 786-787 on "O" (Civitarese) 628, 630; (Esh-BRENNER, IRA el) 931-932, 936-937 on children in the Holocaust (Maon pain (Eshel) 956 hon) 497-498, 501, 504-505 on passion (Eshel) 936 BREUER, JOSEF and FREUD, SIGMUND on projective identification (R) 218 on memory (Van der Heide) 1023 The Psycho-Analytic Study of Thinking BRITTON, RONALD (1962), 301-310 on Bion's contributions (Greenberg) on psychosomatics (Civitarese) 628 273-275; (Brown) 414ff. on selected facts (Feldman) 54-55 Commentary on Three Papers by Wilfred on thinking/thought processes (R) R. Bion, 311-321 219; (Schwartz) 603; (Shoshani and BROMBERG, PHILIP M. Shoshani) 645 on dissociation (R) 762-763 BLECHNER, MARK The Shadow of the Tsunami and the on panic attacks (R) 760, 766-767 Growth of the Relational Mind (R) BLOOM, HAROLD 179-192 on poetry (Wilson) 440-441 BRONSTEIN, CATALINA BODIN, GUDRUN on Borges's writing (Shoshani and on wisdom (A) 1054-1055 Shoshani) 659 BOHM, LORI C. on immortality (Shoshani and Shocoauthor of Loneliness and Longing: shani) 659 Conscious and Unconscious Aspects (R) BROWN, LAWRENCE J. on alpha function (Cassorla) 327 242-244 on the analytic field (Cassorla) 328 BÖHM, TOMAS The Vienna Jazz Trio (R) 779-783 Bion at a Threshold: Discussion of Papers by Britton, Cassorla, Ferro and BOLGAR, HEDDA Foresti, and Zimmer, 413-433 on future of analysis (R) 520-521

BROWN, LAWRENCE J. (continued) CIVITARESE, GIUSEPPE on dreaming/non-dreaming (Cassor-Bion's "Evidence" and His Theoretical la) 336, 352 Style, 615-633 on enactment (Cassorla) 331 on Bion's grid (A) 553 on intersubjective processes (Cassor-COBLENCE, FRANÇOISE on mind-body issues (A) 788-793 Intersubjective Processes and the Uncon-COLLINS, BRADLEY scious: An Integration of Freudian, reviewer of Knafo, 771-779 Kleinian, and Bionian Perspectives COLOMBO, DARIA (R) 215-221 reviewer of Burnham, 768-771 on rigidity (Cassorla) 332 CONRAD, JOSEPH on unconscious communication (Cason liberty (Kravis) 89, 110 sorla) 354 COOPER, ARNOLD M. BURNHAM, JOHN on analyst's attitude toward analysis After Freud Left: A Century of Psycho-(Kravis) 99, 101-102, 108 analysis in America (R) 768-771 on idealization of analyst (Kravis) 91, 99 COOPER, STEVEN H. CAMPBELL, DONALD on analyst's narcissism (Wilson) 448 on violence and aggression (R) 228on analyst's responsibility (Wilson) 229 457 CARSON, ANNE CURTIS, REBECCA COLEMAN poetry of (Eshel) 926 coauthor of Loneliness and Longing: CASSORLA, ROOSEVELT M. S. Conscious and Unconscious Aspects (R) on Bion's contributions (Greenberg) 242-244 271, 273-275; (Brown) 414ff. on dreaming the session (Schwartz) 602-603 DAMASIO, ANTONIO on enactment (Schwartz) 607 Self Comes to Mind: Constructing the Conon "non-dreams" (Schwartz) 603, 606scious Brain (R) 193-202 DANIELS, LUCY When the Analyst Becomes Stupid: An on play (Mahon) 501-504 Attempt to Understand Enactment DAVIES, JODY MESSLER Using Bion's Theory of Thinking, on yearning (Yerushalmi) 673-674 323-360 DE KLERK, EDDY CATTELAN, CHIARA on Freud's dreams (Bonomi) 723on autism (A) 555 CHABERT, CATHERINE on the phallic woman (Bonomi) 721 on affect (A) 805-806 DE MASI, FRANCO CHRISTIAN, CHRISTOPHER on destructiveness (R) 232 coeditor of The Second Century of Psyon Kleinian theory (R) 232 choanalysis: Evolving Perspectives on DEUTSCH, HELENE Psychoanalytic Action (R) 518-524 on ego psychology (R) 523 on female psychology (Balsam) 29

DIAMOND, MICHAEL J. FABOZZI, PAOLO coeditor of The Second Century of Psyon countertransference (A) 553-554 choanalysis: Evolving Perspectives on FAIMBERG, HAYDÉE Psychoanalytic Action (R) 518-524 The "As-Yet Situation" in Winnicott's DONNET, JEAN-LUC "Fragment of an Analysis": Your Father "Never Did You the Honor of" . . . on free association (A) 555 Yet, 849-875 FELDMAN, MICHAEL EAGLE, MORRIS N. on countertransference (Wilson) 440, on analytic theory (R) 521 450, 454, 459-461 EIGEN, MICHAEL on projection (Wilson) 443, 445-446, on "agony X" (Eshel) 949 on the analytic relationship (Eshel) on Schafer's writing (Michels) 80 The Value of Uncertainty, 51-61 938, 940 on annihilation (Eshel) 948 FERENCZI, SÁNDOR on dreaming (Eshel) 958 on neurotic patients (Bonomi) 697-EINSTEIN, ALBERT on play (Mahon) 495-496 on theory (Perelberg) 558 EISSLER, KURT on trauma (Bonomi) 693, 710, 718 on the "wise baby" (Bonomi) 697 on Eckstein's surgery (Bonomi) 701, FERRO, ANTONINO 705, 707-709 EITINGON, MAX coauthor of Bion and Thinking, 361relationship to Freud of (R) 1044 role in analytic history of (R) 1043contributions of (R) 531-534 on emotion (R) 532 1044 ENCKELL, MIKAEL on transference (R) 532 writing of (A) 1050 FERRO, ANTONINO and FORESTI, GIO-ERIKSON, ERIK VANNI on Freud's dreams (Bonomi) 694ff. on Bion's contributions (Greenberg) ERIKSON, JOAN MOWAT 273-275; (Brown) 414ff. on St. Francis (Kravis) 94-96 FIORENTINI, GIUSEPPE ERIKSSON, JOHAN on Internet analysis (A) 552 on case histories (A) 1053-1054 FITGER, MARIA on Freud as philosopher (A) 1055on analyst's desire (A) 1051-1052 1056 FLETCHER, JOHN ESHEL, OFRA Gradiva: Freud, Fetishism, and Pom-Patient-Analyst "Withness": On Anapeian Fantasy, 965-1011 lytic "Presencing," Passion, and Com-FLIESS, ROBERT passion in States of Breakdown, Deon analytic theory (LaFarge) 39-40, spair, and Deadness, 925-963 42 ETEZADY, M. HOSSEIN FLIESS, WILHELM on creativity (Mahon) 503 correspondence with Freud of (Bonomi) 689ff.; (Mahon) 877ff. on play (Mahon) 503-504

```
FLIESS, WILHELM (continued)
                                          on dreams/dreaming (Brown) 416-
  operation on Eckstein by (Bonomi)
    689ff.
FORESTI, GIOVANNI
  coauthor of Bion and Thinking, 361-
FOSS, TORBERG
  on analysis and religion (A) 1060
  on case histories (A) 1053
FOSTER-WALLACE, DAVID
  on literature (Shoshani and Shoshani)
FREUD, ANNA
  on neutrality (Schwartz) 588, 590, 594-
    595, 599
  on play (Mahon) 495-496, 502
FREUD, JACOB
  father of Sigmund (Mahon) 877ff.
FREUD, SIGMUND
  on affect (Van der Heide) 1022
  on aggression (Hoffman) 210; (A) 255
  on analytic education (Shoshani
    and Shoshani) 635-636
  on analytic interaction (Greenberg)
    68, 71-72
  on analytic technique (Schwartz) 593
  on analytic theory (Perelberg) 574
  on anxiety (Perelberg) 578
  on castration (A) 254; (A) 268
  on civilization (Mahon) 505
  contemporary reactions to (Kravis)
    104, 109
  contributions of (Poland) 834, 841;
    (Van der Heide) 1014ff.
  correspondence with W. Jensen of
    (Fletcher) 1002ff.
  on countertransference (Poland) 835
  on creativity (Schwartz) 592
  on development (Balsam) 27ff.; (A)
    266-268
  on dissension (Kravis) 96-97
  dreams of/self-analysis of (Bonomi)
    689ff.; (R) 757
```

```
417; (Mahon) 504; (Perelberg) 569,
  578-579; (Civitarese) 622; (Mahon)
  877ff.; (Fletcher) 987; (Van der
  Heide) 1022
on drive theory (R) 756
on ego functioning (Moss) 124; (Ro-
  elke, Goldschmidt, and Silverman)
  193, 196; (A) 261; (Civitarese)
  626
on the ego ideal (Steiner) 899-901
on epistemophilia (Kravis) 104-105
            suspended attention
     evenly
  (Schwartz) 590, 593
on fathers/paternal function (Perel-
  berg) 558-561
on fear (Shoshani and Shoshani)
  643
on female development (Balsam) 23ff.
on female sexuality (Balsam) 33; (R)
  757-758
on femininity (A) 265-269
on fort/da (Faimberg) 869-870
on free association (Schwartz) 590
on Gradiva (Fletcher) 965ff.
on hate (Greenberg) 68
on homosexuality (R) 758
on the ideal object (Steiner) 899-
  900
on identification (A) 269; (R) 754
on infancy (Faimberg) 856
legacy of (Kravis) 98; (R) 768ff.
literary themes in (Steiner) 898
on literature (Shoshani and Sho-
  shani) 636-637, 664
on Little Hans (Mahon) 495
on male sexuality (Balsam) 27
on masculinity (A) 265-269; (R) 754
on memory (Faimberg) 853-854
on mourning (Mahon) 877ff.
on Nachträglichkeit (Civitarese) 631;
  (Faimberg) 854ff.
on neurosis (A) 263; (A) 267; (Gross-
  man) 478
```

FREUD, SIGMUND (continued) on transference (Grossman) 479-480 on neutrality (Schwartz) 587ff. on unconscious processes (Greenon observation (Civitarese) 620-621 berg) 75 on oedipal complex/issues (A) 269; on the unknown (Civitarese) 619 (Grossman) 478; (Poland) 835; (Maon wishes/wishing (Moss) 123-124; (Grossman) 477ff.; (Shoshani and hon) 877ff. on parricide/patricide (Perelberg) Shoshani) 643 559-561, 565-566, 580; (Faimon writing (Civitarese) 621, 629 FRITSCH, RICHARD C. berg) 863 on perversion (A) 263-265 Roy Schafer's Contributions to Psychologas philosopher (Shoshani and Shoical Testing: From Clinical Sensibility shani) 636; (A) 1049-1050, 1055to the Analytic Attitude, 9-21 1057 on Schafer's writing (Michels) 78-79 on play (Mahon) 495ff. FROST, ROBERT on the pleasure principle (Brown) on poetry (Pivnick) 183 on prenatal memory (Civitarese) 622-GAMMELGAARD, JUDY and ZEUTHEN, KA-623 on the primal scene (Perelberg) 576 on the psychic apparatus (A) 785 on infantile sexuality (A) 1052-1053 on the Rat Man (Perelberg) 572; GEEKIE, JIM (A) 1051 coeditor of Experiencing Psychosis: Perrelationship to Eitingon of (R) 1044 sonal and Professional Perspectives (R) on repetition compulsion (A) 247; 541-547 (Faimberg) 869 GENOVESE, CELESTINO on repression (Perelberg) 578-579; on Winnicott's paradoxes (A) 554-(Fletcher) 979 555 on resistance (Greenberg) 72-73; GILBERT, WILLIAM SCHWENCK (Kravis) 109; (A) 246-247; (Grossauthor of Pygmalion and Galatea (R) man) 479 1037ff. revisions of theory by (Schafer) GILLIGAN, JAMES on violent behavior (R) 231 83-84 GINSBURG, SYBIL A. on secondary process (Moss) 123 reviewer of Volkan, 221-228 self-analysis of (Bonomi) 68off.; (Poland) 834; (Mahon) 883ff. GINZBURG, ALESSANDRA on sexuality (A) 263-265; (A) 265on dreaming (A) 552-553 269 GIOTTO DI BONDONE on "splitting of ego" (A) 260-262 painter of St. Francis (Kravis) 95-96 structural theory of (Roelke, Gold-GOLDBERG, ARNOLD schmidt, and Silverman) 199-200; The Analysis of Failure (R) 743-748 (Brown) 424 GOLDBERG, STEVEN H. coauthor of Chemistry and Containon sublimation (Kravis) 104-105 on the superego (Steiner) goo ing: The Analyst's Use of Unavoidable on symbolization (Schwartz) 603 Failures, 145-178

GOLDSCHMIDT, HARLENE GRUSKY, ZENOBIA coauthor of Chemistry and Containcoauthor of Sentio Ergo Cogito: Damasio on the Role of Emotion in the ing: The Analyst's Use of Unavoidable Failures, 145-178 Evolution of the Brain, 193-202 GSELL, MONIKA GRAHAM, GREGORY D. on bisexuality (A) 265-269 reviewer of Yalom, 237-241 GUARNERI, ROBERTA GRAHAM, PHILIP on working through (A) 552 Susan Isaacs: A Life Freeing the Minds GULLESTAD, SIRI ERIKA of Children (R) 535-541 on von Trier's Antichrist (A) 1060-GREEN, ANDRÉ 1061 on the analytic relationship (Eshel) GÜNTER, MICHAEL 927-928 Technique in Child and Adolescent Analon the analytic third (Perelberg) 574ysis (R) 528-535 575, 581 on contributions of Winnicott and Lacan (Simpson) 484-485 HASELEY, DENNIS on the "dead mother" (Eshel) 957 reviewer of Böhm, 779-783 on Freudian theory (R) 511-512, 517 HAUSTEIN, JOCHEN on object relations (Eshel) 928 on perversion (A) 255-257 on the paternal function (Perelberg) HEENEN-WOLFF, SUSANN 578 on infantile sexuality (A) 257-260 on phobia (R) 516 HEIMAN, MICHEL on soul murder (A) 787-788 and art as mastery of trauma (R) 774on transitional space (Perelberg) 570 GREENBERG, JAY HEYCK, HARTMUT Action, Agency, and Empathy: Schafer translator of Jensen correspondence on the Analyst's Dilemma, 63-76 (Fletcher) 967, 1001ff. Editor's Introduction: Bion Across Cul-HOFFMAN, IRWIN Z. tures, 271-276 on countertransference (Poland) 838 Editor's Introduction to Kravis, 87 HOFFMAN, LEON on neutrality (Schwartz) 596-599 What Is Childism? 203-211 on Schafer's writing (Michels) 80 HOFFMANN, E. T. A. GROSSMAN, LEE and "Sandman" story (Perelberg) 579-The Third Wish: Some Thoughts on Using 580 Magic Against Magic, 477-482 HOWELL, ELIZABETH GROTSTEIN, JAMES S. on dissociative identity disorder (R) on alpha function (Cassorla) 344, 763-765 355; (Ferro and Foresti) 372, 377 on analyst's "real person" (Cassorla) ISAACS, SUSAN on Bion's contributions (Ferro and contributions of (R) 535ff. Foresti) 362, 366, 381; (Eshel) 937 correspondence with E. Kris of (R)

537-540

on dreaming (Eshel) 958

KIRSHNER, LEWIS A.

on analyst's desire (Wilson) 463-464

Between Winnicott and Lacan: A Clin-

ical Engagement (R) 483-493

ISAACS, SUSAN (continued) on psychosis (Simpson) 485-486 on play (R) 539 KLEIN, MELANIE on countertransference (Wilson) 448-449, 454-455, 472 on the good breast (Steiner) 899 JACOBS, THEODORE J. on the ideal and the real (Steiner) on analytic fees (R) 235-236 Discussion of "The Analyst's Hatred of 897ff. Analysis, "115-119 on infantile fantasy (A) 262 on paranoid-schizoid position (Bion) JACOBSON, EDITH on infants (Van der Heide) 1025 293-294 on splitting (A) 262-263 JENSEN, WILHELM KNAFO, DANIELLE author of Gradiva: A Pompeian Fan-Dancing with the Unconscious: The Art tasy (Fletcher) 965ff. of Psychoanalysis and the Psychoanal-JONES, ERNEST ysis of Art (R) 771-779 on abandonment of seduction theo-KNAPP-LACKINGER, ANDREA ry (Mahon) 889 on premature ejaculation (A) 251as biographer of Freud (Mahon) 878 255 on discovery of Oedipus complex KOHUT, HEINZ (Mahon) 879-880 on empathy (Greenberg) 68-70 on Freud's move toward psychology KRAVIS, NATHAN (Bonomi) 690 The Analysi's Hatred of Analysis, 89on Freud's self-analysis (Mahon) 880 JOSEPH, BETTY "Lady Analysis" in Full Splendor: Reon transference/countertransference sponse to Commentaries, 141-144 (Wilson) 442-443 KREJCI, ERICA on "splitting of ego" (A) 260-263 KRIS, ERNST KALISH, BETH correspondence with S. Isaacs of (R) on movement and muscle memory 537-540 (R) 521-522 on regression (R) 771-774 KAPLAN, SUZANNE and LAUB, DORI KUNSTLICHER, ROLF on trauma (A) 1050-1051 on case histories (A) 1053 KERNBERG, OTTO on Rat Man case (A) 1051 on narcissism (Kravis) 103, 105 on self-analysis (Kravis) 107 KING, B. J. LACAN, JACQUES on crustacean behavior (Mahon) 506on analyst's desire (Wilson) 441ff. contributions of (Simpson) 483ff. 507

on ego functioning (Wilson) 456

697

on ethics (Wilson) 437, 463-464, 472

on Freud's dreams (Bonomi) 695-

LACAN, JACQUES (continued) MAHON, EUGENE J. on the Imaginary (Wilson) 455-456 Mourning, Dreaming, and the Discovery on the Law of the Father (Perelberg) of the Oedipus Complex, 877-895 558, 561, 581 Play and Its Vicissitudes, 495-508 on mirroring (Wilson) 456 MARINHO, F. on the Real (Bonomi) 695 on dreaming of patients (Cassorla) on "theory of dual relation" (Wilson) 435ff. MASSON, JEFFREY M. LA FARGE, LUCY on Freud-Fliess correspondence (Boon Schafer's writing (Michels) 79-80 nomi) 692ff.; (Mahon) 878ff. The Second Sphere and the Story of No MATTSON, BARBARA and MALINIEMI-Story, 23-50 PIISPANEN, SINIKKA LAMPSHIRE, DEBRA on childhood trauma (A) 1058-1059 coeditor of Experiencing Psychosis: Per-MCCARTHY, CORMAC sonal and Professional Perspectives (R) on writing (Civitarese) 615 541-547 MEARNS, WILLIAM HUGHES LAPLANCHE, JEAN poetry of (Faimberg) 854, 872-873 on infantile sexuality (A) 257-259 MELTZER, DONALD on "translational models" (Fletcher) on analytic pluralism (Van der Hei-LAPLANCHE, JEAN and PONTALIS, JEANde) 1020-1022 on Freudian theory (Van der Heide) BERTRAND on fantasy (Fletcher) 986-987 1022 LEHTONEN, JOHANNES MICHELS, ROBERT on analysis and neuroscience (A) Roy Schafer: A Narrative, 77-82 1063-1065 MILTON, JOHN LEVENSON, EDGAR author of *Paradise Lost* (Steiner) on transference (R) 760-762 897ff. LÉVINAS, EMMANUEL MINNE, CARINE on paternity and time (Perelberg) on violent patients (R) 230-231 MOLINARI, ELENA on the unknown (Perelberg) 569 The Anteroom: A Camera Obscura for LEVINE, HOWARD B. Grasping Aspects Invisible in the Clasreviewer of Roussillon, 511-518 sical Setting, 811-827 LIEBERMAN, JANICE S. MOORMAN, JOHN RICHARD HUMPIDGE reviewer of Willock, Bohm, and Curon St. Francis (Kravis) 94-98 tis, 242-244 MOSS, DONALD LIEBERT, ROBERT An Addendum to Kravis: An Appreciaon art and working through (R) 778 tive Note on Hating One's Work, 121-Thirteen Ways of Looking at a Man (R) MACIEJEWSKI, FRANZ on Freud's self-analysis (Bonomi) 725 748-759

NACHT, SACHA

on the analytic relationship (Poland) 829

NACHT, SACHA and VIDERMAN, S. on the analytic situation (Eshel) 932 NEWMAN, SANDRA

coauthor of Money Talks (R) 234-237

OGDEN, THOMAS H.

on analyst's role/experience (Shoshani and Shoshani) 664; (Eshel) 929

on the analytic relationship (Eshel)

on the analytic third (Perelberg) 570, 572-576; (Eshel) 929, 931

on Bion's writing (Goldberg and Grusky) 152; (Civitarese) 615

on dreaming (Goldberg and Grusky) 176; (Schwartz) 589, 602-606, 608-610; (Eshel) 958

on literature and analysis (Shoshani and Shoshani) 636, 638, 645

on reality and fantasy (Shoshani and Shoshani) 657-658

ORGEL, SHELLEY

on analytic fees (R) 235-237 on patients' limit testing (R) 236

PARSONS, MARIANNE

on adolescent aggression (R) 230 PAYNE, SYLVIA

on analytic technique (R) 529

PERELBERG, ROSINE JOZEF

Paternal Function and Thirdness in Psychoanalysis and Legend: Has the Future Been Foretold? 557-585

PETRUCELLI, JEAN

Knowing, Not-Knowing, and Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty (R) 759-768 PHILLIPS, SIDNEY H.

reviewer of Moss, 748-759

PIVNICK, BILLIE A.

The Beholder's Share: An Intersubjective Review of Bromberg's Shadow of the Tsunami, 179-192

on "here and now" (Van der Heide)

PLÄNKERS, TOMAS

on Chinese translation of Freud (A) 551

POLAND, WARREN S.

The Analyst's Approach and the Patient's Psychic Growth, 829-847

PONSI, MARIA

on acting out and enactment (A) 554 POPE, ALEXANDER

on learning (Fritsch) 18

POTAMIANOU, ANNA

on mind-body issues (A) 793-795

POUND, EZRA

on vanity and ambition (Soni) 133 PROUST, MARCEL

on memory (Schwartz) 587-589 on past and future (Perelberg) 557

RACKER, HEINRICH

on analyst's desire (Wilson) 441ff. on analytic interaction (Wilson) 436 on countertransference (Wilson) 452ff. on self-analysis (Wilson) 444 on "talion law" (Wilson) 435ff. on unconscious communication (Wilson) 453

RANDAL, PATTE

coeditor of Experiencing Psychosis: Personal and Professional Perspectives (R) 541-547

RANGELL, LEO

on analytic theory (R) 518, 520, 522 RAPAPORT, DAVID

as mentor of R. Schafer (Schwartz)

RAPAPORT, DAVID (continued) ROUSSILLON, RENÉ on psychological testing (Fritsch) 10, Primitive Agony and Symbolization (R) 511-518 13-14 READ, JOHN RUDNYTSKY, PETER L. coeditor of Experiencing Psychosis: Peron Zionism (R) 1046-1047 sonal and Professional Perspectives (R) RUTI, MARTA 541-547 on false self (Simpson) 486 on psychosis (R) 542-544 on trauma (R) 542-544 REEDER, JURGEN metapsychological reflections of (A) SAINT FRANCIS life and teachings of (Kravis) 93ff.; 1065-1066 (Robin) 126-127, 129; (Soni) 133-REIS, BRUCE reviewer of Renn, 524-528 134, 139 RENN, PAUL SALOMON, CHARLOTTE The Silent Past and the Invisible Present on art as mastery of trauma (R) 774-(R) 524-528 REPPEN, JOSEPH SALOMONSSON, BJÖRN reviewer of Diamond and Christian, on mother-infant treatment (A) 1049 518-524 SALONEN, SIMO reviewer of Rolnik, 1042-1047 on transference (A) 1061-1062 ROBIN, LISA G. SANDER, FRED Negation of Awe: Shame in the Bur-Created in Our Own Images. Com. Pyggeoning Psychoanalyst, 125-132 malion and Galatea (1876), by RODHE, KARIN W. S. Gilbert. Introduction to the Art, abstractor of Scandinavian Psychoana-Ethics, and Science of Cloning (R) lytic Review, 1049-1066 1037-1042 ROELKE, DEBRA SAN MARTINO, MARY coauthor of Sentio Ergo Cogito: Dareviewer of Williams, 228-234 masio on the Role of Emotion in the SAVVOPOULOS, SAVVAS Evolution of the Brain, 193-202 on hysteria and masochism (A) 799-ROLDE, MARIA 805 on child analysis (R) 533-534 SCHAFER, ROY ROLNIK, ERAN J. on analyst's needs/desires (Wilson) Freud in Zion: Psychoanalysis and the 439, 471-472; (Yerushalmi) 677, Making of Modern Jewish Identity 684 (R) 1042-1047 contributions of (Schwartz) 1ff.; RORSCHACH, HERMANN (Fritsch) off.; (Balsam) 23ff.; and development of psychological (LaFarge) 39ff.; (Feldman) 51ff.; testing (Fritsch) 13-14 (Greenberg) 63ff.; (Michels) 77ff. ROSENBERG, ALFRED Final Word, 83-85 and Nazi ideology (R) 238-240 on neutrality (Schwartz) 594-595, ROSSI, PIER LUIGI on the "real relationship" (A) 552 599

SCHIELE, EGON SLETVOLD, HELGE and art as mastery of trauma (R) on visualization (A) 1055 SLOTKIN, PHILIP 776 - 777SCHUR, MAX translator of Molinari, 811-827 on Eckstein's surgery (Bonomi) 698-SMITH, L. P. 699, 701, 713, 721 on reading (Shoshani and Shoshani) SCHWARTZ, HENRY P. 655 Neutrality in the Field: Alpha-Function SODRÉ, IGNÊS and the Dreaming Dyad in Psychoon avarice (A) 249-251 analytic Process, 587-613 on the ideal object (Steiner) 909reviewer of Brown, 215-221 Roy Schafer: A Beginning, 1-7 on Nachträglichkeit (Faimberg) 872on Schafer's writing (Michels) 78 873 SEARLE, JOHN R. on projective identification (Wilson) on intentionality and desire (Wil-446 son) 450, 453 SONI, NIRAV SEARLES, HAROLD F. "Pull Down Thy Vanity": A Discussion of "The Analyst's Hatred of Analysis," on work with difficult patients (Goldberg and Grusky) 147, 153 133-140 SHAKESPEARE, WILLIAM SPINOZA, BARUCH and analytic themes (Shoshani and philosophy of (R) 237-241 Shoshani) 636 STAEHLE, ANGELIKA in Borges's writing (Shoshani and on children with disabilities (R) 530-Shoshani) 651-652 531 King Lear (Schwartz) 4, 6; (Mahon) STEINER, JOHN The Ideal and the Real in Klein and 498, 500 The Merchant of Venice (Mahon) 506 Milton: Some Observations on Read-SHOSHANI, MICHAEL and SHOSHANI, ing Paradise Lost, 897-933 STEKEL, WILHELM Borges in My Office: The Analysis of a on Gradiva (Fletcher) 967, 1001-Man Dwelling Outside of Time, 635-1002 STERN, DANIEL N. ET AL. on "moments of meeting" (Yeru-SILVERMAN, MARTIN A. coauthor of Sentio Ergo Cogito: Dashalmi) 671, 679-680, 684 masio on the Role of Emotion in the STEVENS, WALLACE poetry of (R) 749-750, 757 Evolution of the Brain, 193-202 reviewer of Günter, 528-535 STIMMEL, BARBARA reviewer of Sander, 1037-1042 reviewer of Berger and Newman, 234-SIMPSON, RICHARD B. 237 The "Between" of Winnicott and Lacan, STRACHEY, JAMES on interpretation (Soni) 138 483-493 SKALE, ELISABETH SZWEC, GERARD on analyst's resistance (A) 245-249 on hyperactivity (A) 807-808

TAUBER, ALFRED I.

on Freud as philosopher (A) 1049-1050, 1055-1057

TEUSCH, RITA

abstractor of Zeitschrift für Psychoanalytische Theorie und Praxis and Psyche Zeitschrift für Psychoanalyse und Ihre Anwendungen, 260-269

THOMPSON, NELLIE L.

reviewer of Graham, 535-541

TRIER, LARS VON

writer/director of Antichrist (A) 1060-1061

TROTTER, WILFRED

as mentor of Bion (Britton) 319-320 TUOMINEN, MARKETTA

on analytic dialectics (A) 1052

VAN DER HEIDE, DOUGLAS J.

Psychoanalytic Integration and the Role of Affect, 1013-1028

VANIER, ALAIN

on Lacan's "objet a" (Simpson) 487-489, 492

on Winnicott's transitional object (Simpson) 487-489

VARVIN, SVERRE

on analytic research (A) 1063

VERMOTE, RUDI

on psychic functioning (Eshel) 931-932

VILLA, FRANÇOIS

on human nature (Simpson) 489-490 VOLKAN, VAMIK

Psychoanalytic Technique Expanded: A Textbook on Psychoanalytic Treatment (R) 221-228

WAUGAMAN, RICHARD M.

reviewer of Bacciagaluppi, 1031-1036 reviewer of Geekie, Randal, Lampshire, and Read, 541-547 WEISS, EDOARDO

life and contributions of (A) 549 WHEELER VEGA, JASON A.

reviewer of Petrucelli, 759-768

WILLIAMS, CAROLYN

on Pygmalion and Galatea (R) 1039-1040

WILLIAMS, PAUL

Aggression: From Fantasy to Action (R) 228-234

WILLE, ROBBERT S. G.

on psychic pain (A) 1057-1058

WILLOCK, BRENT

coauthor of Loneliness and Longing: Conscious and Unconscious Aspects (R) 242-244

WILSON, EMMETT JR.

abstractor of Revue Française de Psychanalyse, 785-809

WILSON, MITCHELL

Desire and Responsibility: The Ethics of Countertransference Experience, 435-476

WINNICOTT, DONALD W.

on aloneness (Molinari) 812, 815 on the analytic relationship (Eshel) 927, 940

contributions of (Simpson) 483ff.

on creativity (Simpson) 490

on despair (Eshel) 953 on fathers (Faimberg) 849ff.

on fear of breakdown (Faimberg) 849ff.; (Eshel) 955-956, 958

on Freudian theory (Faimberg) 849, 864

on interpretation (Eshel) 927-928 on "madness X" (Eshel) 949-950 on oedipal issues (Faimberg) 863 on paternal function (Faimberg) 849ff. on patricide (Faimberg) 861-862 personal analysts of (Faimberg) 867 on perversity (Eshel) 941

on regression (Molinari) 814; (Eshel) 928, 932

WINNICOTT, DONALD W. (continued)
on symptom presentation (Faimberg)
857ff.
on unconscious fantasy (Molinari)
818

YALOM, IRVIN

The Spinoza Problem: A Novel (R) 237-241

YERUSHALMI, HANOCH

On the Therapist's Yearning for Intimacy, 671-687

YOUNG-BRUEHL, ELISABETH

Childism: Confronting Prejudice Against Children (R) 203-211

ZIMMER, RICHARD B.

on the analytic field (Schwartz) 600 Arrogance and Surprise in Psychoanalytic Process, 393-412 on Bion's contributions (Greenberg) 273-275; (Brown) 414ff. ZORNBERG, A. G.

on biblical Akedah (Perelberg) 562-564, 566-567 zuericher, markus

on bisexuality (A) 265-269