MORTALITY, INTEGRITY, AND PSYCHOANALYSIS (WHO ARE YOU TO ME? WHO AM I TO YOU?)

BY ELLEN PINSKY

The author narrates her experience of mourning her thera-pist's sudden death. The profession has neglected implications of the analyst's mortality: what is lost or vulnerable to loss? What is that vulnerability's function? The author's process of mourning included her writing and her becoming an analyst. Both pursuits inspired reflections on mortality in two overlap-ping senses: bodily (the analyst is mortal and can die) and character (the analyst is mortal and can err). The subject thus expands to include impaired character and ethical violations. Paradoxically, the analyst's human limitations threaten each psychoanalytic situation, but also enable it: human imperfec-tion animates the work. The essay ends with a specific example of integrity.

Keywords: Mortality, termination, boundary violations, ethics, integrity.

> We are specialists in dangerous illusions.
> —Friedman (2007, p. 824)

Here is a fact: we all know that we'll die—intellectually, anyway, we know it; it's the definition of being "a mortal." And the corollary is that at

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any moment we *might* die. Most of the time we don't think about these facts: a necessary, protective forgetting. Forgetting—or in Freud's term, repression—can be on the side of life, just as the River Lethe has two banks, one demarking the realm of the dead, the other that of the living.

Here are some questions that, to my mind, follow from what I've just said. If we analysts accept that we are mortal, our patients, then, are vulnerable—at all times vulnerable—to losing us, whether we're thirty or sixty or ninety. Do we hold any responsibility to provide for them in that event? If we don't hold a responsibility—and maybe we don't—why not? And if we *do* have a responsibility, what constitutes reasonable provision? Finally, if we think there should be provision yet tend to neglect it, why is that?

This last question may be the most interesting and the most analytical: *if we think there should be provision yet tend to neglect it, why is that?* I think we'd all agree that analysts have an unusual, even extraordinary kind of power in their professional role. The way our work *works* is by our becoming important to people, in whatever individual ways they will make us important: we aim to matter. And we could say further that the psychoanalytic situation is purposefully configured to intensify our mattering. We call that process the transference. Ours is a professional encounter structured to invite intense transference reactions, at times in both people, with the purpose of understanding those reactions for the benefit of the patient.

If our aim, then, is to *matter*, and if we set out to court that condition, what is it for us to be lost? There has been relatively little written about such loss or its meaning. How are we to understand such absence?

In the spring of 1994 my therapist, an analyst with whom I'd been working two and three times a week for over four years, suddenly died. In the face of that stunning event, I was fortunate—not only personally fortunate, in terms of friends and family, but professionally fortunate: my therapist's colleagues provided me a strong safety net in the wake of his death. I emphasize my good fortune and good treatment here because much of what I have to say in this essay will be critical of psychoanalysis—especially its literature, but also its professional organizations—and I'll even interrogate the psychoanalytic situation itself, asking whether it includes an element that is unsettling, dangerous, or even unsavory.

So it's important that I make clear a distinction between the reality of good practice—what many people actually do, and my own experience as beneficiary of good practice—and these other areas I mean to question. Others have been less fortunate than I was.

I was a beginning graduate student at the time my therapist died, and a beginning clinician as well, but I was already an avid reader of psychoanalytic literature. I turned to the papers on the therapist's illness and death—looking for understanding, for comfort—but instead found a body of work characterized by avoidance, confusion, sometimes even a condescending grandiosity.[1] The subject of the analyst's mortality itself seemed to inspire avoidance and disarray. But perhaps most remarkable to me was the near absence of the patient's voice or even the patient's perspective. Eventually I wrote my doctoral dissertation out of both experiences: that is, the loss itself, but also the dismay I felt at the inadequacy of psychoanalytic writing about such loss.

Subsequent to the loss, I've become an analyst, something that was not consciously in my mind at the time my therapist died. And, as here, I have written about the analyst's mortality (Pinsky 2002, 2004, 2012). Both activities—the writing and the taking his seat—I now understand as personal means of mourning, aspects of an effort to understand what happened with that death. I believe it's a peculiar loss, like no other— here I echo notions of the analytic relationship as extraordinary or unique. As I've said, family and friends, and the profession, were generous; but my grief was amplified by confusion and isolation, and complicated by a sense of absurdity, too: no one close to me knew this person to whom I felt close and spoke to so freely and privately. What is it to lose someone who attends the way the analyst does? Who *was* this person to me? Who was I to him?

In melancholia, in contrast to mourning, writes Freud (1917), the bereaved one "knows *whom* he has lost but not *what* he has lost in him" (p. 245, italics in original). However, even after dealing explicitly with object loss in *Mourning and Melancholia*, Freud never referred in his writing to the loss of the analyst or the meaning of such loss for the pa-

[1] There are exceptions; for example, see Feinsilver (1998), Hoffman (1998, 2000), Morrison (1990, 1997), and Silver (1990, 2001).

tient and the analytic process (Blum 1989). The loss of my therapist had to be mourned, and absence filled. But whom had I lost? *What* had I lost? To take its measure I also had to wonder, what had I been given? I found such questions remarkably hard to answer. The man mattered, he died, and I had to grieve. But how was I to do that? What form would it take? For starters, maybe something socially ordinary: I'd go to his funeral. On whose invitation? Who would I sit with? Who would I talk to? Would I sign a book? Who were his friends and family to me? Who was I to them? (In the shadows always: who was I to him?)

Let me turn the subject around for a minute. There are two people in the consulting room, and the therapist isn't the only one who can die—a truism. Sybil Houlding (2013), in a moving essay, tells about her patient Julie dying, and her own struggle to grieve. (The essay in fact is about Houlding's loss of three patients, all within five years.) She writes: "Bereft, lonely, isolated, I searched the literature . . . for reports of others who had endured this experience, but I found nothing" (2013, p. 110). Houlding attends the funeral: "I went to Julie's memorial service with two colleagues who knew her husband, and thus, tangentially, knew Julie. They were caring, aware of my situation, but they were not grieving as I was grieving. Sitting at the service," she continues, "I struggled with the feeling that most analysands express at some point in treatment: who am I—*really*—to you?" (pp. 110-111).

I am speaking here from the other position, the other seat: who was he—*really*—to me? Whom had I lost? *What* had I lost? My search for answers to these questions, I now understand, was, and still is, the mourning process itself. I repeat again, I was the beneficiary of *good* practice—sound crisis intervention. Good practice not only facilitated my resumption of work with another therapist, but it also meant that I've approached writing about this subject from a position that includes gratitude. I was angry at the man for dying, and I was angry at the litera-ture for its inadequacy, but not at the particular community that cared for me.

Writing these sentences, I hear my own repetitiveness. Whom do I reassure? Does the repetition speak to some sense of grievance, hard to shake? I'll add that my anger, intense at first, has shifted—a function of time but also, I believe, a function of writing—away from a merely dis-

missive feeling and toward a more sympathetic curiosity about the pure difficulty of the subject. It has become increasingly pertinent, and interesting to wonder: *what, exactly, is the difficulty?*

Here is the notable fact: since what brings many people to analysis is a difficulty with loss and grief, it's *remarkable* that analysts have given so little consideration to the implications of their own mortality. Nor have we (I mean our profession) adequately considered our responsibility to patients in the event of our dying. In my view, this extraordinary absence, which can be considered an abrogation of responsibility, deserves investigation.

Let me pause to pose a question: is what I'm saying true? Are patients, in fact, ever abandoned this way? I'll offer two brief examples, one in the discipline's early years and one more recent.

Karl Abraham died suddenly in 1925, following many months of speculation about his delay in resuming his practice. His patient Alix Strachey writes to her husband, James, about the discontinuity: "Yesterday I telephoned . . . and was, as I expected, told to telephone again on Sunday morning. He *may* possibly, they say, start again on Monday, but they don't sound very convincing" (Meisel and Kendrick 1985, p. 279, italics in original). According to Meisel and Kendrick, Abraham was "steadily growing worse, although the full extent of his illness was as yet unknown even to those closest to him" (p. 290). Further on they note: [Abraham's] "sudden and premature death (he was only forty-eight) came as a personal and professional shock to the whole psychoanalytic community" (p. 306). It is believed that Abraham died of lung cancer.

Leap ahead eighty years, to 2005, and another patient, whom I'll call B, also tells of his analyst's lung cancer. Unlike Abraham, B's sick analyst returns to work following medical treatment: "Dr. X seems fully recovered," writes B, "back to where he was a few months before he had to stop working. He said the radiation results were much faster than expected—'unprecedented' was the word he used" (private correspondence).

B tells that Dr. X continues to *seem* well, though his condition is in the room, with the oxygen tubing that trails from his face, back beyond his chair and out the interior office door. Nine months later Dr. X dies unexpectedly, as B experiences it, and, according to B:

. . . apparently without having made any arrangements for his patients—or at least without having made any arrangements for me . . . . I was literally left standing on the lawn when I showed up for my session . . . informed by his wife, through the door, that he was not feeling well and was still in bed. Then when I left a message on his answering machine the following week to confirm my next appointment, she returned the call the next morning to let me know he had passed away the night before. "Oh, no, I'm so sorry" was all I could say, repeating it twice more with increasing emotion as I felt the loss, first for him, then for her, then for myself. "Thank you, take care, and goodbye," she said. And that was that.

B's account is remarkably forgiving and humane toward what is, after all, an abandonment.

In an earlier essay (Pinsky 2002), I try to put the problematic literature on illness and death—that is, the literature on *catastrophic* ending—into context by taking one step back to look at the literature on ending itself: the psychoanalytic writing on termination. I propose that the absence of theoretical and clinical provision for the therapist's illness or death reflects underlying problems regarding termination—the "routine" ending foreshadowed in the first hour patient and therapist meet: the work begins, the work will end, just as the hour begins and the hour ends.

Our customary word for this ritual of saying goodbye—*termination*—is an odd term to denote the natural ending of an analysis, but quite appropriate for what I'm talking about here. With the analyst's death, patient and therapist really face "termination"! But the therapist's death isn't supposed to precipitate the ending (nor is the patient's). The analyst isn't to be blamed for his human condition; but if he does "fail"—if he does die there's still been a catastrophic breach of the therapeutic contract. Without an implicit promise of constancy, who would ever embark? Robert Galatzer-Levy (2004) writes, "When the analyst dies at a time when the transference is still intense, analysands may feel they have lost the most important person in their life" (p. 1011).

A remarkable phrase: "the most important person in their life." Yet this intimate and private relationship exists all but outside the social

realm; certainly, the bereaved patient finds no clear place within a social community of mourners. Ann-Louise Silver (1990) describes the literature on the subject as an "affect-filled silence" (p. 2). If we believe what Galatzer-Levy suggests even a little, the pointed question must follow: is psychoanalysis reluctant to take responsibility for the tremendous power of its very method?

Why has the profession resisted addressing the analyst's mortality? I'm not persuaded by the most common retort to this question; it goes like this: "No one likes to think about death, the analyst is only human, why should we expect him to be any less reluctant than the rest of mankind?" Try putting words like those in the mouth of a father or mother with dependent children. How, then, to understand the resistance? Finally, my earlier essay takes the argument to a difficulty in the profession with grief and mourning. The "termination" that designates the end of an analysis is an extended process of mourning: in Loewald's (1962) terms, a "long-drawn-out leave-taking" (p. 259). It's through this ending process—painful work likely to include anger, disappointment, acknowledged limitation—that the patient takes leave well.

But there's a second person in the room, and that person also loses a partner. Though the analyst's role is different, the task is the same—leave-taking—and the analyst, at parting, is no more immune from a complexity of feeling than the patient is. In fact, Jack Novick (1982) suggests that "it may often be . . . that termination will be a greater real loss for the analyst than it is for the patient" (p. 356). That's because, while the patient has relinquished mainly the transference object of illusion, a shadow puppet, the analyst knows the patient more clearly, as well as intimately, and in Novick's view therefore loses a more real object. In a study exploring the impact of termination, Stephen Firestein (1978) writes that the analysts he interviewed "experienced not only varying degrees of anxiety over termination, but gradations of what, for want of a better description, could be called grief" (p. 214).

"For want of a better description"? We don't have to debate Novick's point or Firestein's distrust of plain English to agree that the analyst, too, experiences a loss, or that both people will mourn. John Klauber (1981), remarking on the strains inherent to being an analyst, writes that:

Practically no word ever appears in the literature about how the
analyst manages to form relationship after relationship of the
most intimate kind with patient after patient, of the mourning
that he must feel for each one of them, and of how he discharges
it. [p. 174]

Mourning is at the center of the termination process—for both
people.

Am I reproachful? Whom would I reproach in matters so thoroughly
human? In a passage paraphrasing Freud's "On Transience" (1915a),
the essay in which Freud describes a walk in the mountains with the
young poet who feels no pleasure in the beauty of nature, Franco De
Masi (2004) writes:

Freud maintains that an inability to enjoy and appreciate
the transience of beauty is due to an inability to mourn. The
thought of transience puts the poet in touch with the pain of
loss and interferes with his capacity to enjoy things. The inability
to appreciate beauty comes from a rebellion against temporal
boundaries. Those who cannot mourn unconsciously reproach
their love object for not being perfect, but only finite as humans
are. However, there is no love relation without loss; love is always
faced by separation. [p. 32]

Here is the essential point: underlying the problem of termination
is the reality of loss on both sides. If termination theory is problematic—
whether in regard to ordinary endings or disastrous ones—that problem
reflects a difficulty with loss and grief. Further, this quite human diffi-
culty of mourning is located just as much, and sometimes more, in the
psychoanalysts as it is in the patients.

The psychoanalytic situation induces an extraordinary intimacy that
is its reason to exist. Through this singular human connection—an in-
timacy that intends separation—the work is accomplished and the end-
point reached. But the patient is in a quandary if the helper is shy of end-
ings. The capacity to consider one's mortality, by which I mean human
frailty and limitation in every sense, perhaps defines the capacity to be
a good guardian of the therapeutic situation: a medium through which
patient and analyst alike may discover, and discover again, how closely re-

lated are the workings of grief and love. How much more complex such matters are—matters of ending, of loss, of transience, of "goodbye," of grief—for the therapist who is sick or aging, and for the patient.

Let me be clear: I offer no directives here for "good practice," no rules for what the clinician "should" do—most of these are common-sensical enough[2]; rather, my effort is to find a vocabulary to make a difficult conversation within the profession possible. Does the conversation matter?

I return to the patient B for help with this question. B, as already noted, is remarkably generous in response to his therapist's human failure. Months after the death, B reflects that, when his therapist died, B himself was "in an emotional state capable of dealing with the loss." He wonders further about people who might have been more vulnerable than he was when Dr. X died: for an example, B asks, "What if someone were suicidal?" We of course may wonder, too, about the untold effect on B.

I'll repeat the truism with which I began: no one likes to think about his own death. Now let me substitute for *death* in that truism the word *mortality,* and it becomes, *no one likes to think about his mortality*. What is our mortality? Our mortality is our human nature, and our mortal nature includes (who could doubt it?) our aggression, our destructiveness, our hatred, our envy, our . . . whatever else one might add. Is this what psychoanalysis would rather not think about? *Timor mortis*—fear of death disturbs me? What are we *timorous* about? Are we timorous to look at what motivates us? Do these not-so-benign, less conscious parts of ourselves underlie avoidance? We don't want to look because we prefer not to see? Winnicott can help here.

Winnicott's (1955) twelfth rule states: "The analyst survives" (p. 21). He means much more, of course, than that the analyst lives to see the treatment through. He means that the analyst survives the patient's attacks without retaliation, and, in not retaliating, maintains the *analytic function;* in holding his seat the analyst thereby accomplishes something. Most pertinent for my argument, Winnicott (1969) also writes that the

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[2] For example, some clinicians keep a sealed list of patients and their phone numbers; the list can be located by colleagues appointed to contact them in the event of an emergency.

analyst's retaliation may be worse during a treatment than his death: "Even the actual death of the analyst," he famously says, "is not as bad as the development in the analyst of a change of attitude toward retaliation" (p. 714).

Retaliation is worse than *death?* I return again to B and his analyst's narcissism: does Dr. X, whose radiation results are "unprecedented," blinder himself to the obvious—that he'll soon die and that his death affects his patients—as an act of retaliation? Is countertransference hatred (Winnicott again [1949]) at least a component? In not acknowledging his vulnerability (which B can *see* in the room), does Dr. X retaliate? Retaliate for *what*, you may ask? If Winnicott is right, that the analyst's retaliation can be worse than his death, then the analyst's infirmity or death, while a catastrophe, isn't necessarily the greatest problem the patient faces. Nor is it the greatest threat to the analytic process. The greater problem and threat would be the imbedded aggression: the analyst's failure and the profession's failure to think about, confront, and better provide for that eventuality. I'm suggesting a motivated neglect—a countertransference hatred—within the profession. Failure to protect the clinician means not protecting the patient—the two cannot be separated. Dr. X's neglect occurs under the umbrella of the profession's neglect.

These, then, are some of the things I considered early in my exploration.

A central link to my thinking as it has unfolded over time is a focus on the ethical: the abrogation of responsibility for the bereaved patient raises ethical issues. The analyst whose body fails doesn't will that failure or hold responsibility for it, although he may in some circumstances be held responsible for mismanaging it, and the profession for failing to shepherd and guide. It may be easier to forgive the therapist whose body fails than the professional community that surrounds him. I gradually began to think more about the other sense of *mortal*—one's humanness includes not only a frail body, but also one's fallibility. Man can die and he can also err in the words of Shakespeare's (1600) Puck, "What fools these mortals be!" (3.2.121). If that's true of mankind, it's also true of analysts.

Reflections like these took me to considering the character side of things—call it the matter of the analyst as person. As I learned more

about clinical work, and myself experienced the extraordinary power of the transference and the strains that come with it, I began to wonder about the invitation imbedded in the psychoanalytic situation for the analyst, the purveyor of illusion, in his human capacity for self-deception and grandiosity, to believe he inhabits an enchanted kingdom, magical in his powers, an "exception" (Freud 1916).

And I couldn't *avoid* thinking about character, had I wanted to, because concurrent with my analytic training were three disturbing events, close up: the ethical misconduct of three highly esteemed senior analysts in my home city, Boston, two of them in my home institute. These were catastrophic losses, stunning for everyone. But for students, for those learning what it is to be an analyst, immersed in their own analyses and still holding some necessary healthy idealizations, it was a too-early shock and disillusionment. A supervisor put it to me this way:

> When our leaders commit sexual boundary violations, they place every analytic relationship at risk. Every patient wonders whether they may be hurt. Every analyst wonders whether they may slip into the role of an abuser. And many a patient who needs our help is advised to stay away from psychoanalysts because they are dangerous.

Far from being upset by my supervisor's words, I took comfort—he was not glossing over or turning away. He was talking turkey to me.

I began to wonder: how might Winnicott's (1949) countertransference hatred, as with the dying analyst, also underlie such destructiveness?

As the reader can see, I couldn't avoid thinking about the sexual exploitation of patients, and I became curious about the history of what we call, euphemistically, *boundary violations.* I began to think more about the structure of the psychoanalytic situation itself and the nature of the analyst's activity—the audacity of it, I would say. I can perhaps best capture that expanding interest with the opening sentences of my essay, "The Olympian Delusion":

> This is an essay on an unpleasant subject: a subject so painful that some within the discipline of psychoanalysis wince and turn away from it—the sexual exploitation of patients. The psychoanalytic situation is an audacious endeavor that purposely courts

> risk: for a time placing one human being *as if* at the center of
> another's emotional life. In that power-imbalanced relationship,
> behind closed doors, what is the patient's protection? [Pinsky
> 2011, p. 351, italics in original]

In that paper, I explore particularly Freud's much misunderstood
and caricatured notions of abstinence and neutrality, considering them
fundamental guiding principles as well as ethical precepts. Perhaps most
important is the paradox of abstinence: abstinence itself is alluring—
the principle protects but at the same time, by design, heats the treat-
ment crucible, the abstinent analyst serving as a deliberately incendiary
human lure in a process focusing and magnifying the patient's love crav-
ings. The psychoanalytic setup is a structured invitation to fall in love, a
form of seduction, courting the transgressive.

If one accepts these terms, that's quite a seat the human analyst oc-
cupies.

A human being is perfect neither in character nor body; rather, im-
perfection and limitation define us. The situation, then, is always under
threat. But here's another paradox: this same limitation or humanness is
also necessary to the work. The psychoanalytic situation itself is defined
by carefully structured limitation that creates freedom, by restriction that
creates range: it's a "No, we will not touch" that says "Yes, you may freely
speak your desire." Taboo and transgression: don't touch, speak desire.
Only an imperfect being—an ordinary person—can energize this ex-
traordinary therapeutic offering, as no god or robot could do.

The analyst brings, along with technical skills, both body and char-
acter; just as the one is subject to idiosyncrasy and to frailty, so, too, is the
other. The patient has the hopeful expectation that the analyst brings
a good enough character, along with a healthy enough body so that he
will survive in both the ordinary and the Winnicottian sense. The reader
may see how my subject—the analyst's mortality—expands to include im-
paired character and the terrible ethical violations that can ensue. Here,
too, are echoes of an earlier question: is it an ethical violation not to
provide for our patients' care should we be lost—whatever form that loss
takes?

Whatever form that loss takes? I'll return to this question. Let me pause to summarize what I've done so far. I've said something about my particular experience of losing my therapist and how the loss took me to writing about it and to becoming an analyst myself. The exploration in writing became an investigation of the psychoanalytic situation itself, of the analyst's activity, and led to reflections on the humanness of the analyst, in both the sense of body frailty (he is mortal, he can die) and the character sense (he is mortal, he can err). As I see it, both endeavors (writing, becoming a clinician) are my efforts to understand the loss and to grieve it—call these forms of working through, if you like (I do). I've tried to make something out of the loss that takes me closer, in Loewald's (1960, p. 29) language, to laying the ghosts to rest as ancestors.

Loewald writes:

> In mourning, an object relationship is gradually given up, involving pain and suffering, and is substituted by a restructuring of the internal world which is in consonance with the relinquished relationship. In this way pain and suffering can eventually cease, even while the memories of the lost person do remain . . . . In this sense one can say that the individuation of the individual comes about by the losses of separation. [1978, pp. 559-560]

With my therapist's sudden death, there was no opportunity for the long-drawn-out leave-taking that is the ritual of ending; and so it's been through these other means of mourning that I take leave—and, I'd like to believe, retrieve the person, locating him more securely inside.

Here is perhaps the most important point: there are many ways to lose the analyst, on a continuum from necessary and benign to destructive. All of these losses, in some sense, are inevitable. One loses the analyst at the end of the hour; one loses the analyst if he's distracted or sleepy; one loses the analyst if he doesn't understand; one loses the analyst when treatment ends. One may even lose the analyst retrospectively in learning of his ethical misconduct, however sound and ethical one's own treatment. Loss, functional loss, is structural; it's imbedded: the work begins, the work will end.

Even the analyst's ordinary intervention, a good interpretation, induces a kind of loss. Just so, the analyst's failure is imbedded: the interpretation may be really bad or tactless (reminding us again of Winnicott: "I think I interpret mainly to let the patient know the limits of my understanding" [1969, p. 711]). There are all kinds of ways for the analyst to fail, from benign to toxic. And it is the inevitability of failure—of disappointment, of loss—that gives the therapeutic gift value (similar, perhaps, to what makes the appreciation of beauty possible with the acceptance of temporal boundaries, of transience).

On these terms, do the ailing Dr. X and his patient B represent a relatively innocent instance of failure? Can we isolate principles, can we make useful distinctions?

So, to that end—and with the crucial caveat that such things are impossible to parse or measure neatly—I'll offer two more brief examples, very different from each other, to add to the collection.

First, the example of Pat and her analyst, Dr. D, an experienced, highly respected, gifted clinician. Early on in the treatment, Dr. D falls into subtle neurological decline—cognitive decay. Slowly, Pat realizes for herself that they are "hitting dead ends"; as she puts it, "I had to act as my own container, tamping down my enthusiasm so as not to inflict my own mind onto an un-accepting mind." In bewilderment and confusion, and alone, Pat leaves the analysis; Dr. D deteriorates, eventually closes his practice, and dies. Throughout, for Pat, there isn't much help from the community, though eventually she finds her way to a productive new analysis. A few years later, Pat likens the experience with Dr. D to her work with a patient of her own, a child with Asperger's syndrome with whom she struggles painfully to make contact. Pat grieves for the boy and for the limitations of treatment—she can't save him, any more than she could save Dr. D.

Here is another example, far more mundane. A patient, Leigh, has recently ended a productive five-year analysis with Dr. O. Three months after the ending, Leigh phones Dr. O and leaves a message with news about her child who had been sick, with cancer, and whose illness, treatment, and impending recovery coincide with the end of the analysis. Leigh calls to leave happy news, wanting the analyst to know that the

child, in a follow-up medical exam, has been declared well. Dr. O doesn't return the call, nor does he respond to the patient's note expressing bewilderment and distress; it was as if the analyst had fallen off the face of the earth. Eventually, Dr. O explains his silence: he did not want to be intrusive.

What kinds of distinctions can we make here? In both instances, the analyst is lost. Which of these two is a more notable loss—how to think about it? The first is clearly more terrible: the patient has lost the analyst in some more absolute sense and in a particularly heart-rending way. But in another sense, is Dr. D's loss of function, as his mind declines, less a failure? Though it fractures the analytic frame, it's not, after all, a failure of humanity. In the latter instance, trivial by comparison, has the analyst who does not want to be intrusive retaliated? Is Dr. O's rigidity an upside-down breach of the analytic frame—he is not too loose, but instead too tight and unbending? On a continuum of damaging behaviors, Dr. O's failure to respond is fairly mild, Dr. D's unresponsiveness extreme. But on a different continuum—call it the continuum of enactments, or of Winnicott's countertransference hatred, or, if you like, call it moral— Dr. D's failure, wholly unwilled, simply can't be placed, where Dr. O's silence, in contrast, can.

In other words, the virtual death (whatever its form, be it neglect, a noxious enactment, a misguided coolness, or distance), wherein the *analytic function* is lost, may be more destructive than the actual one.

Howard Shevrin (2012) considers the psychoanalytic situation as ceremonial form:

> Analysis as ritual is both real and imagined; in fact the genius of analysis (the "transference") is that it is reality that is imagined and lived, as in art. It has to be real or else it doesn't work; and it has to be imagined and lived or else it doesn't last. This I think is altogether new, *nothing like this has ever existed before.*

If Freud's creation offers a new form of human relationship, it's no wonder the matter of endings is puzzling to conceive. A hundred years ago, Freud speaks to this same remarkable newness: "The course the

analyst must pursue," he writes, "is one for which there is *no model in real life*" (1915b, p. 166, italics added).[3]

I don't believe it's merely avoidance or grandiosity that explains the neglect of the subject of the analyst's mortality. If that were the case, there would be easier answers to questions hovering over my effort here, questions such as "What should analysts do (and what should the profession do) to address the problem—more accurately, the fact!—of the analyst's mortality?" But if we agree that what is lost is both real and imagined—both individual and also not specifiable—and that the psychoanalyst's activity can't be defined in everyday terms, must we conclude that the management of loss can neither be conceived nor prepared for? Are there no forms for conceptualizing conduct in a relationship in which the course the analyst pursues is quite new, having no model in "real life"?[4] If there are no rules (beyond the commonsensical, like the sealed list of names in the desk drawer), is nothing therefore mandated? More than sixty-three years ago, Ida Macalpine (1950) offered an incisive answer, locating "form" in the analyst's moral integrity—the necessary safeguard, by her understanding, that underlies every treatment; the analyst's moral integrity is "a technical device," she writes, "and not a moral precept" (p. 527).

Lawrence Friedman (2012) describes the analyst's struggle as requiring "an impossible balancing act." On one hand, the analyst has to keep in mind: "I know better than anyone else how much I mean to you and how much you will suffer by my loss," and on the other he must not forget "I know better than most know that it isn't really me that means so much to you," while at the same time he must not lose hold of "I know you will miss the real me personally after all this." The analytic stance requires all three internal visions—"it is a matter of spiritual positioning,"

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[3] To the great psychoanalytic thinkers who have articulated this ordinary/extraordinary paradox, we can add Loewald: "Analysis is not and should not be like ordinary life, although it is a replica of it in certain essential features, while it is fundamentally different in other respects" (1962, p. 259).

[4] Elsewhere I write: "Perhaps Freud means [by "no model"] that for none of these other objects of transference is the position as fully stylized: a stringency limiting reciprocal action and seductive behavior (the analyst's abstinence) along with a non-judgmental receptiveness to everything the patient expresses (the analyst's benevolent neutrality)" (Pinsky 2012, p. 37).

notes Friedman. We might consider the analyst's work in safekeeping such a position to include an acceptance of his own transience, both as person and in the specialized role. That acceptance is perhaps another form of moral integrity.

The analytic situation tempts the analyst's grandiosity, constantly testing that integrity, no matter his age. Shelley Orgel (2013), working into his ninth decade, expresses with characteristic straightforwardness his view of the analyst's responsibility in the seat:

> A number of patients who have come to me in recent years were in treatment with analysts who became seriously ill and were functionally impaired. Some died. A major reproach these patients have brought in centered around their analysts' inability to help them speak about their perceived sense of what the analyst was facing, and what it meant and would mean to the treatment and, overwhelmingly, to the relationship itself. They felt prohibited from connecting their sadness, anger, fear about these realities with the transference awareness they had thus far achieved. They guiltily reproached their analyst for being unable to remain analytically "neutral" in their interest in the face of the coming tragic loss to each of them, to confirm and clarify their observations and reactions when there was evident physical and/or mental deterioration. [p. 941]

Along with his patients, Orgel shares a belief that they "needed their analyst to break into these denials." While some therapists could do so, "it was humanly impossible for others to affirm . . . such cruel realities to their patients." Orgel considers his work with these patients to include helping them find in him "someone who can enable them to continue the aborted work of mourning for their 'lost' analyst" (p. 941).

I've used a number of examples to suggest a continuum with degrees and kinds of mortality in both senses of *mortal*—integrity of body, integrity of character: vulnerable and fallible. The necessary source of the therapeutic gift is, put most simply, the quality of integrity: a condition attainable *only* as a mortal attribute. Integrity is a gift—like a talent—that can be achieved, or not, because and only because the therapist is human. At integrity's center—since every person is imperfectly whole—is a striving toward a consciously impossible ideal.

At this point, I'll offer a narrative of such striving and integrity.

When my therapist, Joseph Nemetz, suddenly died, I had been working with him in an intensive psychotherapy for more than four years. Nemetz's professional conduct, in retrospect, serves as an implicit critique of the inadequate professional literature regarding the central matter of the therapist's mortality.

I had asked several weeks earlier if we could talk about my beginning analysis.

Nemetz was surprised by my request, and I by his surprise; I thought I had made many less-than-subtle hints about analysis. I told him I thought I had been reasonably clear; he replied that he had not understood me. Possibly, both of us were right. I came to wonder later whether I had in fact been quite clear but that his usual capacity to hear me had in this particular matter broken down: did he wish *not* to hear me? I've wondered whether his deafness to my hints came from his intuitive understanding that, if I were to ask, he would have to say no—the answer he'd be compelled, as I now understand, to give. With the refusal, I would, if I wanted analysis enough, move to another therapist. I believe that he cared very much about me, enjoyed his work with me, and preferred that I not leave him.

He didn't answer me right away. He told me that, because of his age (he was seventy-one), he was cautious about beginning new analyses; when I asked if our four years of work together made no difference, he answered that of course it did, and that he would need some time to think about it. Over the next ten days I argued my case, growing more excited and hopeful as the days passed and he did not refuse.

Several minutes into our fifth meeting after I had first asked to begin analysis, I was speaking with an animation every minute moving closer to pleased assumption: I *would* have my wish. I remember that he lifted his hand lightly, several inches off his knee, in a gesture that stopped me dead—a "Whoa!" to a racing horse. The very long silence lasted perhaps five seconds, and then he spoke quietly:

"*There's more than one person in this room to be considered,*" he said.

I was speechless. At that moment and in that pause, I caught a clear glimpse of him, perhaps for the first time in ten days, so hard had I been working to obliterate him in order to have what I wanted. I saw

something then about what he might feel, what he might wish, and what this decision might mean for him. I was able then to say, calmly and with tremendous sadness, "This must be hard for you, too." He nodded very slightly and said, "In many ways."

Although he didn't give me his answer until the next time we met, I knew then what he would likely say and began to prepare myself for it. Sometimes I think I'd really known the answer from the beginning, maybe even before he did, and my wish not to hear what I already knew explained my impetuous rush to fill with words any space for an honest exchange with him. My unconscious hope was to keep both of us from reflecting; but he didn't give up that responsibility.

Near the start of our next meeting, he said that, given the nature of my own losses and the power of analysis, and given the good possibility that he might die before the work was done, analysis with him was not a good idea; he said that, if I wanted analysis, he'd help me arrange it. I knew that, given his love for the work—and especially for that work from behind the couch—his decision was not easy. But I also knew in a hazy way that it was his commitment to the work, and to me, that guided his decision.

I asked him if he'd ever changed his mind about anything, and he replied, quickly and very gently, "I once decided not to be a cowboy." As was often true in my time with this man, my laughter was part of the power of the moment: few people have ever looked *less* like a cowboy. My tears and rage followed.

But I didn't fully understand his words for a long time. Many months after his death, I did understand that Dr. Nemetz was telling me far more than "No, I can't be your analyst." He was telling me that, however much he might wish to give me what I wanted, he couldn't change his mind because any other decision, *by his lights*, would be wild and incautious; his refusal was dictated by his understanding of and respect for the power of the analytic process, for his own human limitations, and for me.

With that decision, I think he looked squarely at the ending of his lifework, and of his life. At some point, I also understood it—"I once decided not to be a cowboy"—I understood it as a rejection of the charismatic style of certain analysts (I use the word here in the pejorative sense). Nemetz had the capacity to bear the responsibility of "No," and

at the moment he spoke, it was to remind me that there are *always* two individual, mortal people in the consulting room. And in that quiet reminder is located the most essential principle guarding the patient's safety.

A few weeks later, on a Wednesday in mid-May, the hour came to a close. I remained angry at him. He was going away for the weekend to a conference in Philadelphia. He often ended an hour with something intended to leave me thinking. This time it was a question. His last words to me were: "What have I done to make you think I don't understand how disappointed you are?"

I paused and said, "I'll think about it, and I'll let you know Monday morning." I stood up and left him with my usual tag line when he went away to meetings: "Have a good time, learn something, and cross the street very carefully." He collapsed without warning on Sunday in the airport in Philadelphia, and he died six days later, apparently never regaining consciousness.

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PROBLEMS OF INTERNALIZATION: A BUTTON IS A BUTTON IS—NOT[1]

BY SHELLEY ROCKWELL

Analysts hope to help the patient internalize a relationship with the analyst that contrasts with the original archaic object relation. In this paper, the author describes particular difficulties in working with a patient whose defenses and anxieties were bulimic, her movement toward internalization inevitably undone. Several issues are considered: how does the nonsymbolizing patient come to internalize the analyst's understanding, and when this does not hold, what is the nature of the patient's subsequent methods of dispersal? When the patient can maintain connection to the analyst as a good object, even fleetingly, in the depressive position, the possibility of internalization and symbolic communication is increased.

Keywords: Sensory experience, autistic defense, adhesive skin identification, good object, internalization, analytic relationship, symbolization, internal objects, introjection, Kleinian theory, bulimia, transference, containment.

> The extraordinary thing is the *tour de force* by which primitive modes of thought are used by the patient for the statement of themes of great complexity.
> —Bion 1967, p. 274

[1] Gertrude Stein's famous quotation, a "rose is a rose is a rose" (1913, p. 90), was meant to convey that things are simply what they are. In this paper, I am interested in the moment(s) when a thing can become more than a thing and becomes imbued with feeling and meaning.

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After a long period of breaking and smashing things
without concern, she broke a doll and for the first time
cried about it. That afternoon when the teacher tried
again to communicate with her and wrote a word on her
palm (water), Helen Keller understood and responded.
Thus a capacity to understand symbolic communication
followed immediately and directly from her first experi-
ence of depressive feelings.

—Segal 1957, p. 175

INTRODUCTION

In this paper, I would like to explore the developing capacity for in-
ternalization in one patient in close detail over a week of sessions. I at-
tempt to describe the analytic experience that allowed her to move from
a concrete, adhesive-type of identification to a more open life-giving rela-
tionship, including both paranoid-schizoid and depressive relationships
with their attendant anxieties. These in turn led her to feel helped by
her analyst—and inevitably to processes of tearing down and rebuilding
this stronger connection. Intertwined with these developments in her
relationship to her analyst was an increased symbolic capacity that I will
delineate in what follows.

I found Petot's (1991) scholarly summary of Klein's thinking on in-
ternalization very helpful as a starting point for the issues I would like to
explore in this paper. He wrote:

Internalization-introjection is a basic process of psychic life. It
never stops. It proceeds in and through fantasies of incorpora-
tion that accompany, prolong, and repeat in a hallucinatory way
physically devouring behavior. Introjection may or may not be
followed by reprojection [violent ejection] of the object; when
it is not, it is successful, and the object is established in the ego.
The main factor in success seems to be identification with the
good object, which leads from simple libidinal attachment to
real love for the object. [p. 41]

Petot's description assumed a good object available for identifica-
tion, initiating a benign cycle of growth and development.[2] We under-
stand that this development is not to be taken for granted.

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[2] A *good object* is connected to creative libidinal life forces having to do with concern,

Strachey (1934) described the impingement of the "neurotic vicious circle" on the development of a stable internal good object (i.e., a better superego), referring to the child/patient in the grip of a bad object:

> Thus, for instance, during the stage of a child's libidinal development in which it is dominated by feelings of oral aggression, its feelings toward its external object will be orally aggressive; it will then introject the object, and the introjected object will now act . . . in an orally aggressive way towards the child's ego. The next event will be the projection of this orally aggressive introjected object back on to the external object, which will now in its turn appear to be orally aggressive. The fact of the external object being thus felt as dangerous and destructive once more causes the id-impulses to adopt an even more aggressive and destructive attitude towards the object in self-defense. [p. 137]

In these moments, when the patient meets up with an "external object . . . felt as dangerous and destructive," it is crucial for the analyst (originally, the mother) to remain receptive to the patient's experience, to continue to understand, not to retaliate or enact the patient's projection. In this "meeting up," the possibility of a mutative experience may be created. The difference between the projected/original object and the reality of the analyst in the moment can begin to be experienced and accepted.

Thus, the patient, not caught within a vicious circle and in a better state of mind, with a good object, can experience the analyst's words as something to think about, not merely as criticism or even an all-out attack. In Segal's (1957) brief but striking description of Helen Keller and her teacher, Annie Sullivan, we see how these processes work together. Helen, in contact with Annie as a good object, for whom she cares, is able to suffer for her aggression; she has smashed a doll given to her by Annie and can cry. Subsequently, Helen understood and responded to a word (water) traced on her palm—Annie had reached Helen for the first time.

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love, and growth, the *bad object* being the representative of destructive, annihilating forces, the death instinct. The *idealized object* is a manic form of the good object and a defense against ambivalence and sadism. When the object's good and bad aspects can be integrated, the good object is stronger, potentially more stable, and, importantly, more realistic.

The psychic forces standing in the way of developing a good internal object (i.e., a depressive state of mind) are the same as those that inhibit our capacity for symbolic functioning. A paranoid state of mind is held in the grip of a frightening and concrete way of thinking and feeling.

This capacity for depressive concern and its linkage with symbolic capacities was further developed by Britton (1992), as he described patients whose "integration of the depressive position fails, [hence] the individual cannot progress fully towards developing a capacity for symbol formation and rational thought." Britton gives an account of a patient who "repeatedly tried to flush them ['bad thoughts'] down the toilet; wash them out of her hair; and empty them down the garbage-disposal chute" (pp. 37-38).

Symbolism involves a three-way relationship between the thing, its symbol, and the symbolizing self, and, psychologically speaking, is "a relation between the ego, object, and the symbol" (Segal 1957, p. 163). Hence the ability to differentiate self and other, which comes with a capacity for depressive experience and opens up room for triangular relations with language, objects, and one's environment in general. Only when the subject is able to really experience her/his object as separate from the self can s/he have genuine feeling for the other—ushering in a depressive response of concern and love.

I will explore these interdependent processes in detail, internalization of a good object and symbolic capacities, with clinical material over a week of sessions with one patient. To begin with, I introduce my patient by way of a children's book depicting the primitive and ordinary infantile world, and that of the unconscious phantasies of the adult mind as we find them in the analytic session.

Maurice Sendak, a beloved author and illustrator, understood children; he had absorbed his own difficult childhood and was not too fearful or inhibited to portray this in his art (Sendak 2011). He tells the story of a young boy in the middle of the night awakened by the clatter downstairs, falling from his bed to a kitchen full of bakers baking the morning cake (Sendak 1970). The family kitchen opens up into the night air—inside is outside and outside inside, transmitting to the reader that in this tale the internal world has come to life in the real, external world. The bakers assign Mickey the task of obtaining milk for

the cake—from a giant bottle perched on the roof. In a touching and graphic image, "Mickey the milkman dived down to the bottom [of a giant bottle of milk] singing, I'm in the milk and the milk's in me, God bless milk and God bless me" (p. 31).

In this scene of great excitement, Mickey has possession of the milk-mother—he simultaneously can *take her inside* himself and *be inside her,* floating and frolicking with abandoned pleasure. The taking inside and being inside the object in this fairy tale is balanced; Mickey floats equally between the two.[3] Sendak has drawn a concrete realization of an intro-jection and projection that allows for internalization rather than mas-sive ejection. This balanced introjection-projection is achieved when the objects—here, the baker and the milk/mother—are experienced as be-nign, creative, resourceful, really a couple. As Britton (1992) outlined, it is the triangular space involving three objects that allows both a depres-sive (concerned, loving) relation to the object and the development of symbolic thinking. Mickey has dropped in the middle of the night into the primal scene of creation.

My patient's story is painfully at odds with Mickey's. In contrast to an experience of a pleasurable feeding, allowing Mickey to feel at one with his mother, being in her and she in him (including the presence of an observing benign father/baker), enabling him to return to sleep, and the being an ordinary little boy—Ms. A sets up a violent rejection of the nourishment she most needs. Isaacs (1948) described this painful dilemma: "The infant feels, 'I *must* annihilate my bad mother.' He over-comes his feeling of helplessness by the omnipotent phantasy: 'I can and *will* destroy her'—by whatever means he possesses" (p. 87, italics in original).

MS. A—A DESCRIPTION

Ms. A was actively bulimic when she began her analysis, bingeing and purging several times daily for the first years of her treatment. Her bu-limia began in late adolescence prior to her departure for college. An

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[3] This is not unlike the feeling within a nursing couple: infant and mother gaz-ing into one another's eyes, with permission and support from a father/husband in the background.

avid horseback rider and competitor since a young girl, she recounted a time when her parents refused to finance equipment for her beloved horse. In a fury she sold the horse, and within days began the bulimic activity. She assumed her parents did not notice.

Although Ms. A came into analysis in her mid-twenties to "cure the bulimia," she did not want me to look closely at this activity. When she could describe it, there were several outstanding features. Each binge and purge was well planned, involving shopping, preparing, eating, and vomiting certain types of food—i.e., sweet cereal, ice cream, cookies, or popcorn—which she would combine to create specific feelings in her throat. She aimed at a particular sensory experience, neither too abrasive nor too soft—rather "just so" (a kind of "Goldilocks and the Three Bears" situation), enabling her to feel the regurgitated food without its scratching her throat.

This balancing act, "getting it just right," preoccupied her. In my effort to think about the importance of the sensory element in her symptom and what it offered her, I turned to Tustin's (1987) writing on autistic experience.[4] Ms. A's drive to achieve a particular sensory experience seemed much like that of a patient of Tustin's, with his desire for

> . . . wet and slippery [shapes] . . . soft and melting, and also fluid and changing . . . [that] seem to caress and stroke . . . to calm . . . after stressful happenings which have threatened to interrupt his sense of continuous existence . . . . [He is] aware that he does not control the mother's comings and goings, and that he cannot control what happens in the outside world. [p. 147]

Along these lines, Ms. A reported that she "got sick," as she came to call her bulimia, when she was angry or agitated. Her motivation was diffuse in her mind, but simply put, it was when "upset" that she began to plan her next binge. She could find no words for this experience, nor did she want me to speak with her about it. I was to listen mutely.

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[4] In his foreword to Tustin's *Autistic Barriers in Neurotic Patients* (1987), Grotstein outlined Tustin's important "elaboration of *autosensuousness* . . . a state more primitive than bonding," as well as her consideration of a "level of meaning beyond cognition . . . a glimpse into the very roots of perception, and [she] has thereby elevated (auto)sensuousness to its deserved significance" (1987, pp. 4-7, italics in original).

Perhaps it is not surprising that such meticulous control in the end made her feel very out of control and humiliated as the bulimia held her in its grip. I think it was these unbearable feelings that allowed her to enter treatment, but at the same time put us at loggerheads. She wanted to be rid of "feeling out of control"—that is, to be more in control, while my idea of growth was to encourage her capacity for dependency on me, which in her mind was terrifying and the opposite of cure, as she would be substituting one tyrant for another.

This follows the thinking of Sodré (2014) regarding cure, in that patient and analyst always have contrasting views of what constitutes it:

> Cure by psychoanalytic insight will only establish itself as a better method over cure by unconscious mechanisms of defence through the painstakingly acquired evidence that the analyst's interpretations will provide both sufficient relief from mental suffering and a lesser price to pay in terms of damage to mental functioning; some degree of conviction will be required to justify the gradual abandoning of older methods.

Ms. A's "method of cure" held a second aspect having to do with the strategy and intention underlying the bingeing. Ms. A's eating held an anticipation of purging, established for that purpose and not for ordinary nourishment and pleasure. Sohn (1985), in his paper on anorexic and bulimic states of mind, wrote that "attacks are directed towards the awareness of the meaningful and intended specificity and function of all objects" (p. 49). Hence what might appear to the distant observer as Ms. A's "just eating" was far removed from anything ordinary. It held secret excitement, triumph, and pleasure, as well as shame and agony, but most significantly was an attack on the object's function: originally, her mother's maternal feeding function, and currently, my capacity for understanding. In the end Ms. A was left feeling she had no one and nothing inside to count on.

I would like to emphasize that I thought it was both this *destruction of maternal function* and her *clinging to certain soothing sensations* that coalesced to create her symptom. The bingeing and purging could soothe and "hold" her, providing continuity between her and her object, as well as accomplish the necessary defensive function of destroying her depen-

dency on her object over and over. The intention and action of purging sickened the possibility both of giving and of being given to—introjection and projection being equally lost and ruined with the bulimic activity.

In short, bingeing and purging created a sensory ongoingness with her object, immediately defused by subsequent rejection and refutation. This sensory experience provided an autistic-like defense that combined with the paranoid necessity of getting rid of the torturous object/need. Ms. A's equilibrium could eventually yield to a depressive experience with her analyst and, although fleetingly, did allow for a line of growth and integration—my hope for her "cure." I think it may be clear in the clinical material that her capacity for primitive symbolic communication increased as her contact with her analyst as helpful accumulated.

Treatment: Transference and Countertransference

Early in her treatment, Ms. A made an effort to talk about her father. She recounted a Christmas in which he had played a trick on her and her older brother. Her father, a successful businessman, gave both children a "cheap and silly toy." She tossed the toy aside, and he then removed a $100 bill hidden inside the toy. She believed he had anticipated her misstep, expected her to devalue and dismiss the gift, and was looking to show her up and taunt her for her newfound interest in the "worthless toy." She repeatedly felt caught in this inferior and greedy position: her object used his "riches" to bait her and, when she became interested, humiliated her.

The link between father's "false giving" and Ms. A's "false eating" was at the center of the transference-countertransference situation: his confusing Christmas gift and my disturbing interpretations. Are my interpretations "good"—that is, given with the intention of understanding and helping her—or am I cruel and cynical, meaning to humiliate and confuse her?

Years later, Ms. A recounted to me that she had been and was still continuing to methodically discount or mock my statements to her during the hour as she left my office, walking by my garden on her way back to the street. It seemed she could name the plants and tag her

denigrating feelings onto them: "I thought such-and-such as I passed the *Baptisia*" (also known as "false indigo"). This literal and vivid, step-by-step disassembling of our conversation had gone on for years without her talking to me about it. A path of destruction, of vomit, really, had begun as a plan during the hour.

Ms. A's bulimic and promiscuous behavior stopped with almost no direct discussion several years after her treatment began. Currently, she is a successful corporate executive, married with two young children—her external "improvement" was rapid but superficial. I think that the bulimia had moved into the transference, and was and is ever-present in action and word, in the sense Joseph (1989) described: transference as the total situation. Within the countertransference, I am pulled into a concrete and cruel world from which I need to extricate or "cure" myself, if there is to be any hope of being useful to my patient.

A recent session illustrates this problem. On a Monday, my patient complains that her obnoxious and pushy neighbor has encroached on her property by expanding his driveway—and in addition, he has installed a fence along the boundary. I say that I think the weekend has cut us off from each other, and perhaps she wishes she could move closer to me and not feel I am so completely separate from her. She replies that she can see what I say might be true, but she feels nothing about it.

I wait, aware that my interpretation has felt cold and mechanical. Nevertheless, this "wrong" interpretation might have had some effect; she repeats the entire story regarding her neighbor with more feeling and detail. It comes to life, the emotional atmosphere between us warms, and there is more connection—between Ms. A and her story, and also between the two of us. I begin to recognize that her complaint at the beginning of the hour was more desperate than I had understood. I can feel, in my own body, what it is like to suddenly strike the hardness of concrete (my face meeting her face on this Monday) *and* to feel simultaneously kept out and encroached upon.

Only then can I say, when she is not able to talk to me, having no sessions, she feels cut off and too far away. I continue by saying that when I can see how needy she feels, it frightens her and she worries I will become too big. Ms. A responds that she is crying but does not know why.

In a simple and direct manner, Ms. A had communicated a world
of physical sensations, her bodily feeling of separation. This primitive
sensory world can be interpreted by the analyst in plain and physical
language. But I think that the cold hardness must also be dealt with
from inside the countertransference. In this hour, I made an emotional
shift to her world of hard cold surfaces through the recognition of my
remote interpretation, which I was certain had to do with the way she
had initially looked at me and talked with me, but I also faced something
in myself, my own Monday problem.

I would like to make several technical points that I think this mate-
rial brings into question. One is the importance of "breaking the ice"
with the patient even when the analyst is in a remote place, which I must
have been in my first hour of the week on a Monday after a weekend
away. Even a distant remark, if we are able to make it, may begin an ap-
proach to the patient and might be felt by her as just that. Even though
in the end inadequate, it may encourage her to try again, which Ms. A
could do only if she felt my intentions were more or less benign. She
could imagine a good object and could envision that, if she retold her
story, I might get it this time, which I did. In theoretical terms, I was able
to accept her projection of coldness, and through enacting it, she could
feel she had reached me; she was contained and could take a further
step in recounting her story, this time with more real feeling.

Another interesting question: what was really different in the two
interpretations? Several things, I think: my language in the first attempt
was crisper—more hard *c*'s (*cut, could, closer, completely*) and more abstract
(*the weekend . . .* she *wished . . . move closer . . . not feel separate*—what do
these words really mean?). The second interpretation, to my ears, held
"softer" words (*not able . . . having no sessions . . . too far away*). This in-
terpretation stated more specifically and concretely what she had missed
(*talking . . . no sessions . . . too far away*).

The combination of a softer tone to my voice, including the words
I used, and the concrete detail about what she missed gave the second
interpretation a more personal feeling. I think these subtle differences
reflected an emotional connection to the patient that had developed in
me as I gave her the second interpretation. What cannot be conveyed by
my words here in this paper is my internal state of mind as I spoke to her

in the moment. In my second interpretation, I felt an emotional contact, while in the first I had only mentally "intuited" her feelings. The two are quite different.

I would now like to turn to a series of sessions with Ms. A that I felt in retrospect marked a shift toward more open communication and risk-taking in regard to her need for dependency and capacity for maintaining a good object, thus initiating an increase in symbolic functioning.

A WEEK OF CLINICAL MATERIAL

First Session: Telling Her Stories

On a Monday, the week prior to the two-week Christmas break, Ms. A—slightly disheveled and disoriented—asks me, "What days next week will you be away?" Disconcerted myself, I quickly check my notebook to confirm I gave her my dates several months earlier. I now give her the dates once again, and she mumbles vaguely, "I'm sure I wrote them down somewhere but couldn't find them."

Ms. A had brought me to doubt my own mind, lose my bearings, and resort to checking my notes. Her disturbance at facing the upcoming break and loss of contact had been transformed as follows: I am not losing you, you are losing your mind, and we are the same and both of us have lost our good object and we are at sea.

This very brief sequence follows the states of mind I am exploring in this material. Ms. A began in a paranoid and accusatory state of mind, including the flattening of a two-week Christmas break[5]—a real and three-dimensional emotional problem—into "days." Ms. A's concretization pressured me, even shocked me, and I was compelled to check my notes. How could I have forgotten to give her the Christmas dates? I think my getting off balance was picked up by her: she felt I could contain, endure, and think about her state of mind since "the dates" had become

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[5] In using the term *flattening,* I am attempting to differentiate and open up an understanding of the patient's concrete mental functioning, her way of managing anxiety, and her relations with her object in an experience-near language that might capture her own and the analyst's experience of their relationship. Essentially, bingeing and purging smoothed and flattened food into a simple, narrow, in-and-out trajectory, leaving no space for actual digestion, for incorporation and nourishment, which involved many angles and surfaces of the body. Thus there was a collapse or absence of triangular space.

my worry. She relaxed and I sensed sheepishness in her tone, close to concern; she acknowledged she had forgotten something she needed. (I will explicate this process in more detail later in this paper.) Essentially, Ms. A had moved from paranoia and concretization to a depressive state of mind in the opening minutes of the hour. Hence she could at this point in the session begin a description of four screen memories, each involving a horrendous maternal object for whom containment was not possible.

Looking back, I think Ms. A's introduction of misplaced "dates" had been a testing of the waters—my mental waters—in order to determine my receptivity to her upcoming stories. I sensed the importance of holding her in my holding still—not giving an interpretation, but rather formulating it for myself; I was acutely aware of her "unfair" accusation, a powerful and disturbing projective identification. I think she felt I had "gotten" it and could be affected by her distress.

It seems the telling of these stories was evidence not only of a more trusting relationship to her analyst, but also of an effort toward integration and internalization of her "actual" childhood and psychic history. These interdependent processes are in place: a better relation to her analyst, with an increase in symbolic capacity and internalization. In addition, Ms. A was able to reclaim some of the initial projective identification by acknowledging her own carelessness in relation to the dates, leaving her in a more balanced "introjection-projection" state of mind. Then, like Mickey, she was able to go on as a patient with a story, just as Mickey went back to bed as a little boy.

With some urgency, Ms. A recounts that on her drive to my office, four memories from her childhood came to mind. The first is a story in which she and her mother are about to leave the house. Her mother is in a rush and asks her daughter to put away her socks. Instead of putting them away, Ms. A throws them into the linen closet, where her mother finds them several days later. She calls her daughter to the closet and slaps her.

In the second story, my patient describes a school playground dragon on which the children were allowed to climb and play. Although it was against the rules to slide down the back of this dragon, she did so, hitting a cinder block at the bottom and injuring her tailbone. Since

she had done what she was not supposed to do, she felt it impossible to tell anyone about the injury, although it had worried her because she thought her tailbone might be broken.

In her third vignette, Ms. A remembers going with her mother to visit her grandmother when she was seven. She explained to her grandmother that her family used a special laundry detergent that would not pollute the water, which had been explained to her earlier by her mother. Her grandmother laughed at her, saying, "That makes no sense." She looked at her mother's face; mother did not respond and offered no help or support. Ms. A felt ashamed.

In the fourth memory, my patient was home from school because she was sick. She squatted to pick up a toy and "pooped" diarrhea. She told her mother that she had thrown up, and as her mother cleaned up, she asked, "Are you sure you threw up?"

These stories have a fairy-tale feel: stark, bleak, and cruel—a child alone with no sympathetic adult at hand. Each story described an *attacking* witch-mother: a slap for misplaced socks, a crash to her bony/spinal structure as she slid down the forbidden dragon, and a flat and nonresponsive face when the child is mocked by her grandmother. In these stories, Ms. A repeatedly hits up against a *hard, nonreceptive* surface. In this world, internalization can never be possible; there is no "give" between her and her object.

I think this problem was picked up in a *thing misplaced:* socks in the closet, body on the dinosaur slide, hope and trust in a cold mother, and lastly her vomit/diarrhea on the playroom floor, not a proper place to put something. She cannot enter her mother; her mother cannot enter her.

Ms. A's stories take place in an internal world suffering from a lack of ordinary containment and introjection—an area explored by Bick (1968) in her work on the infant's/baby's need for what she termed *skin-identification:*

> In its most primitive form the parts of the personality are felt to have no binding force among themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. But this internal function of containing the parts of the self is dependent initially on

the introjection of an external object, experienced as capable
of fulfilling this function. Later, identification with this function
of the object supersedes the unintegrated state and rises to the
fantasy of internal and external spaces. Only then the stage is
set for the operation of primary splitting and idealization of self
and object as described by Melanie Klein. [pp. 55-56]

Here it seems the body and the personality are not yet separated
from one another; psychological experience is simultaneously lived out
in the body. At this point, separation feels like a "laceration," allowing
the child's life to "leak away like a liquid substance" (Bick 1986, p. 62).
The baby who is not properly held (both physically and mentally) by
her mother will have terrible fears of falling through space, leaking into
space—endlessly falling and leaking, as in Ms. A's flying off the dragon's
back and crashing into a block, and her squatting to the ground with her
insides leaking and falling out of her.

Ms. A has made clear the effect that the thought of the upcoming
break has on her. She, with an analyst who is hard-faced and rejecting,
must be false in relation to her suffering, as though it is illicit.

A consequence for the infant and child who is not protected or
contained is that ordinary processes of internalization are not possible.
Identification is of a different nature: "Identification and consequent
mimicry" were "due to . . . [the patient's] sticking on to my surface, and
I came to think of it as an adhesive identification rather than a projective
one" (Bick 1986, p. 62).

Returning to the opening moments of this session, unable to main-
tain a stable connection, Ms. A, as described earlier, turned to a concreti-
zation in which a break dissolved into thinglike days—something to cling
to, in contrast to calendar days and weeks that would have linked her
to me through symbolic conveyance of information. Real dates would
indicate and reassure her that the Christmas break would begin and end
on specific days, and that it was finite; she would not be left to fall into
endless space.

In essence, because introjection of a containing object is not pos-
sible, she is frequently left in a bleak and empty space, both inside and
outside herself. The leaking away of the dates is momentarily countered
by her feeling of being helped by my absorption of her projection/ac-

cusation. She did *not* bounce off me, as with a hard and cold surface; instead, her complaint reached me. In this instance, projection had been successful before introjection was possible.

I think that Ms. A's small shift toward an experience of containment with a "good" analyst allowed her to communicate, to tell me these important stories. As Rhode (2002) observed, "the central importance of the mother's ability to tolerate and process aspects of the infant's personality: this is what allows the infant to feel that these parts are held together by a skin that is both physical and psychic" (p. 228).

Ms. A told these stories to me in a pressured, staccato manner that left me little room to respond. She exposed herself while simultaneously keeping me at a distance and silent. I was moved by her stories and felt they were important. My response to her was simple and direct: I pointed out "how alone and frightened you are when you think I will forget you during the break." She did not respond and continued as though I had not spoken.

Ms. A goes on to say that she feels she is "showing you [the analyst] so much bleakness," including her bad mother and her own awkward secretiveness. All this is being "dumped onto you [the analyst]." She sees these stories as shameful moments from a difficult childhood. Furthermore, her older daughter, age four, is "worried that I will leave the house without saying goodbye." Ms. A wonders "what my children will remember from their childhoods."

I point out to her: "You fear that your children have the same mother that you do; you are your mother with her own children, and this is how the hour began between us—with your expectation that I will leave you in a thoughtless and cold way, with no warning."

Her stories told, Ms. A feels vulnerable. She tells me she is "ashamed of the bleak and bad mother" dumped on the analyst "by an awkward, secretive little girl-patient." Steiner (2011) has written at length about the painful experience of shame as the patient reveals him-/herself in a more open way to the analyst: "Shame plays an important role in sustaining the power of a primitive superego and in obstructing the development of a more mature superego of the depressive position" (p. 31). In other words, as a patient is able to emerge from a *psychic retreat* (Steiner 1993, 2011) or a *defensive pathological organization* (O'Shaughnessy 1981), she

must face the exposure and vulnerability that the retreat allowed her to avoid.

Ms. A's thoughts have turned to her young daughter, who worries that her mother (my patient) will leave the house without saying goodbye, as she assumed I had at the hour's beginning—a projective identification that comes full circle. This material brings into focus the generational repetition of unconcerned caretaking: she in relation to her childhood mother (both internal and external), her children in the present, and with me in her analysis.

Although a concerned and worried mother has momentarily appeared, I have some uncertainty as to the nature of this mother. Is this a good object in Ms. A's mind, an object that can contain and therefore be introjected? Has Ms. A been able to feel my concern and attention to her suffering in a relatively straightforward manner, or is there something more difficult in this sequence? As mentioned, she wonders, "What will my children remember from their childhoods?"

I worry that Ms. A's concern for her daughter may have the imitative or adhesive quality described by Bick: a *being the analyst* in relation to her daughter, rather than *having an analyst,* which would allow her to be the object of my care and understanding. This mimicking then converts memories—which in general we consider to be valuable (as were her earlier four stories)—into a commodity, thinglike, as were the "days" at the hour's beginning, involving a further use of her flattening defense; imitation becomes a substitute for identification. Thus, we can see that her defensive bulimic flattening has protected her from depressive guilt (being a "bad" mother or patient), as well as from more paranoid anxieties (having a "bad" analyst). Working with and on the surface is a safer place for Ms. A when the inside feels dangerous.

Importantly, the lost dates and dropped goodbyes of this session reappear the next day in her developing concern for lost things, her buttons.

Tuesday's Session: A Button Lost and Found, Only to Be Lost Again

In the next day's session, Ms. A begins with what she later called "the button story." On this day, she wears a jacket that has been missing

a button for a long time. She cannot find the button, which is often the case—buttons missing and lost. A question occurs to her, seemingly for the first time: "Why don't I put buttons into a box to keep until I need them?" This now seems obvious, but "why haven't I thought of it before?" she wonders.

As I listen, I feel a hint of sadness close to sorrow in Ms. A's voice. She seems perplexed and curious at her mistreatment of the needed buttons. This unusual moment of thinking and reflection makes me hopeful; I wonder if her shame and concretization at the end of yesterday's session have shifted so that she can be more receptive to me as her analyst working to understand her. The button as a symbol conveys emotional aliveness, and at the same time provides a concrete image of an experience of being held together by a clothing-skin—or by the mind of her listening analyst.

In order to function, a button, representing the nipple, needs an opening: the buttonhole standing for the mouth, to contain it. With her buttons Ms. A has touched on her yearning, her baby-need to be part of a nursing couple. This image indicates an increased possibility of balanced introjection and projection—a mutual give and take, working together between mother and infant, between analyst and patient. Tustin (1987) wrote about this cooperation as follows:

> Mother and baby, teat and tongue, work together to produce the illusion of continuity and to confirm it. The "button" illusion seems to "button" mother and child together, and also enable each of them to feel "all-buttoned-up": falling apart being an existential dread. [p. 88]

The quality and level of Ms. A's symbolic functioning, with her introduction of the button image, is captured by Bion (1967):

> Some kind of thought, related to what we should call ideographs and sight rather than to words and hearing, exists at the outset. This thought depends on a capacity for balanced introjection and projection of objects and . . . [therefore] on awareness of them . . . . This primitive matrix of ideographs from which thought springs contains within itself links between one ideograph and another [pp. 268-269] . . . . The psychotic personality

seems to have to await the occurrence of an apt event before it is
in possession of an ideograph suitable for use in communication
with itself or others. [p. 272]

Ms. A's unusual recollection of childhood memories—the four
screen memories from the day before[6]—provided an "apt" event through
which she could describe in more detail the nature of her archaic maternal object.

In addition, I think she was able to experience a differentiation between this early, internalized mother and her interaction with me as both
a permeable and a concerned object. The idea of a necessary button
could be created between us.

I speak to Ms. A about how painful it is for her to be aware of her
casual treatment of something she really needs—something that could
hold her together. Neither her need for her analyst nor the relentlessness of her throwing away precious help is interpreted directly, however.
I continued my effort to make emotional contact with her, attempting
not to stir her panic. The issue of direct transference interpretations is
important and will come up again in the Friday session.

Ms. A's hint of sorrow is tossed aside as she imagines me thinking
in her mother's voice, "You believe you're too good to take care of your
own buttons, and you can't be bothered." Here the slap and crash of her
screen memories appear between us. Ms. A is looked down on by her
mother/analyst and has moved from concern/sorrow toward her object
(depressive) to a denigrating and persecutory state of mind/object. As
in the childhood story—slapped by her mother for carelessly throwing
her socks into their wrong place—she now feels chided by me for losing
buttons, and at a deeper level for not caring for her good object experiences, that is, her analysis.

This is the pattern occurring over many years in the transference-
countertransference: as she treats me with contempt, I feel a pressure
to become emotionally cold and hard. Her primitive guilt (about this

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[6] LaFarge (2012) has recently written an interesting and helpful summary of screen
memories in which she emphasizes the dual importance of their content as a "specific
organization of trauma" (p. 1249), a kind of schema, and the act and context of remembering—both in the child's formation of the memory and in remembering in the here
and now of the session.

immediate attack on me) is transformed by paranoid defenses into an accusation (projection) about what is in my head toward her. I point this out: "You feel I have turned against you and am looking down on you." This interpretation helps her reconnect with me, allowing a shift, and she is better able to think about her fears.

Ms. A continues, telling me that she finds it "pedestrian and risky" to put her buttons into a box; it requires a persistent precision that alarms and threatens her, making her feel frightened, obligated—here her tone becomes more desperate, and she tells me she feels "mentally disordered." As she explores this problem—her conflicts and fears regarding her valuing of a good object—she becomes fragile and disorganized. She recounts that she lost a favorite ring; she looked for it on her hands and knees on the floor of a restaurant, eventually found it, and then within days lost the ring again. Ms. A lurches between a claustrophobic reaction to being held—and an unmoored and disorganized panic when in danger of losing her connection.

The patient's tone tips again toward cruelty and self-mocking, but she then reports with relief that she now has "an assistant who can help me keep track of things." With sadness in her voice, she says that "months have passed and I haven't remembered to send my cousin a box of baby clothes" (for the cousin's new baby, clothes that her own children have outgrown). She wonders "if it is too late, maybe not." She has been carrying around the box in the back of her car for some time.

"I wish I could rely on you more," she says. "Maybe I can create a PowerPoint presentation of my work with you; then I'll be able to understand and hold on to important issues."

I point out: "You feel it is too risky to depend on my help, my words, and you believe you will feel more security with something you can control, especially when we are so close to a break."

Having been helped by her analyst who works to understand her, Ms. A is then faced with a dilemma that she lays out poignantly, yet again relying on ideographic, concrete, and not fully formed symbolic communication. Her terrible difficulty is in her incapacity to reliably introject; can a helpful experience with a good object be allowed to exist intact inside her mind?

The baby clothes, referring to her baby stories from the day before and standing for her deprived, abused, and forlorn little-girl self, have been communicated, are now contained, boxed up (that is, both the baby clothes and the buttons), and are ready to be put to use. Is it possible for this good-object experience to contribute to an internal good object, or will it, too, be boxed up, put into exile and out of reach? Ms. A's third alternative is a hard, high-tech, mechanical one—a PowerPoint presentation. This last option functions as her manic effort to reduce the analyst to a two-dimensional, devitalized, bulimic object—which she feels she must control.

In summary, the boxing up and PowerPoint solutions are rigid methods aiming to hold on to a connection with her analyst in a more bearable and manageable way, in contrast to the "nipple-in-the-mouth" need for her object. Ms. A is not flushing her object down the toilet, but rather gripping it in this flattened manner. She needs to find a way to keep something of me in her mind, which seems to be possible only if she can control it with her hand (as in vomiting or in putting buttons into a box) or keep it in the back of her car.

I feel at that moment that she is desperate, frantic—not only cold and controlling. I think this development has been precipitated by her momentary awareness of her need for a button and her heedless treatment of it. We see a development in her potential for symbolic functioning with this increased capacity for a depressive experience, even on a primitive and fleeting basis (Britton 1992; Klein 1930; Segal 1957).

Another aspect of the problem—to send the baby clothes or not?—is related to gratitude. Ms. A feels pressured to express appreciation, to give me something in return for my understanding and help. Inevitably, my need for what she has called "fealty" turns me into the false Christmas father: I am big while she remains small. This threat makes the boxed clothes in the back of her car, carried for months, a box full of persecuting demands for gratitude by her analyst. She, in contrast, insists on storing/withholding the thing she could give me, converting it into a flat, mechanical thing.

As in the session from the day before, Ms. A appears to want to hold and share what she has gained from me, to introject or identify with the caretaking, but suspicion arises and it becomes a question of her real in-

tentions. I do hear her acknowledge that she has an assistant who helps her "keep track of things," reassuring me for the moment that not all has been lost.

Wednesday, Thursday, Friday: A Wish to Restore—Manic Reparation

In the next three days of the week, Ms. A continues to elaborate in her very concrete fashion "themes of great complexity," including the difficulty in facing "button needs." In the Wednesday session, her baby-self is dropped in an omnipotent and dramatic way as she tells me that, in her search for a "grand" new house, she failed to consider the special school needs of her daughter—until a teacher "shamed" my patient by asking about plans for the following school year.

Later in this session, in a confessional tone, Ms. A reports that she is having a great deal of difficulty with personal hygiene, both her own and her children's. In particular, she has not been washing her face but has been "putting new makeup on top of old," symbolizing—albeit concretely—her wish to paste a new identification on top of an old one, in contrast to an identification that would bring the new object into herself.

I think that Ms. A might be using makeup in its cover-up function: to smooth over and remove from sight the blemishes, flaws, and irregularities of the skin—in other words, to hide behind a smooth appearance, and perhaps to create a flat, nonreceptive surface on her own face, like her mother's "flat face" in the screen memories. As the hour ends, Ms. A is despairing; in a numb and cutoff voice, she says to me, "I just don't get it."

Ms. A's denial of a child's "special need," combined with her wish to mask her inability to take care of herself (that is, to clean herself)—instead creating the false appearance of an adult woman—is sad and desperate. A grand house and sophisticated makeup cover and deny her babylike wish to be held together.

In Thursday's hour, Ms. A refers to a television show in which a mother said to her daughter, "Take good care of yourself, I made you from scratch"—again, a manic response to her despair from the day before. If she cannot paste new on top of old, perhaps she might begin all over again, "from scratch." This image expresses her wish to be born

again, this time to an idealized mother who prepares food in a special way, i.e., a mother who uses basic ingredients, does her own cooking, and does not rely on store-bought, processed food.

It seems she is near the idea and wish for the most basic ingredient, mother's milk and tender nourishment. A central element in this ideograph is omnipotence, the wish for magical reparation (starting from scratch), as well as the imagining of a mother who demands control and ownership, bargaining with the growing daughter—this for that. Lastly, "from scratch" implies the eventual tearing attack on the mother/analyst, who inevitably makes her feel claustrophobic.

In Friday's hour, Ms. A is very much as she started on Monday: disheveled, distraught, accusing me in a detailed and vociferous way regarding my "bleak and askew office." She is "afraid of being left alone with all the problems" that she "was able to talk about" to me earlier in the week.

Toward the very end of the hour, in a quiet little-girl's voice, Ms. A wonders if I "might cover the office walls with warm wallpaper during the break." I respond, "I think you like imagining your return to my office, that it will feel cozy, warm, and welcoming." She immediately turns cold and superior, asserting that she knows "the difference between a home and an office." She reminds me of what her mother recently said to her after learning that she (the mother) has cancer: "I am ready to die . . . . This [cancer] is no problem for me."

CONCLUSION

I feel sad, guilty, and despairing at the end of Friday's hour with Ms. A—a reaction that she must have known she would stir in me by repeating her mother's horrible words, to the effect that "I don't care if I live or die." I think Ms. A was accusing me of leaving her to die and, in addition, was conveying her wish to murder me for my responsibility in creating painful button longings that cannot be met and that she must now manage on her own. I, too, am left at the end of the week as at the beginning—the one in a muddle, confused and displaced on Monday, and on Friday slapped and left alone with an unconcerned object who is just fine, thank you very much.

In this last session of the week, I interpreted Ms. A's longings for the warmth of a holding mother, represented by walls covered in warm wallpaper. This interpretation ignited a cold, cruel response—and I understood why I had not dared to make such a direct transference interpretation of her button needs on Tuesday. Ms. A presented her yearning for warmth similarly to her bulimic bingeing and purging: as a momentary desire for nourishment, turning sharply into something more dangerous.

At the end of Friday's session, the archaic maternal object had a complete grip on both the patient and the analyst. In contrast, on Monday, when Ms. A brought in her stories, it was with the background of an object: her analyst, who for the moment was differentiated from the original mother. It felt safe (relatively) to confront her past life (internal and external) with a "horrible" mother when the possibility of a different object was sitting behind her. But at the end of the week, when Ms. A was required to separate, she did not have the backup of her analyst and fell prey to her own as well as her mother's hatefulness, filled with omnipotent triumph.

In this material, we see Ms. A risking an approach toward her basic infantile needs as symbolized, albeit concretely, with the button image. The risk seemed too much for her and she retreated; the elements at play included her fear of breakdown and fragmentation, an adhesion to a world of inanimate things, the covering over of an old identification with a new one, a manic wish to be reborn, and, in the end, a murderous attack on her yearnings for comfort and warmth. We saw in the four screen memories what she was up against: a hard, nonreceptive maternal object, as well as her incapacity to dare to identify with a new object in the proper sense.

Although retreating, particularly in the final moments of the last session, Ms. A managed what would inevitably be a forward-and-backward movement—the only possible approach any of us can have to a depressive relation to our object. Ensconced in desperate bulimia for much of her life, Ms. A's attempts toward development would necessarily be of a profoundly painful and primitive nature.

As analysts in these difficult moments, it is our relationship to psychoanalysis, our commitment to this way of working that gives us triangular space, the mental space in which to continue thinking and feeling.

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SOME REFLECTIONS ON IAN McEWAN'S *ATONEMENT:* ENACTMENT, GUILT, AND REPARATION

BY ILANY KOGAN

Recognizing that enactments have been discussed in psychoanalysis primarily as occurrences in the treatment setting, the author proposes a new application of the term enactments: *that it may pertain to the actions of some individuals in their efforts to cope with bad things that they have done to others. That is,* enactment *can be a substitute-for-atonement mechanism. The author illustrates this view of enactment through a discussion of Ian McEwan's novel* Atonement *(2001), and in particular by examining the behavior and motivations of one of its central characters, Briony Tallis. Included are explorations of the relationships between enactment and guilt and between enactment and reparation.*

INTRODUCTION

Enactment, a popular term in contemporary psychoanalysis, is a concept that has received a variety of definitions pertaining to its occurrence within the treatment setting (Akhtar 2009). In my work in the context of the Holocaust and its aftereffects (Kogan 1995, 2002), I have used the concept of *enactment* to describe events outside the psychoanalytic situation. My usage of this concept differs from that of analysts who pri-

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marily stress its interactive aspects. These analysts believe that enactment
(or *actualization,* as it is termed by Sandler and Sandler [1978]) reflects
what occurs in the relationship between patient and analyst and the an-
alyst's part in the process (Chused 1991; Gerrard 2007; Jacobs 1986;
McLaughlin 1992; Renik 1993; Schafer 1982; Steiner 2006).

I have defined *enactment,* on the other hand, as the compulsion of
Holocaust survivors' offspring to re-create their parents' experiences in
their own lives through concrete acts. In these cases, enactment refers
to the externalization of traumatic themes from the past. It is used as a
substitute-for-mourning mechanism (Bergmann 1982) that has the func-
tion of avoiding psychic pain (Kogan 2007a; 2007b; 2012).

In this essay, I want to examine enactment in a different context.
Most of the trauma literature addresses how we get over bad things that
happen to us. Instead, this article focuses on how we get over bad things
that we do to others. In such cases, enactment may be used as a *substitute-
for-atonement* mechanism.

Until recently, *atonement* was mainly considered a theological term.
It has received new interest in contemporary analytic literature (Kogan
2009; Rosen 2009). Rosen (2009) posits that atonement is a desperate,
regressive effort to maintain one's pathological survival in the face of a
traumatic combination of guilt and anxiety (which he coins "guiltxiety").
He describes atonement as a compromise formation, contributed to by
the pressure of the sadomasochistic drive, by ego-generated anxiety, and
by superego guilt, and—adding a new element—by a regressive pull to-
ward an identification with the victim, by means of which the atoner
seeks to repair the damaged object and his/her relationship to it.

In Rosen's view, atonement is a reparative longing stemming from
the depressive position because it is basically an *identification with the ag-
gressed* ("at-one-ment"). At its benign pole, atonement includes empathy
(Winnicott 1955), the capacity for mentalization (Fonagy et al. 2003)
and for compassion, and concern with the well-being of others.

I want to examine here the hypothesis that, in cases in which a
trauma has been perpetrated upon another, the failure of empathic
identification with the victim may lead to a kind of pseudoatonement,
which takes the form of enacted self-punishment. To illustrate my theme,
I will present some psychoanalytic reflections on *Atonement,* a novel by

Ian McEwan (2001), widely considered one of the greatest contemporary writers. The protagonist of this book, Briony Tallis, is propelled into all sorts of enactments that stem from her inability to empathize with the suffering of her victim, which is central to atonement.

In relating the story, I will first examine the various relationships between Briony Tallis and her primary objects from a psychoanalytic perspective. I will show the impact of these relationships on her psychic make-up and try to understand the cause for her aggressive attack on an innocent victim. I will then examine Briony's inability to deal with the mourning and guilt caused by this attack and to achieve reparation (Klein 1948).

A few words on *reparation* are in order here. This term was viewed by Kleinian theorists as "the strongest element of the constructive and creative urges" (Hinshelwood 1991, p. 412) and a category of sublimation coming out of a real concern for the object, in which the impulses of cruelty are turned to pity and remorse. Reparative longings emerge in the depressive position (Klein 1948), which is characterized by the capacity for empathy, feelings of gratitude for what one has received, and guilt and sadness for having hurt others.

Briony's failure of empathic identification with her victim led her to a kind of pseudoatonement that took the form of enacted self-punishment. This form of enactment was consciously intended to bring restitution to her victim, but unconsciously had the purpose of erasing her guilt and increasing her self-esteem. Briony's enacted self-punishment did not help her atone for her deed, as it continued to be shaped by the omnipotence that drove the crime in the first place. She never renounced her omnipotence, either in her role as perpetrator of the crime or in the way she dealt with the remorse and guilt caused by it.

THE OPENING OF IAN McEWAN'S NOVEL

Atonement is written in three major parts and ends with a final letter from the author to the reader. The first part takes place on a sultry day at the Tallis family's country estate north of London. The family is thus placed in a setting of deceptive placidity. It is 1935, the summer of an intense heat wave and rumors of war. The family, inheritors of a baronial-Gothic,

Adam-style, late-nineteenth-century mansion in Surrey, which contains vestiges of an elegant manor (a fountain, a temple), is not quite as solid as the house makes them appear.

Thirteen-year-old Briony is the youngest representative of the family. She has two older siblings, Leon and Cecilia. Briony aspires to be a writer. She has written a play to be performed at a dinner party in honor of Leon's homecoming. The play will be performed by her together with her three cousins, who are staying with the Tallises for the summer due to the divorce of the cousins' parents.

Before the play can be properly rehearsed, Briony witnesses a scene at the fountain in front of the family estate between her sister Cecilia and Robbie Turner, who is the son of the family charwoman. Briony watches a tussle tinted with sexuality between Cecilia and Robbie over a precious Meissen vase, given to an uncle in World War I by the French villagers whom he saved.

Robbie has close ties with the Tallis family, who have generously funded his education. He has finished his studies at Cambridge University with flying colors ("with a first," in McEwan's words) and now plans on going to medical school at the family's expense. Briony interprets the scene at the fountain between Robbie and Cecilia in a way that sets in motion a series of wrong and hateful accusations that will have lasting repercussions for all.

BRIONY'S FIRST TRIANGLE: BRIONY—EMILY—THE OLD MAN

I wish to focus on Briony's first oedipal triangle: herself; her mother, Emily; and her father, called "the Old Man." Emily, tormented by throbbing migraines, has withdrawn into her illness. She is lying on her bed, breathing quietly in the dark, and straining to listen to what is going on in her household, unable to actively participate. Thus, she is a passive witness to events taking place in the house, her hovering attention wandering around like a ghost. Emily is pinned down by the fear of pain, most of the time attempting to run away from her empty life, and especially from her envy of her self-pleasing, theatrical sister, Hermione. Emily strives hard not to be in touch with her feelings by "not letting Hermione into her thoughts" (McEwan 2001, p. 62).

In this section, we learn that Hermione has always been more successful at attracting attention than Emily. The following episode illustrates this:

> Hermione had lisped and pranced and pirouetted through their childhoods, showing off at every available moment with no thought——so her scowling, older sister believed——for how ludicrous and desperate she appeared. And when, famously, the eleven-year-old Emily had shocked a roomful of visitors by running into a French window and cutting her hand so badly that a spray of blood had made a scarlet bouquet on the white muslin dress of a nearby child, it was the nine-year-old Hermione who took center stage with a screaming attack. While Emily lay in obscurity with a medical uncle applying an expert tourniquet, a dozen relatives worked to calm her sister. [p. 138]

This sibling rivalry has apparently never ended: Hermione is now in Paris frolicking with a man who works in "wireless," while Emily feels trapped in the role of mother, her main responsibility being to take care of her children.

Emily has never been able to give her children the warmth and understanding they need. Back from Cambridge this summer, Cecilia searches in vain for some love and understanding from her mother. Emily's love for her younger daughter, Briony, stems from self-admiring her own lost eloquence:

> She [Emily] knew she never spoke so well as she had to her eleven-year-old last-born . . . . Emily mourned the passing of an age of eloquence. She would never again speak like that to anyone, and this is what it meant to want another child. Soon she would be forty-seven. [p. 65]

From a psychoanalytic perspective, Emily is a depressed individual whose somatic complaints are an expression of her unmentalized aggression (Gaddini 1972; Kogan 2007b). She is an alienated, unavailable mother, totally immersed in her own suffering. McEwan describes her in the following way: "Illness had stopped her giving her children all a mother should. Sensing this, they had always called her by her first name" (pp. 62-63).

Emily's marital life is in shambles. Her husband, Jack, is unfaithful to her. Here, too, Emily is an expert at avoiding the painful truth: "She did not wish to know why Jack spent so many nights in London. Or rather she did not wish to be told" (p. 140). Jack knew that his wife was aware of his deceit: "That he worked late she did not doubt, but she knew he did not sleep at his club, and he knew that she knew this" (p. 139).

Emily attempts to save her self-esteem by self-deception and by creating a false world for herself in which she is the center of her husband's life:

> Even being lied to constantly, though hardly like love, was sustained attention; he must care about her to fabricate so elaborately and over such a long stretch of time. His deceit was a form of tribute to the importance of their marriage. [p. 139]

Emily has her own sources of contentment—the house, the park, the children—but apparently, neither her property nor her children can mitigate her pain. A concise description portrays Emily's unhappy life from childhood to adulthood: "Wronged child, wronged wife . . . one role had prepared her for the other" (p. 139).

Jack, the father of the Tallis family, regarded by Emily as the protector, the guarantor of tranquility, is referred to by his children as the "Old Man." He is away in London most of the time, involved in mysterious plans at the Ministry of Defense and his long-standing affair. None of his children is of great interest to him.

Interestingly, Jack provides for the education of Robbie, the son of the Tallis family's cleaning lady, who was abandoned by his father long ago. In Emily's opinion, Robbie is "a hobby of Jack, the living proof of some leveling principle he had pursued through the years" (p. 142). The reader is left to wonder what might have been Jack's real reason for this generosity. Is it perhaps that his own son, Leon, the complacent, affable joker (as he is described later in the book), symbolizes to Jack the lazy and decadent aristocracy, which is doomed to fail? And does the bright and ambitious Robbie, who works his way up from a proletarian background to Cambridge and aspires to study medicine, represent to Jack the new man stemming from the social upheaval of war?

Briony's relationship with her absent, depressed mother and her deceptive, emotionally remote father has enhanced her longing for sub-

stitute parents. Her sister Cecilia and Cecilia's lover, Robbie, fulfill this function and have a great impact on Briony's further psychic development.

BRIONY'S SECOND TRIANGLE:
BRIONY—CECILIA—ROBBIE

Following the fountain scene described earlier, Robbie asks Briony to deliver a letter to Cecilia. Robbie, who has written several drafts of the letter, each describing his love for Cecilia on different levels, mistakenly gives Briony the letter in which he expresses his desire for Cecilia in the most blunt fashion: "In my dreams I kiss your cunt. In my thoughts I make love to you all day long" (p. 80). Briony opens the letter and reads it, and sets out to protect her sister from this sex-craved maniac.

In my view, Robbie's parapraxis is more than the stark expression of his sexual desires toward Cecilia.[1] His proclamation of his love to Cecilia is perhaps an unconscious expression of his wish to break upper-class rules of propriety, thus erasing the gap between the working class and the aristocracy.

And who is Briony, the courier of Robbie's love letter? Briony is a girl who is "always off and away in her mind" (p. 65), always lost in her daydreams.[2] Her daydreams serve not only as a preamble to her creative writing (a function of daydreams explored by Freud [1908]), but also as a psychic retreat (Steiner 1993) from reality ("an area of the mind where reality does not have to be faced, where fantasy and omnipotence can exist unchecked and where anything is possible," Steiner, p. 3).

In my view, Briony needs her daydreams to avoid having to bear an unbearable reality, which includes a depressed mother and an absent

[1] A *parapraxis* refers to a consciously unintended faulty action that replaces or compounds the intended behavior. Freud (1901) included slips of the tongue, slips of the pen, forgetting well-known names, and other momentary lapses of memory in the "psychopathology of everyday life" and viewed them as a partial breakthrough of repressed impulses. Depending on the balance between the interfering impulse and the interfered-with intention, such errors can either be harmless (Freud 1901) or quite disturbing and hurtful to self and others (Eidelberg 1948).

[2] Occupying a midway place between dreams that occur during sleep and fleeting fantasies of waking life, *daydreams* are multifactorial derivatives of unconscious fantasies. They permit the emergence into consciousness of complex wish-defense constellations relating to infantile sexual and narcissistic aims in relatively palatable forms (Akhtar 2009).

father, "as though the weary, self-evident world could be reinvented by a child" (p. 65). But this neurotic symptom that helps her survive psychically carries a price, as it is difficult to switch from dreams to reality:

> The cost of oblivious daydreaming was always this moment of return, the realignment with what had been before and now seemed a little worse. Her reverie, once rich in plausible details, had become a passing silliness before the hard mass of the actual. It was difficult to come back. [p. 72]

As a young child, Briony had nightmares from which she found it difficult to wake up. It was Cecilia, Briony's older sister, who functioned as a substitute mother for her:

> Cecilia had always loved to cuddle the baby of the family. When she was small and prone to nightmares—those terrible screams in the night—Cecilia used to go to her room and wake her up. "Come back," she used to whisper. "It's only a dream. Come back." And then she would carry her into her own bed. [p. 41]

When Briony, in an act of frenzy, violently destroys the poster advertising her play, "Cecilia knelt down to retrieve the fragment before her sister began to trample on it. This would not be the first time she had rescued Briony from self-destruction" (p. 41). I believe that Cecilia played an important role in Briony's physical and psychic survival.

In my opinion, Briony was preoccupied with Cecilia's life even before she observed from the window the tussle between Cecilia and Robbie at the fountain in the park. This is apparent from an analysis of Briony's play. Briony as a young adolescent is talented and sophisticated enough to write a play for her brother Leon's homecoming, which will later be successfully staged by her nephews and nieces when she herself has become old. This play, though dedicated to Leon, actually foretells what will happen in the playwright's sister's life: it is the story of the "spontaneous Arabella [who] ran off with an extrinsic fellow" (p. 15), causing grief to her parents. Only after being punished by grave illness is Arabella rescued by a prince, who is also a doctor.

I believe that Briony unconsciously perceived that Cecilia was in love with Robbie, who could never be accepted by the family as a partner for Cecilia because of his low social origins. In the play, Briony casts Robbie

both in the role of the "extrinsic fellow," and in that of the future prince-doctor, who is brought by destiny to rescue Arabella (Cecilia) with his love.

After the fountain scene, which Briony interpreted as Cecilia submitting to Robbie's tyranny, and after reading Robbie's blunt letter to Cecilia, Briony walks in on Cecilia and Robbie making love in the library. Viewed from a psychoanalytic perspective, by entering the room where Robbie and Cecilia are making love, Briony becomes a witness to the primal scene. Briony misinterprets the act of lovemaking as an assault by Robbie on Cecilia, further confirming her assumption that Robbie is out to harm Cecilia. She adopts the role of saving her sister from the hands of a brutal sex maniac.

We further discover before the night is through that Briony's twin cousins (Hermione's children), who have come to stay with the Tallis family during their parents' divorce, have run away, forcing the guests at the family dinner party to search for them in the dark night. Briony, who searches alone, finds her older cousin Lola, who is apparently being raped. This is an opportunity for Briony to deduce that Robbie is the criminal, and although not completely sure of the truth, she vehemently accuses Robbie of rape. Briony's need to be loved by everyone —and her ability to create a good story—help her convince everyone at the scene, including the authorities (with the exception of Cecilia and Grace, Robbie's mother), that the assailant is Robbie, and as a result he is taken to jail.

WARTIME

Five years later, the pastel haze of the first part of the novel gives way to the dark colors of war in the second part. Robbie has served three years in prison for a crime he did not commit, the rape of Lola. His psychic survival during his prison stay has been possible only as a result of his relationship with Cecilia: "Cecilia wrote every week. In love with her, willing himself to stay sane for her, he was naturally in love with her words" (p. 191). At the end of this period, he is released on condition that he enlists in the army.

The second part of the book includes two long sections that describe the retreat to Dunkirk as experienced by Robbie and his two comrades

in arms, with unsparing, gripping relentlessness. The reader becomes a witness to the bloody, completely chaotic shambles of the retreat. The death and destruction at Dunkirk, as well as the aggression between fellow soldiers, is described with tremendous force.

Robbie, severely wounded but fighting the death forces inside himself, is determined to make it home to Cecilia. Cecilia, for her part, is now urging him to "come back" (a function she once fulfilled for Briony) from the death and destruction he experienced in the war. Unlike her mother, Emily, Cecilia is prepared to give up the house and the park for his sake, as well as her deceitful family. In one of her letters to Robbie, she writes:

> They chose to believe the evidence of a silly, hysterical little girl. In fact, they encouraged her by giving her no room to turn back. I can never forgive what they did. Now that I've broken away, I am beginning to understand the snobbery that lay behind their stupidity. My mother never forgave you your first [at Cambridge]. My father preferred to lose himself in his work. Leon turned out to be a grinning, spineless idiot who went along with everyone else . . . . Realistically, there had to be a choice—you or them. How could it be both? [pp. 196-197]

Robbie is wounded by shrapnel. In his delirious, highly feverish state, he is still obsessed with his wish to understand the series of events that brought such a catastrophe upon him. He continually reflects on Briony's possible reasons for her false accusation against him.

Robbie comes up with the idea that all this torture may have been caused by Briony's short-lived infatuation with him. Robbie recalls an episode in which he was teaching the 10-year-old Briony to swim and she jumped into a dangerous river, forcing him to jump in after her to save her. We are told that in doing so, Briony endangered both their lives. To Robbie's question as to why she did this, she answered, "Because I love you" (p. 218).

I believe that the narcissistic little Briony may have considered the dramatic act of being saved by Robbie as ultimate proof of his love for her. Robbie surmises that she has never gotten over her crush on him: "For three years she must have nurtured a feeling for him, kept it hidden, nourished it with fantasy or embellished it in her stories. She

was the sort of girl who lived in her thoughts" (p. 219). From this perspective, Briony's success in separating Robbie from Cecilia, her revenge, may have stemmed from a disappointed oedipal love for him, as well as from destructive envy. ("If I cannot have him, neither will Cecilia!")

In my view, Briony's accusation has a different source: by successfully accusing Robbie and having him sent to jail, Briony removes the man who separated her from her sister (who functioned as her preoedipal mother). Briony's reason for accusing Robbie may have been her unconscious wish to refind unity with Cecilia (Chasseguet-Smirgel 1996). Experiencing Emily, her mother, as a *dead mother* (Green 1986), Briony never overcame her negative Oedipus complex (Freud 1923) toward Cecilia.

Moreover, since the intensity of the child's feelings toward the mother is proportionate to the strength of the preoedipal relationship (Fenichel 1945), Briony remained fixated in her affectionate, feminine longing toward Cecilia, and felt jealous of and hostile toward Robbie. Since she was not able to offer Cecilia the same kind of libidinal gratification that Robbie could give her, Briony unconsciously chose to incriminate and remove him, thus remaining the sole object of her sister's affection.

I wish to add that Briony's fixation on Cecilia may have determined Briony's bisexuality. The impression that Briony makes on the reader is of a male psyche residing in a female body. Briony is a woman, but she lacks the femininity attributed to other women characters in the novel, such as Lola and Cecilia. During the course of the novel, Briony appears in two stages of her adolescence (at the ages of thirteen and eighteen), and later as an old woman who by then is widowed. She is never portrayed as a mature, generative woman, and aside from her wonderful nephews and nieces, she does not have children of her own. Her only children have been her artistic creations, as we see later in the novel. In regard to this, McDougall's (1989) eloquent words come to mind: "The creative process also depends to a considerable extent on the integration of bisexual drives and fantasies. Our intellectual and artistic creations are, so to speak, parthenogenetically created children" (p. 209)

Throughout her subsequent life, Briony is persecuted by the consequences of her bad deed. In spite of enacting all sorts of punishments upon herself, she never discloses the truth to the world, using her relationship with another couple as the excuse for that.

BRIONY'S THIRD TRIANGLE:
BRIONY—LOLA—PAUL MARSHALL

Lola is the daughter of Hermione, Briony's aunt, and thus her cousin. Together with her twin brothers, Lola stayed at the Tallis home while their parents were getting divorced, as mentioned earlier.

Lola manipulates Briony throughout the novel. At the start, Lola succeeds in obtaining from Briony the role of the main character in Briony's play, a role that Briony actually wanted for herself. Lola's continued hostile and destructive manipulations remind the reader of the relationship between Hermione and Emily, Lola's and Briony's respective mothers.

I wish to offer the hypothesis that Emily, who regards her niece Lola—whom she clearly dislikes—as the extension of her dominating sister Hermione may have transmitted her own feelings of aggression and envy of Hermione to Briony, her daughter, who identified with them. Thus, Briony's aggressive feelings toward Lola were reinforced by her mother's hostility toward Hermione.[3]

As mentioned earlier, during the night that the twins ran away and everyone was searching for them, Briony came across her older cousin Lola, who was apparently being raped. Briony did not see the rapist clearly because he immediately ran away. Later, we are told by the author that the rapist is Paul Marshall, Leon's friend, who was visiting at the Tallis estate; however, because of all she had experienced that day, Briony concluded that the rapist was Robbie and vehemently accused him of the rape. Lola's failure to speak about Briony's accusation confirmed Briony's story: "Lola's silence in the darkness at the lakeside let her earnest, ridiculous cousin, who couldn't tell real life from the stories in her head, deliver the attacker to safety" (p. 306).

Here we are faced with vectors of deceit from all sides, and it is unclear who is using whom: is the 13-year-old Briony using Lola's rape to incriminate Robbie for her own purposes, as is so patently obvious in the novel? Or is the sexually seductive Lola using Briony, who is lacking in

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[3] In the context of traumatic experiences, some children enter a psychological time tunnel and weave their parents' past into their own developmental experience (Brenner 2002; Kogan 1995, 2002).

self-assurance and feels inferior to her, to incriminate an innocent man and defend the rich one who raped her because the latter might be a good catch for a husband, as becomes clear later in the novel?

McEwan, with icy irony, describes Marshall, the real rapist, as a successful businessman. He is the creator of "Army Amo, the khaki [candy] bar with the Pass the Amo! slogan; the concept rested on the assumption that spending on the Armed Forces must go on increasing if Mr. Hitler did not pipe down" (p. 46). Marshall is "so nearly handsome, so hugely rich, so unfathomably stupid" (p. 47). But his stupidity does not deter Lola from thinking that Marshall's cruel face and pleasant manner are an attractive combination.

For Marshall, Lola is irresistible: "almost a young woman, poised and imperious, quite a little pre-Raphaelite princess with her bangles and tresses, her painted nails and velvet choker" (p. 57). In a scene pregnant with erotic nuances, McEwan describes the way that Lola eats Marshall's Amo candy bar in front of him and her younger brothers, and the sexually arousing effect of this on Marshall:

> They watched her tongue turn green as it curled around the edges of the candy casing. Paul Marshall sat back in the armchair, watching her closely over the steeple he made with his hands in front of his face. He crossed and uncrossed his legs. Then he took a big breath. "Bite it," he said softly, "You've got to bite it." [p. 59]

Five years later, with her family's blessing, Lola happily marries her rapist, the candy bar magnate: "Aunt Hermione would be rubbing her hands. And what luck for Lola—barely more than a child, prized open and taken—to marry her rapist" (p. 306).

Toward the end of the book, we again meet the Marshalls, thriving at eighty (Lola) and eighty-eight (Paul) years:

> They still appear in the newspapers occasionally, in connection with their Foundation and all its good work for medical research, or the collection they've donated to the Tate, or their generous funding of agricultural projects in sub-Saharan Africa. And her parties, and their vigorous libels against national newspapers. [pp. 336-337]

Briony is the loser in her lifelong competition with Lola. When she was young, she thought that Lola would die before her:

> I always thought the high life, the cigarettes, would see her off. Even in our fifties I thought that. But at eighty, she had a voracious, knowing look. She was always the superior older girl, one step ahead of me. [p. 341]

Although two years younger than Lola, Briony, who by now is forced to wear flat sandals and has completely lost whatever traces of femininity she might have had when younger, is suffering from a terrible illness (vascular dementia). Lola, the "high-living, chain-smoking cousin, [is] still as lean and fit as a racing dog. Near on eighty years old and still wearing high heels. They clicked on the pavement with the sound of a younger woman's stride" (pp. 337-338).

In spite of all Briony's talents, Lola is the stronger one. Unlike Briony, Lola does not seem tormented by remorse and guilt for her complicity in the accusation that sent an innocent man to prison. Evil and high-heeled banality prevail in the form of chain-smoking Lola.

Using the premise that Lola will survive her, Briony decides not to incriminate her powerful accomplices by proclaiming the truth to the world. She prefers to enact punishment upon herself, both in fantasy and in reality, thus avoiding the pain and humiliation incurred in such disclosure.

ENACTMENT IN FANTASY AND GUILT

The novel tells us that, for the rest of her life, Briony toyed with the idea of proclaiming the truth about Lola's rape—first by publishing it as a story in a journal, and later by writing a book about it. She submits a story disclosing the truth to a London journal. McEwan describes the letter of rejection she receives from the journal, which states that the story is quite good, but not sufficiently interesting, as it does not contain enough plot. Tormented by guilt and remorse, Briony dedicates herself to the writing and rewriting of this one story, obsessively reworking it for forty-nine years.

The final section of *Atonement* (London 1999) is a letter from the author to the reader. Here McEwan reveals that the real author of the

novel is Briony herself. In her own voice she explains that she wrote the war parts of the book with the aid of letters from the Museum of Archives and from her correspondence with one of Robbie's army corporals. She adds that allowing Cecilia and Robbie's love to last forever in the pages of her book (even though their real counterparts died during the war) is her final atonement for her crime.

GUILT, ATONEMENT, AND CREATIVE WRITING

In trying to atone for her crime against Robbie, Briony enacted self-punishment on a fantasy level by reuniting Robbie and Cecilia in her novel after they had in reality died. But this self-punishment, which accomplished the realization of her literary ambitions through the novel, was actually the result of her inability to atone. McEwan doubts that the creative writer is at all capable of atonement, because writing is shaped by omnipotence: "[there is] no atonement for God or novelists" (p. 350).

And indeed, who can grant atonement to the novelist, whose godlike capacity to create and rework the world means that there is no higher authority to whom appeal can be made? And if fiction is a way of ordering the universe, then it is also a form of escapism lacking all moral force; it is just another guise of false witness and so is always "unforgivable." Briony, the creative artist, never actually renounced her omnipotence (as a writer she was God, the creator) and never informed the world of her own or her accomplices' evil deed.

In her new story, Briony creates the illusion that Robbie is alive and happy. Enactment in fantasy, daydreams, evasions, self-dramatization—all the powerful work of the imagination—are deployed by Briony to battle facts, things as they are. But since she makes sure that we know the truth about the heroes' tragic end, we realize that the imagined and the real can never be *at-one*.

Can Briony's creative writing be considered a process of sublimation rather than an enactment on a fantasy level? Freud (1908) introduced the term *sublimation* to describe the capacity of the sexual instinct to alter its original aim into a nonsexual aim that yields socially valued activities. His own additional insights (Freud 1923), as well as the contributions of subsequent psychoanalysts (e.g., Bernfeld 1931; Fenichel 1945;

Hartmann 1955; Kubie 1962), led to a broadening of the concept. By definition, sublimation refers not only to transformations of the sexual instinct, but also to transformations resulting from alterations of aggressive aims.

I believe that Briony's obsessive and repetitive writing of this story was not a sublimation, but rather an enactment. Her writing had the aim of transforming her aggressive drive (aimed at destroying Robbie) at the behest of her superego into its opposite, and was pressured and rigid. Behaviors resulting from sublimation are devoid of these qualities, and they bring relief. In contrast, Briony's repetitive writing stemmed from her inability to disclose her guilt and bring restitution to her victim or relief to herself.

The fact that Lola and Paul Marshall (her accomplices) were powerful people, and that Lola, being strong and fit, had a good chance of outliving her, was used by Briony as an excuse to avoid publishing her story and confront the humiliating recognition of her guilt and responsibility:

> So various editors have told me over the years, my forensic memoir could never be published while my fellow criminals were alive. You may only libel yourself and the dead. The Marshalls have been active about the courts since the late forties, defending their good names with a most expensive ferocity. They could ruin a publishing house with ease from their current account. [p. 349]

Briony's enactment of self-punishment on a fantasy level by means of her writing helped her avoid being in contact with the guilt and remorse that could damage her self-esteem.

ENACTMENT IN REALITY AND GUILT

Relative to the war, Briony's crime is rendered almost insignificant: "But what was guilt these days? It was cheap. Everyone was guilty, and no one was" (p. 247). Nonetheless, five years after incriminating Robbie, 18-year-old Briony signs up as an army nurse in London. Suffering from guilt for the crime she committed at age thirteen, Briony hopes that nursing will serve as penance for her sin.

She struggles to cope with the influx of casualties from Dunkirk as the horrors of injury, mutilation, and death pile up before her eyes. In the role of a nurse trainee, Briony inflicts physical and psychic suffering upon herself by carrying bedpans and otherwise taking care of the badly wounded and the dying. Similar to Briony's enactment of self-punishment on a fantasy level, this enactment in reality also stems from her inability to elaborate her guilt and to atone for her bad deed.

As mentioned above, Briony has never achieved an empathic identification with her victim. Although, theoretically, she had devised a plan to disclose the truth and thus restore Robbie's good reputation, she never implemented it. This is shown by her behavior in different phases of life. First, during the years that Robbie was in prison, Briony lived a more or less normal life in her parents' mansion, and did not feel compelled to tell her parents her doubts about her accusation of Robbie.

Later, in London, at age eighteen, attending the wedding of Lola and Paul Marshall (whom Briony by then knew was Lola's rapist), Briony missed a further opportunity to proclaim the truth:

> Now was her chance to proclaim in public all the private anguish and purge herself of all that she had done wrong. Before the altar of this most rational of churches . . . [she could reveal] that Paul Marshall, Lola Quincey, and she, Briony Tallis, had conspired with silence and falsehoods to send an innocent man to jail. [p. 306]

But Briony never uttered a word.

Still later, when visiting her sister, Briony never asked for forgiveness from the two lovers (who refused to give it, at any rate), but simply admitted her guilt and informed them of her wish to make amends. In the tense encounter between Briony and Robbie that takes place in Cecilia's apartment, Robbie, referring to the tremendous suffering that her false accusation has caused him, asks her, "Have you any idea at all what it is like inside?" (p. 322). Briony, we are told, can only imagine the torments of hell, having no idea what Robbie experienced during his three years in prison.

In this very special encounter with Robbie and Cecilia, Briony is given a list of instructions to follow that will help clear Robbie's name.

She agrees to carry out each one and heads back to work in London. But did she ever follow these instructions?

And finally, as mentioned above, Briony never published the book that would disclose her shameful deed. Since she could not erase her guilt for Robbie's enormous suffering and eventual death, she enacted punishment upon herself both in fantasy and in reality.

Kafka's (1992) view that we repeat not what we have repressed, but what we remember in a particular, rigid way, is pertinent in this context. Briony's attempt to suffer was the result of her memories of her destructive attack on Robbie, which she enacted upon herself. Her aggressive act against Robbie remained fixated in her mind, taking on a persecutory quality, because she was unable to elaborate and metabolize what she remembered of her aggressive act.

ENACTMENT AND REPARATION

Undoubtedly, Briony's main reason for choosing to become an army nurse, joining a profession that lends itself to physical and psychic hardships, was to repair what she had done to Robbie and to herself. Her enacted self-punishment, which stemmed from her failure to atone, was a faulty attempt to elaborate aggression, as it included unhealthy amounts of guilt and sadism and thus could not lead to reparation. I believe that, unconsciously, Briony came to fear and hate Robbie because she envied his incriminatory power. Unable to do reparation either to herself or to Robbie, she enacted the aggressive attack upon herself.

Did Briony believe that her atonement would lead to Robbie's restoration? Though she never expressed it overtly, it seems obvious to me that, for Briony, every wounded soldier whom she took care of at the hospital in London was Robbie. Moreover, she probably hoped to find Robbie himself among the wounded and to help him survive, thus omnipotently "repairing" the person whom she had destroyed. At the same time, by taking care of wounded soldiers, she was attempting to repair her own damaged self.

McEwan illustrates Briony's inability to make reparation either to the victim or to herself with the following episode: Briony is chosen to take care of a young soldier suffering from a serious head injury. Trying

to alleviate the patient's agony and following his request, she loosens the bandage around his head. As a result, the soldier's brain threatens to slop out into her hands. Realizing that these are his last moments, she enters the soldier's delirious world, agreeing to play the part of his lover, and voices the loving words he requests. The patient dies in her arms.

This very sensitive episode clearly shows the generosity of spirit that Briony has developed. But, viewing her deed through a psychoanalytic prism, I believe that, by embracing the wounded soldier, she also embraced her own wounded self, which was strongly bounded by "uncomfortable bandages" (her rigid defenses). Had she loosened these defenses, she might have been able to look inward, thus catching a glimpse of her own "brain." It is possible that Briony felt that introspection would endanger her life because of the overwhelming feelings of guilt that could flood her ego and threaten her psychic survival.

The inability to achieve reparation is poetically illustrated by another symbol, the Tallis family's Meissen vase, which had been given to an uncle in World War I by the French villagers whom he had saved. In the tussle between Cecilia and Robbie at the fountain, this vase is broken. Cecilia mends it so that the cracks hardly show. But, during the war, one of the servants breaks it irrecoverably. From a political perspective, the vase may be viewed as a symbol of the British establishment—with its diplomats who plan mass bombings, its rapacious businessmen, its repression of women, its maintenance of feudal class systems—an establishment that collapsed irreversibly during the war.

However, the vase can also be seen as the fragile shape of Briony's work of fiction, which can easily fall apart. Briony's story, which begins with her observing the struggle between Cecilia and Robbie at the fountain, is—in spite of the glazed surface of Briony's conviction—not without its blemishes and hairline cracks. In the end, her story completely falls apart, and her attempt to make reparation to Robbie as well as to herself is a total failure.

I believe that Briony's enactments of self-punishment emanated also from her inability to work through her mourning for having hurt another. Mourning includes confession, repentance, and restitution, and is part of the reparative process. Unable to mourn, Briony inflicted an imagined and physical suffering upon her psyche and body.

The above-mentioned enactments stemmed from her remorse, but did not necessarily include the libidinal component that is found in forgiveness. Forgiveness comprises the resolution of an unpleasant, angry emotion within oneself and a changed attitude toward the offending party, which is then allowed freedom from one's claims over it (Akhtar 2009).

Freud (1912–1913) refers to the libidinal element in forgiveness as follows:

> When one forgives a slight that one has received from someone of whom one is fond, [the underlying mechanism is] to subtract, as it were, the feeling with the lesser intensity [hostility] from that with the greater [affection] and to establish the remainder in consciousness. [p. 62]

In my view, Briony's enactments did not include the libidinal element of forgiveness, as they resulted from the haunting memory of her aggressive act and from her identification with Robbie's fantasized revenge. By fantasizing his sadistic revenge, Briony became both the victim and the aggressor.

Briony's enactments did not include concern either for herself or for Robbie, because they were substitutes for the mature forgiveness (Akhtar 2002; Gartner 1992; Nooteboom 1980) of which she was incapable. She could neither forgive nor forget her aggressive act against Robbie. By enacting punishment upon herself, she attempted to erase her sins and conceal her bad aspects, thus achieving absolution from her own superego and improving her self-esteem.

Briony's punishment is that her end is one of agony and humiliation. She (the creator of the story) discovers her mortality in the dementia that will slowly but surely conquer her and transform her into a lifeless effigy. But might not this terrible infliction also be a relief for a person who has been obsessively persecuted by fifty years of painful memories? Briony's unfulfilled reparative longings, her guilt and remorse for having hurt Robbie, will be forgotten. The novel hints that there might be some comfort in the fact that all our acts of destruction, as well as all our failed attempts to atone for them, will be erased by the forgetfulness of nonexistence, thus bringing about the ultimate forgiveness.

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EMILE, OR ON DEVASTATION: WHEN VIRTUAL BOUNDLESSNESS MEETS INNER EMPTINESS

BY ANDRZEJ WERBART

The author's starting point is a psychoanalysis conducted with Emile, a teenager who was unable to form close relationships and was living in a virtual world, planning a school massacre. For him, virtual reality functioned as a bottomless container in which he was no longer a victim of bullying but rather a god. When the boundlessness of cyberspace encounters a "black hole" in the psyche, any fantasies can be put into virtual realization and actions. By recounting his wickedness, violence, destructiveness, and perversion, Emile could start restoring his self boundaries and create his own autobiographical narrative. Unable to sustain the pain of mourning his envelope of invulnerability and omnipotence, however, he prematurely terminated analysis.

Formerly, school massacres were committed by adult males and rarely by young people. The earliest known United States shooting on school property was the Pontiac's Rebellion school massacre on July 26, 1764, near present-day Greencastle, Pennsylvania. The first contem-

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porary school massacre that attracted extensive media attention was at the University of Texas at Austin on August 1, 1966, when 25-year-old Charles Whitman killed sixteen people and wounded thirty-one during a 96-minute shooting rampage.

Since then, the number of school massacres has increased exponentially, the majority perpetrated by young males aged twelve to twenty-four years. Only two school massacres committed by young women are recorded. The deed that attracted most attention was the fatal shooting at Columbine High School in Colorado on April 20, 1999—discussed in, among other forums, Michael Moore's documentary *Bowling for Columbine* (2002).

During 2012, at least three school shootings occurred in the United States, the latest on December 14 at Sandy Hook Elementary School in Newtown, Connecticut. A 20-year-old, heavily armed gunman, Adam Lanza, shot his mother to death in their home and then slaughtered twenty children and six adults before killing himself.

The sole Swedish school massacre occurred on March 4, 1961, when 17-year-old Conry Andersson forced himself into Kungälv Grammar School and opened fire at a school dance. A planned school attack in Malmö was stopped in 2004, and the 16-year-old boy who planned to slaughter his classmates was apprehended (*Sydsvenskan* 2005). The Nordic media paid considerable attention to two attacks in Finland, one at Jokela School on November 7, 2007, and another in Kauhajokion on September 23, 2008. These were followed on March 11, 2009, by an attack in Winnenden, Germany. In mass media, the perpetrators' state of mind prior to the killings has been described as *depressive aggressiveness,* and the school shootings have been called *extended suicide* (Lindberg, Sailas, and Kaltiala-Heino 2012; Preti 2008).

An extensive examination of thirty-seven incidents involving forty-one attacks, conducted by the U.S. Secret Service National Threat Assessment Center and the U.S. Department of Education (Vossekuil et al. 2004), showed that the perpetrators shared no history of having been the subject of a mental health evaluation, having had a mental disorder, or involvement in substance abuse. Over half the attackers demonstrated some interest in violence through movies, video games, books, and other media, but most had no history of prior violent or criminal behavior. In

over two-thirds of the cases, the attackers felt persecuted, bullied, threatened, attacked, or injured prior to the incident, often in long-standing and severe ways, and nearly 75% of the attackers had either threatened to kill themselves, made suicidal gestures, or attempted suicide.

One unexpected finding was that, in almost half the cases, the attackers were influenced or encouraged by others. In over 75% of the cases, the attacker told a peer—a friend, schoolmate, or sibling—prior to the attack about his interest in mounting an attack on the school, but in only two cases did the peer notify an adult of the idea or plan.

Although it was impossible to identify a general profile of students who engaged in targeted school violence, there were several similarities among them. A long and visible road led to the attack. Most attackers had difficulty coping with significant losses or personal failures, and were engaged in some behavior prior to the incident that had caused others concern or indicated a need for help. They did not hide their thoughts and plans but instead made them public. Rather than being loners, the attackers had failed in their efforts to belong.

The deed appeared to be the attacker's attempt to change his social image of being a victim and loser to one of "master of violence" (Newman et al. 2004). For example, one young man who brought a rifle to school, killed two students, and wounded several others, told researchers from his prison cell: "I was really hurting. I didn't have anybody to talk to. They just didn't care" (Fein et al. 2002, p. 6). These researchers believe the answer lies in breaking the "code of silence" and listening to children and to their behaviors, dealing fairly with their hurt and pain, and improving the climate of communication in schools: "Targeted school violence is arguably only the tip of the iceberg of pain, loneliness, desperation, and despair that many students in this nation's schools deal with on a daily basis" (Fein et al. 2002, p. 11; see also Pollack and Shuster 2000).

My intention with this case presentation is to try to understand the inner psychological state of mind that can end with crossing the border between fantasized, imaginary violence and staging the "end of the world" in outer reality. In order to protect my patient Emile's confidentiality, I can present only a very few flashes of the dynamics in his family and school. Thus, I start with in-the-moment material, drawn from clinical

notes and focused on the phenomenology of my experience with Emile, prior to taking an external position and applying theoretical models. As Emile said to me: "We do not understand, we're trying to grasp it!"

EMILE

The first I ever heard of Emile was via an e-mail from his worried parents. They wondered if I would consider talking to him and exploring the possibility of adolescent psychoanalysis. When we met, they told me that Emile, an only child who at that time was slightly more than fourteen years old, was not at all motivated for treatment and that he was a master at repressing his feelings. They described him as a stay-at-home-boy, completely addicted to violent video games (their words). He never went out with friends, and he had hardly attended school for months.

Emile's problems had begun in kindergarten. He was an extremely talented, socially isolated, and bullied child who kept to himself and lived in his own world. The bullying continued for the first years of primary school. When he eventually changed schools, he initially thought that everyone was just pretending to be kind to him as some sort of fake backdrop. His school situation soon became critical, and he failed to get good grades in just those subjects that his parents reported his being exceptionally good at. Instead, he was totally uninterested or unable to state what he knew or to communicate with his teachers.

The parents had diametrically opposing views on child rearing, which brought my thoughts to Jean-Jacques Rousseau's Enlightenment treatise *Emile, or on Education* (1762). Emile's mother wanted firm boundaries and clear rules, but she also described herself as too emotional. Emile's father advocated free education without parental authority's pressure and control, and he described himself as a thoroughly rational creature. Like Rousseau, he wanted Emile to have the opportunity to form his own opinions, free from traditions, habits, and prejudices.

The father mentioned that he recognized himself in Emile; he himself had been a loner who was bullied at school and found refuge in intellectual pursuits, but that had not hindered his becoming a well-reputed professor. Both parents admitted that at times Emile worried about their quarrels and their drinking habits.

We agreed that I would meet Emile a few times to see if he and I could connect and find a way to talk about what he was carrying inside. That is how I meet Emile for the first time—a tall, overweight boy who gives a slovenly impression and flows in all directions as he sits in his armchair. Slurring his words, he tells me that his parents' concern is completely unfounded; he has simply outgrown "this school for infants," and he has a lot of Internet friends all over the world.

Emile remembers being afraid of ghosts as a child after seeing a movie about an overgrown catfish that hides in the daytime and hunts at night. He also remembers that the children at his kindergarten were not allowed to pretend to shoot each other. Now he spends most of his time shooting in interactive, online games. He continues talking in this way; it just flows out of him and he finds it hard to stop when time is up. He definitely wants to come back.

At the next appointment, Emile starts by saying that he had actually been fearing ghosts when he left my office. I say something about his inner ghosts catching up with him. He answers that he can totally lose himself in ninja-warrior comics that he downloads onto his computer. On the Web everything feels real; that is where his real life takes place. But away from the computer, everything around him becomes as unreal as theatrical scenery: the room, his mother, father, himself. Sometimes he feels empty of everything, with no feelings or desires.

I say, "Like a living death."

"Yes, exactly!" he responds.

At other times he is all wound up, cannot keep still, has to run, dash into town.

I ask, "When that happens, is it like a ghost inside you?"

Beginning with this second appointment, ghosts and emptiness, being haunted by violent feelings, and trying to anesthetize himself become constant themes in our dialogue. At this same occasion, Emile thinks insightfully about how his parents' upbringing and *their* parents still haunt them today, and how this could have affected his childhood.

In this way we start Emile's analysis at four times a week. He would like to come every day. He remembers that a few years ago, he often thought that everything took place only inside his head, that there was

no external reality, that he might just as well shoot everyone. Nobody could stop him because everybody existed only in his head.

Emile's radical solipsism has led him to a kind of Nietzschean *Beyond Good and Evil* (1886)—a work that Emile refers to, interpreting its title in a literal way. His contempt for his parents is limitless, and he tells hair-raising stories about the destructive atmosphere at home. I know from his parents that both of them have tried to make pacts with Emile, involving him in conflicts of loyalty and shutting the other parent out.

At school he plays a buffoon, an idiot, an odd type who ridicules everything, and at other times he acts as a ruthless truth-teller. His conduct, dress, and smell are effective ways to keep others at a distance.

I say to him: "You are working hard to get even me to feel disgusted by you."

He sometimes feels that others are watching him, talking about him, pointing at him, sending signals, attempting to guide him by remote control. Or, conversely, that he receives signs from God, that it is God's will that guides him. My way of understanding this is that he is also fighting hard to save his ability to relate from total destruction.

Emile's big, shapeless body hides a gaping hole that he occasionally fills up with a mixture of alcohol, Red Bull, drugs, cigarettes, and marijuana. He is testing, wanting to get high and hoping that everything will feel different. While in that state of mind, he usually walks around downtown, confusedly, getting lost and repeating, "Cheers to death!"

He tells me that he tries to escape from how boring everything is, that nothing new ever happens, either in the external reality or online. I reply that he is trying to escape from violent feelings and an inner tension that never lets him go. Eventually, we understand that by getting high he is hoping to become more alive and open, in a way similar to how he opens up in the analysis.

But when the analysis and connecting with me become too important, he fails to appear a few times. Once back, he says: "I really ought to get closer to people, talk to others. I don't like needing this!" Something is beginning to change—and he hates me for this.

Phrased, again, in the philosophical terms that he so gladly spouts, Emile is starting to discover that the world does not consist of Leibniz's windowless monads, that reality is not only a reflection of our ideas. Or,

in other words, that his living, pubertal body is vulnerable, that the hardness of reality sets our limits, and that we *are* our relationships. And that scares him.

In my interventions, I repeatedly return to his contempt of feelings, his fear of relational needs, and his hatred of me for changes that have occurred. One night after we talked about this, Emile called his former teacher, wondering how the teacher was getting on, and appealed to him: "Don't hang up! Listen to me! I feel so alone, I need to talk." But there was little talk, and instead Emile went downtown again, begged for cigarettes from homeless people, set trash cans on fire, and urinated on the fire.

The full scope of Emile's addiction and his recurrent psychotic episodes is slowly unfolding. One night a few years ago, he wanted to freeze to death, so he opened the window in the winter and lay naked on the floor. He now says that he was so sad then because of a lack of contact with his father, who simply sat at his computer whenever he was home.

On another occasion, Emile wanted to cut his own throat. And the year before the analysis began, he prepared a rope to hang himself from a ceiling hook in his room and tried to get hold of a fatal overdose of heroin. Then it struck him that he had to do certain things before he committed suicide, such as steal a car, rob people, or batter someone. He would like to kill all the stupid idiots and annoying bastards; they just bring hellish children into the world and reproduce themselves. It was only afterward that I understood he was trying to tell me that what saved his life at that time was his planning for an extended suicide.

Parallel to these stories, it turns out that Emile has resumed attending school, is doing his homework and enjoying it, and has started to plan together with his teachers to figure out how to get acceptable grades in all subjects.

More details about his life in the virtual world also came out. "The Internet *is* my life," said Emile early in the analysis. He looks at violent scenes on the Web, like real torture and execution, and masturbates to it. He is a member of a community that hacks, invades, alters, or destroys websites they do not like. He is very good at this. He is apt to visit forbidden sites showing child pornography. He finds this exciting, but once

the children are sad and crying, it no longer feels good. He tries to put himself into a state in which he feels nothing.

I say: "As if you did not need your troublesome body and could instead be a *no-body* in cyberspace."

He replies that he feels like an 80-year-old man who has already been through everything in life; it has all passed him by, and there is nothing he desires any longer. He has seen it all: scenes of killing babies, living human bodies being cut up, sex with animals—everything that he could not previously have imagined that people could do to each other. All these perverted images have been burnt and branded into his mind; they can never be removed from his brain. There is nothing further that can touch him, nothing he could wish for.

Emile does not know what he wants to do today or tomorrow, which direction to turn, what he wants from his existence or his life. In these moments everything is just black, hopeless. He describes hovering between total despair and euphoria. But the excitement cannot be held, and instead he becomes completely callous—and that is also frightening. He sometimes feels enormous empathy with everyone's suffering, and he starts crying; it is an unbearable pain. At other times he feels heartless, just wanting to press a cigarette butt against the face of a little child because that is the worst you can do, to cause a child pain.

In this context, he reveals that he has read about others' preparations for school massacres, and that he plans to kill students and teachers at his school and then shoot himself. In my understanding, this threat has to be taken seriously, at the same time that Emile is taking his first steps on the long way toward differentiation between deed and thought, plans and fantasies.

His favorite website has the motto "Beyond Good and Evil" and is devoted to morality as an illusion, asserting that anything goes and everything is just a joke. When he has a look at some gruesome image, he may suddenly feel very happy. At such moments, he makes plans for taking over the whole world. No, it is not fantasy, it feels so real. "God is a hacker," he says, and he himself is God who hacks into everyone's mind; he can control them just as he wants. And then suddenly it is as if the picture becomes extinct, the screen goes black, it is hopeless again. The world is just pretending, and reality is a bizarre joke.

I say: "It is your own inner world you can't control."

We return to the topic of Emile emptying himself of too many and too strong chaotic feelings. We continue talking about his inner emptiness, the emptiness that he tries to fill with excitement—but also with Coca-Cola, alcohol, cigarettes, snuff, and pills. He willingly gets up at 3:00 in the morning, when the city is asleep. He is alone—with the entire universe of the Web. He plays interactive computer games, blogs, hacks websites, and chats with others who are planning school massacres. In the middle of a game, he can start thinking: "If I get really good and win, it will make me happy and never sad any more."

Emile recounts his belief in emptiness as the only existence, referring to Jean-Paul Sartre's *Being and Nothingness* (1943). It is only here in the analysis that he can talk about his bottomless feeling of emptiness. He thinks of suicide almost every day. He no longer cares about school, teachers, friends, or parents; he no longer cares about anything at all.

I say: "They can't grasp that your question is no longer how to fix things at school or friends, but how to survive."

"They do not understand that I just want to die," he responded. "If I die, the whole world also dies."

"You want to stop time. You have told me that you don't cut your hair, don't want to buy new socks—you want to go around in ragged clothes. You feel down, you lack a psychic envelope that can hold you together when you are about to get an adult sexual body."

"When I don't want to feel anything, I want to die. I want to stop the feelings. I hate everyone. I want everyone to die. I will kill as many as possible at my school."

"You hate yourself. You want to kill what you hate inside yourself."

"Bullshit! I felt exactly that way two or three years ago, but not now. And yeah, by the way, I *do* feel like that when it is at its worst, but not right now."

"But it's precisely right now, when it is not at its worst, that we can talk together about this. When it feels at its worst, you shut everything inside of you, and you won't communicate with anyone."

"Yeah, something like that. Look, you have a lot of books. Maybe *I* will buy a book. Now that would be something, reading a book! I read a book on the Internet, *Journey to the West,* about Cheng'en Wu in the

1500s. I'll buy it in English. It's about Sūn Wùkōng, 'Ape-Aware-of-Emptiness.' Monkey King sets off westward, from China to India"—and Emile is eager to continue to tell me what he understood of the story.

"You hope to find a way to get in touch with your dad and not have to freeze to death—cutting your mom out of the picture."

"Yeah, that's about it."

Emile remembers being constantly afraid in kindergarten that his dad would die or disappear. It no longer matters. He is very angry at his dad, who is too kind, who stands by him and never says no, who never sets limits. At the same time, he identifies with his idea of his dad's youth and thinks that he, like his dad, is a beatnik—society sucks.

Emile feels like a prisoner between a cold and distant father with whom he can never connect and a mother who is "too much"—too close to him and constantly violating his boundaries. She can still say to him, "You have to go to the bathroom and do number two," when in fact he is struggling with inner demons. She confides in him intensely and discloses intimate details of her extravagant love life. He is stuck with her, becoming desperate, wanting to free himself from her. Sometimes he wishes her dead or thinks that his own death is the only way out.

He relates a dream: "I run as fast as I can—I beat the world record. I manage to run away from my mom, and she'll never catch up with me." He adds, "I'm lucky to have psychoanalysis and to be able to talk about all this!"

I thought this dream marked an important shift in Emile's inner balance. He was able to find in analysis a sheltered space for his violent feelings and could produce a symbolic representation, rather than wishing either of his parents dead as the only possible way of self-differentiation.

Emile is looking for answers in the Bible, opening the book at random. Of Paul's "Epistle to the Corinthians," in which he mentions a gentile who took his father's wife as his own: "Such smut!" Of "The Book of Revelation," the end of the world, he comments: "Ancient people believed in God, but now God is dead and you believe in Darwin and the Big Bang. Everything is relative."

"If everything is a dream, I can one day wake up from it," he continues. "If Darwin is right, I can shoot all the men and become a king myself, making sure that only my genes will be disseminated." And if

God does not exist, he himself must be God: "Nobody messes with Emile any more!"

Emile often returns to his total indifference. On such occasions, I talk about "the mortal danger" of indifference. I word it this way because in our internal parlance, "the danger to life" means something else. It stands for Emile's experience of everything representing life—everything vivid, such as his own body and feelings—as being the most dangerous, and of death as a relief. His death wish is limitless and he is fascinated by websites with advice on how to commit suicide.

The only thing he feels he wants to do just now is to play Pokémon. He used to play it in kindergarten, and when he plays it now, his memories become stronger than his present experiences. Back then he wanted something, he remembers; he wanted to get something out of life. Now he wants nothing—there is nothing to look forward to, only being a warrior, starting a war against the whole world, shooting furiously at his school. His desperation behind the mask of indifference is becoming plainer to him.

Emile describes how, at night, he looks for something to do, something that could make him happy, that will be fun. He is now able to put words to his wish to find salvation from his terrible indifference. Later that night, in the small hours, he returns to Pokémon movies that he adored as child, feeling well contented with himself, calm and happy at finding a way out of his endless search.

On one occasion, when there is a scuffle in the classroom, Emile bursts out to the teacher: "You are totally useless, you can't control the class!"

He is teased by a girl at school, and although he understands that she must be fond of him, he resumes his plans for terrible vengeance. He knows where his father stores firearms and ammunition. He will shave off his head, dress like a Samurai warrior, and shoot them all: the girl who is fond of him, the guys who bully him, the few friends he talks to, the teacher who cannot control the class. He counts how many people he can manage to kill before he shoots himself. This time, he is not exposing descriptions and outlines on a particular site on the Internet. Instead, he is talking with me—well aware that this is all a fantasy.

In a session during school break, Emile fantasizes about breaking into the school building, not in order to steal things, but to rearrange the furniture, creating a bizarre upside-down order that will stun everybody. Or he will break into the bank opposite the school. But why not use his hacker skills to acquire a fortune? It becomes a game of imagination; he gives full rein to it, obviously fond of this play situation in analysis, where everything is allowed to be thought and said, where everything has a pretend quality, and talking with me about his fantasies does not mean making real plans or carrying them out. In my understanding, these sessions mark a decisive turning point in the analysis.

The next few days find him in a good mood, and he has new strength to clean his room and create some order. He has long discussions with friends about the meaning of life. They want good grades in order to get good jobs and earn a lot. Emile thinks it is meaningless—life is meaningless; there is a constant boredom. He can lie in bed without moving a limb. The only reason he does anything at all is that he is so terribly bored. His comments evolve into a philosophical conversation between us about what it means to be human, our driving forces.

Emile says that he is once again struck by a picture of Leibniz's monads, and he draws bowls without arms or legs, but each is equipped with its own tennis racket. "We just imagine that we are relating to each other, when in fact we only pretend to play air tennis, without the ball," he says.

"Is that what you and I are doing, too?" I wonder aloud.

We take up this thread later on when Emile wonders about the mystery of the universe: "No matter how great human progress, science can understand only a negligible fraction of the universe, says my dad. But man is an even bigger mystery," he pronounces thoughtfully. We could start talking about the mysterious and incomprehensible within him. We could approach again his dangerous and destructive part. But rather than starting to think together with me, Emile snaps: "Life is just a passageway from what does not exist yet to what no longer exists."

* * * * * * * *

It is Christmas break again. And Christmas is just as bad as may be feared. Emile can say only that he has been feeling horrible; it was total

confusion, sheer chaos. "To feel good, I need good order," he says, "but at home it's just turmoil and war." His parents are going to separate again—for the hundredth time.

After that Christmas, it becomes too difficult for Emile to continue in analysis. Yet he can tell me how hard it was when he was a child, at home with his parents' eternal war—what he now calls "the Thirty-Years War." He found refuge in playing computer games and procured an alternative reality for himself on the Internet. He dreamed that he would reprogram the ultimate computer game to be played online, one that would be enacted in reality. Every move on the screen would change reality, and he himself would be the grand master of the final world game, the god of the Web. Virtual life would steer reality. We can now understand that the boundary between his life on the Internet and possible external actions is as hollow as a sieve.

And we can agree on a termination period, to coincide with Easter. Frustrated by Emile's decision, I see the time at our disposal as an opportunity for a new relational experience of good separation, hopefully strengthening Emile's self boundaries.

Emile's parents sought help for him shortly after the attack at Jokela School in Finland. They could not imagine any connection; they knew nothing about Emile's secret life in cyberspace or his planning for an analogous Stockholm massacre.

Emile decides to cancel his analysis after one and a half years, shortly after the school shooting in Winnenden, Germany. At school, he tries to comfort students who are frightened and upset by the news. In analysis, he compares himself with the media description of the perpetrator. The attention paid by mass media to the shooting is no longer a new source of inspiration, but gives him food for thought. He is reading online about depressive aggressiveness and extended suicide, thinking "it's just bullshit"—but also that most of it is true of him as well. He is just as isolated, lives in just such a virtual world, feels the same contempt for everything and everyone.

The analysis has broken down his insulation, opened him, aroused feelings and interest in his own thoughts. He makes the point that he has changed, and he will miss me and the analysis. But he abides by his decision not to continue.

It is time for the final session as agreed. We review the history of our contact. We return to his emotionally absent father, his boundless and self-centered mother. Emile has felt unseen by both of them and has felt himself to be a premature adult, already an octogenarian, with a "black hole" hidden inside his overgrown and amorphous body. We talk about his disdain for the adult world, his overly childish peers, his own body, his thoughts and feelings about the entire world, about reality.

In this context, Emile relates something that neither he nor his parents have ever mentioned before. At the time this all began, his father suffered a terrible car accident, and for a time hovered between life and death. A long hospitalization and rehabilitation followed. Emile stole his analgesics and wanted to die—and began to concoct plans for a massacre at his school. Now he can no longer put these plans into action, and he must stop the analysis.

"If your father were to die, you would never succeed in escaping your mother. You could talk about all this in psychoanalysis. And you couldn't destroy me or our work, not even when you decided not to continue," I say to him.

The circle is closed. Both of us deeply moved, we say our last goodbye. Only afterward do I learn that Emile's father, Emile's closest friend, and a school welfare officer had all thought that Emile did not need psychoanalysis, while his mother would have liked to take his place as an analytic patient.

About a year later, I got a message from his parents saying that they were "in a lot of trouble" and that Emile had had a rough time, even though he had succeeded in finishing junior high school. Now they thought that the family needed some other kind of help. No additional records of Emile's behavioral problems are available.

DISCUSSION

Where does ego come from? How is it anchored in the biological body? For Anzieu (1990), these are not speculative or philosophical issues. His paradoxical but unequivocal answer follows in Freud's (1923) footsteps: the ego is a projection in the psyche of the surface of the body, namely, the skin. The surface of the body allows us to distinguish excitations of internal origin from those of external origin.

In the same way, one of the primary functions of the ego is to distinguish what belongs to *me myself* and what does not belong: between what comes from me and what from the desires, thoughts, and affects of others—that is, to demarcate the inner world from the reality of the biological body and the external world (Anzieu 1989, 1990).

In his understanding of psychic trauma, Anzieu draws inspiration from Freud's (1895b) descriptions of large amounts of excitation breaking through the ego's protective shield. Trauma originally means a wound, thus an injury to the skin. Freud (1895a, 1917) described melancholia as an "open wound" (1895a, p. 206n), a hole in the psychic sphere, an "*internal hemorrhage*" that empties the ego (1895a, p. 103, italics in original). Freud (1920) also compared the protective shield against excitation to a membrane or skin that has taken on an inorganic character: because the outer layer has ceased to live, it saves all the deeper layers from a similar fate.

According to Anzieu (1989), the *skin ego* makes up a boundary and a shield for the ego, a unifying and protective envelope that contains psychic phenomena similarly to the way in which the skin protects and contains the body. This interface between outside and inside is composed primarily of two layers, analogous to the epidermis and dermis. The outer, stronger, and more resilient layer is turned toward exogenous stimulation and provides a protective barrier that filters stimuli from the outer world—the envelope of excitation. The inner, more flexible and sensitive layer acts as a receptor of signs. Thus, the skin ego lacks a barrier against endogenous stimulation—the envelope of communication and signification plays a decisive role in our ways of dealing with stimulation from within.

Anzieu described three main functions of the skin ego: (1) a containing, unifying envelope for the self, (2) a protective barrier for the psyche, and (3) a filter for exchanges and a surface of inscription for early traces, a function that makes representation, meaning, and thinking possible. These functions correspond to three configurations: the sac, the screen, and the sieve. Disturbances in the development of the psychic envelope's interface result in more or less severe mental disorders. Patients often reveal their early traumatic injuries in psychic

envelopes through a kind of psychodrama—i.e., by staging in life and in the therapy room their fantasies of a container.

For Emile, the functions of the skin ego were not sufficiently developed or collapsed, being unable to contain, protect, filter exchanges, or preserve symbolic inscriptions. Emile's physical appearance bore witness to the pathology of his skin ego. Instead of feeling himself as a sieve, he tried to turn the sieve inside out and actively shoot holes in others—first in forbidden shooting games in kindergarten, then in computer games, and finally in planning a school massacre. Following Anzieu (1990), I have argued that every act of violence, both psychic and physical, is directed against the ego's protective shield, the psychic skin, and concretely against the victim's skin and body orifices (Werbart 2000).

Emile's fascination with violence and abuse was linked to his desire to be invulnerable and to avoid feeling. His fascination with virtual or potentially realizable devastation was an attempt to recover from a breakdown, to heal his wounded skin ego, and to acquire an envelope of invulnerability.

Anzieu postulated that the construction of the skin ego and the further development and differentiation of ego functions—in particular, that of thinking—are connected with the prohibition on touching, which according to Freud (1913) is the prototype of all other taboos. Freud understood all forms of taboo as conscious prohibitions against the fulfillment of the most powerful unconscious desires, and as probably the earliest form of conscience. All taboos have archaic roots; they are external prohibitions against strongly desirable actions that were imposed on generations of primitive people.

The most important function of taboo is to maintain boundaries and establish a difference. We all have a strongly ambivalent attitude toward taboos: we want nothing more than to break them, but are simultaneously afraid of doing so. The first boundary we encounter is that between *me* and *not-me*, and we all have a longing to transgress the ego's boundaries; these may be perceived as an obstacle to another, freer and ego-transgressing existence. Another boundary is that between *fiction* and *reality*, between *as if* and *for real*—and defying this boundary has always been the ambition of great art.

There is also a temptation to cross the boundary between *good* and *evil*. The fascination with evil is always linked to ideas of boundary crossing—originally, the wish to go beyond the child's helplessness—and to the desire for unlimited power, secret forces, and an immortal life not governed by moral principles. The outermost limit for us is that between *living* and *dead*, between *human* and *nonhuman* (Werbart 2000). Emile, in cyberspace, found a virtual dimension without taboos and, following in the footsteps of the revaluation of all values, he inverted the prohibition on touching into the cult of shooting.

Emile had no witnesses to tell his story. Moreover, without witnesses, he had no story to tell, and initially he could claim that he had no memories. He tried to create many imaginary witnesses in cyberspace. And he had numerous witnesses to his virtual achievements. Thus, virtual reality worked for him as a bottomless container in which he was no longer a vulnerable and ashamed victim exposed to bullying, but a god of devastation. Yet his feats and his witnesses were still only imaginary.

When God is dead and there is no guarantor of the difference between good and evil, when taboos no longer exist, everything is allowed. In the perverse universe, there is no difference between *as if* or *make-believe* and *for real*, between fantasy and deed, between our inner, psychic reality and the outside world, and ultimately between life and death. Everything is in pretend mode at the same time that it happens in reality (Chasseguet-Smirgel 1984, 1986, 1989).

In analysis, Emile could describe that he did not trust anyone. He lacked basic trust, trusting neither the mother nor the father. Accordingly, it would be meaningless if someone else became important for him. He chose isolation and self-sufficiency, but in his endless solitude he lost his foothold. He could only oscillate between the mother's "too much" and the father's "too little," between excitation and indifference. In his attempts to reconcile these two spheres and to bring together his inner imagoes of mother and father, Emile became a master of paradoxical thinking. He was fascinated by websites devoted to absurd and bizarre humor, and he was an active supporter of moral nihilism.

Bollas (1993) described such a position as the fascist state of mind, a state culminating in the idea of being able to solve all inner conflicts by means of firearms. No wonder that Emile, for a while, wanted to

be called "Adolf Hitler" at his school, masquerading as aggression his longing for a containing father figure (as also described by Twemlow and Sacco 2002).

Emile masturbated to torture and execution scenes on the Web. The effect of exposure to pictures of a perverted world, filled with sexualized destructiveness, violence, and evil, can be described in terms of regression to a mental functioning based on the principle of wounded self-love. One consequence of what he and I came to call "the danger to life" was the mortification of Emile's psyche, a process that may be said to chisel out the "living dead" parts of the ego. Effects like these have previously been observed in a pure form in people who have survived a perverted world full of destructiveness, violence, and evil—survivors of the Holocaust, of torture and psychosis (Werbart and Lindbom-Jakobson 2001).

Pictures of violence and sex promise us that we will be vicariously freed from the shackles of our own consciences and social norms, that we will at last realize ourselves to the fullest, that we will be able to demolish all bans that have so far limited our possibilities. But the promised liberation never comes. The insurmountable boredom of such pictures catches up with us, leaving us with a feeling of emptiness, satiation, and disgust in their wake. Thus, there is a recurrence of the depression that the boundary crossing helped us pretend to escape.

Hidden behind Emile's addiction to unvarnished depictions of violence and perversion was his inability or refusal to suffer and sustain the psychic pain involved in mourning the loss of his childhood body and his infantile omnipotence. The desire to avoid any restriction of human existence ends with depression or destructiveness.

Opportunities for instant contact and anonymous communication in Internet groups and social media online leave less room for thinking and reflection, and more room for violent retaliatory fantasy and direct action. In cyberspace, the reality of differences and of bodily and psychic borders can be erased. For Emile, cyberspace became a place of refuge from his corporeality, from the challenge of integrating his sexual body into his self-image, which worsened his emotional and social difficulties (Lemma 2010).

When the boundlessness of cyberspace encounters a "black hole" in the psyche, any fantasies can be put into virtual realization, and in some cases into action in external reality. The perverse revaluation of all values has its own logic, claiming that perverse and destructive acts have to be performed in reality, since imaginary realizations remain inadequate— and former deeds have to be repeated (the copycat effect). In this way, the difference between the virtual and the real is re-created, a difference that the devastation had to erase. By killing others and himself, the attacker hopes to finally be real—and at the same time to be free from the shackles of reality.

According to Twemlow and Sacco (2002), shaming home and social environments promote social isolation. The dialogue between the social container and the oppressed child stops and fantasy takes over. The young shooter becomes cut off from sources of acceptance and protection, and the psychic pain is no longer endurable. Emile had a lifelong history of being sensitive and vulnerable—and of being offended and hurt. Exposed to transgression of his ego boundaries, he himself became a boundary crosser. He was balancing on the edge of death, psychosis, and a criminal career—and the will to live and to have a future. When he turned his rage inward, life was not worth living; when he turned his rage outward, it was only right to destroy "all the stupid idiots and annoying bastards."

The destruction of all relatedness, mental and physical, became for Emile something to strive for. As in other suicidal and homicidal cases, the risks are real, not merely imaginary (Maltsberger and Buie 1974). Massive exposure to images of man's evil and perversion, devoid of every emotional and historical context, activated his archaic remnants and led to regression. His own destructiveness and narcissism came to life, rather than being digested and canalized. Only a thin film separated his desire for revenge from his plea for communication.

In terms of Anzieu's (1989, 1990) theory, Emile was thin-skinned, covering defects in the functions of his skin ego not only by his overweight and shapeless corporal appearance, but also by a narcissistic envelope of self-sufficiency. In terms of mentalization theory, a consequence of Emile's insecure-disorganized attachment was his inability to perceive that others have their own inner world, separate from his own (Fonagy

et al. 1991). For the archaic stratum in his ego, the message that any-thing may be represented in cyberspace also took on the meaning that anything may be done.

In a guide to managing threatening situations and to creating safe school climates (Fein et al. 2002), one conclusion was that "adults who listen to behavior and assist students in learning how to articulate their feelings and experiences provide students with critical skills that can con-tribute to preventing and reducing violence" (p. 70). In psychoanalysis, Emile could create, together with me, his own autobiographical stories, and could at least partially overcome his experience of hopelessness, isolation, and alienation. A precondition for the psychological working through of our experiences and conflicts is the establishment of a new kind of relationship and the maintenance of boundaries. The purpose of frames in the psychoanalytic treatment situation is to protect analyst and analysand from the destructiveness of both of them. Certain actions are taboo, and under that mantle everything can be expressed and named.

In the countertransference, my task was to pay attention to my negative feelings of hopelessness, anger, disgust, and hatred for Emile, evoked by his inward- and outward-directed destructivity and his hatred of mankind and of everything living and human within him. My task was also to use the strength of such feelings to safeguard the frame of the psychoanalytic situation, to preserve my ability to see his desperate craving for connection, to listen and try to understand Emile, and not to hesitate with interpretations of my understanding. Furthermore, I had to present my understanding in an accepting way, sensitive to Emile's potential feelings of being rejected or sadistically attacked, and to en-courage his self-reflective activity.

My interpretive strategy was directed by experience with psychotic patients and supported by Anzieu's (1989, 1990) descriptions of border-line conditions as disturbances in the psychic envelope: "The two faces of the skin ego become one, but this single face is twisted in the manner described by the mathematician Moebius" (1989, p. 124). Unconscious contents are then hidden on the surface rather than inside the inter-face: "The badly contained content becomes a container which contains badly," while "the central area of the self, deserted by these over-violent primary emotions . . . becomes an empty place" (p. 125).

This point is well illustrated by Emile's chief complaint of his feeling of devastating emptiness and total indifference. Concurrently, rather than being empty, he was charged with hateful, violent, disgusting impulses, murderous anger, and destroyed objects (compare his "ghosts"). Unable to contain them, he desperately sought them on the Web, finding confirmatory evidence outside himself of what he could not endure to feel inside. The Web functioned for him as a boundless second skin.

In such cases, we have to strengthen the skin ego and reestablish the envelope of communication and significance prior to exploring unconscious psychic contents. Furthermore, we must enable the patient to soften the envelope of invulnerability and omnipotence, and to endure this loss—a loss Emile seemed unable to mourn.

Accepting my own feelings of hopelessness and hate—countertransference feelings so cogently described in two seminal papers (Adler 1972; Maltsberger and Buie 1974)—enabled us during the last weeks of analysis to return to Emile's hate evoked by the glimpse of hope. Analysis provided him with a new relational experience, in contrast to the mutual helplessness of the original mother–child setting and the absence of a containing father figure. Emile found that he could not destroy me as an object (Winnicott 1969) and so had to abandon his ideas of devastation.

By talking about his wickedness, violence, destructiveness, and perversion, Emile could begin to reestablish his self boundaries and rebuild the psychic envelope of communication and signification—i.e., the inner layer of the skin ego—filtrating stimulation from within. His stories began to be inserted into an emotional and historical context. He found—and for a while could accept—a listener, a "third" intermediary party. He could share his murderous fantasies with me and start to use his paradoxical thinking in order to play with realities, thus enhancing his capacity for affect regulation and reflective functioning (Fonagy et al. 2004).

Powerless in the middle of the parental battlefield, Emile developed the idea of the ultimate computer game. His childish dream of becoming the grand master of this final world game, revealed to me at the end of our encounter, could serve as an illustration of the "omnipotence of thought," a notion borrowed by Freud from the Rat Man (1913,

p. 85n)—this time transplanted from the era of animism to the realm of cyberspace.

A continuance of our dialogue could have led Emile to begin to mourn and accept the loss of his infantile omnipotence. Instead, he interrupted his analysis. The painful acknowledgment of our existential conditions—of what makes us humans irretrievably doomed to live as separate "in-dividuals," dependent on each other, divided into two sexes and several generations, vulnerable and mortal—is an important part of the process of change in psychoanalysis. As it turned out, this was not easy for Emile.

Shengold (1995) wrote:

> We cure by love. If—it is a big, sometimes, alas, an impossible, if—the therapist can get the person prone to violence to care about him or her as a separate person, and to tolerate that caring, then the control over violence can be achieved or restored. Toleration of caring and loving is not always easy. [p. 129]

The question remains of whether Emile actually made plans for a school massacre or whether this was merely a fantasy. In a Finnish study of adolescent copycats who had threatened to carry out a school massacre (Lindberg, Sailas, and Kaltiala-Heino 2012), most of them felt that there was justification for a violent attack. More than half of copycats were estimated to have the capacity to fulfill the threat. Unlike the majority of perpetrators (Vossekuil et al. 2004), Emile did not disclose his plans to anyone close to him (besides me), but deployed his ideas and plans on the Internet. Furthermore, he never directed his threat to any target. However, his plans and ideas had to be taken seriously, as he was certainly capable of carrying out the threat.

The prematurely interrupted analysis raises questions about success and failure in the analytic work. I never lost my conviction that our talking and thinking together about Emile's despair, his aggression toward both others and himself, his destructiveness, and his perversion were the only accessible ways of reestablishing the border between fantasized, imaginary violence and a staging of the "end of the world" in outer reality.

Emile early on became fond of the play situation in analysis, in which everything was allowed to be thought and said in a playful mode, but nothing was a part of real actions. Both for me and for Emile, it was very clear that violating this boundary would have resulted in transforming our relationship into that between police and suspect. A shortcoming of the analysis, however, was premature termination when Emile, after a break and facing his parents' perpetually threatened separation, could not sustain the approaching, painful mourning. Furthermore, by prematurely terminating he protected himself and our relationship from unbearable violent feelings that were inevitable in mourning the loss of his envelope of invulnerability and omnipotence. What Emile feared about continuing in analysis could only be broached in part.

For me, our work meant a painful recognition of the limitations of psychoanalytic cure. Certainly, continuation of analysis would be necessary for a sustainable change. No matter how limited the outcome, though, Emile never put his violent plans into effect. Perhaps he never would do something like this. Analysis could reestablish and thicken the thin film separating actions from fantasies and thoughts, could soften his contempt of peers and of the adult world, and could awaken some recognition of others' inner worlds and his incipient empathy with others' fear of violence.

Before parting with Emile, I would like to emphasize that this case study is based on a perspective from within one psychoanalysis with a potential perpetrator. However, I have omitted here major aspects of the patient's family dynamics and the dynamics at his school. After the massacre at Columbine High School, Twemlow (2000, 2003) described how all the parties—not just the perpetrators, but also their bullies, school staff, and bystanders—were drawn into unconscious primitive defense mechanisms and regressive forms of relating, leading to serious victimization and ultimately to lethal violence.

Fonagy (2000, 2003) focused on the consequences of insecure-disorganized attachment and an inability to perceive that others have their own inner world. This may lead to tragic outcomes when the social system at school is also characterized by disorganized attachment, and when the destructive dynamic between bully, victim, and bystander is allowed free rein. This perspective has been a starting point for successful

social intervention programs counteracting violence and bullying in schools (Fonagy et al. 2009; Twemlow et al. 2001; Twemlow and Fonagy 2006; Twemlow, Fonagy, and Sacco 2008).

In this way, "the pure gold of analysis" is alloyed with the copper of psychosocial intervention (Freud 1919, p. 168). My hope is that this unique insight into psychoanalytic process with a potential perpetrator can contribute to such developments.

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ON THE PRESCRIBING ANALYST

BY LARRY S. SANDBERG

The value of medication for some patients in psychoanalysis serves to highlight the potential challenges of the medical analyst and invites exploration into possible motivations for assuming the prescribing role. Prescribing medication is one way in which the medical analyst integrates the dual identities of physician and analyst while dealing with significant cultural influences and intrapsychic tensions. Technical challenges posed by assuming the prescribing role are explored, as are the potential benefits of split treatment. The educational implications of this argument are discussed in relation to identity formation for candidates who are physicians.

Keywords: Medication, analytic candidates, lay analysis, physicians, prescriptions, psychopharmacology, split treatment, mood disorders, analyst's psychology, psychiatry.

INTRODUCTION

Among the host of issues raised by combining medication with psychoanalysis is the role of the analyst as prescriber. Some analysts emphasize the potential analytic value of prescribing. Tutter (2006), writing about "medication as object," presents numerous vignettes where her presence as prescriber facilitates the analysis of various meanings around medication for her patients. Greene (2001) opines that when a patient encourages the analyst to prescribe, the ensuing enactment around medication may be of particular value in deepening the treatment.

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However, Busch and Sandberg (2007) note that the "psychoanalyst will more strongly consider employing a split treatment to minimize disruption to the analysis" (p. 5), and Meissner (2007), in a similar vein, suggests that splitting treatment allows for a freer and less burdened exploration of medication's meaning and effectiveness (or lack thereof) in the analytic setting. Suggesting an intermediate position for some analysands with uncomplicated medication needs is Awad (2001), who referred two patients for psychiatric consultation before assuming the prescribing role for the duration of their analyses.

While anecdotal reports in the literature provide prima facie evidence that medical analysts can competently engage in combined treatment, such reports also suggest that technical problems are not uncommon (Gwynn and Roose 2004; Purcell 2008a).[1] The prescribing analyst assumes a responsibility that, when carried into the complex setting of an analysis, may have the effect of constraining his ability to work and think analytically (Purcell 2008a). Pharmacological management may also suffer (Gwynn and Roose 2004). Furthermore, in forging an identity as the "medical analyst" through the act of prescribing, a fuller consolidation of an analytic identity may be thwarted. This has special relevance for candidate analysts who are psychiatrists, where the developmental lag from psychiatrist to analyst is pronounced, and who often convert patients to analysis whom they have previously medicated (Caligor et al. 2003).

These observations are based on my work as a psychoanalyst who has functioned both in the mode of medicating my analytic patients and in that of referring others to colleagues to prescribe medication. I have also, on occasion, been psychopharmacologist for analyst colleagues as part of a split treatment. I take as my point of departure the view that many patients in analysis benefit from medication—most frequently, to treat a significant mood disorder (Donovan and Roose 1995). Considering those situations in which the need for medication is relatively unambiguous invites attention to the internal state of the analyst when medication is in play.

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[1] I am using *combined treatment* as shorthand for the prescribing analyst, in contrast to *split treatment,* where medication is managed by another physician.

This paper will shed light on psychological factors that contribute to the analyst's preference to be the prescribing physician, technical challenges that arise in relation to the analyst's prescribing, and possible dynamic linkages between the two. While some of these challenges can be mitigated by a heightened awareness of the psychological motivations involved, I will argue that splitting treatment between a psychoanalyst and a psychodynamically informed psychopharmacologist has distinct advantages.

PSYCHOLOGICAL ASPECTS OF THE PRESCRIBING ANALYST

Grasping the cultural zeitgeist in which the medical psychoanalyst practices is important in appreciating how the act of prescribing fulfills certain narcissistic and competitive wishes. There has been a significant loss of status experienced by psychoanalysts over the last several decades. The medical analyst in particular has seen his status diminish in his social roles as physician, psychiatrist, and psychoanalyst.

The latter circumstance is particularly salient in the United States, given the foundational role of physicians in the creation of the American Psychoanalytic Association in 1910 and the prominent role psychoanalysts had in major academic departments of psychiatry well into the latter half of the twentieth century (Wallerstein 1998). Two developments are of note. First, a lawsuit filed by psychologists against the American Psychoanalytic Association was settled in 1988, opening the doors of APsaA institutes to nonphysician analysts.

Second, an important parallel development—one not confined to the United States—has been the growing importance of biological psychiatry, brain research, evidence-based medicine, and genetic studies— all contributing to the dwindling relevance of psychoanalytic perspectives within psychiatry (Luhrmann 2001) and the ascendance of drug therapy. Chused (2012) observes:

> In the 1950s and 1960s, when psychoanalysis was seen as the treatment for all forms of mental illness, the societal and professional support for analysis did much for our self-esteem. Cur-

rently, psychoanalysis is simply one among many potential ben-
eficial treatments for psychological problems. [p. 914]

The biological revolution in psychiatry has marginalized the medical
analyst and simultaneously posed an ongoing threat to her identity and
practice. In a recent survey conducted within the American Psychoana-
lytic Association, Brauer, Brauer, and Falk (2008) found that medication
is experienced as a significant threat to analytic practice. The availability
of a new class of drugs easier to prescribe than first-generation antide-
pressants (tricyclic antidepressants and monoamine oxidase inhibitors—
MAOIs), requiring neither blood pressure monitoring nor blood tests
and with relatively low lethality, has played a central role in advancing
this threat. Selective serotonin reuptake inhibitors (SSRIs) radically
changed psychiatric care; while no more efficacious than older drugs,
they have contributed to the de-stigmatization of depressive illness and
the popularization of psychotropics (Kramer 1993).

Chused (2012) reminds us that narcissistic vulnerability, while typi-
cally viewed pejoratively, is universal, and becomes problematic only
when it is not recognized or tolerated. She characterizes the psychoana-
lyst's narcissistic vulnerabilities thus: "The two dynamics—the drive to
cure with an overestimation of one's responsibility for that cure, and the
need for positive recognition from others—contribute to the analyst's
narcissistic vulnerability" (p. 909).

For Chused, the analyst's emotional availability depends on toler-
ating his own limitations. Otherwise, "we may withdraw unconsciously
to protect ourselves from the pain of feeling helpless, from the pain of
recognizing our limitations" (2012, p. 914). If helplessness is the narcis-
sistic wound, what might prescribing medication represent to the med-
ical analyst? I suggest that *it is simultaneously a salve* and *salt in the wound:*
a *salve* because it can reaffirm the analyst's sense of esteem and potency,
albeit in his functioning as physician; and *salt* because it highlights the
limits of the analyst's psychoanalytic "instrument." That is, the medical
analyst's adoption of the role of medication prescriber can be a way to
deal with feelings of helplessness in relation to a "more potent" alter-
native treatment, while withdrawing from a more narcissistically painful
state that might exist if the analyst chose to split treatment. This adapta-

tion simultaneously manages the threat of competitive defeat by one's rival colleagues by containing the "adversary" via incorporation and/or identification.

This solution contrasts with that of an earlier era when medication was viewed as a superficial treatment to be used only if necessary as a parameter—i.e., the threat was devalued and extruded (Ostow 1962; Sarwer-Foner 1983). Tutter (2009) suggests the ongoing relevance of this dynamic based on the analyst's feelings of envy toward medication due to its displacement of psychoanalysis from its previously valued position within psychiatry.[2] She observes that the analyst's antipathy toward medication may reflect a countertransference wish "to be a dominant authority, or to be an idealized and omnipotent source of help, a focus of dependence" (2009, p. 649).

I suggest this countertransference wish is also operative when the analyst chooses to prescribe. Feelings that analysis is of limited value can initiate a cascade within the analyst—catalyzed by a legitimate awareness of the potential usefulness of medication and feelings of helplessness as an analyst—that leads the medical analyst to reassert his sense of potency and bolster his self-esteem by choosing to become the medication prescriber. The narcissistic pleasure of functioning as the physician may help offset or diminish devalued feelings about analysis or about himself as an analyst. This position can gain support by consciously embracing two ideals: *the good doctor* and *the contemporary analyst.*

The good psychiatrist, as Gabbard and Kay (2001) observe, "like any other good physician, treats the whole patient" (p. 1958). However, as noted by Searle (discussed in Ogden and Gabbard 2010), the "good doctor" can fall into the role of the "dedicated physician" who is overly invested in symptom removal at the expense of deepening the analysis. Assuming the prescribing role can be a concrete manifestation of how the "siren song of symptom removal continues to haunt psychoanalytic treatment as a common unconscious countertransference position" (Ogden and Gabbard 2010; p. 535).

The contemporary analyst has long abandoned the ideal of maintaining a sterile surgical field. The prescribing analyst, rather than

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[2] Nonphysician analysts may be equally prone to this countertransference due to broad cultural shifts.

evincing an attitude experienced as anachronistic, considers prescribing through the contemporary lens of a two-person psychology in which enactments are seen as inevitable and potentially deepening the treatment. This perspective may be recruited to justify the prescribing role—one that, ironically enough, unambiguously identifies the analyst as physician if not surgeon. Hence, the analyst reasserts the unique value of her medical training in practicing psychoanalysis. The risk, as Ivey (2008) observes, is that "enactments may reflect failed containment, unconscious gratifications of the analyst's wishes" (p. 26).

My impression of my own motivations is resonant with the aforementioned factors. While I was inspired to pursue psychoanalytic training because of my experience with analytic supervisors during psychiatric residency training, I was also exposed to academic psychiatrists whose analytic identities had long been abandoned in favor of biological research. Such teachers were not derisive of psychoanalysis. Rather, they conveyed the view that academic and scholarly success required a commitment to "hard science." In witnessing the exodus of seasoned psychoanalysts from academic positions in the psychiatry residency where I trained, I found the competitive defeat mentioned above palpable.

I began psychoanalytic training in the late 1980s, coincident with the introduction of SSRI medications. The decision to pursue training at an institute affiliated with a department of psychiatry was a conscious effort to hold on to my medical identity and, I think less consciously, to reassure myself that psychoanalysis was respected within the world of academic psychiatry (and, by extension, the world at large). I was receptive to the implicit, if not explicit, view that an openness to combined treatment would serve to widen the scope of psychoanalysis, to keep it alive as a treatment during a period of waning interest in and growing skepticism toward its usefulness (Cooper 1985; Wylie and Wylie 1987).

The reluctance that many analysts of an earlier generation displayed in considering medication for patients in analysis also felt like a cautionary tale: psychoanalysis risked marginalization if it remained closed to advances within biological psychiatry. Rather than viewing medication as a threatening presence, I found that a competence and comfort in engaging in pharmacotherapy felt reassuring. Early on, I thought of my psychoanalytic identity as evolving *out of* my medical identity, only

vaguely aware of the need to partially disidentify with one's medical self in order to do analytic work (Wille 2008). Furthermore, the readiness with which I felt comfortable rolling up my shirt sleeves and prescribing medication reflected a compromise in my own oedipal strivings—seeing myself *as* my father who, as a blue-collar worker, literally rolled up his sleeves, while *surpassing* him as the white-collar psychiatrist and psycho-analyst who was prepared to metaphorically get his hands dirty to get the job done.

I believe that SSRIs became a seemingly benign vehicle through which the medical analyst could reassert his medical authority/knowl-edge in the psychoanalytic situation, while managing the inevitable nar-cissistic and competitive challenges that are part of that dual identity. The relative ease with which these medications could be prescribed has led analysts to minimize potential complications of assuming the pre-scribing role.

The vignettes that follow illustrate some of those problems for the physician candidate and for the analyst confronted with drug side ef-fects. I will then turn to the fundamentally different approaches to symp-toms in psychoanalysis and psychiatry and how that difference affects the analyst engaged in combined treatment.

PARTICULAR CHALLENGES FOR THE PHYSICIAN CANDIDATE

A detailed case report by Abel-Horowitz (1998) illustrates some of the challenges of a physician candidate. Abel-Horowitz candidly and coura-geously describes his work with an elderly patient who entered analysis after deciding that medication alone (which had relieved the patient's anxiety and originally been prescribed by the analyst) was insufficient to help him deal with long-standing feelings of unhappiness and negativity. Medication was stopped several months prior to beginning the analysis, though no explanation for that decision is provided in the paper.

The candidate-analyst describes the patient's struggle with deepening feelings of depression, sleeplessness, guilt, poor concentration, and loss of motivation, along with a return of panicky feelings, while craving more interaction in the treatment soon after analysis started. Efforts to

interpret his symptoms as a manifestation of a conflicted yearning for closeness with the analyst were met with anger. As the patient became increasingly distraught, with suicidal thoughts and guilty ruminations, he asked to go back on fluoxetine. The analyst noted that he felt thrown off balance by the request and responded: "I think we need to understand more about your feelings and, rather than medications, your coming more often would help us do that" (Abel-Horowitz 1998, p. 684).

What followed was an interpretation of the patient's request for medication as purely defensive. The patient's associations to relationships as aggressively tinged reinforced the analyst's view that the patient's request for medication expressed his fear of a deepening intimacy in the analysis (downplaying at the time that a refusal to prescribe would exacerbate such concerns). The patient wondered why the analyst was objecting to medication, and accurately concluded that the analyst was worried that medication would mask his feelings. While wishing to be a "good" patient, the patient found that the subsequent description of the process highlighted his severe distress, in which he experienced himself as "begging," being a "whiny baby," and "talking horse shit."

As the analyst experienced his patient's ongoing struggle with him around the issue of medication, he opined that "the patient's perceived need for medication masked and expressed a deeper need to engage me sadomasochistically" (Abel-Horowitz, p. 687). This assessment was made alongside his judgment that the patient's ego capacities were diminished. However, the candidate-analyst was also dealing with his own view of what it meant to be an analyst—a position reinforced by his supervisor:

> My supervisor . . . explicitly echoed what all of my supervisors had told me: being an analyst means being able to tolerate the patient's affects and impulses in all their intensity. That is what separates an analyst from a psychotherapist. I admired my supervisors. I wanted to be an analyst. [1998, p. 688]

Abel-Horowitz goes on to describe feeling guilty while persevering with an interpretive focus of the patient's request for medication as defensive. Finally, after a period of several months, the patient complained that the analyst was creating an adversarial relationship, and he him-

self was deteriorating: struggling to function, having suicidal thoughts, losing weight, experiencing angina and hyperventilating. The analyst finally acquiesced and gave him a prescription that yielded rapid relief. The patient's immediate improvement was understood by the analyst as evidence of the primary (i.e., sadomasochistic) psychological basis of the request for medication, rather than the patient's deep relief at having disengaged from the power struggle with his analyst. The analysis continued in a more collaborative manner and included an exploration of the various meanings of the medication.

The analyst, in discussing the case, suggested that the patient's request, rather than being a "sincere and realistic wish," was actually a "sadomasochistic enactment maintained by the patient's refusal of and waffling about pharmacotherapy" (Abel-Horowitz, p. 692), as evidenced by his not choosing to go elsewhere to obtain a prescription. I see this formulation, while plausible, as an expression of the dilemma of an analyst-candidate in training who insistently—presumably with the reinforcement of a supervisor opposed to medication—views the patient's request for medication as fundamentally defensive.

While we do not know the author's reasons for choosing to do the prescribing, Abel-Horowitz's reflections illustrate the inevitable presence of narcissistic challenges—the wish to be a "real" analyst—and the way in which medication (and, by association, being a psychiatrist-analyst prescribing medication) is felt to be in competition with analyzing.

During my own candidate experience, I was jarred by my blind spot to medicating an analysand while at the same time consciously seeing myself as attentive and attuned to both facets of care. In a discussion group at the American Psychoanalytic Association on combined treatment, I presented material that focused on the temporary use of a sedative hypnotic by my patient coincident with my abrupt absence (due to a personal loss) recapitulating the patient's father's abandonment when she was a young girl. The process was intended to illustrate how the patient's need for a sleeping pill as a transitional object coincided with my relative absence in the treatment during a period of mourning—and my need to unburden myself by encouraging and supporting her use of medication.

As I moved through my own grief I became increasingly able to interpret the patient's defensive use of the medication, with her subsequently discontinuing it. Members of the discussion group, while noting the interesting analytic process, were curious as to why the patient was not on an antidepressant in the first place. Some participants in the group felt that my description of the patient matched a diagnosis of Dysthymic Disorder. I was reminded that at the beginning of my work with the patient, I had reviewed the psychiatric criteria for that diagnosis (which had replaced Neurotic Depression in the psychiatric literature) in an effort to reassure myself I was not missing a potentially medication-responsive condition.

In hindsight, I believe I had convinced myself that her depressive symptoms reflected a depressive-masochistic character structure—an impression shaped in part by the intake analyst assigning that diagnosis, and supported in supervision—as if she could not simultaneously suffer from a mood disorder. The subsequent addition of an SSRI to her treatment was of substantial benefit.

In both these vignettes, the candidate-analyst is in the role of the prescriber who is withholding medication to prove to himself (and his supervisor) his psychoanalytic mettle. This may explain the findings of Caligor et al. (2003), who found that candidates did not offer medication to clinic patients with Axis I diagnoses, while private, converted patients with similar diagnoses tended to be given medication. The self-esteem of analysts in training is particularly vulnerable, and medication prescribing (while tacitly taken on by the candidate in both these cases) can be seen as a competing and conflicting intervention.

These two vignettes also illustrate the continuity between Tutter's (2009) formulation concerning analysts who consciously devalue the role of medication and those who tacitly assume the prescribing role while withholding medication under the strain of cultivating an analytic identity and engaging in the work of analysis.

PHYSICAL SIDE EFFECTS AND THE PRESCRIBING ANALYST

Drug side effects introduce an added level of complexity for the prescribing analyst. Glick and Roose (2006) suggest that when such compli-

cations occur, an "exploration should proceed simultaneously with, but independently of, the analyst's exploration of cause-and-effect relation between the medication and the reported side effect" (p. 746). Furthermore, they suggest that an awareness of countertransference fantasies in these circumstances (primarily related to harming the patient or transgressing a boundary) will suffice in moving the analysis along. However, this dual role may be difficult or impossible for the analyst to sustain.

The psychopharmacologist assumes an authoritative and directive stance and can engage in a risk-benefit analysis when side effects emerge to determine whether the "unpleasantness" (Glick and Roose 2006, p. 50) of the side effect outweighs the therapeutic benefit. This approach differs from the analyst's focus on deepening the exploration of the unconscious, examining all facets of transference and avoiding being directive. Glick and Roose worry that, when the side effect is taken at face value (as opposed to an expression of the transference), "the field of inquiry flattens out" (2006, p. 752), as the analyst stops listening for unconscious meaning. However, this flattening out is the optimal approach from a strictly pharmacological perspective (i.e., a straightforward, practical risk-benefit assessment that deals with conscious material minimally infiltrated by transference meaning).

Supporting this view, Awad (2001) observed that his ability to manage prescribing medication for his analysands was helped by their adoption of a relatively rational view of their need for medication. The intrusion of significant transference (or countertransference) issues around medication side effects may trigger confusion for the dyad, complicating management of both facets of treatment.

Glick and Roose (2006) inadvertently illustrate the challenge in a vignette presented of a masochistic woman who responded to medication for depression but hinted at sexual side effects.[3] While the analyst acknowledged the probable role of the medication, she suggested it was typically a transient problem, reflecting wishful thinking more than medical fact. The patient subsequently expressed a wish to stop the medicine—in part to apologize for her past "bad" behavior (p. 758). We are

[3] These comments are an abbreviated version of some I have previously offered (Sandberg 2005).

told that the analyst *avoided* enacting a masochistic transference reaction by recommending that medicine be continued to avoid relapse, *though there is no suggestion that her sexual functioning improved.*

One is left with the impression that a sadomasochistic enactment took place whereby the analyst, consciously trying to prevent a relapse into depression, encouraged the patient to continue a drug that inhibited her libido. Perhaps the regressed state of affairs—for both patient and analyst—complicated the ongoing assessment of a significant side effect. This vignette is consistent with the view that the analyst's prescribing contributed to inattention to medication management in dealing with a significant drug side effect.

My own struggle dealing with iatrogenic complications became evident only years after the fact when I was writing up a case for certification. Early in the treatment, the patient epitomized the value of "shifting gears," since supporting his need for medication facilitated his entry into analysis after a period of exploring his resistance to introspective work (first described in Sandberg 1998). My comfort in "doing it all" was narcissistically gratifying and eased my anxiety that he would "divide and conquer" by devaluing talk therapy. However, several years into the analysis, the patient, who was very savvy about medication, complained of weight gain from an SSRI, and I introduced buproprion. While this drug has been used to try to reverse weight gain from SSRIs, it is also known to increase libido.

Months later, the patient had an affair with a woman half his age, recapitulating an aspect of his own childhood experience when his mother had an affair with a man young enough to be his brother. While this repetition was interpreted to the patient, I was blind to the transference dimension (my complicity—real or imagined) until I wrote up the case and reflected on a dream the patient had at around the time of the affair—a dream that suggested I was missing something!

When side effects occur, an assessment will be necessary that neither requires nor benefits from the intrusion of a regressive transference. In the context of an analysis, the patient will be more prone to a regressive attitude toward medication if the analyst assumes the prescribing function. She may be more likely to conceal an unpleasant side effect and unconsciously invite the analyst, who is himself conflicted because of his

role as prescriber, to collude. The ensuing confusion can interfere with both facets of treatment.

SHIFTING GEARS: THEORY AND PRACTICE

Even when physical side effects are not a concern and the analyst is not in training, bringing medication management "in house" creates unique challenges and responsibilities compared to splitting treatment. Awad (2001) notes the inevitable "dialectic between a psychoanalytic and a psychiatric attitude" (p. 267) when an analysand is medicated. The tension is based on the contrasting—even contradictory—meaning of *symptom* in psychoanalysis and medicine and how it is approached:

> In his medical school a doctor receives a training which is more or less the *opposite* of what he would need as a preparation for psycho-analysis. His attention has been directed to *objectively ascertainable facts* of anatomy, physics and chemistry . . . . Only psychiatry is supposed to deal with the disturbances of mental functions; but we know in what manner and with what aims it does so. It looks for the *somatic determinants* of *mental disorders and treats them like other causes of illness.* [Freud 1926, p. 230, italics added]

The analyst's level of activity around medication management and her explicit role in symptom reduction must be balanced with safeguarding and encouraging a deepening analytic process. The former approach emphasizes the elimination of symptoms through the evidence-based administration of medication, while the latter approach regards the symptom as psychologically meaningful—not to be dismantled so much as explored and understood, including in its transference manifestations (Wille 2008). This conundrum is present whether the analyst herself prescribes or not. However, the way in which it is resolved differs.

The prescribing analyst must occasionally step back into the medical role and systematically evaluate the patient's symptoms—i.e., perform an assessment, as he would routinely do with other patients for whom he prescribes—while *also* considering the transference situation (Busch and Sandberg 2007; Cabaniss 1998). One can conceptualize the need for such a stance in relation to free association; the technical rule that

guides most analysts in their clinical work (Busch and Sandberg 2007). Free association gives the analyst important insight into the current state of the patient's dynamics and the state of the transference; however, this information is only one facet of data for the prescribing analyst's consideration.[4] The nondirective nature of the analytic process and the evolving transference situation can be expected to influence the analysand's conscious and unconscious attitudes about medication and about the analyst as prescriber.

Some analysts (Olesker 2006, for example) criticize this technical recommendation as unnecessary and potentially non-analytic, insofar as it encourages a *defensive* split in the patient. Tutter (2009) critiques the notion of a "bilingual" approach as inadvertently cultivating a defensive split by "speaking about medication in non-analytic language" (p. 652), tacitly acknowledging that there *are* different ways to talk about medication. However, it is equally problematic to speak about medication *only* in analytic language (by which I mean prioritizing an interest in unconscious meanings) as it is to speak about it *only* in non-analytic language.

If analyzing and prescribing are not functionally split, the prescribing analyst is being entirely guided by the state of the transference and his patient's free associations. On clinical and theoretical grounds, this cannot be an effective strategy. The risk of contributing to a defensive split is real, but this risk is unavoidable if the analyst has assumed responsibility for prescribing medication.

Moreover, a dual approach to the symptom (both as something to explore *and* as something to eliminate with medication) can create tension within the analyst because of the disruption to the analytic process when a medical assessment is carried out. One consequence may be that the medical piece recedes from view and simply proceeds on autopilot. Another possibility is that, in order not to mismanage the medical aspect of care, the analyst may feel pulled into doing a formal medical assess-

[4] While some medical analysts—Roose and Johannet (1998), for example—have argued that dynamic data are irrelevant for such decision-making following what is sometimes called an *evidence-based* approach, I believe that knowledge of the current transference situation is essential for determining adequate pharmacotherapy for a patient in analysis. Inattention to these contextual variables would encourage an overly simplistic and reductive, "mindless" approach to prescribing. In split treatment, this information is elicited during the medication assessment and in discussion with the analyst.

ment when the patient's free associations raise suspicions that a medication adjustment may be indicated. Not by chance, this may occur during mutative moments in the analysis as affective symptoms intensify. When a psychopharmacologist is involved in the treatment, this tension exists but in an attenuated form.

A patient of mine with a history of severe recurrent depression was in the seventh month of analysis (having converted from less intensive psychotherapy) when he complained of "crippling depression," an inability to think, and a wish to withdraw. He worried that he was relapsing and in need of a medication change—a part of his care being managed by a colleague. I, too, worried about him, being aware there were times when he was actively suicidal. The presence of a colleague co-pilot—to extend the metaphor—liberated me to focus on analyzing the patient's symptoms while having in mind the possibility that an adjustment in his medication might be necessary.

The dynamic significance of his symptoms was explored, and a common theme emerged: "depression" as a thing in itself, "not thinking," and withdrawing were ways to shut me out as he was feeling increasingly threatened in the transference. Exploring the negative transference lead to an elaboration of his father's sadistic behavior toward him. This included severe physical and verbal abuse and vaguely remembered molestation. A productive period of analysis ensued around the dynamic significance of not thinking and shutting down as defensive ways to fend off threats as well as feelings of shame and humiliation. We subsequently explored how his self-destructive impulses expressed an identification with a father whom he wished to destroy.

The fleeting concerns I had about the patient's relapse and the role of medication gave way to an interpretive stance that did not negate the possibility that some adjustment in his medication might be necessary; however, not having assumed responsibility for that assessment, I felt freed to maintain an interpretive focus that elucidated, in ways that were therapeutic, a core dynamic of the patient's depressive illness. For me, splitting care facilitated a degree of disidentification from my medical identity that was helpful in forging ahead with the work of analysis, without worrying I was neglecting pharmacological aspects of his care.

DISCUSSION

While Freud (1926) was explicit in articulating his concern that medical training can have an adverse effect on functioning as an analyst, he deemed psychiatric knowledge important for the psychoanalyst in situations in which a medical condition needed to be ruled out. Somatic symptoms were of particular concern. He suggested that, for such patients, a medical analyst was best suited to manage the analysis.

What if somatic treatment or a medical evaluation were necessary during the course of the analysis? Did the physician analyst occupy a privileged position in relation to the lay analyst? Freud (1926) said:

> There is a technical rule that an analyst, if dubious symptoms like this emerge during the treatment, shall not submit them to his own judgment but shall get them reported upon by a doctor who is not connected with the analysis—a consultant physician, perhaps—*even if the analyst himself is a doctor and still well versed in his medical knowledge . . . .* it is not a good plan for a combination of organic and psychical treatments to be carried out by one and the same person. Secondly the relation in the transference may make it inadvisable for the analyst to examine the patient physically. *And thirdly the analyst has every reason for doubting whether he is unprejudiced, since his interests are directed so intensely to the psychical factors.* [pp. 243-244, italics added]

How relevant are Freud's observations today? With the collapse of Cartesian dualism, distinguishing organic from psychic treatments is specious: medication affects the psyche and psychoanalysis the brain. But his concerns about the transference implications of the analyst's involving himself medically and the potential countertransference blind spots of the medical analyst remain relevant. Enactment proneness—in particular, inattention to medication management—is a countertransference risk for the prescribing analyst. The latter situation has been evident in all the vignettes discussed in this paper, a striking observation given the fact that issues around medication were also an explicit focus of these treatments.

How might these technical challenges be related to the psychological balancing act of the prescribing analyst? I speculate that there is a

move to sustain an analytic environment that relies upon free association because "shifting gears" is experienced as disruptive to the work of analysis and the analyst's work ego. Insofar as assuming the prescribing role reflects an effort to manage narcissistic and competitive strivings, containing the threat by becoming the prescriber does not eradicate the ongoing way in which prescribing medication can feel at odds with the analyst's optimal functioning and narcissistic equilibrium as analyst, given the essentially different approaches to the patient and his symptoms in the medical and analytic models.

Inattention to medication management may reflect an unconscious, symptomatic acting out of the prescribing analyst's ongoing experience of medication as a potential threat to analytic work and her self-esteem as an analyst. It may be seen as the prescribing analyst's unconscious effort to restore a psychoanalytic equilibrium that has inadvertently been disrupted by her assumption of assuming the prescribing role. It is precisely because the symptoms that are the focus of treatment are viewed through both a medical and analytic lens that this shifting is complicated.

When is the evaluative tendency a reflection of a countertransference problem (Rothstein 2010)? There is no way around the ambiguity of the circumstance for the analysand on medication. However, assuming the prescribing role compels the analyst not only to consider the presence of a symptom through a medical lens, but also to act on the symptom as well. We are dealing more here with a slippery slope than with gears to be shifted.

Split Treatment: Thinking about Medication Versus Prescribing

Split treatment creates a potentially different environment within the analysis. The analyst and/or analysand will occasionally have *thoughts* about medication. Such thoughts may become the basis for deepening the analysis, for suggesting that the patient see a pharmacotherapist, or both. While some dual perspective remains essential, the shifting takes place in an attenuated form since the analyst is not himself prescribing. This can diminish the risk of inattention to medication management and other problematic enactments. Split treatment can act as a safeguard or buffer for analyst and analysand when overwhelming affect and

accompanying symptoms can compel one or both parties to move out-
side the transference situation by defensively emphasizing the utility of
the medical model and symptom reduction.

Another potential advantage is that the analysand is likely to be less
regressed in relation to side effects because of the presumably less re-
gressive relationship she has with the pharmacotherapist. If a significant
side effect emerges, the analyst can explore the meaning of the side ef-
fect with the patient and her conflict in managing it with a pharmaco-
therapist—i.e., someone other than the analyst.

Admittedly, split treatment offers its own complexity and is no
panacea (Gould and Busch 1998). The triadic situation can be fertile
ground for acting out as well. Various competitive and narcissistic threats
can be aroused and defensive splitting can be problematic, especially
if the treating colleagues do not have a comfortable and mutually re-
spectful collaborative alliance. The analyst may feel burdened by a loss of
control and freedom in ceding an important part of the treatment to a
colleague, but on the other hand, doing so can leave the analyst feeling
freer to do the analytic work. At any rate, when this arrangement works
well, the risks of inattention to medication management and enactment
proneness are attenuated and drug side effects are more effectively man-
aged, both practically and analytically.

The qualitative shift from prescribing medication to thinking about
medication reflects a compromise formation that inevitably expresses
narcissistic and competitive aspects. Whereas the prescribing analyst en-
joys the narcissistic pleasure of "doing it all" and the competitive plea-
sure of having eradicated his rival by incorporating him (it), the non-
prescribing medical analyst has the narcissistic pleasure of intentionally
unburdening himself of the practical aspects of managing medication
while becoming more deeply engaged in the essentially dialogic work
of analysis. The competitive triumph is achieved through loss that may
empower the analyst to function more effectively as an analyst.

Balancing One's Medical and Analytic Identities

Wille (2008) writes persuasively that one's psychoanalytic identity
should be considered an object relationship in which the ability to tol-

erate ambivalence toward analysis is essential to identity consolidation and gratifying psychoanalytic work. He highlights some underlying causes of ambivalence: low social status, work seldom reimbursed by the insurance industry and feeling anachronistic. He argues that one manifestation of unresolved ambivalence toward analysis may be holding onto one's medical identity:

> Physicians often cling to their role as healers and doctors . . . . Since it can be difficult to successfully combine these opposing identities, . . . physicians . . . must substantially relinquish their original professional identities if they wish to develop an analytic identity. This choice is so difficult that it is often avoided. The opposition is then rationalized or denied, so that the unconscious ambivalence is perpetuated and deepened. [Wille 2008, p. 1218]

While Wille is not referring specifically to the medical analyst's prescribing medication, I suggest we consider this assumed role as both an effort to manage ambivalence and an expression of it. Whether it ends up being disruptive to the analysis or facilitative will depend upon a number of factors, not the least of which is the degree of ambivalence present and whether it is conscious or not.

The challenge of tolerating ambivalence in relation to one's medical identity is no less complicated. Medical analysts function in different capacities with different patients, sometimes providing psychotherapy, sometimes medication, or both in addition to psychoanalysis. There is a complex, fluid relationship to one's medical identity that shifts not only within a particular patient's treatment, but also among the different patients treated.

The Psychiatrist-Candidate's Dilemma

In the arduous journey to becoming an analyst, the psychiatrist candidate is first a physician who brings to his analytic training a high degree of comfort with biological psychiatry and a medical identity that forms an important link with his medical colleagues. During candidacy, he is more fully immersed in analytic theory and practice. There is a fuller grasp of the role of unconscious processes and the power of working in

the transference. A process of disidentification is required for the physician candidate as this formative process unfolds. While always partial and incomplete, it may be hampered by maintaining the prescribing function, not only because of the literal way in which this keeps the candidate wedded to his medical identity, but also because of a defensive proneness to enactments with medication. This may include withholding medication in an effort to establish one's analytic bona fides.

Given the frequency with which candidates treat patients with medication, institutes would be well advised to include in their core curriculum classes on these challenging issues. As educators, we need to consider in what ways might a candidate's development as an analyst be facilitated or impeded by assuming the prescribing role. When a patient receiving medication is moved into analysis, what factors (conscious and unconscious) inform the candidate's thinking about how to manage this facet of care?

Candidates frequently take patients into analysis who have presented for less intensive treatment, including medication management, for a mood disorder or character pathology. Since doing combined treatment is an essential skill for the dynamic psychiatrist, many candidates adopt a similar attitude, by default, when doing analysis. It is helpful for supervisors to ask their supervisees not only about the dynamic meanings of medication, but also about the impact of the candidate's prescribing (or not) on the analytic process. Candidates should be encouraged to reflect upon the potential advantages and disadvantages of prescribing, including the ways in which the analyst's state of mind is impacted by prescribing. It should not be taken for granted that, simply because the candidate is a physician or because he was prescribing medication prior to converting a patient to analysis, it makes sense for him to prescribe.

Other Cautionary Perspectives

As the use of medication has increased for patients in analysis, so have the number of papers raising critical concerns about this combination. For example, Swoiskin (2001) suggests medication can be used defensively by a patient to fend off a deepening analysis as the drug takes on fetishistic properties that interfere with the essential goal of analysis:

psychic integration, as opposed to symptom relief. He believes that such a concern should be factored into the decision making about whether to use medication.

For the sake of simplicity, I have chosen to focus on a patient population for whom the value of medication is relatively clear (i.e., it serves an ego-integrative function for the patient or eases disrupted functioning) in order to elucidate ways in which the analyst's prescribing can interfere with his functioning and alter the analytic field in problematic ways. While I have suggested the value of distinguishing thought from action, it is important to consider thought as trial action. In the moment-to-moment work of analysis, defensive issues within the analyst may fuel thinking about medication.

Purcell (2008a, 2008b) extends Swoiskin's (2001) argument critical of analysts who naively assume synergy between medication and analysis. The consequence of such an assumption is the co-creation of rigid narcissistic defenses in the patient that interfere with adequate analysis and psychic integration. In contrast, my focus is on how the analyst may naively assume that his prescribing activity can be seamlessly incorporated into his analytic work. The analyst's prescribing, rather than an anti-integrative effect of medication, may catalyze disruption of the analytic process.

A final consideration is the impact of the analyst's ongoing role as pharmacotherapist for her analysand once the analysis has ended. A survey of graduate analysts by Roose et al. (2004) indicated that 23% of analysts changed their role from analyst to pharmacologist at termination. This change in practice must have a significant effect on the process of termination, but there is no evidence that this impact has been carefully considered.

Are there particular patients for whom this arrangement enhances the termination experience? Or perhaps adversely affects it? If analysts decide on a case-by-case basis, what kinds of factors influence their decision-making? The literature, to date, is relatively silent on this issue.

CONCLUSION

It is important to consider psychological factors that may contribute motivational force to the analyst's decision to prescribe medication rather

than to split the treatment. This may represent an effort to incorporate or contain a threatening rival in the form of the psychopharmacologist as a way to deal with the inevitable narcissistic and competitive challenges that come with the dual identity of the physician analyst. Technical problems may ensue from the enduring presence of threat—both real and imagined—now internalized but unrecognized in the analytic field. If this defensive motivation is prominent, the threat may be dealt with by an inattention to medication management and a proneness to enactments. Split treatment can free the analyst to explore all dimensions around medication, unburdened by the responsibility of prescribing. This is particularly salient when side effects occur—a situation known only after the fact.

To function analytically requires embracing and tolerating an ambivalent attitude toward one's medical identity, an attitude that neither idealizes nor devalues the potential role of medication, while accepting the inevitable imprecision, ambiguity, and complexity that come with combining medication and psychoanalysis. While enactments involving the prescribing analyst may be useful in furthering the goals of analysis, the concept of enactment may also be used defensively to deal with narcissistic and competitive challenges facing the contemporary analyst. This may have an adverse affect on practicing analysis and consolidating an analytic identity. These issues are of particular relevance to physician candidates whose medical identities are more firmly established. I urge analytic educators to focus on all aspects of medication in relation to their analytic significance, including identity formation for candidates in training.

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OEDIPUS IN BROOKLYN: READING FREUD ON WOMEN, WATCHING LENA DUNHAM'S *GIRLS*

BY LISA BUCHBERG

Through an examination of Freud's Lecture 33, "Femininity" (1933), and "Mourning and Melancholia" (1917), the author proposes a reading of Freud's description of the girl becoming a woman. Female development is retold as a melancholic narrative—one in which the girl's entrance into the positive Oedipus is founded on unconscious grievance and unmourned loss of the early relationship with her mother. Castration and penis envy are reconceived as melancholic markers—the manifest content of the subjectivity of refusal, loss, and imagined repair of the early maternal relationship. Lena Dunham's HBO television series Girls *is analyzed as an illustration of these theoretical understandings.*

Keywords: Freud, femininity, theory, melancholia, development, phallocentricism, mourning, mother–daughter relationship, penis envy, female Oedipus, *Girls,* gender identity, female sexuality.

Permit me to begin by conjuring up a scene of counterfactual history. Sigmund Freud, now an older man, is running low on cash. He is not earning much from his books, and he learns that there is money to be made in the movies. So he does what anyone in this position would do: he reviews his work, flies to Hollywood, and delivers a pitch. It is Oe-

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dipus, of course: terrific plot, sex, murder, and lots of gore at the end of it all. At first, things don't go well; all the movies that year have male stars, so the studio directors ask him to change just a few things. Make Oedipus a woman, they instruct. Go to your library and refresh your memory. Dutifully, Freud goes back to Vienna and dusts off Lecture 33 of the *New Introductory Lectures on Psycho-Analysis,* "Femininity" (1933). He returns with a screenplay: *Girls.*

I begin, then, with two locations—Vienna and New York City—and two historical periods—the first third of the twentieth century and the beginning of the twenty-first. In the first time and place, the social latitude of women was narrow; in the second, without visible limit.

When I began watching the HBO television series *Girls,*[1] I assumed I was witnessing the practices of a singular, present-day habitat.[2] As the characters were careening toward the season's final episodes of emotional wreckage, however, I felt as though I was watching something more elemental. In an effort to organize my thinking about this, I returned to Freud—a controversial move, I recognize. Though he undertook to write the timeless story of female development, contemporary readers are likely to find Freud's ideas on this subject anachronistic, worthy of storage in the back room of psychoanalytic archives.

I started with a text I know well, Lecture 33, "Femininity," of *New Introductory Lectures* (1933). In rereading it, I found for the first time the unmistakable imprint of an earlier paper, "Mourning and Melancholia" (1917). The close structural resemblance between these two papers became the foundation of my interpretation of *Girls.* My project in this paper will be to make a contribution to Freud scholarship through the pairing of these two texts, and to move between psychoanalytic theory and popular culture as a way of thinking about female development.

I open the conversation between Freud and Lena Dunham, creator of *Girls,* by laying out the central narrative of Lecture 33. Freud follows the girl's development, beginning with her bisexual love for her mother, through the accumulation of grudges and hate that culminate in an unyielding refusal of her mother. The girl's turn to her father as

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[1] The series first aired in April 2012.
[2] The first season of *Girls* depicts the lives of white, educated, urban women and men in their middle twenties who have been raised in relative affluence.

her mother's replacement instates her femininity and her positive Oedipus. I continue by presenting the essential argument of "Mourning and Melancholia," which I use to illuminate the melancholic narrative within Freud's description of the girl becoming a woman—one in which her entrance into the positive Oedipus is founded on unconscious grievance and unmourned loss of the early relationship with her mother. Continuing within this framework, I offer a reconceptualization of penis envy and castration as melancholic markers of the lost maternal relationship.

I then turn my attention to the first season of *Girls,* which I present as a staging of these two psychoanalytic texts. Following a selective synopsis of the program, which I offer in place of clinical material, I conclude with my reflections on *Girls,* drawing on the theoretical understandings I have proposed.

LECTURE 33 AND ITS DISCONTENTS

Lecture 33 is Freud's final statement on the psychology of women. Written toward the end of his life, it is a consummate example of the polyphony of Freud's voice. He speaks both as a materialist and in the tradition of philosophical hermeneutics—as a natural scientist and a doctor of meaning—moving seamlessly between biological essentialism and unconscious fantasy. Nonetheless, his narrative voice presents itself as unitary, betraying no recognition of dissonance.

Freud offers this essay on "the riddle of femininity" (1933, p. 113) as "an example of a detailed piece of analytic work" that "brings forth nothing but observed facts, almost without any speculative additions" (p. 113)—a peculiar claim for something written about the unconscious. He begins his investigation by questioning a series of propositions that divide the sexes into discrete categories. After refuting each in turn, he concludes that both biology and psychology instruct us that, under close examination, a strict division between the sexes does not hold. This allows him to establish bisexuality as the foundation of his project: to discover "how a woman develops out of a child with a bisexual disposition" (p. 116).

Freud's recounting of the girl becoming a woman begins as a love story between the girl and her mother. Their relationship is a passionate

one, steeped in erotic bodily intimacy that evolves over time, following the unfolding of the stages of infantile sexuality. Freud describes the girl's fantastic creations as her erogenous zones awaken, beginning with early homoerotic fantasies that cast her mother as seductress, "for it was really the mother who by her activities over the child's bodily hygiene inevitably stimulated, and perhaps even roused for the first time, pleasurable sensations in her genitals" (p. 120).

Then, in the phallic phase, the girl's erotic desire for her mother takes the form of a wish to impregnate the mother with a child, a desire that is accompanied by masturbatory acts "carried out on this penis-equivalent [i.e., the clitoris]," the "truly feminine vagina . . . [being] still undiscovered by both sexes"[3] (p. 118). Freud offers a peremptory summation of the girl at this moment in her development: "With their entry into the phallic phase the differences between the sexes are completely eclipsed by their agreements. We are now obliged to recognize that the little girl is a little man" (p. 118).

With the girl's bisexuality thus in full bloom, Freud looks ahead to her "Oedipus situation," in which "the girl's father has become her love-object" (p. 118), and he poses the question: "How does a girl pass from her mother to an attachment to her father? Or, in other words, how does she pass from her masculine phase to the feminine one to which she is biologically destined?" (p. 119). Dispensing with any supposition of primary heterosexuality, Freud soon arrives at a stark conclusion: "This step in development does not involve only a simple change of object. The turning away from the mother is accompanied by hostility: the attachment to the mother ends in hate" (p. 121).

What began as a simple love story is now retold as a tale of recrimination, filled with an onslaught of complaints. Freud tells us that the girl's impulses toward her mother are "completely ambivalent, both affectionate and of a hostile and aggressive nature" (p. 120). Allowing that this hate "may be carefully overcompensated later on; as a rule one part of it is overcome while another part persists" (pp. 121-122), he goes on to detail the girl's grudges, and it is an extensive list. The girl re-

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[3] The entire question of the change of erotogenic zone from clitoris to vagina is a conversation that I will leave untouched, so to speak.

proaches her mother for having given her too little milk, which is taken as an insufficiency of love. Whatever the realistic circumstances, Freud states that the child is insatiable and that she "never gets over the pain of losing . . . [the] mother's breast" (p. 122).

Next comes the younger sibling, who serves only to exacerbate the girl's oral frustration, as she is witness to the "faithless mother" (p. 123) who grants the younger child access to the breast of which she has been deprived. The child "feels that it has been dethroned, despoiled, prejudiced in its rights" (p. 123). Further, "an abundant source of a child's hostility to its mother is provided by its multifarious sexual wishes, which alter according to the phase of the libido and which cannot for the most part be satisfied" (p. 123). And "the more passionately a child loves its object, the more sensitive does it become to disappointments and frustrations from that object" (p. 124).

Freud goes on to introduce yet another complication for the girl, one that is essential to his argument as well as to his legacy on this topic. Explaining that each of these sources of the girl's hatred of her mother may apply to the boy, but "are yet unable to alienate him from the maternal object" (p. 124), he concludes that the girl's rage is fueled by the recognition of the anatomical difference between the sexes. The sight of the "boy's far superior equipment" (p. 126) leads the girl to feel "seriously wronged" (p. 125). "Girls notice the anatomical difference and, it must be admitted, its significance" (pp. 124-125), the nature of which is not in question to Freud. The girl holds her mother responsible for her lack and is unforgiving, and the girl's derogation of herself is inseparable from that of her mother.

> Her love was directed to her phallic mother; with the discovery that her mother is castrated it becomes possible to drop her as an object, so that the motives for hostility, which have long been accumulating, gain the upper hand. [pp. 126-127]

Having introduced an imaginative, anatomically incorrect cast of characters—phallic mother, castrated mother, girl as man, girl impregnating her mother, castrated girl—Freud announces the denouement: the girl turns to her father, whose anatomy, we are to assume, the girl does not mistake.

> The wish with which the girl turns to her father is no doubt
> originally the wish for the penis which her mother has refused
> her and which she now expects from her father. The feminine
> situation is only established, however, if the wish for a penis is
> replaced by one for a baby, if, that is, a baby takes the place of a
> penis in accordance with an ancient symbolic equivalence . . . .
> With the transference of the wish for a penis-baby on to her fa-
> ther, the girl has entered the situation of the Oedipus complex.
> Her hostility to her mother, which did not need to be freshly
> created, is now greatly intensified, for she becomes the girl's
> rival, who receives from her father everything that she desires
> from him. [pp. 128-129]

Here we see Freud mapping the girl's libidinal path to her father as
a dream, following the logic of primary process. In this way, he delivers
the girl to her father, although the father, through his gift of a penis
substitute, is only a vehicle—a solution to the girl's problem with her
mother. Desire for the father, the hallmark of her femininity, is ersatz
desire.

MELANCHOLIC LOSS

I will now turn my attention to an earlier paper of Freud's, one that I
propose is a silent presence in the story of the girl becoming a woman.
Written in 1917, "Mourning and Melancholia" is a paper that considers
loss and its aftermath when, for reasons Freud elucidates, the loss is un-
grievable in the manner of ordinary mourning. His paper starts with the
phenomenology of mourning and melancholic states. He tells us that
in mourning, "nothing about the loss . . . is unconscious" (p. 245). The
"work of mourning" entails a "respect for reality" (p. 244), such that the
absence of the loved object is painfully acknowledged; attempts to op-
pose the truth of the loss, though understandable, are in most instances
overcome.

Nonetheless, the work of mourning is a prolonged process in which
memory keeps "the existence of the lost object . . . psychically prolonged"
at the same time that it gradually effects a "detachment of libido" (p.

245)—an obscure phrase that I will translate to mean a knowing acceptance of reality and a receptivity to love again.[4]

Melancholia, by contrast, is the outcome of an opaque sequence, beginning with an "unknown loss" (p. 245). The clinical presentation of melancholia is such that it is possible to infer that a loss has taken place, but neither the observer nor the subject has a direct understanding of its nature. In some cases, Freud tells us, the patient "knows *whom* he has lost but not *what* he has lost in him" (p. 245, italics in original). Addressing this *what,* he describes some of the preconditions to melancholic suffering in the following way:

> An object choice, an attachment of the libido to a particular person, had at one time existed; then, owing to a real slight or disappointment coming from this loved person, the object-relationship was shattered . . . . In melancholia, the occasions which give rise to the illness extend for the most part beyond the clear case of a loss by death [as is typically the case in normal mourning] and include all those situations of being slighted, neglected or disappointed, which can import opposed feelings of love and hate into the relationship or reinforce an already existing ambivalence. [1917, pp. 248-249, 251]

Analyzing the origins of unacknowledged loss, Freud describes "a love which cannot be given up though the object itself is given up . . . [which] takes refuge in narcissistic identification" (p. 251). "A strong fixation to the loved object must have been present . . . . The object-choice has been effected on a narcissistic basis, so that the object-cathexis, when obstacles come in its way, can regress to narcissism" (p. 249).

This brief passage condenses a great deal of psychoanalytic understanding having to do with early object relations, characterized by the "narcissistic basis" that Freud tells us is a fundamental precondition to a melancholic sequence. In a narcissistic object tie, the lost object, though "forsaken" (p. 249), is felt to be psychically indispensable: its loss is ex-

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[4] A sharp delineation between mourning and melancholia is a theoretical fiction: the mourning of a significant loss is never complete and encompasses melancholic elements.

perienced as a loss that diminishes the self, and the act of unconscious identification is an attempted restoration of the original narcissistic terms of primary identification in the relationship. The ambivalent nature of the relationship,[5] however, is also sustained, and this creates the subjectivity of melancholia:

> Constitutional ambivalence belongs by its nature to the repressed; traumatic experiences in connection with the object may have activated other repressed material. Thus everything to do with these struggles due to ambivalence remains withdrawn from consciousness, until the outcome characteristic of melancholia has set in. This, as we know, consists in the threatened libidinal cathexis at length abandoning the object, only, however, to draw back to the place in the ego from which it had proceeded. So by taking flight into the ego love escapes extinction. [p. 257]

This identificatory regression is thus mapped onto structures of the mind: the ambivalently held, abandoned object becomes part of the ego—the "shadow of the object fell upon the ego" (p. 249), and another part of the mind depreciates this shadowed part of itself. In this way, the internal world selectively records the subject's emotional history in an unconscious act of ongoing commemoration and preservation.

There is a substantial concordance between Lecture 33 and "Mourning and Melancholia," although it is not certain whether Freud was alert to this. Common to both is a narcissistic ambivalent attachment, unconscious disappointment, and grievance, the subjectivity of which is a damaged self. The manner in which the girl coldly turns from her mother as described in Lecture 33, a denial of love and loss, is the disavowal in the psychic reality of the melancholic. Her hateful severance is emotionally commensurate with her past devotion and subsequent experience of broken promises.

Bisexuality and its disillusionment—the girl's recognition of castration—is pivotal to Freud's femininity story. Freud's attribution of masculinity to the girl-as-man is dense with supposition about the girl's ig-

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[5] In these papers, Freud's use of the concept of ambivalence is comparable to the concept of splitting as opposed to the capacity for whole object relations.

norance of her own body and the body of her mother. In his femininity story, the shock of the anatomical difference precipitates the girl's loss of her own un-self-conscious bisexual body, as well as her mother's.

I propose that we reconceptualize this developmental moment as the girl's precipitous disillusionment with what she had felt to be an ideal union with an idealized mother—two idealized bodies who, until the fall, had everything. The girl's hatred toward her mother—which, Freud tells us, terminates her love—is the emotional repercussion of this lost idealization. In this disillusionment, the omnipotent, narcissistic nature of the relationship is exposed in all its fragility, unable to withstand anger and separation.

Subsequent to this disillusionment, the girl's melancholic identification with her mother is constructed out of a representation of a damaged female body. The girl's indignant shame at their mirrored anatomical disability lies at the core of the melancholic identification with her mother. When the girl turns from her mother as an erotic object, she turns from her own body as a source of erotic pleasure as well. Freud writes:

> Her self-love is mortified by the comparison with the boy's far superior equipment and in consequence she renounces her masturbatory satisfaction from her clitoris, repudiates her love for her mother and at the same time not infrequently represses a good part of her sexual trends in general. [1933, p. 126]

The mother who was once cast as the desired seductress has become the one who forbids masturbation and sexual pleasure. The love and narcissistic need of the mother, which has driven the preservation of the relationship by way of unconscious identification, is accompanied by the hate that inspired its severance. The hatred of the self—the "shadow of the object" (p. 249)—constitutes an internal sadomasochism, implicating the girl's gendered self as contemptible and damaged: self-loathing engraved as anatomical despair. Thus, the manner in which she drops her mother is inseparable from her estrangement from her own female body.

By reading "Mourning and Melancholia" as the latent structure of Lecture 33, I reconceive penis envy as the name given to the place va-

cated by the mother, and to the unnamed bond that has gone missing—in the lexicon of dream analysis, as the manifest content of loss and disillusionment. Both mother and daughter are marked by a lack that only a thing imbued with ideal qualities, once seemingly possessed by both daughter and mother, can fill.

Following the course of pathological mourning, the refusal and loss of the girl's mother is preserved in a melancholic structure—the residue of her grudge and her renounced love—and her femininity is thereby founded on a search, which Freud calls penis envy, for an irretrievable past. Penis envy is thus the inscription on the headstone of this internal burial site, and an imagined body defect both marks the loss as well as designates the path to its imagined repair.

As Freud unearths the early history of the girl's love for her mother, as well as its unconscious inscription, he authorizes himself to make a final judgment on the nature of the girl's love for her father and the men who will follow him:

> The castration complex prepares for the Oedipus complex instead of destroying it [as it does for the boy]; the girl is driven out of her attachment to her mother through the influence of her envy for the penis and she enters the Oedipus situation as though into a haven of refuge. [1933, p. 129]

Female heterosexual desire is therefore the outcome of a severed attachment, grafted on as a remedy to unmourned grievance and grief. The girl remains unconsciously preoccupied with a mother she had idealized and come to hate, and is left in a state of unfulfilled longing that prefigures her relationship to her father and the men who follow him. In this way, the arrival at this "haven of refuge" is an incomplete and unstable one, vulnerable to unending grudge and resentment.

Freud offers one relatively sanguine description of the girl's identification with her mother, based on a loving emulation, that positions her on solid, nonresentful ground in the positive Oedipus and through later development:

> A woman's identification with her mother allows us to distinguish two strata: the pre-Oedipus one which rests on her affectionate attachment to her mother and takes her as a model, and

the later one from the Oedipus complex which seeks to get rid of her mother and take her place with her father . . . . The phase of the affectionate pre-Oedipus attachment is the decisive one for a woman's future: during it preparations are made for the acquisition of the characteristics with which she will later fulfill her role in the sexual function and perform her invaluable social tasks. [p. 134]

But this passage reads as a forgetting of the preoedipal grudges he has chronicled. While there are consolations to be found—most notably, delivery of the boy child—Freud's account of the girl becoming a woman is a study in melancholia.

THE LITERATURE

Freud's essays on the psychology of women introduced a narrative that established the foundation for the ongoing psychoanalytic contributions on female development that followed. I will divide my review of the literature into intrinsically related quadrants—the phallic girl and her offspring, penis envy, the female Oedipus, and gender as elegy—referencing writers whom I have found to be particularly lucid spokespersons, within which my discussion of *Girls* finds its place.

The Phallic Girl and Her Offspring

Freud's theorizing of the female Oedipus complex is as circuitous as his rendition of the boy's Oedipus is straightforward, and it bequeathed theorists of female development a list of premises to interrogate. His characterization of the little girl as little man led to early challenges proposing that the girl apprehends her own given anatomy from early in her development (Horney 1924, 1926; Jones 1927). In this tradition, later theorists elaborate ideas of core or primary gender identity grounded in a nonconflictual area of the self (Stoller 1968, 1976; Tyson 1982).

Elise (1997), in a critique of biological determinism that presupposes an unmediated line between anatomy and the subjectivity of femininity, proposes the phrase *primary sense of femaleness* as the theoretical bedrock of female development. Continuing within this line of thinking, Kulish (2000) critiques the concepts of primary femininity and primary

masculinity as heterogeneous and therefore unwieldy categories, containing within them elements "as varied as gender identity, innate biological traits, early object relationships, aspects of the self, and types of anxieties" (p. 1356).

Mayer (1995) proposes paired developmental lines that comprise female gender identity. One line, the female phallic castration complex, is a fantasy of loss of the penis as a *fait accompli;* the other, female castration anxiety (Mayer 1985), is the unconscious anxiety that a closing of her own genital could occur as it appears to have befallen men, reflected in the common female conviction that men are emotionally closed.

Freud's premise of primary bisexuality and its imaginative elaboration presaged ideas having to do with gender fluidity and postmodern ideas in which gender is understood as socially constructed. Birksted-Breen (1996) elucidates the tension between theory that anchors itself in an irreducible sensory relationship to the body and one that considers gender as subjectively imagined and unconstrained by anatomical givens.

Dimen (1991) proposes that gender can become a psychic repository—less a "determinate category" than "something resembling a force field" (p. 335)—that organizes self-experience. Harris's (1991, 2005) contributions are a comprehensive cross disciplinary statement on the social construction of gender that explore the processes through which gender unfolds in the individual as an idiosyncratic collation of psychic and social influences. Balsam (2001), in a critique of gender as a monolithic classification, considers an individual's history of maternal and paternal body representations and identifications necessary for the composition of what she terms a "mature gender identity portrait" (p. 1335).

Penis Envy

Writers who have critiqued Freud's certainties about penis envy have not disputed its manifestations, both conscious and unconscious; rather, they have reconceived it as metaphor, defense, and culturally implanted phallocentricism. Most of these contributions address anxieties about the female body, oedipal desire, and the relationship to the early mother, situating the father as both egress from the early mother and the object of heterosexual desire.

Horney (1926) theorizes penis envy as anatomical self-negation in a defensive flight from oedipal wishes and guilt. She further describes anxieties particular to female anatomy, namely, fantasies on the part of the little girl of vaginal injury: a fantasy of castration. Klein (1932) frames the girl's disparagement of her own female body—an intrinsic component of penis envy—as the introjection of her envious attack on her mother's bodily riches, as well as an effort to preempt maternal retribution for her incestuous wishes.

Chasseguet-Smirgel (1976) theorizes that the child experiences as a narcissistic wound her early helplessness and dependence on the omnipotently powerful, primal maternal object; by way of defensive splitting, the girl scorns her mother and, in an attempt to triumph over her, idealizes her father and his penis—the organ the mother lacks. Grossman and Stewart (1976) take the manifest content of penis envy to represent narcissistic injury that is not necessarily confined to the body.

In a contribution on the topic of narcissism, Birksted-Breen (1996) proposes that the envied phallus is itself an idealized construction that is imagined by the girl or woman to be impervious to narcissistic vulnerability. Torok (1970) proposes that penis envy is "complex unconscious speech" (p. 140) that masks heterosexual desire and puts in its place an "oath of fidelity" (p. 141) to the anal, possessive mother whose love is felt to be as necessary as it is contingent upon the daughter's exclusive loyalty.

The Female Oedipus

The contemporary literature on the female Oedipus complex is built on an understanding of the preoedipal relationship with the mother and primitive mental functioning, subjects that Freud had only begun to theorize. The Kleinian contribution proceeded to stake out the territory of the child's early relationship with the mother and her body, including primal fantasies having to do with the mother's relationship with the father, his penis, and the babies inside her. The early, bodily based passions and ambivalence between mother and child that are described by Freud in his account of the girl are theorized by Klein and her followers as fantasy-laden expressions of primitive psychic functioning.

Later theorists of female development consider the inherent diffi-
culties in the transition from preoedipal to oedipal as they undertake
to present a picture of its successful negotiation. Further, they elucidate
that these developmental levels are not discrete but coexist over time in
a complex dialectic.

In her seminal work, Chodorow (1978) situates the psychological
development of the individual within a cultural and social analysis of the
division of labor in parenting between mother and father, itself the psy-
chic representation of patriarchy. She provides a comprehensive review
of the early response to Freud, as well as her own synthesis of psychoana-
lytic and sociological analysis. Having delineated gendered pathways of
separation, she writes that the girl's

> . . . change of object . . . is founded on a lack of change . . . . The
> "turn" [to the father] cannot be absolute because of the depth
> of her maternal attachment and because of the emotional and
> physical distance of her father (now and previously). [p. 129]

In her later writings, Chodorow (1994, 2012) revisits her earlier
work delineating gendered pathways of separation from the mother to
address the multiplicity of "femininities and masculinities," as well as the
construction of heterosexuality from "an individual's psychodynamic life
history and cultural-linguistic location" (1994, p. 41).

Kulish and Holtzman (1998; Holtzman and Kulish 2000) theorize
that a careful distinction must be drawn between separation conflicts
that are integral to the early, dyadic relationship with the preoedipal
mother and those that arise as a consequence of competitive hetero-
sexual fantasies within the oedipal triad. They offer a portrait of the girl's
torn loyalties between her mother and her father—"the desire both to
stay with mother and to run away with father . . . . This is the little girl's
dilemma" (2000, p. 1416)—as well as the successful navigation of her
Oedipus, in which she must hold on to a relationship with her mother
while competing with her.

Ogden (1989), speaking in the tradition of Winnicott, offers a por-
trait of the girl's move from pre-Oedipus to Oedipus as one that entails
a discovery of the oedipal mother and father as external objects, outside
the girl's omnipotence. A transitional relationship to the mother enables

this passage: "*The little girl falls in love with the mother-as-father and with the father-as-mother*" (p. 119, italics in original). This paradox, which includes an apprehension on the part of the girl of her mother's unconscious internal object relationship with her own father, allows the mother to be loved as a man—for the girl to "nontraumatically discover the father as external object in the context of the safety of the dyadic relationship to the mother" (p. 139). In Ogden's conception, as in Chodorow's and in Holtzman and Kulish's, the dyadic relationship between mother and daughter is not left behind: on the contrary, its continuity and the survival of preoedipal and oedipal transformations and ruptures enable the relationship to the father.

Gender as Elegy

Freud (1923) proposed that we understand the ego as what I am calling an *elegiac structure:* "The character of the ego is a precipitate of abandoned object-cathexes and . . . contains the history of those object-choices" (p. 29). Working within the theoretical frame of "Mourning and Melancholia" (Freud 1917), Butler (1995) proposes that the gendered self is a melancholic formation, the outcome of the social requirement of compulsory heterosexuality, which mandates a "foreclosure of possibility that produces a domain of homosexuality understood as unlivable passion and ungrievable loss" (p. 168). The "double disavowal"—a "never-having-loved, and a never-having-lost" (p. 172) eventuates in an identification with the lost object, and gender is "composed of precisely what remains inarticulate in sexuality" (p. 172).

Jay (2007), in her variations on the theme of melancholy gender, sets out to account for the clinical finding that women are disproportionately subject to depression. With fidelity to Butler and the early work of Chodorow, she argues that culturally compulsory heterosexuality within a gendered division of parental labor predisposes the girl to a melancholic identification with an ambivalently held maternal figure who "stands for monstrosity and passivity" (p. 131). She writes, "One of her most significant early acts of desire and agency—keeping the mother for herself while she is told that she must let go of all women—creates an identification with a position that lacks subjectivity and independence" (p. 127).

Balsam (2007), in her commentary on Butler and Jay, restores the place of aggression that she believes is downplayed in their accounts of the melancholic solution: "Forbidden rage at the same-sex object . . . is defended against by repression and disavowal" (p. 142); the melancholic "encodes internally unacknowledged hatred of this lost object" (p. 141). Thus Balsam argues that a distinction must be made between melancholic identifications that are laced with rage, and those that are characterized by a "much greater variety of qualities of identification and affective tonalities that may operate within the gender spectra" (p. 142).

Balsam allows for an evolution of internalizations that, she proposes—in a tribute to Loewald—are available to integration over the course of development and are significantly shaped by the reciprocal reaction of the girl to her mother's "comportment as a woman" (p. 143) with the mother's reception of her daughter's sexuality, whereby eroticism is "inflamed [or] deadened" (p. 143). She further critiques the notion of a foreclosure in a girl's relationship to her mother, citing Bernstein (2004), who writes, "In times of need, the fantasies of oneness with her mother sustain her," thus articulating an "ongoing dialectic of separation and return" (p. 617) in the mind of the woman over time.

LENA DUNHAM'S *GIRLS*

Freud set forth his ideas about women with a characteristic air of authority, although he did give a nod to the limits of his understanding. He closes his lecture on femininity as a storyteller would his tale:

> That is all I had to say to you about femininity. It is certainly incomplete and fragmentary and does not always sound friendly . . . . If you want to know more about femininity, enquire from your own experiences of life, or turn to the poets, or wait until science can give you deeper and more coherent information. [1933, p. 135]

I have made my choice, and will turn my attention to a poet of our time, Lena Dunham.

According to convention, this is the point in a psychoanalytic paper at which a case is presented. I will use the first ten episodes of the HBO

television series *Girls* as "clinical" material and, unlike the usual situation, the door to the consulting room remains open for anyone who wants to observe.

The original tragedy of Oedipus dramatizes a crime against the proper order of the generations through acts of patricide and incest. In *Girls,* the matricidal drama between the generations is transposed and reenacted among contemporaries where, in a sort of psychological repertory theater, each girl plays multiple parts. As narrated by Freud, the desires and betrayals experienced by the girl along her path to womanhood are unconscious—unnamed or misnamed. In *Girls,* these are brought out into the light of day: it is female development in high definition.

Girls follows the lives of four girls in their early twenties, two of whom, Hannah and Marnie, will be the focus of my description and discussion. The mise-en-scène is present-day Brooklyn, where the plagues are not those that Oedipus met with in Thebes, but those of the twenty-first century. The girls celebrate abortion as if it were an opportunity, but this is a time of sexually transmitted diseases and a parade of female anxieties—virginity, menstrual cycles, fears of infertility, former boyfriends coming out of the closet, and preoccupations with weight—that regularly invade the girls' minds. The girls' relationships are mediated by the latest Internet accessories: this is a world where it is possible to Google one's private anxieties in search of ostensibly reliable information, to find any pornographic scenario played out in full detail online, or to be a voyeur to an ex-boyfriend and his new girlfriend by way of Facebook.

Girls opens with a modern-day scene—a young woman at dinner with her parents, who are visiting from out of town. Hannah is providing her parents with an expurgated version of her life, talking about the book she is writing, when a brief aside between her parents signals that something is waiting to be said. Her parents deliver the rehearsed message and, employing the language of parturition—"it may be time for one final push"—announce that it is time for Hannah to be self-supporting. They feel they have already provided a sufficient severance package, having underwritten her life of unpaid internships and writing for two years since her graduation from college.

This comes as a shock to Hannah; from her perspective, she has been drawing on community property, and she declares that she will not see them for the remainder of their trip. When her father protests that it is their last day in New York, Hannah lays out her busy schedule—work, a dinner thing, "then I am busy trying to become who I am."

The second scene is of two entwined figures. The sleeping, spooning, two-headed creature with four arms and four legs is a portrait of close-ness—bodies joined, borders effaced. It is an ambiguous image: is this a man and a woman? Two women? As they awake and disentangle themselves, we see that it is two young women, Hannah and her best friend, Marnie. Hannah is portrayed as an anxious, plain-spoken young woman—slightly overweight and disorderly—equal parts savvy and clue-less. Her creative work is at the heart of her trying to become who she is, but in the world of work—the conventions of the office—she gets it wrong at crucial moments. Her promise as an undergraduate creative writing major has not yet translated to the next phase of life.

Marnie, on the other hand, is a beautiful, well-put-together young woman who works in what appears to be a high-end art gallery. She is the responsible one who provides financial assistance when Hannah is unemployed. Her dread is that she is "the uptight girl."

From the beginning, we see the ongoing conversation between the girls—the soundtrack of their lives. Hannah and Marnie are best friends who know each other's habits and secrets. They frequently speak about boys—boys are their currency—but the unquestioned loyalty and con-nection are between the two of them. Though their closeness is not man-ifestly erotic, it is sensual: they sleep as lovers, bathe together (though Marnie remains wrapped in a towel), and talk about the details of their sexual lives: they know each other's bodies. They share their anxieties and offer advice, much of it bad. At times they let each other down, but in the early part of the series this is forgiven.

The boy in Hannah's life is Adam, whom we see at first only in his apartment, where Hannah typically shows up on short notice. In the early episodes, they invariably have sex according to Adam's script. It looks as though we are watching a well-worn story of exploitive male sexuality and its counterpart, female submission, and this is the official story—the one Hannah reports to the girls. We are served up an array of

sexual scenarios, and we are not sure who or what is driving the action. We see elements of sadomasochism, a trading of confession and apology, and it is impossible to gauge the proportion of consent to coercion between Hannah and Adam. We do not know whether they are the authors of these scenes or are acting out collations of Internet porn—the invasion of images supplied by a ubiquitous media. These episodes provide few answers, only intimations.

Feeling abused, Hannah resolves to end it with Adam and delivers a speech at his door in which she insists she is not looking for a boyfriend while asking him for everything the word would imply. She announces her departure but stays. And then the story takes a turn and we start to see Hannah from Adam's point of view. At a party—their first interaction outside of Adam's apartment—Hannah speaks with one of Adam's friends and learns things she had not previously known. She indignantly accuses Adam of not telling her about himself. He responds with anger:

> You never asked . . . . You never asked me anything besides does this feel okay, or do you like my skirt, or how much is your rent . . . . You don't want to know me, you want to come over in the night and have me fuck the dogshit out of you, then you want to leave and write about it in your diary. You don't want to know me.

As the volley of accusations continues, Adam yells, "I don't know what you want from me! Do you want me to be your fucking boyfriend?" The magic word *boyfriend* is spoken and Hannah's irrepressible smile, as she is wedged in a taxi between Adam and Marnie, provides the answer.

What follows is a sort of rapid cycling of sweet sexiness between them: friendship, outbreaks of Adam's anger, and his attempts at repair. We are frequently destabilized in our impressions of Adam but, before long, he is increasingly endearing; he starts to look like a person of depth, capable of sincerity. We start to think we are watching a relationship develop.

For her part, Marnie is involved in a years-long relationship with Charlie, her college boyfriend, and we quickly get a glimpse into her trouble with him. In the first episode, she has intentionally fallen asleep in Hannah's room, leaving Charlie alone in her bedroom. Marnie is un-

happy with Charlie but barely knows how to name the problem. She tells Hannah, "He's so busy, like, respecting me, you know, that he looks right past me and everything I need from him." Hannah is less delicate in describing the situation: she pronounces that Marnie is "sick of eating him out because he has a vagina."

In a later episode, Marnie meets an artist, an arrogant womanizer—Charlie's opposite—who is erotically exciting to her in a way that Charlie is not. Marnie is racked with indecision: to break up or not to break up. Then, unintentionally, Hannah enters Marnie's plot. Charlie, at the instigation of a friend, reads Hannah's diary in which she details Marnie's dissatisfaction with him. The boys use the text of the diary in a song dedicated to the unsuspecting Marnie, which they perform at a concert with the girls present, and the relationship comes to an abrupt end. Marnie tells Hannah: "You've done real damage . . . . Maybe you just can't see this that clearly because you've never been loved that much. Except by me, I love you that much. And your dad, obviously."

Her unsteady resolve to break up with Charlie notwithstanding, Marnie is disconsolate without him, and she determines to get him back. Charlie is reluctant, given how Marnie has treated him, but she prevails. Charlie asks to be seen as something other than a figment of her imagination, telling her, "Act like my life is real. Because my life *is* real." And as they are having sex, he tells her, "Don't make me feel safe and then abandon me . . . . Kiss me, keep your face close to mine. Keep your face close to me. Stay, stay . . . . I love you, I love you."

Marnie, on top, lifts her head and bumps into the ceiling of Charlie's loft; he immediately starts to comfort her and, without missing a beat, she tells him that she wants to break up. This is not the explicit sadomasochism enacted between Hannah and Adam, but is its own version of sexual misuse.

Ever blind to her own behavior, Marnie is incredulous when she runs into Charlie at a party with another girl after a mere two weeks, and she descends further into a period of misery. As she tracks Charlie and his girlfriend on Facebook, it seems lost on her that it was she who ended the relationship. She tells her woes to anyone who will listen, and is incensed by the sounds of Hannah's sexual activities with Adam on the other side of the wall that divides their bedrooms.

In the middle portion of the series, Hannah returns to visit her parents in the family home, and we see a stretch of development taking place in time-lapse speed: cranky baby, petulant adolescent, self-determining young adult. At the end of the weekend, after Hannah has been inadvertently witness to her parents' lively sexual relationship, her mother tells her that she feels she may have been overly severe in cutting off Hannah financially. Hannah declines her help, claiming that she is making it on her own. This is far from the truth, but it is an act of separation from her parents. This time Hannah is cutting the cord.

Back in Brooklyn, Hannah soon faces another rupture. Coming home from an inartful bookstore reading that showcased her inexperience in the work world, she wants to talk with Marnie about what she has just been through, expecting to find what she has always found: an all-receptive ear, an unquestioning welcome. Marnie, however, has become aware that Hannah has given Adam a key to their apartment. Hannah senses some tension and asks if Marnie is mad at her. Marnie responds: "I pay all the bills in this apartment—does that not give me, like, one night off from talking about you and your problems? . . . As it happens I'm not always in the mood to talk about you." Hannah is stunned.

As the accusations escalate, each insists that she talks only about the other's problems. They get cruel with each other; both claim the other is selfish. Hannah says to Marnie: "Maybe . . . the issue is that I've got a boyfriend and you don't, and it's as simple as that." She then brings out Adam's critical take on Marnie, betraying that she has spoken with her boyfriend about her best friend. They start to sling the most shameful and painful private secrets that they know about each other. Marnie says she herself is a good friend; Hannah responds by saying that she has bigger concerns than being a good friend. Marnie says tightly, "Thank you, that is all I needed to hear. I do not want to live here any more, not with you." Hannah retorts that she has been thinking this but has not said it, because she is a good friend. They go to their separate rooms and slam their respective doors.

When Marnie determines to move out, Adam tells Hannah that maybe he will move in. Hannah is torn about this—she tells one of the girls that she cannot tell whether this is good or bad—and when she learns that her former boyfriend, Elijah, who is now openly gay, could

use a place to live, she immediately invites him to take Marnie's room. Hannah informs Adam about Elijah: "So you don't have to worry, I've found someone—so if you felt obligated, don't."

Adam declares that he wanted to move in because he loves her. Hannah responds that she has "actual things" she wants to achieve before working on a relationship. Adam becomes enraged, saying that he has been drawn in by her, and then "you shrug." Hannah insists she is more scared than most people—that her pain is worse than the pain of others. He retaliates: "You don't know me and you don't know yourself . . . . You don't know struggle. I'm a beautiful fucking mystery to you"—at which point he is hit by a car.

As he is installed in an ambulance, Adam instructs the emergency crew that Hannah is not to be allowed in, that she is a monster. Banished by Adam, Hannah goes off by herself. Having fallen asleep on the subway, she wakes up to find herself alone, her purse stolen. She is, in all senses, at the end of the line. Exiting the train in a haze, she calls out to people within range of the elevated platform: "Excuse me, where am I?"

She may well ask.

OEDIPUS IN BROOKLYN

In the previous sections of this paper, I have undertaken a reading of Lecture 33 (1933) through the frame of "Mourning and Melancholia" (1917), and in so doing I have theorized a melancholic narrative in Freud's story of the girl's entrance into the positive Oedipus. Freud traces the arc of the girl's development from a bisexual child with erotic and hostile ties to her mother, through a series of betrayals that culminate in her recognition of the anatomical "disability" of the female. She renounces this attachment while preserving it in an unconscious melancholic structure in which their now-maligned history contaminates her sense of herself. She turns to her father for restitution and repair, which instates her heterosexuality, and this marks her arrival at the feminine position, one that is built on unstable ground whose underside is an unnamed, unmourned loss.

In a departure from Freud, I have proposed that castration and penis envy be reconceived as manifest content of the subjectivity of re-

fusal, loss, and imagined repair of the early maternal relationship. Lena Dunham has animated these theoretical abstractions through her portrayal of Hannah and Marnie's relationship, and in each girl's relationship with a boy. *Girls* is thus a depiction of two intrinsically interconnected narratives: the one between daughter and mother, the other that of the troubled heterosexual arrival.

Girls opens with a scene of birth—"one final push"—and then presents an image of bodily fusion: Hannah and Marnie asleep together. In the beginning, Hannah and Marnie's relationship is one of loving attachment, grounded in sensual cohabitation, understanding, and loyalty—a portrait that is faithful to Freud's description of the girl's early relationship to her mother. We meet their boys early on, but they do not challenge the girls' primacy to one another: Charlie is not fully masculine—in the girls' eyes, he has a vagina (a word that is spoken with derision) and is something midway between male and female. The shared secret of Marnie's discontent serves only to reinforce the primary bond between the girls.

Something similar can be said of Hannah and Adam in the early episodes: although Hannah is pursuing Adam, she gives him bad press. Marnie knows about Adam's ostensible selfishness and his "sick instincts." After Charlie performs his song with the text of Hannah's diary, Marnie first angrily throws her drink at Hannah, but later she nevertheless declares how much she loves her.

Inasmuch as he is a narcissistically inflected substitute for the lost ideal maternal relationship, the boy can engender in the girl the same disillusionment, claustrophobia, and enactments of internal sadomasochism of melancholic identifications that she unconsciously experiences with her mother. Marnie's relationship with Charlie is fraught with ambivalence from the time we enter her story. Though manifestly the organized, responsible one among the girls, she is emotionally unmoored—sexually discontent and absent—and indiscriminate with the men who seduce her, each of them portrayed as unsavory in one way or another. Having taken Charlie's devotion for granted, she is bereft without him. She marshals her powers of seduction, draws him back to bed, and is once again overtaken by an urgency to be free of him.

Caught in a claustro-agoraphobic oscillation, Marnie is unable to stay with Charlie and is unable to be alone. She expresses self-hatred by way of her treatment of Charlie, whom she has cast as a denigrated maternal figure, tainted with a denigrated vagina. At the same time, she is in pursuit of the lost, ideal maternal union that, in its absence, leaves her feeling painfully incomplete, manifesting the melancholic vulnerability of the girl. When she asks Charlie whether he is drawn to other girls, he says that, though he is, "I've decided on you." Unlike her, he is not on a nostalgic search.

Hannah is engaged with Adam in a relationship that at first looks exploitive and headed for a well-deserved end. She offers herself to sadomasochistic scenarios, and we believe initially that she will comply with anything in order to hold on to Adam. In time, we see that Adam has been a two-dimensional placeholder for her, and who has been using whom is an open question.

As the relationship develops, Hannah, like Marnie, is confused about what she wants. For a time, she is able to invite Adam into her life—to have the sort of relationship she tells herself she wants—but when Adam starts to get emotionally involved with her, she maneuvers an ending. For her, Adam may stand for the one who would obstruct her independence, taken as the mother to be separated from, as distinct from the early mother who is being sought in a mate.

Further, we see Hannah's self-absorption in her preoccupation with her weight—an attack on her female body—as the counterpart to her incapacity to see Adam as a separate person. As Adam tells her, "I'm a beautiful fucking mystery to you." Still, we need to understand that her gracelessness has other sources as well. In spite of her dogged project of having a boyfriend, she is otherwise engaged. Though we see both her inexperience in the world of work and her errors in judgment with her writing, she is, as she tells her parents, trying to become who she is. Further, we can imagine that in the wake of her loss of Marnie, Hannah is emotionally unavailable to accept Adam as a replacement. She can allow only a de-libidinalized object to move into the apartment: her ex-boyfriend, a gay man—the psychological equivalent of Charlie who, in the girls' perception, is not truly male.

Both Hannah and Marnie are engaged in the process of separation as they work on the project of erotic and romantic pairing. Before long, the balance between Hannah and Marnie, in which each has her own boy trouble that she confides to her friend, is destabilized. Adam's entrance into the girls' common space, bringing audible evidence of sexual excitement, changes the rules. Where there were two, with characters subordinate to the couple, there are now three, although the threesome for each girl is distinct.

During the girl's preoedipal phase, Freud (1933) writes that the role of the father is one of "only a troublesome rival" (p. 119), congruent with the arrival of siblings who affront the jealous, passionate, erotic attachment of the girl to her mother. A triangle of which one component is the father (the mother's sexual mate and the girl's competitor for the mother)—the negative Oedipus, a term that does not appear in Lecture 33—lies on the border of the pre-Oedipus and the Oedipus. This is Marnie's triangle in which Adam, playing the part of the father, is the rival for Hannah's love.

Hannah's triangle comes into focus when her relationship with Marnie starts to unravel. In her case, it is Marnie, playing the part of the mother, who is the obstacle to her relationship with Adam, although in this case, unlike in the original, Marnie does not have an erotic tie to Adam.

Each girl's triangle—one a transposition of the negative Oedipus, the other of the positive Oedipus—strains the loyalty of their exclusive, dyadic relationship. Where there was once unlimited patience, there is now intolerance. In the fight between Hannah and Marnie, we see an outpouring of accusations, delivered with all the intensity of spurned love, unleashed by feelings of betrayal. And the fractures between them are many. Hannah is deeply wounded when Marnie does not want to hear what she has to say after her failed bookstore reading, breaking the unquestioned history of receptivity to each other's preoccupations. There is a replay of the primal scene, this time with Marnie on the outside of the closed door.

There are multiple violations of trust: Hannah has spoken to Adam about Marnie; each girl has used the other's deepest secrets as ammunition; they have accused each other of jealousy and attacked the other's

self-absorption. The fidelity that was unquestioningly given and expected is now recast as a tyranny. The best friendship is no longer felt to be a source of security, but has become confining. Though it is the first we see of their accumulated resentments, these take shape with such coherence that it is as though they have been lying in wait, retracing the way that Freud tells the girl's story: first as a love story, then as one with hatred interpolated.

Girls prefigures the rupture between Hannah and Marnie by giving its back story. The series starts with Hannah's parents drawing a generational line that requires Hannah to be self-supporting, and the financial limit implies a psychological one as well. Later Hannah appropriates the work of establishing privacy and separation when she returns to her girlhood home and encounters the strength of her parents' erotic tie to one another. In this case, a vital primal scene that exists alongside her parents' deep affection for their daughter contributes to the conditions of her liberation. The original, unconscious primal scene is then transplanted to the relationship between Hannah and Marnie, where Hannah and Adam's ever-present sexual relationship constitutes a betrayal of the girls' relationship.

Hannah and Marnie's relationship also has its financial analogue to that between Hannah and her parents, with Marnie playing the part of the financially responsible mother. In the final scenes, the choreography of who is to live where is a rearrangement of physical space, but stands for the work of separation between Hannah and Marnie, reprising leaving home, as well as Hannah's tentative, incomplete engagement with Adam.

Freud (1933) asserts that the woman finds her deepest fulfillment in her relationship with her children, and while we may not agree with his account of the origins of this attachment, i.e., the girl's longing for a penis substitute, we can accept the idea that the mother has refound with her children something from her early history with her own mother. Insofar as her relationship to her daughter is a new version of this earlier attachment, it is vulnerable to all the original fulfillments and losses, and the mother can experience a similar array of betrayals from her daughter that the daughter feels from her mother. In this way, the depiction of the girls as generational peers also represents and repeats this symmetrical dimension of the daughter–mother breakup that takes place over the

course of development. And perhaps this is another insight of *Girls:* not only is the daughter's experience located in both Hannah and Marnie, but each is also mother to the other, with her own experience of disloyalty and loss.

Just as *Girls* condenses the generations by staging a lateral drama among peers, it collapses developmental time. This is not simply artistic artifice but is the way development is lived: not as an orderly sequence, but in layered simultaneity, one moment folded into another. We must keep in mind that there is no neat division between the early preoedipal mother and the oedipal mother—she is the consummate repertory actor. And as the girl attempts to separate from her preoedipal mother, or to take her on as an oedipal rival, she is unknowingly in danger of disrupting an unconscious arrangement by which she has attempted to preserve the early maternal relationship as the provision of her psychic security. Herein lies the fault line of the melancholic solution.

The double crescendo in the final two episodes of *Girls* dramatizes this temporal concurrence with sharp, unattributed fidelity to Freud. When the girls declare their desire for independence as they kill each other off, Oedipus style, each loses her best friend and confidante: the container of her anxieties, the source of consolation. Marnie cannot successfully compete with Adam for Hannah and therefore rejects her; Hannah is unable to hold on to her love for Marnie if she is to be with Adam and therefore rejects *her*. In this clash of oedipal moments in which the positive Oedipus of one girl violates the negative Oedipus of the other (and vice versa), the girls lose each other—each her best friend— in an intersection of preoedipal and oedipal loss. Hannah's desolation at the end of the series, although most proximately a consequence of her trouble with Adam, carries her loss of Marnie in the background.

FINAL THOUGHTS

Freud (1917) delineates two responses to loss. Mourning is an emotional observance in which loss is known and memorialized. Melancholia enshrines a relationship that is not acknowledged and therefore cannot be given up, and its replacement is as psychically urgent as it is ill-fated and un-findable. As we have seen, Lecture 33 (Freud 1933) narrates a melan-

cholic sequence, and mourning is not given a place in Freud's account of the girl becoming a woman.

The proportion of melancholia to mourning is a story within each individual and, with this in mind, I would like to close with a narrative of my own, one congruent with the ideas of a number of the theorists in my review of the literature. I offer it to augment Freud's insights about the melancholic propensity in the girl's relationship with her mother.

If we do not limit the girl to a narcissistic, idealized, and grudge-filled attachment to her mother—the emotional preconditions to melancholia as Freud detailed them—and allow for one in which good enough separation and a tolerance of love and hate toward the maternal object predominate, we can imagine a different possibility for the girl. This would require her to bear the loss of an idealized relationship between two idealized bodies, and to preserve a connection to her mother that is not disabled by resentment. The daughter's apprehension of her mother's enjoyment of her own female body and sexuality would form the basis of an identification that would enable the girl to take pleasure in her own body.

In this scenario, the mother remains an object of both love and disappointment who is experienced, both consciously and unconsciously, as a source of solace and erotic license. The girl's bisexuality is not disabused by a melancholic resignation that she is damaged goods, but continues in her sense of herself and her erotic repertoire. If the girl's relationship with her father is not conceived as primarily a restoration of her castration and a consolation for her lost mother, we can imagine it in its own terms, with its own history of eroticism, loss, and identification. And following Freud's thinking that "the finding of an object is in fact a refinding of it" (1905, p. 222), aspects of the mother can then be refound in the adult daughter's friends, her children, and in valued maternal elements in herself as well as her mate.

At the end of season one of *Girls,* we do not know how Hannah and Marnie will fare: how the prying apart of the two-headed, four-limbed figure will end. Freud's writings depict melancholia as a freezing of time—the remains of a lost relationship gone underground in an impervious retreat from the glare of actual events—and Lena Dunham has dramatized this frozen moment for us. She takes us only part way in the

narrative of the girl, just as Freud took us only as far as he could see. So let us call the first ten episodes of *Girls* the first season of Oedipus—the part where killings take place and love is in the balance. The series closes at the crossroads, in this case, of mourning and melancholia: the place where Oedipus's troubles began.

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WHEN FREUD WAS NEW AGAIN: THE PLEASURE OF READING FRENCH PSYCHOANALYSIS

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Reading French Psychoanalysis. Edited by Dana Birksted-Breen,
Sara Flanders, and Alain Gibeault.
New York: Routledge, 2010. 840 pp.

Keywords: Freud, French analysis, language, Lacan, fantasy, history of analysis, theory, sexuality, translation, Pontalis, Laplanche, Aulagnier.

For those of us who know France more through the gentle comforts of its food and wine than through the violence of its history and politics, the monumental anthology *Reading French Psychoanalysis* may prove a rude awakening. It is a book that will challenge many American readers intellectually, even relentlessly. It tells the story of a psychoanalytic universe that evolved from ruins of the Second World War into a generative culture mixing classicism and innovation in the 1980s and '90s.

The first French analysts formed two factions. On one side, a group of young psychiatrists, including Angelo Hesnard, Édouard Pichon, and René Laforgue, expressed nationalist feelings and allegiances to master teachers, such as Jean-Martin Charcot and Pierre Janet. They imagined a French psychoanalysis purged of its Germanic roots. On the other, Marie Bonaparte and a group of émigrés, including Rudolf Loewenstein and Eugénie Sokolnicka—a Polish citizen who had a training analysis with Freud before settling in Paris—devoted themselves to disseminating Freud's work and to the international psychoanalytic movement.

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After the Second World War, the divisions between these two groups resurfaced with new variations. Certainly, Jacques Lacan's so-called return to Freud, a rereading of Freud's work through the lens of the then-contemporary structuralism of French philosophy and anthropology, paid homage to his teachers' nationalist agenda.

Reading French Psychoanalysis begins immediately after the Second World War, when Laforgue, president of the Paris Psychoanalytic Society and one of the nationalist group, was publicly disgraced for collaborating with Matthias Göring. Göring, who was director of the German Institute for Psychological Research and Psychotherapy in Berlin, may be familiar to readers as the person who presided over the destruction of the Vienna Psychoanalytic Institute and the dissolution of the German Psychoanalytic Society. Because its offices and library had been located in the home of the now disgraced Laforgue, the Paris Society became homeless and remained so for another four years.

Meanwhile, many in the émigré group moved to the United States. They had functioned as training analysts of the incipient society in the late 1920s and '30s. The era of their analyses and supervisory experiences with Freud and members of his circle in Vienna was gone. Suddenly, the group of analysts who inherited the leadership roles and began to re-form the postwar Paris Psychoanalytic Society became coherently French.

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Learning to speak a language is a pleasurable bodily discipline. A child tunes his body—his throat, breath, posture—to his ear as if learning to play a musical instrument. My own education—body-to-ear, ear-to-body—took place in France, where my father worked as a research scientist. Now, more than forty years later, I still speak a child's French. When I stub my toe, I scream, "Ay!" rather than "Ow!" When I change a diaper or coo to a baby, French rather than American onomatopoeia rises in my throat.

Like speaking, reading rekindles forgotten physical sensations. Symbolist poets—Stéphane Mallarmé and Arthur Rimbaud—bring on the best of these. As far as French psychoanalytic writing goes, I am happiest reading the works of Michel de M'Uzan and J.-B. Pontalis. Their prose

is clear, precise, and lively. Their artful use of metaphor creates a sense of movement. Not surprisingly, both men were also well known for the clarity and experience-near quality of their clinical presentations.

If John McPhee or E. B. White were to apply his skills of description to the interior world, one would have a book of essays by de M'Uzan. In the 1970s and '80s, the beauty, accessibility, and elegance of his writing won him fans on every side of a polarized French psychoanalytic community. The uniqueness of his voice and choice of metaphor has posed challenges to translators and likely accounts, at least in part, for his work's rare appearance in English. The first English collection of de M'Uzan's work (2013) was published only last spring.

There was no such delay in translating *The Language of Psychoanalysis* (Laplanche and Pontalis 1973). The most widely read psychoanalytic book other than Freud's work—*Le Vocabulaire,* as the French call it—was only one of Laplanche and Pontalis's many successes in publishing. Three years before its original publication, Pontalis founded and began to edit *La Nouvelle Revue de Psychanalyse,* the most respected of the French psychoanalytic journals. Unaffiliated with any psychoanalytic institution, the journal created a safe place for the exchange of diverse views—and consequently, Pontalis, like de M'Uzan, found acceptance on many sides of the polarized French field.

This journal also published work by writers from abroad and opened many French analysts to outside influences. Pontalis himself translated and published many of D. W. Winnicott's papers into French for the first time, as well as the writings of the American analyst Harold Searles.

Openness to difference and its flip side, the letting go of narcissistic resistances and object ties, are major themes in Pontalis's work. In his autobiography, he describes a struggle to find the freedom to think his own thoughts while maintaining ties to two powerful men, Jean-Paul Sartre and Jacques Lacan. In the early 1950s, Pontalis began analysis with Lacan. He simultaneously chronicled Lacan's famous seminars at the Hôpital St. Anne in Paris. In the 1940s, Sartre taught philosophy at Lycée Pasteur, Pontalis's junior high school. A decade later, when Pontalis began his career as an editor and essayist, Sartre became his mentor.

Pontalis (2002) wrote of him as follows:

Sartre had a quick, free-wheeling, intelligence, a skiing one—
schuss and slolem—but sometimes he made me feel sad and pe-
destrian about my own. I wasn't sure I could rise to that level.
Even now, I find there's a form of intelligence that I both envy
and feel horrified by at once—the kind that only wants to en-
gage with itself . . . that vainly produces and consumes ideas for
their own sake . . . . The machine turns, functions, produces
something, but is it true? [p. 49] . . . With Sartre, I neither prof-
ited nor lost by proving my incapacity for allegiance . . . . Be-
cause he could not see himself as a father, he could not burden
himself with the challenge of having sons, who were equally as
dependent when rebelling as they were in following him submis-
sively. [p. 129, translation by Eric Glassgold]

In contrast, Lacan seemed only too eager to have children:

Each of us knew that Lacan would volunteer to fill the role of
"Master," a word that made me incredibly suspicious then be-
cause it joined together a feeling of infatuation with permission
to abuse his power. [Pontalis 2002, pp. 129-130, translation by
Eric Glassgold]

In 1964, Sartre's journal, *Les Temps Modernes,* published Laplanche
and Pontalis's essay "Fantasme originaire, fantasmes des origines, origines
du fantasme."[1] The paper critiqued and problematized Freud's assertion
that prehistorical primal fantasies lay at the origin of clinically observed
primal scene fantasies associated with oedipal conflict. Laplanche and
Pontalis argued that the traumatic impact of a parent's unconscious
life on the child's nascent psyche—a structural component of child-
rearing itself—better explained the origin of fantasy. Clinical evidence
of this encounter reaffirmed the truth of the seduction theory, which, in
Laplanche and Pontalis's view, was Freud's most radical discovery.

   The paper captures the excitement of a postwar generation uniting
to discover Freud's work for the first time. In the 1950s and '60s, little
of Freud's work had been published in France, and consequently, this
generation, the first after Lacan, approached Freud without major

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[1] The title's literal translation is "Primal Fantasy, the Fantasy of Origins, the Origins
of Fantasy." A revised version was later published in English (Laplanche and Pontalis
1968).

landmarks or preconceptions. Laplanche and Pontalis experienced the freedom to find what is most alive in Freud: a dynamic tension of progressive and regressive movements in which Freud approached and then covered over radical insights. In their words, the method itself—"to return to Freud without buying a one-way ticket to Lacan" (Laplanche and Pontalis quoted in Janin 1997, p. 13, translation by Eric Glassgold)—was the paper's main point.

When he died in January 2013, Pontalis was eighty-nine years old. As a psychoanalyst, he taught, supervised, practiced, published, and edited a major psychoanalytic journal. He also had a separate literary career— not only as a novelist, but also as a senior editor at France's premiere publishing house, Gallimard.

He had a novelist's sense of endings. While in his late sixties, after twenty years' editing and having produced fifty volumes of *La Nouvelle Revue,* Pontalis permanently closed the journal he had founded. He had once again let go, this time of dynastic ambitions and the narcissism of creating his own brand.

Pontalis had a profound commitment to using words to clarify and enliven rather than to obscure. He believed that concrete and metaphorical language, whether written or spoken in analysis, could open a window to the unconscious and eventually to intimacy. He had faith in psychoanalysis as a poetics of subjectivity.

The intellectual adventure of theorizing, on the other hand, was an illness that slowly suffocated its proponents. In his collection of tone poems, Pontalis (2003) wrote of his dismay with theoretical excess:

> Each time that I see a colleague come up with a neoconcept, his concept . . . I . . . think about those doctors whose names we remember because they are attributed to an illness: the Cottard Syndrome, Tourette's Syndrome and illnesses associated with Dupuytren, Karposi and Charcot. There's nothing like passing oneself on to posterity as an illness, so long as the illness exists. Could I be jealous, having never invented the slightest concept and having never discovered anything other than the malady of being human—like everyone else? [pp. 3-4]

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Reading French Psychoanalysis includes only one of Pontalis's papers, "Fantasy and the Origins of Sexuality," coauthored with Laplanche. Nonetheless, Pontalis's spirit is well represented in the editors' approach to the field. Alain Gibeault, Sara Flanders, and Dana Birksted-Breen have divided the anthology into seven sections. Each section re-creates a debate central to understanding the way in which French analysts conceive an analytic process.

The first three also introduce the history of the French psychoanalytic movement, the contributions of three early "fathers" of the field—Lacan, Maurice Bouvet, and Sacha Nacht—and a dialogue about the foundations of the psychoanalytic setting. The last sections cover French conceptions of sexuality and contributions to working with patients with severe disturbances. The third and fourth sections, on "Phantasy and Representation" and "The Body and the Drives," form the book's physical and conceptual center.

These middle sections are the obvious starting place for any student new to French psychoanalytic thought. The editors introduce us to a dialogue among analysts of the so-called French Golden Age, including Laplanche, Julia Kristeva, André Green, Didier Anzieu, and Piera Aulagnier. These were all analysands or students of Lacan who reassessed his highly theorized and often seductive teachings.

Others outside Lacan's influence also make crucial contributions to the book. The New Zealand native Joyce McDougall reclaimed the spirit of Freud's open-minded view of the infantile roots of adult sexuality. De M'Uzan, who began his career by publishing studies of somatizing and seemingly "Asperger-ish" patients, described the way that a creative, intersubjective process of mentalization and symbolization is re-created in the transference. Reminiscent of the work of Bion and the Barangers, his essays show how these phenomena arise in every analytic encounter and include uncanny intersubjective communication, which he called *paradoxical thinking.*

What these analysts share, and what makes them particularly French, is a goal of tracing their patients' capacity to gradually represent encrypted psychic experiences. The appearance of a good object in the analytic field, a patient's first dream after years of treatment, a new sense of perspective about one's history or origin, "the words to say it" (Cardi-

nale 1983), a link or bond that gives new meaning where none existed before—all these are everyday ways of referring to representation as an achievement of the analytic process.

The term *representation* highlights a glimmer on the edge of the analyst's perception. The analyst's attention to this initial percept marks the first of a series of steps in the transformation of what was formerly an absent or unknown source of pressure or pain into a psychic presence. In metapsychological terms, representation is the binding of an element at the level of the preconscious such that, consequent to the binding, an image or word becomes recognizable as something separate from the thing-in-itself. Moreover, as a result of this transformation, the word or image becomes susceptible to being forgotten through the work of repression.

French thinking about representation has many parallels with Wilfred Bion's description of alpha function and resembles what Thomas Ogden (2009) described as an aspect of the psychoanalytic function of the mind: "making the conscious unconscious" (p. 26). It is as if the analyst and her patient join together to search the forest for traces of the famous tree that no one heard fall. It may take a long time for either member of the pair to hear the present-day echo of the falling tree, and to give up the illusion that it originated in a mythical past moment, but in the meantime they are at least entertaining the fantasy that there once was a tree and that it went below the radar.

For Laplanche (see *Reading French Psychoanalysis,* pp. 310-337), the drives originate in physical encounters—specifically, in being touched by parents who are feeding, changing the diapers of, and giving affection to their children. The fundamental asymmetry between adult caregivers who have unconscious lives, and the baby who does not, may sometimes leave the emerging child in a state of confusion. The infant cannot understand the caregiver's attention to her unconscious impulses. Lacking an unconscious layer, he explains his parent's hidden motives as best he can.

As the baby grows up, he adds associations, clarifications, and meaning to these first "marks" of confusion, which he can only partially recollect and reexperience. The emerging child's *translation* (Laplanche 1999) both explains and obscures the trace of the other—the parent's

unconscious—and becomes the centerpiece of the transferential relationship. In Laplanche's formulation, the drive arises in the child's effort to reduce the confusion he experiences in relation to traces of his
parent-analyst's unconscious.

Laplanche's contemporary Piera Aulagnier (*Reading French Psychoanalysis,* pp. 738-751; see also Aulagnier 1986) links the psychosomatic
experience of parental absence with a sensory image, a *pictogramme.*
Broadly speaking, arising from the ministration of the parents' physical
care and touch, an encounter of two or more bodies, such *pictogrammes*
might alternately represent the experience of pleasure (satisfied needs)
and unpleasure (unsatisfied needs), or even non-life-sustaining contacts
(traumas beyond the pleasure principle). The first two forms of representation (of pleasure or unpleasure) enter the psyche as sensory images
(visual, aural, haptic, gustatory). In contrast, the extreme disruption of
trauma constitutes a third alternative, breaking the psyche's recording
and representational mechanism, erasing lived experience, and creating
an image or sign emptied of substance or meaning.

Consistent with Laplanche's and Aulagnier's conceptions, Kristeva's
early contributions (*Reading French Psychoanalysis,* pp. 421-434; see also
Kristeva 1980)—most notably, her conception of the *semiotic chora*—
point to the analyst's listening to a sensory substratum of speech. In
other words, the analyst pays attention to the emotional impact of a patient's particular use of language or to the music behind the words. In
Kristeva's view, and in stark contrast with many stereotypes that portray
French psychoanalysts as focused exclusively on language, the analyst
uses sensory or bodily experience to understand the transference and
make interpretations. Acquisition of adult language is a later step in development, one that can proceed only after the representational process
has begun to take place.

In his discussion of the death drive and its use in clinical work,
André Green (*Reading French Psychoanalysis,* pp. 496-515) integrates
Bion's influence while paying homage to Aulagnier's contributions to
understanding the representation of absence. Green describes some patients' inability to create meaning out of lived experience. Subject to
blind spots or *negative hallucinations,* such patients erase their perceptions of their objects and consequently experience a fragmented sense of

identity and time. Because they are out of contact with their own perceptions, such borderline patients miss elementary social data and so may find many day-to-day experiences unexplainable. To replace the missing sense of continuity, they construct a narrative or *neo-reality* that incorporates delusional and hallucinatory processes *après coup.*

To explain the origin of such phenomena, Green points to a process of externalization, an extension of Bion's thinking about projective identification. Objects are projected outward, yet find no place in the analyst/parent's mind for processing and transformation. Both members of the dyad lose track of these psychic contents; they simply disappear from the intersubjective field.

The patient experiences a double loss: a loss of meaning and a loss of the capacity for relating to objects, whose role it is to offer meaning to his internal experience. Green refers to this process as the *dis-objectalizing function* of the death drive. Green uses the term *objectalizing function* to refer to the alternate process of projective identification, metabolization, and re-introjection into the baby/analysand's formerly unmanageable internal experience.

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Many American analysts already know the names of Kristeva, Green, Aulagnier, and de M'Uzan, even if their writings have remained relatively inaccessible. *Reading French Psychoanalysis* introduces English-speaking analysts to many others whose work is entirely new to them, even if these authors are *incontournable* (literally "inescapable" and figuratively "on every corner") for French readers.

One of these, Serge Lebovici (*Reading French Psychoanalysis,* pp. 286-310), who defies the stereotype of French analysts as fundamentally philosophical and anti-empirical, makes an especially noteworthy contribution. Lebovici's writings import knowledge of the work of important American and British child analysts, such as Margaret Mahler, Anna Freud, and Winnicott. He demonstrates an open-mindedness to other psychological disciplines, including cognitive studies of development and empirical child observation.

Lebovici also reads Melanie Klein's work closely, although he remains highly skeptical of some aspects of her theorization and its impli-

cations for clinical technique. His doubts center on Klein's notion of the phylogenesis of primal phantasy—that is, the inheritance from generation to generation of fully formed unconscious fantasies, such as primary envy of the good breast.

Lebovici's contribution to understanding the early development of part-object relationships leads him to challenge the validity of Klein's claims. In his view, part-object experiences find their earliest representations as bodily feelings, rather than as internal images or objects. He writes:

> At a pre-object level, wishes are not linked to any representation of the object; developmental research has shown that, from the point of view of the affects, cathecting the object precedes any image-based representing of it. Perception of faces at three months of age comes before perception of the feeding-bottle or of the breast; furthermore, that perception is meaningful only with respect to the affects of pleasure and unpleasure linked to the satisfaction of needs . . . . Hallucinating the satisfaction of a need must therefore be differentiated from hallucinating the object. [p. 272]

Lebovici, de M'Uzan, and Green write about patients who are so primitively organized or regressed that they appear to lack the capacity for primary process thinking. Neither phantasied scenarios of destructiveness arising from primary envy nor defensive processes of splitting and projection sufficiently explain their clinical experiences. Indeed, from these analysts' perspectives, defenses such as splitting seem like advanced achievements.

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The last section of the book focuses on French analysts' understanding of psychotic processes and severe disturbances (pp. 683-764). Francis Pasche's "The Shield of Perseus or Psychosis and Reality" offers a typically French approach to working with patients' psychotic processes. Drawing on the myth of Perseus, to whom Athena gave a shield to help him defeat the Gorgon Medusa, Pasche likens the psychotic process to Medusa's gaze, which turns people to stone. In Pasche's telling, the analyst holds the shield for the patient. The shield itself is a capacity to foster

three simultaneous processes: internalization of a good maternal object, separation from the narcissism of the external object, and creation of a protected place for the mind to function—a room of one's own, so to speak, that provides refuge from simultaneously intrusive parental objects and overwhelming stimuli of external reality. Such containing functions represent a synthesis between Bion's notion of dreaming as a protective shield and Winnicott's of a holding environment, and they bear comparison with syntheses between these two concepts found in Ogden's work (e.g., Ogden 1995).

Aulagnier, who moved to Paris from Rome in the mid-1950s, worked with severely traumatized and psychotic patients at the Hôpital St. Anne, where she taught a generation of analysts, including Haydée Faimberg, about the intergenerational transmission of trauma. She offers a detailed account of clinical work with the teenage and adult children of psychotic parents. She related lapses in her patients' symbolic functioning to their parents' confusing accounts of their origins. Such accounts lack a fundamental logic and fail to describe internal or social realities.

For Aulagnier, the lapses arise from a lack in the maternal *porte-parole* function, a term borrowed from the negotiations of trade unions or other organizations that involve a representative who bargains with authority. The maternal function of the *porte-parole* facilitates the gradual internalization of the underlying rules of family and other institutional social structures. When the *porte-parole* function fails, the patient is unable to emerge from a maternal bond to form new object relations.

Echoing the structuralist influences of Lacan (2002) and Claude Lévi-Strauss (1958)—who used the term *symbolic* to denote this logic of the social—Aulagnier's analyst herself functions as the *porte-parole* who creates "a space within the symbolic order for the 'I' to come about" (Aulagnier 2001, p. 71). Consistent with both Pasche's and Winnicott's ideas, the maternal *porte-parole* protects the subjectivity of the patient while gradually introducing thirdness, the psychic terrain of the symbolic.

This section of *Reading French Psychoanalysis* closes with Alain Gibeault's description of the technique of psychoanalytic psychodrama (pp. 752-764). This modality, which incorporates multiple therapists and members of a psychodrama group, aims to help the patient translate

his unconscious fantasies into external, concretized scenarios. In theory, psychodrama offers a therapeutic possibility similar to what occurs upon waking from a disturbing dream to find it is only a dream and not reality after all.

The skill of the psychoanalytic psychodramatist is crucial to weighing the benefit of externalizing a threatening fantasy against the risk of its seeming too ominously real. As members of the group stage these dramas, the therapeutic team seeks to give the patient a distance and interpretive ability he can use to modify his phantasy. Working through and internalization occur in the ongoing work of individual and group psychotherapy.

The anthology's penultimate section (pp. 553 to 682) chronicles French debates about infantile sexuality as the central organizer of relatedness. Psychic bisexuality plays an especially crucial role in creating, conceiving of, and maintaining the psychoanalytic setting. Protective functions of the frame—including clarity about its boundaries, such as the times for beginning and ending the session—represent "masculine" sexual functions, as does active interpreting. In contrast, openness to otherness, a capacity for holding, empathy, nuance, and flexibility regarding the patient's development, are all linked to "feminine" sexual functions—such as receptivity, or *passibilité* (passibility).[2] Of course, most if not all analysts in the United States would immediately identify with the fundamental role of being open, receptive to, and capable of accepting powerful projections.

According to French analysts, each child internalizes representations of the bodies of his differently sexed parents. Experiencing pleasure in the fluidity of phantasmic identifications with an alternately masculine- or feminine-gendered body (and its related psychic functions) is central to every relationship. From the analyst's side of the couch, the masculine function of interpretation and the feminine functions of listening and holding connect the analyst with the analyst's own infantile sexual pleasures associated with the activity and receptivity of living in a male

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[2] *Passibilité* is a term the Francophone analyst Dominique Scarfone (2010) borrowed from Jean-François Lyotard's descriptions of aesthetic experience. It refers to an openness to experience that is actively receptive and, according to Scarfone, always informs true psychoanalytic listening.

or female body. The analyst's creativity arises from linking her masculine and feminine functions together.

By comparison, the British psychoanalytic tradition seems to leave out the gendered and sexed aspects of the analyst's functioning. This difference begins to seem illusory, however, once one looks below the surface of the work of major theorists. For example, Bion (1970) chooses the symbol of heterosexual union, ♂♀, to represent the container-contained function.

Important contributions to *Reading French Analysis* from Janine Chasseguet-Smirgel, Jean and Monique Cornut, and Christian David effectively describe the clinical corollaries of these theorizations. Each makes use of the tension between the psychic bisexual identifications of each member of the clinical dyad and the transferential and countertransferential defensive challenges that arise from them. Chasseguet-Smirgel's crucial revisions of Freud's accounts of female sexuality (pp. 563-600) and her inquiry into perverse forms of relating (Chasseguet-Smirgel 1981) are deservedly well known. Like Green, de M'Uzan, and numerous others, she at once pays tributes to the French method of critical inquiry while also "putting Freud to work" to elaborate and clarify twists and turns and to untangle knots in his thinking.

The stress on psychic bisexuality may prove troubling to many among a new generation of American readers. Some contributors to this book write about caricatured figures of homosexuals and transsexuals (transgendered persons, in modern American parlance). None considers the possible reasons why their patients (and fellow analysts) of homosexual orientation or of transgender identity might lack the capacity to integrate psychically masculine and feminine sexual functions.

The majority of French analysts believe that people with alternative sexual orientations or gender identities necessarily deny the "beautiful" differences between the sexes and, by extension, the generativity of intercourse. Psychic bisexuality is an achievement reserved exclusively for heterosexual and biologically male or female subjects.

The reasons behind this apparently self-evident truth remain obscure. It appears that social prejudice rather than analytic principle or rigor guides the application (or concretization) of the concept. Among the contributors to *Reading French Psychoanalysis,* only McDougall, who

trained in London and then practiced in France, genuinely sees the creative, potentially life-forming process underlying her patients' sexual identities, attractions, and fantasies. She finds in them an important opening to growth for all patients, including those with more restricted object relations.

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Reading French Psychoanalysis includes many features that help orient the reader to French psychoanalytic language and history. The first section's two complementary historical essays frame all that follows. Psychoanalyst and historian Alain de Mijolla provides a lovingly thorough overview of the entire movement. Almost as if he were a foreign correspondent in a war zone, Daniel Widlöcher writes of the excitement of living through the Golden Age and of the simultaneously liberating and constraining influence of Lacan.

The editors have given great care to the physical design of the book. Green-shaded boxes highlighting definitions of French terms within the text, as well as the clearly written glossary at the end of the volume, give *Reading French Psychoanalysis* the feel of a science textbook. Charts tracing who analyzed whom across five generations—those of the most recent generation on the chart are now in their eighties and nineties—grace the opening pages.

Birksted-Breen, Flanders, and Gibeault place a series of essays on the creation of the psychoanalytic setting at the start of the anthology. Their assumption is that, in comparison with French psychoanalysts (and with European and South American analysts, more generally, who may be more at home with the philosophical currents in French writing), British and American readers will gravitate to papers explicitly focused on questions of technique. No doubt their assumption is correct. Yet in practice, these papers become more accessible after one reaches an understanding of the theorizations that inform them, covered in later sections of the book.

Chronology aside, this section offers some of the most original work in French psychoanalysis. Jean-Luc Donnet's essay on using the fundamental rule challenges the idea that French psychoanalysts focus exclusively on neurotic aspects of their patients. Contributions by de M'Uzan,

Serge Viderman, Michel Neyraut, and Faimberg describe emerging attention to and use of the analyst's countertransference in the clinical encounter. Some of these approaches have emerged entirely apart from Bion's influence, yet they closely mirror his revision of Klein's ideas of projective identification.

Gathering together so many papers in one volume and offering new and revised translations—not to mention the editors' outstanding scholarship and syntheses of French concepts—are noteworthy achievements. In as ambitious, large, and rare a work as this, the truism that "less is more" may be especially important. Therefore, it is only with some hesitation that I mention a few omissions.

Two of the editors, Flanders and Birksted-Breen, thoughtfully explain their explicit focus on non-Lacanian thought in France (pp. 1-2). As they themselves point out, even when French analysts do not use Lacanian terms, few since Lacan have failed to refer to the domain of the unknowable or unrepresentable, the real, or the entry into the symbolic as part of the analytic process. Lacan's essay on Poe's story "The Purloined Letter" beautifully describes the interplay of the domains of the real and the symbolic with the domain of the imaginary, a term that refers to a realm where unconscious phantasies arise defensively to deny losses of self-constituting links to the mother. To underline the importance of this tripartite system of mental life, Lacan made his essay on "The Purloined Letter" the centerpiece of the only book he himself published, *Écrits* (2002). Discussion of this essay and of the interplay of these domains is fundamental to all French psychoanalytic writing, and is therefore sorely missed here.

Lacan, Laplanche, Green, Scarfone, and other Francophone analysts have made the most important and original of all contributions to understanding temporality in the analytic process. The editors' general introduction covers the concept of *après coup,* and they have included an important paper of Faimberg's that incorporates this topic. But in as comprehensive an overview of French thinking as this one, the topic deserves greater coverage, or perhaps even a section of its own.

Ironically, in a tradition that emphasizes representation of the pleasures and displeasures of bodily experience in mental life, it is ultimately the *body* of the book itself—its very shape and size—that may

pose the greatest and most practical challenge to readers. The volume weighs three and a half pounds and measures ten and a half by seven by two inches thick. Holding the book while sitting up straight, let alone browsing or reading while relaxing, is a challenge.

No doubt the very light price tag—less than $60.00 for the more-than-800-page paperback—offsets this challenge, to a degree. Living near Silicon Valley, I often find myself among a minority who are loyal to the idea of preserving and respecting the importance of the printed page; nevertheless, the physically challenging experience of reading this book makes me long for a well-designed e-book edition.

Such an edition would offer several advantages. That format would immediately eliminate the physical challenge of reading this impressively formidable volume. It could also allow the reader to tailor a version of the book to fit his interests and level of experience. For example, someone new to the field might wish to place Gibeault's beautiful and clear introductions to each of the book's seven sections into a single folder. These essays could stand on their own as a lovely prelude to the entire field of French psychoanalytic thinking. Such a reader might also prioritize the key sections on representation and fantasy from Flanders and Birksted-Breen's thorough, intelligent, and lengthy general introduction, which supplement the relevant anthologized papers at the heart of this generous work.

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Like twins separated at birth and raised apart, French and American psychoanalytic cultures sometimes demonstrate a fierce and even violent sibling rivalry. This book offers the invaluable if challenging experience of reuniting with a gifted brother or sister whom one had formerly resolved to keep at a distance. It also affords the opportunity to take a hard look at our own assumptions and misunderstandings—including our contemporary brand of, as Tuckett (2005) has noted, "anything-goes" pluralism. For more than any other group of psychoanalytic thinkers, the French fiercely rejoice in explaining themselves with intellectual rigor.

I find *Reading French Psychoanalysis* to be the single best introduction we have to French psychoanalytic thinking so far. All involved in bringing this book to fruition deserve congratulations. In whatever format, one

hopes it will go on to reach a new generation of English-speaking psychoanalysts.

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THE SEXUAL UNCONSCIOUS AND SEXUALITY IN PSYCHOANALYSIS: LAPLANCHE'S THEORY OF GENERALIZED SEDUCTION

BY HÉLÈNE TESSIER

> *Freud and the Sexual: Essays, 2000–2006.* By Jean Laplanche. Translated by John Fletcher, Jonathan House, and Nicholas Ray. New York: International Psychoanalytic Books, 2011. 318 pp.

Keywords: Laplanche, French psychoanalysis, Freud, sexuality, General Theory of Seduction, metapsychology, sexual unconscious, repression, translation, gender, rationalism.

Freud and the Sexual is a collection of Laplanche's papers from 2000 to 2006. This book shows a radicalization in Laplanche's formulations, not only in the systematization of his General Theory of Seduction, but also in his positioning with respect to Freudian notions as well as post-Freudian mainstream conceptions.

A possible misunderstanding of the title of the book is avoided thanks to the editor's note explaining that the word *sexual* here is not the equivalent of the English word *sexual:* it represents the German adjective *sexual,*[1] used by Laplanche as a neologism in order to register terminologically the difference between the commonsense notion of

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[1] The original title of the book in French is *Sexual. La sexualité élargie au sens freudien.* There is no article before the word *Sexual* as a reminder of the concrete and nonmetaphysical sense in which it is used.

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sexuality (in French, *sexuel*, in English, *sexual*)—and Freud's enlarged notion of sexuality (*sexual*).

The title of the book is in itself a metapsychological statement on the central position of infantile sexuality in psychoanalysis and on the necessity to understand its specific nature. The various papers all revolve around this issue. A number of them introduce epistemological arguments in support of a definition of sexuality, in a Freudian and psychoanalytic sense, that does not focus either on gender differences or on the biologically or anatomically based notion of sexuation. In reviewing the main ideas developed in the book, I will focus on the metapsychological aspects of Laplanche's theory and on the epistemological principles that ground this theory and support its polemical stance within contemporary psychoanalysis.

Laplanche's most important contributions to psychoanalysis are developments of his General Theory of Seduction. This theory is articulated around two related concepts: the fundamental anthropological situation and the theory of repression as translation. *Freud and the Sexual* does not include a methodical exposition of these concepts. Their salient features, however, are well developed and are situated with precision in relation to Freudian concepts, as well as to subsequent developments in psychoanalytic theory.

At the risk of overlooking other interesting aspects of the book, let me concentrate on three elaborations and extensions of the General Theory of Seduction as they appear in the various papers: (1) the tight relations between the analytic situation and metapsychology; (2) the nature and meaning of the unconscious defined in the context of inter-human communication; and (3) the sharp distinction between gender, sexuation, and sexualization.

Metapsychology and the Analytic Situation

Earlier, Laplanche (1997) emphasized that the invention of the analytic method by Freud went hand in hand with the elaboration of the seduction theory. This point is developed further in *Freud and the Sexual* in "Starting from the Fundamental Anthropological Situation" (pp. 99-113). This paper argues that the asymmetry of the analytic situation

echoes the asymmetry of the fundamental anthropological situation, in which infants who do not yet have a sexual unconscious are cared for by adults who do. It is the fundamental anthropological situation that makes primary repression possible and necessary, leading to the formation of the sexual unconscious.

Although the fundamental anthropological situation occurs in the context of the child's dependency on adults, dependency is not the aspect of asymmetry necessary for the formation of the sexual unconscious. The asymmetry crystallized in the fundamental anthropological situation is that of a child devoid of a sexual unconscious in the presence of an adult already endowed with such an unconscious.

The focus on the unconscious sexual fantasy of the adult, and thus on the adult–child asymmetry, constitutes a key element in passing from the clinical situation to metapsychology. Before developing this aspect in more detail, I will examine how this focus establishes an important difference between the General Theory of Seduction and the relational and intersubjective orientations in psychoanalysis. In these schools, the intersubjective relation and attachment are the center of psychoanalytic attention. This is not the case for Laplanche. I will briefly look at three aspects of this matter.

The first has to do with intersubjectivity. In Laplanche's theory, the formation of the *sexual,* as such, is univocal. The enigmatic dimension of adult–child communication, which is essential to the formation of the child's sexual unconscious, can only come from the adult because he/she is the only one with a sexual unconscious (p. 292). We will see later the concerns that this observation raises with respect to countertransference. For the moment, let me emphasize that this conception also calls into question the use of the notion of intersubjectivity. Intersubjectivity cannot be univocal. Even on the terminological level, it implies an exchange between two subjectivities. It is, by definition, a two-way relationship.

Moreover, the existence of the *sexual* challenges the definition of subjectivity itself. In psychoanalysis, this notion cannot be taken for granted. It has to be situated in relation to metapsychological concepts. According to Laplanche, the unconscious represents the "least 'subjective' things within us" ("Intervention in a Debate," p. 231).

What, then, are the relations between subjectivity and the sexual unconscious? Without attempting to answer this complex question, let us simply emphasize that psychoanalysis was born out of the explosion of the notion of a unified subject. Therefore, while subjectivity is not as such a psychoanalytic concept—which, in fact, is Laplanche's position—his theory of the *sexual* and of repression as translation can bring a unique contribution to the understanding of subjectivation processes.

The second aspect derives from the thing-like character of the sexual unconscious. This characteristic has to do with the way in which the unconscious is constituted, namely, as the result of a "failure of translation" ("Failures of Translation," p. 115). Consequently, the *sexual* does not enjoy any reference to meaning. On the contrary, it resists meaning, as well as communicative logic. Such features question the issue of hermeneutics as a way of access to unconscious material. In Laplanche's view, hermeneutics, whether originating from the patient or from the analyst, is always, like translation, in the service of repression.[2]

The third aspect is about the focus on the message in the fundamental anthropological situation. In the General Theory of Seduction, the key terms are *communication* and *message* (p. 104). The focus of attention is not the relation per se or the events that take place within this situation, but the fact that, in a human context, facts and events are understood as messages, which is to say as conveying a communicative intent. The notion of *message*—more precisely, the notion of *enigmatic message*—lies at the core of Laplanche's metapsychological conception of the action of psychoanalytic treatment.

Let us now return to Laplanche's idea that metapsychology, as a theory of the formation of the sexual unconscious, was originally linked to the invention of the analytic situation (p. 99), and that it must be able to account for the transformative action of psychoanalysis. The analytic setting must thus provide a situation—the analytic situation—that is similar to the one in which the subject was exposed to the enigmas offered to him/her by the adult. In other words, it must provide a situation that bears some similarity to the fundamental anthropological situation (p. 280), so that the "treatment of the enigma" (p. 280)—i.e., the

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[2] And, under certain circumstances, it is in the service of sublimation. For a fuller understanding of this issue, more elaboration than is possible here would be required.

translation process—may resume. As noted, the main similarity between the analytic situation and the fundamental anthropological situation lies in its asymmetry, an asymmetry that, insofar as the analytic situation is concerned, is justifiable ethically only in relation to infantile asymmetry (pp. 85, 281).

The key role of asymmetry leads Laplanche to raise suspicions about the mainstream conceptions of countertransference and to take a strong stance against what he provocatively calls the "transference-countertransference mess" (p. 232). According to him, the present state of clinical theory introduces "a false reciprocity" in the description of the analytic situation. The reference to "a transference-countertransference dynamic" implies assimilation of the analyst's unconscious into all the analyst's reactions in the course of the treatment. "To break up this false reciprocity," writes Laplanche,

> . . . it is sufficient to point out that the patient has one transference (an unconscious transference towards his analyst), whereas we maintain without raising an eyebrow that the psychoanalyst has five, ten, or fifteen countertransferences that he would change . . . for each new session of the day. [pp. 231-232]

Asymmetry is also tightly related to the strict conditions of the analytic frame: on the one hand, the neutrality of the analyst, and, on the other hand, the analytic method of free association and evenly suspended attention. The neutrality of the analyst is not primarily a refusal to give help or counsel, but an "internal refusal,"[3] which is to say an acknowledgment by the analyst of his/her own internal other, an acknowledgment deriving from a position of respect toward his/her own unconscious.

As for the method, it relies on the associative–dissociative approach. Both conditions must be present in order to reopen the translation process on which the transformative action of psychoanalysis is based. This is where Laplanche draws a line between psychoanalysis and psychotherapy. What psychotherapy can offer in the form of a new auto-theorization or a new auto-narration would be more adequately described as

[3] See Editor's Note 2, p. 280. *Internal refusal* is the translation of a neologism invented by Laplanche—in French, *refusement*—to render the Freudian term *Versagung*.

retranslation—in other words, as a translation starting from an existing translation, with little or no reference to the original.

The analytic process acts differently. It requires first a *de-translation,* allowing for a closer reference to the original text. In *Freud and the Sexual,* three papers—"Psychoanalysis and Psychotherapy" (pp. 279-284), "Countercurrent" (pp. 83-97), and "Intervention in a Debate" (pp. 229-234)—deal with the distinction between psychoanalysis and psychotherapy. This distinction does not result in depreciating one approach to the benefit of the other. On the contrary, it reminds the reader that the auto-theorization fostered by psychotherapy leads to real improvements in the condition of patients, and that, in some cases, "unbinding"—which is the essence of psychoanalytic practice—is not indicated. Rather, both approaches are situated in a metapsychological model. Laplanche conceptualizes the distinction between psychoanalysis and psychotherapy by referring to the two forces at work in psychic conflict: psychotherapy calls for the "rebinding" force that tends to reassemble and to synthesize, whereas analysis relies on the "unbinding force," reactivating the disruptive action of unconscious derivatives (p. 230).

Consequently, Laplanche does not consider the two approaches separate. He notes that, in any individual analysis, an important part of the work is always psychotherapeutic work. Genuine "psychoanalytic acts" are rare, even in a classical analytic cure—if such a thing ever existed. So the distinction between psychoanalysis and psychotherapy "is not directed at two techniques that are susceptible to being categorized separately, but at two dimensions that may coexist within a single practice" (p. 231).

The Sexual Unconscious and the Definition of the Sexual

Laplanche's position on the specificity of psychoanalytic work accords with his conception of the specificity of the object of psychoanalysis. In continuity with Freud, he insists on two elements: first, that psychoanalysis is primarily a method and a science, not primarily a therapy ("Levels of Proof," p. 237), and second, that—as a method and as a science—psychoanalysis has as its object the sexual unconscious.

This second affirmation may seem very classical, even very common. It is not the case when we give a closer look to Laplanche's definition of

the sexual unconscious. Though relying on Freud's concepts, he scrutinizes the various phases of Freud's theory of sexuality and proposes an original and unified definition that accounts for the qualitative, quantitative, and disruptive character of the sexual unconscious. For Laplanche, "the object of psychoanalysis is the unconscious and the unconscious is above all the *sexual* . . . . It is the sexuality whose very source is fantasy itself, implanted of course within the body" ("Drive and Instinct," p. 25). In his conception, the *sexual*, or sexuality, insofar as it is the object of psychoanalysis, is always related to fantasy ("Sexual Crime," p. 142).

This element is key to understanding Laplanche's epistemological position. Let us now consider its impact on Laplanche's metapsychology by examining some of its consequences.

(1) Fantasy, Message, and Translation. As already noted, at the source of the sexual unconscious of the child is the sexual fantasy of the adult, an unconscious fantasy that compromises the adult's messages of care and attachment, verbal and nonverbal, addressed to the child. The adult fantasy does not reappear unchanged in the child. It undergoes processes of metabolization and partial translation. Moreover, the residues of failed and incomplete translations that form the core of the sexual unconscious are left out of the translation process and are thus cut from any reference to signification. They are "de-signified signifiers" (p. 24).

However, they continue to provoke further attempts at translation, which result in derivatives that, when noticeable or reportable in a psychic form, have already been subjected to a movement of binding, even when they are still very close to the original de-signified residues. They then function as fantasies on their own, even if "barely formulated" (p. 2).

The focus on the message in Laplanche's account of the fundamental anthropological situation goes hand in hand with the emphasis on fantasy in his definition of the *sexual*. Both are psychic phenomena: they both belong to the order of thought,[4] both are supra-sensory, and both have a content. A message signifies something. A fantasy represents something, even though in its unbound form it is drifting away from any

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[4] Here thought is intended not in the cognitive sense, but as a category different from sensory experience. A sensory experience that is experienced as such implies self-awareness and belongs to the order of thought (*l'ordre de la pensée*).

signification. At such a stage, it makes itself known largely quantitatively, the affect being more and more cut off from any representation.

We can here underline the difference between Laplanche's conception of the origins of fantasy and the Kleinian conception, in which fantasy is the psychic representative of a biological phenomenon (Isaacs 1946), as well as the difference between Laplanche's conception and classical drive theory, in which the drive, as a psychic representative of a somatic experience, borrows the universal and mythosymbolic contents of phylogenesis.

In the General Theory of Seduction, the content of the child's fantasies is neither innate nor biologically determined, but rather specific to his/her individual history. However, the fact that a fantasy has a content is not taken for granted. The content is not created *ex nihilo*. The elaboration of content is made possible because the child's fantasy has at its source something that already has a content—the communicative content of the adult's message. Even then, the content of the child's fantasy becomes his/her own, through the metabolization described above and through its rebinding by the use of the various codes of translations—familial and cultural—that are at the child's disposal.

(2) Three Meanings of the Term *Unconscious.* The conceptualization of repression through the lens of translation also leads to other developments in Laplanche's theory, namely, a metapsychology of psychosis. In the paper "Failures of Translations," Laplanche examines the possibility of a message that would be "radically untranslatable, or, what may be worse, that there might be no message at all" (p. 130), thereby causing a radical failure of translation. This possibility opens the way to a metapsychological description of non-neurotic psychopathologies (p. 131).

Because translation corresponds to repression, a total failure of translation would amount to a total absence of repression. This would render the formation of a psychic apparatus in the Freudian sense impossible, since repression allows for the constitution not only of the sexual unconscious, but of the ego as well. Even though the idea of an absolute and total failure of translation of all messages remains a theoretical construct, Laplanche examines the eventuality of two kinds of messages that, unlike standard messages, cannot become partially translatable: at one end of the spectrum are messages that cannot become compromised

because they are completely inhabited by the adult's unconscious; at the other end, there are messages that could hardly be considered messages because they impose their own code, "which is nothing other than the message itself" (p. 131).

These types of messages could lead to an intergenerational transmission of the messages without metabolization. This dimension of the theory of repression as translation introduces a new metapsychological approach to psychosis. This approach is developed further in "Three Meanings of the Word Unconscious in the Framework of the General Theory of Seduction" (p. 203), in which Laplanche describes a type of unconscious that must be distinguished from the repressed, sexual unconscious while coexisting with it—namely, the "untranslatable unconscious" or the "unconscious enclave" (pp. 209-210).

In psychotic and borderline organizations, this enclave is mostly the result of a radical failure of translation. It can, however, be found in everyone, since it also contains messages that are still in an "untranslated state" and are awaiting translation. Unlike the sexual unconscious, this enclave is not connected to the preconscious because the preconscious, as Laplanche points out, is itself nothing but a translation. The enclave, then, is more of the nature of a "sub-conscious" than of an unconscious (p. 221).

With the description of this unconscious enclave, Laplanche brings together, in the unitary view provided by the fundamental anthropological situation and by the theory of repression as translation, "the so-called separate models of normal-neurotic and borderline-psychotic functioning" (p. 212). This unitary view also provides an integrated way to theorize therapeutic and analytic interventions, notably in the psychotherapy of borderline and psychotic cases. Additionally, it accounts for the possibility of a somatic or delirious episode in all human beings.

The unconscious enclave, as previously indicated, represents only one of the meanings of the term *unconscious*. The other meaning is the repressed unconscious, which, according to Laplanche, is the only genuine unconscious in "proper Freudian terms" (p. 221). Laplanche's definition of the repressed unconscious constitutes one of the more polemical aspects of his theory with respect to all other orientations in psychoanalysis. It must be looked at a little more closely.

(3) The Repressed Unconscious. Laplanche's conception of the repressed unconscious can be approached by pointing out what it is not. First and foremost, it is not what he calls the "pseudo unconscious of the mythosymbolic" (p. 221)—namely, the canonical complexes of psychoanalysis, Oedipus, or the castration complex. In Laplanche's theory, these are not part of the unconscious but rather are binding narratives, or translation codes, provided by culture, by anatomy and its mythic use, or by both of these, in order to alleviate the anxiety caused by the internal attack of the sexual unconscious ("Castration and Oedipus as Codes and Narrative Schemas," pp. 303-310).

The refusal to accept mythosymbolism at the source of the repressed unconscious calls into question the status of the classical complexes and of phylogenesis. This, of course, is not specific to Laplanche's theory since many other orientations, especially in American psychoanalysis, have done so. However, Laplanche's approach also entails redefining the role of hermeneutics as an interpretive modality and locating it in a metapsychological framework. Hermeneutics, as a quest for meaning, is a binding process. It works in the opposite direction than the unbinding force of the unconscious. Therefore it can hardly be a way of coming closer to the content of unconscious fantasies.

Hermeneutics relies on means similar to those of the mythosymbolic attribution of content, even though, in the therapeutic setting, it usually makes use of singular or private myths. Both are binding devices in the service of thoughts and narration. In Laplanche's conception, metapsychology "is not the theory of clinical work" (p. 93). He gives the prefix *meta* a decisive importance in understanding the action of psychotherapy. As he puts it, one of the major tasks of metapsychology is "to account for the function of myths, and therefore of hermeneutics, as much within the human being as such as in the effects of psychotherapy" (pp. 93-94).

This emphasis on the tasks of metapsychology also illustrates the importance given by Laplanche to a clear division between psychoanalysis and psychology. While he acknowledges the full legitimacy of psychology as a discipline of its own, he firmly insists on the fact that psychoanalysis is neither a cognitive science nor a psychology. He also warns against any temptation on the part of psychoanalysis to colonize psychology or to

overcome it. The idea of a "psychoanalytic psychology" is, according to him, "one of the grave errors of our era" (p. 93).

Another important difference between Laplanche's conceptions and the more influential contemporary psychoanalytic orientations can be found in the distinction he makes between instincts and drives, and the consequences of this distinction for the use of attachment theories in psychoanalysis. We have seen that Laplanche strongly refuses the return of the hereditary implied in Freud's phylogenetic hypothesis. Similarly, he is against the primacy of the hereditary, on which the idea of a continuity between instincts and drives is based, and, more specifically, he is against the primacy of the sexual instinct as opposed to the sexual drive of childhood.

In the General Theory of Seduction, the source of the drives, of sexuality, is fantasy (p. 25). The content of a fantasy cannot emerge directly, without any mediation, out of a bodily or sensory experience. Laplanche is vigorously opposed to any "creationist" or "illusionist" conception of sexuality. He insists that "if the sexual is not present *within* the original, *real experience* it will never be rediscovered in the fantasmatic or the symbolic elaboration of this experience" (p. 46, italics in original). Consequently, in the General Theory of Seduction, drive sexuality is not conceived of as emerging from self-preservative activities or bodily functions; it must come from "material that is already sexual" (p. 47). Such material is the sexual fantasy of adults, or even of older children who take care of the child ("Sexuality and Attachment," pp. 27-51).

However, this position does not mean that instincts—and, more generally, innate and hereditary elements—are not relevant for human development. The distinction simply derives from Laplanche's delimitation of the epistemological boundaries of psychoanalysis, located on the line that separates sexuality from self-preservation. Instincts, including attachment, are innate and belong to the sphere of self-preservation. They are not part of the sexual drives of infantile sexuality, which are not innate and whose source is in the sexual fantasy of the external other transmitted to the child in compromised messages of care and attachment.

This distinction is fundamental in Laplanche's metapsychology. As he makes clear: "There is certainly something innate in what is not sexual,

and also something innate in the sexuality that is not infantile " (p. 105). Very early on, the fate of human instincts is to be invaded by the sexual drive of childhood. The sexual instinct, as opposed to the sexual drive, appears in adolescence, but with respect to the instinctual sexuality of adolescents and adults, what is important is that the sexual drive of childhood comes first. When at puberty the sexual instinct ceases to be in latency, it finds its place already occupied ("Drive and Instincts," pp. 5-25); we then have " the confluence of two rivers . . . . On one side flow the drive and the infantile fantasies, on the other the pubertal instinct" (p. 23). Their convergence is not guaranteed.

In any case, this is why polymorphous, perverse, fantasy-rooted infantile sexuality is a source of conflict. It powerfully pervades all spheres of human activity, from self-preservative functions to mental and social endeavors, including, but not limited to, adult sexual life. Infantile sexuality—the *sexual*—is auto-erotic, connected to fantasy, and not procreative; it comes prior to the differences of the sexes, prior even to the differences of gender.

Sex and Gender

Laplanche's conception of the *sexual* leads to his important contribution to theorizing the relations between sex and gender ("Gender, Sex and Sexual," pp. 159-201). First and foremost, he emphasizes the importance of not confusing sexualization—that is, the formation of infantile sexuality—with sexuation. He is very clear on the fact that "the *sexual* is not the sexed" (p. 161). This affirmation introduces a major difference with most psychoanalytic perspectives that still link sexuality, and sometimes the sexual unconscious itself, to sex difference, the latter often said to be a structural element of the human psyche.

Laplanche, on the contrary, insists on the contingent and illusory character of anatomical sexual difference. This difference and its match, the castration complex, are not part of the sexual unconscious; they are codes of translation, placed at the child's disposition by its familial environment and, more generally, by culture and society. He warns against the danger of raising them "to the rank of a major, universal signifier of presence/absence" (p. 178).

Laplanche also questions common theories on sexual identity. For him, gender comes before sex. In other words, the *social* precedes the *biological*. Furthermore, he reverses the usual way of theorizing identification processes: instead of an identification with the parent, gender identity evolves out of identification *by* the parents, and thus would be more adequately referred to as a gender assignment.

Laplanche's theory rules out of psychoanalysis any propensity toward normative positions, notably on sexuality, gender, parental roles, compositions of families, and other societal issues ("Levels of Proof," p. 238). The definition of the *sexual* and its positioning as the main object of psychoanalysis are decisive in achieving this result.

Some Epistemological Comments: Laplanche's Rationalism

Rationalism is a key aspect of Laplanche's epistemological perspective. Although in *Freud and the Sexual* he insists more directly on Freud's rationalism than on his own ("Countercurrent," p. 95; "Freud and Philosophy," p. 273), Laplanche's work shows a very strong affiliation with the rationalist tradition. The reference to rationalism can easily be misunderstood, especially in psychoanalysis. Rationalism should not be confused with rationality. Nor should it get mixed up with the belief that reason—and even less so, the intellect—constitutes the ultimate motor of human thoughts and behaviors. On the contrary, rationalism requires that the irrational aspects of the soul be acknowledged but not taken as primary data, inaccessible to rational scrutiny; they must be accounted for by discursive reason. Consequently, rationalism in psychoanalysis implies a specific relation to theory and to reality.

Laplanche's rationalist affiliation is embodied in its critical stance toward the idea of a hereditary and endogenous origin of the sexual unconscious, and by his commitment to the Copernican revolution initiated by Freud. On the one hand, Laplanche holds firmly to the idea of the unconscious as "a pure culture of alterity," acting as a thing-like force and resisting the logic of needs, motivation, and communication. On the other hand, he insists on accounting for its origin and its content without resorting to any leap of faith. He thus refuses to assign to

it mythosymbolic primary contents, which in fact are not primary, but themselves have a historical and sociocultural origin.

Moreover, he cares very much about the scientific character of metapsychology, which requires that sexual theories of children and adults be distinguished from a theory of sexuality. Sexual theories are narratives. They have to be accounted for by metapsychology. As he writes, "the strength of seduction theory consists in its ability to account for the non-scientific function of psychoanalytic myths" (p. 248). He thus deplores the fact that Freud "ended up regarding the sexual theories of children—the apparatus best suited to repress the unconscious—as the very kernel of the unconscious" (p. 248).

At a philosophical level, Laplanche's rationalism can be traced in his deep commitment to truth. In *Freud and the Sexual*, he takes a strong stance against postmodern relativism ("Levels of Proof," p. 236). He affirms the necessity of placing truth at the heart of the debate when decisions need to be reached and choices have to be made from among various psychoanalytic theories. He also strongly argues against any utilitarian definition of psychoanalytic practice; any conception of that would reduce it to the level of a recipe (p. 236). For him, a theory must succeed at explaining. This achievement represents the ultimate objective of a theory and embodies success at the level of thought.

The papers collected in *Freud and the Sexual* demonstrate this foundation of Laplanche's work. They also bear the mark of its dedication to psychoanalysis and of his conviction that its contributions are essential to the understanding of humans, individually and socially.

These essays stimulate debate. Such a debate is essential to prevent psychoanalysis from "becoming a corpse" (p. 97). Truth cannot be found in a juxtaposition of incompatible theories. In its own way, this book is a contribution to the vitality of psychoanalysis. It is also an example of the type of debate that can revitalize it, a type of debate so described by Laplanche:

> There is an urgent need to restore debate among those who want debate. It is time for texts and theses to reply to each other, and with a rigor that does not exclude tolerance; rigor with respect to ideas, tolerance with respect to others. Do we not all

too often see the opposite: a laxity of thinking, but bitter and narcissistic polemic vis-à-vis individuals? [p. 97]

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BOOK REVIEWS

THE POWER OF WITNESSING: REFLECTIONS, REVERBERATIONS, AND TRACES OF THE HOLOCAUST. Edited by Nancy R. Goodman and Marilyn B. Meyers. New York/London: Routledge, 2012. 374 pp.

CITY WITHIN A CITY. By Basia Temkin-Berman. New York: International Psychoanalytic Books, 2012. 443 pp.

As historians remind us, those who do not know and understand the past are condemned to repeat it. Those of us who are psychoanalysts are equally aware of the validity of this observation. People, however, by and large, do not want to remember the bad, let alone the terrible. Pharmaceutical companies are trying to develop medications to help people forget what they want to forget. At times this may be beneficial. At other times, however, it may be very unfortunate to ignore the past or even to deny horrific events that have occurred.

Dinora Pines, as she was reporting on her treatment of concentration camp survivors, lamented the failure of her fellow psychoanalysts in London to talk or write about their work with victims of the Holocaust.[1] The tendency among psychoanalysts to look away from the impact of traumatizing real events, including horrific Holocaust experiences, has not been limited to that part of the world. For a number of years, I participated in a study group on the effect of the Holocaust on subsequent generations, led by Martin Bergmann, Milton Jucovy, and Judith Kestenberg.[2] One day, as I was making the long drive to Dr. Kestenberg's home in Port Washington, NY, where the meetings were held, my companion, a friend and colleague, told me about the origin of her interest in participating in the study group.

[1] See Pines, D. (1993). *A Woman's Unconscious Use of Her Body: A Psychoanalytic Perspective.* London/New York: Routledge, 2010.

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This friend was a teenager when the Nazis invaded Poland. After several horrendous years in the Warsaw ghetto, she escaped through the sewers during the brief but heroic, ill-fated Warsaw ghetto uprising in January 1943, and she managed somehow to survive during the rest of the war, although not without significant, permanent damage to her physical and emotional health. She became a physician, then a psychiatrist, and then a candidate at a leading psychoanalytic institute. With sadness, and with her voice shaking with rage, my friend told me that her training analyst repeatedly dismissed what she had to say about the effects upon her of her adolescent experience in Warsaw, instead pursuing the significance of her early psychosexual development, which he viewed as much more important. She withdrew from the analysis and from analytic training.

Hers was not an isolated experience.[3] In *The Power of Witnessing*, Sophia Richman, an analyst at the Postgraduate Center of NYU and at the Contemporary Center for Psychoanalysis and Psychotherapy of New Jersey, states:

> When I first entered psychoanalysis, few psychotherapists were sensitive to issues brought in by survivors, and many imposed their theories of development onto us . . . . My first therapy was a case in point. Although I spoke about my wartime experience, it did not seem to lead anywhere. As I remember it, the analyst was more interested in the way that the Oedipal complex played out in my family than in the long-term effects of my early years living in terror and in hiding. He never encouraged me to explore the meaning or implications of what had happened to me or helped me understand the relationship between some of the symptoms troubling me at the time and my early trauma. [p. 107]

The Power of Witnessing and *City Within a City* were published as part of an effort to counter the tendency, including among psychoanalysts, to

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[3] See, for example: Blum, H. P. (1978). Psychoanalytic study of an unusual perversion—discussion. *J. Amer. Psychoanal. Assn.*, 26:785-792. Here the author addresses a psychoanalyst's understanding of the meaning of a man's compulsive need to have a barber shave his face more and more closely, until he ejaculated, without taking into account that the man had had one harrowing close shave after another as he was killing Poles who had exploited and then betrayed the inmates of the Warsaw ghetto in which he was incarcerated.

lose sight of the events in Europe during the Nazi reign of terror and of the effects of it upon the survivors and their descendants. I learned a Hebrew word as I read these two books: *Zochor!* (Remember!). It is a word that epitomizes and encapsulates the message of these two books.

In *The Power of Witnessing*, editors Nancy Goodman and Marilyn Myers make a concerted effort to emphasize the necessity for survivors (and their children) to recall and attest to the experience of those who managed to survive the Nazi efforts to eradicate Jews from Europe. They emphasize the meaning—for the survivors, for their progeny, and for the world at large—of attempts to record for posterity what happened during this terrible time in human history. In a number of chapters, they address the process of and the rationale for witnessing, as well as the psychological effect that witnessing has on those who participate in the process and on their children. A number of other contributors echo their sentiments.

Anyone who is seeking dramatic and lurid details of personal experience during the Holocaust is likely to be disappointed, but there are a few chapters that can make quite an impression on the reader. Richman, who as a three-year-old learned very quickly how to gather her wits about her so that she could avoid revealing the presence of her father, who was hiding in the attic of the house in which she and her mother were living, provides a memorable account of what it was like for her and her parents to hide out from the Nazis almost in plain sight.

Henri Parens contributes a moving explanation of how he decided to write a memoir about his experiences,[4] and he tells us what it has been like for him emotionally to speak to audiences about it. Dori Laub tells about his personal experiences as a child during that terrible time, and about his later decision to establish the Holocaust Video Testimony Project in New Haven, Connecticut.

A number of chapters address psychological aspects of the process of witnessing. Other authors comment on the experience of witnessing upon their parents or friends. There are also chapters that focus upon poetic, artistic, photographic, and film commentaries on the Holocaust and its victims.

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[4] Parens, H. (2004). *Renewal of Life: Healing from the Holocaust.* Rockville, MD: Schreiber.

City Within a City complements *The Power of Witnessing*. It offers a direct view into what took place in Warsaw while it was occupied by Nazi invaders bent on exterminating European Jewry. In simple, understated, matter-of-fact language, the diary entries made by Basia Temkin-Berman from May 5, 1944, to January 14, 1945 (her earlier notebooks were lost in the course of frenzied efforts to continually relocate, in order to stay one step ahead of German pursuers and their Polish collaborators), provide a window into an amazing survival tale of boldness, bravery, ingenuity, selfless sacrifice, and willingness to risk capture in order to save others—together, of course, with periodic strokes of good luck and intermittent, courageous assistance from others.

Temkin-Berman and her husband, Adolf-Abraham, newly married and in their early thirties, escaped from the Warsaw ghetto and spent the next few years on the "Aryan side" of Warsaw, which had been designated by the Germans for Polish Christians—desperately evading capture as they engaged in activities in which they continually risked their own lives while devoting themselves to saving countless others.

Temkin-Berman and her husband endured incredible hardship as they struggled to keep alive and to (barely) keep themselves strong enough to provide food, shelter, false documents, medical assistance, and money to other Jews who were trying to survive against terrible odds. The money, smuggled to them by the Council for Aid to the Jews, the National Welfare Council (RGO), the Jewish Combat Organization (JCO), and the Jewish National Committee, came from western Jewish organizations. It was vitally necessary not only for subsistence purposes, but also to continually buy off the blackmailers and extortionists who prowled the streets, searching for Jews. Money was also required to pay exorbitant rents extracted by opportunistic landlords who were willing to house them for periods of time, and to bribe those Polish gendarmes who were more interested in making money than in turning them over to the Germans to be executed or placed in forced labor camps.

Not all Polish non-Jews harassed and preyed upon them, however. We also read in the diary entries about decent, courageous people who quietly provided assistance, asked for nothing in return, and even refused to be rewarded for what they did. Some of them paid with their lives. The most impressive of these, as a group, were a number of doc-

tors who, at great risk, received them or even went to where they were hiding, provided medical care, and at times brought them to hospitals and hid them there, at most charging them a token pittance or refusing payment altogether.

These people were the exception to the rule, however. For the most part, the Jews who managed to evade the Germans found themselves surrounded by dangerously hostile Poles as well. Even the Polish underground forces (AK) were so strongly anti-Semitic that they refused to let Jewish fighters (AL) join their ranks—or, when they did, used them to do no more than clean toilets and kitchens, and at times *they* killed them. The AK in turn endured the duplicity of Josef Stalin, who encouraged them to stage the 1944 uprising illuminated by Temkin-Berman's diary entries; although Stalin had promised the AK Soviet military assistance, he then withheld it so that German and Polish fighters could kill each other before he entered Poland and took it over. Temkin-Berman refers to this when she alludes to "the usual fairy-tale about the imminent rescue by the Soviets" (p. 224).

After a year in the Warsaw ghetto, where they were surrounded by brutality, starvation, filth, and disease, Temkin-Berman and her husband decided to escape, which they did in harrowing fashion. Puzzled at first as to why relatively few others did so (in an introduction by Israel Gutman, we are told that less than 10% of the 350,000 Jews who had composed a quarter of Warsaw's prewar population survived the war), she then concludes:

> One can understand the fact that people who in the past lived as though in a ghetto anyway and rarely crossed the boundaries of the Jewish neighborhood could be psychologically fairly comfortable there, but how could those who used to live and work like normal people feel at home there? This seems strange. [p. 84]

Not all European Jews succumbed passively and helplessly during the Nazi slaughter, however. As Temkin-Berman reports, the Warsaw ghetto uprising was not entirely unique. There were uprisings in a number of the extermination camps, including at Treblinka, where most of the Jews from Warsaw and eastern Poland met their end.

After their escape from the ghetto, Temkin-Berman and her husband led a clandestine, ragtag but often surprisingly successful campaign for survival. She worked at times as a charwoman or a gardener's assistant and dressed in ragged, patched, disreputable, cast-off clothing—which, as she indicates, no self-respecting non-Jewish servant would ever wear—so as to avoid attention while she trod the streets in efforts to make contact with others with whom and for whom they worked. They smuggled forged documents, used ingenious codes for communication, and moved constantly from place to place. At times, they starved, did without water to drink, or resorted to sources that made them sick, and often were seriously physically ill.

The title chosen for the book becomes clear in a couple of diary entries, one of which includes the following heartfelt description:

> Even though we met exceptionally noble and interesting people, we felt like in a strange city. Now being bound with those people under the death sentence, we felt we were in our own place. What anti-Semites call "state within a state" was established. Separated by hermetic walls, sealed so tight that from September [1942] till April [1943] I wasn't able to learn anything about the fate of people dear to me, we felt we were linked to that collective with each beating of our heart. [p. 131]

Another entry includes the following:

> I would like to describe this state within a state, or rather city within a city, this most underground of all underground communities, whose members met with each other, worked and talked in the midst of a population which didn't suspect anything; where every street, every coffee shop, every tram stop called to mind dozens of unique adventures. Every name was false, every word that was uttered carried a double meaning, and every telephone conversation was more encrypted than the secret diplomatic documents of embassies. [p. 263]

The conditions in which they lived are epitomized in an entry that describes what they and thirteen others endured:

> We stayed in the basement of a small room packed with suitcases and trolleys with clothes . . . . Two ten-liter containers held

all the water available to us . . . . The food reserves . . . were very modest . . . . We ate sparingly, twice a day . . . a piece of bread or toast with pork fat and a few teaspoons of water with sugar . . . . Sleeping arrangements were terrible. There was no place for everyone, so someone was always standing while the others slept a little, half crouching, half sitting . . . . We relieved ourselves in a little hole that was dug up under the ladder and covered with sand, because the little bucket assigned for this purpose filled up already the first evening . . . . On Saturday morning [September 30] we heard German voices right above our heads . . . . Our hearts almost stopped beating. Immediately afterwards, sounds of a piano playing reached our ears. Then again, the rumble of passing tanks and guns. Then the rattle of machine-guns and anti-tank weapons, which meant that our housing complex was still being defended [a footnote indicates that "Zoliborz surrendered that day at 6 p.m."]. [pp. 228-229]

The narrative quickens and becomes more intense at this point. Actually, the group did get caught by the Germans. Because of someone's quick thinking and a bit of sheer luck, they managed to survive. At other times, they or others got through via brazenness alone. A remarkable incident involved a young woman, Julcia, who was recognized by a former assistant of her father's. He spoke to her, and:

. . . a moment later four men and some shrew started harassing her, threatening to tell the Germans because she was a J[ew]. She denied it categorically and kept on walking, while they showered her with insults and shouts . . . . When . . . they realized the girl didn't intend to give them money, they tried to stop her, causing commotion, while the shrew kept on screaming—You rotten house painter [a code word synonym used by Temkin-Berman and the others for "Jew"]! . . . Poor Julcia realized that things were going badly for her. She summoned all her strength and screamed back at her: You yourself are a damned house painter, you such and such! The crowd listened for a while to the quarrel, but came to the conclusion that the two opponents were worthy of each other, thinking that this must be a dispute between two women, and dispersed. Those who harassed her kept following for a while but were disappointed by the lack of results. It occurred to them that perhaps they were mistaken, be-

cause it was difficult to believe that a little girl didn't let herself
be intimidated, and finally they left her alone. [pp. 371-372]

As I read Temkin-Berman's diary entries, I was puzzled by the rela-
tively dispassionate, matter-of-fact, reportorial style she employed. I grad-
ually realized that it was psychologically understandable. It is epitomized
in an observation by Henry Krystal[5] that Marilyn Meyers quotes in her
chapter on "Trauma, Therapy, and Witnessing." Krystal "wrote that in
the face of massive trauma there is 'a disturbance of affectivity consisting
of a vagueness and loss of specificity of emotional responses, so that the
patient cannot tell what feeling they are experiencing'" (p. 87).

Basia Temkin-Berman and her husband were among the few Euro-
pean Jews who survived the war. She resumed her beloved profession as
a librarian, and she searched out and amassed 120,000 books that still
existed in Poland even though written in languages used by Jews. These
books now reside in the National Library in Jerusalem. Temkin-Berman
and her husband started a family and then, in 1950, they immigrated
to Israel. Her health, however, had been seriously compromised by the
privations and by the physical and emotional suffering she experienced
while in Poland. As we learn from Gutman's introduction and from her
son Emanuel, who contributed a brief chapter to the book, she spent a
great deal of time in hospitals and sanitoria while in Israel, and she died
on April 30, 1953, at the age of forty-five.

We can be grateful for the publication of these two books. They
serve not only as a reminder of a deplorable human conflagration that
Pines and others have urged us not to forget, but also as a reminder that
we psychoanalysts need to resist the pull to overlook or deny the impact
of external reality upon our patients. The books represent a counter-
weight to the unfortunate tendency that has arisen within our profession
to overvalorize the here-and-now interaction between patient and thera-
pist, to the exclusion of appreciating what the patient has experienced
en route to the analyst's office.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

[5] Krystal, H. (1978). Trauma and affects. *Psychoanal. Study Child,* 33:81-116.

CREATIVE READINGS: ESSAYS ON SEMINAL ANALYTIC WORKS. By
   Thomas H. Ogden. London/New York: Routledge, 2012. 209 pp.

Over the past three decades, Thomas Ogden has been a prolific con-
tributor to the psychoanalytic literature, setting forth in detail and with
substantial erudition his particular object-relational conception of ana-
lytic theory and practice. The present volume extends that project in
a frankly didactic direction as he offers the reader the product of his
close readings of the work of important historical figures, from Freud
through Bion to Searles, centering his attention on such matters as the
Oedipus complex, the role of fantasy in mental function, and the nice-
ties of transference-countertransference interaction.

   Characteristically, Ogden begins with instructions to the reader on
how to read this book. He emphasizes that he seeks to elucidate what the
authors of the respective texts "knew but did not know they knew—how
these texts are rich in ways their authors did not consciously intend or
understand" (p. 3), and to find "meanings that have been waiting to be
found, but have never *until the present moment* found a reader to discover
them" (p. 10, italics added).

   Appropriately, his first essay is devoted to a key work of Freud's[1] and
the origins of object relations theory. Ogden is, of course, respectful both
of Freud's writing and of his creative thinking as he develops his well-
known constructions about the distinctions between normal mourning
and pathological depression. For Ogden, the essential element in Freud's
understanding of melancholia is the role of unconscious internal ob-
ject representations (i.e., ego elements) and of identification with the
lost object—what he sees as "a revised model of the mind (which would
later be termed object relations theory)" (p. 32). He minimizes what
he regards as the "misconception that melancholia, according to Freud,
involves an identification with the hated aspect of an ambivalently loved
object that has been lost" (p. 24); indeed, the role of aggression in the
dynamics of melancholia is scarcely mentioned.

   What Ogden finds critical are "multiple splittings of the ego in con-
junction with the creation of a timeless imaginary internal object rela-

[1] Freud, S. (1917). Mourning and melancholia. *S. E.,* 14.

tionship" (p. 28). Interestingly, no mention is made of Jacobson's now-classic formulation of levels of internalization/identification with loved and lost objects.[2]

There follows a series of essays devoted to important figures in the British psychoanalytic system: Isaacs, Fairbairn, Winnicott, and, most important, Bion (who is given two chapters).

For Ogden, Isaacs's importance rests on her "groundbreaking conception of the work of phantasy" (p. 35).[3] Again, he proposes to "articulate what Isaacs knew but did not know that she knew"; he sees her work as a step toward a "radically revised theory of thinking," anticipating Bion's views. Ogden develops this theme extensively, relating Isaacs's theory to both its Kleinian origins and its relation to the ideas of Fairbairn and Winnicott, which he elaborates in subsequent chapters. In attributing to Isaacs priority in emphasizing the central role of "phantasy" in mental life, he ignores the classical contributions of Arlow to the understanding of the role of unconscious "fantasy" in mental life in general and in intrapsychic conflict in particular.[4]

Ogden acknowledges in the opening sentence of his essays on Bion the difficulty that he (and, implicitly, other readers) finds in understanding Bion's writings. He devotes, then, two chapters to his effort to clarify them: one each to the "early" (up to 1962) and the "late" Bionian work that followed. In Ogden's opinion, Bion sought "not to be understood but to serve as a catalyst for the reader's own thinking" (p. 97).

Repeatedly, Ogden acknowledges the "strangeness" of Bion's language and his introduction of "meaningless terms" into his lexicon. This reader, for one, has found this language gratuitously scientistic and incomprehensible; others will, like Ogden, form their own views. Ogden, in any case, is clearly a great admirer of Bion's analytic (as opposed to his literary) style; since Bion provided very little in the way of clinical evidence, Ogden draws his data from reports of Bion's clinical seminars in

[2] Jacobson, E. (1954). The self and the object world: vicissitudes of infantile cathexes and their influence on ideational and affective development. *Psychoanal. Study Child,* 9:75-127.

[3] Isaacs, S. (1948). The nature and function of phantasy. *Int. J. Psychoanal.,* 29:73-97.

[4] See, for example: Arlow, J. (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.,* 38:1-27.

South America. He defines this style as incorporating Bion's "pragmatic" concern for finding a solution to the patient's problem ("a rather old-fashioned idea"!), his awareness of how little he knows, and his "extraordinarily quick wit." In the end, though, Ogden demurs, saying, "I do not view his style as a model to emulate" (p. 137).

For his final essays, Ogden moves to the Western Hemisphere with chapters on Loewald and Searles. The former is a serious, thoughtful, and balanced study founded on a noteworthy Loewaldian text.[5] "For Loewald," Ogden concludes, "the Oedipus complex is driven not primarily by the child's sexual and aggressive impulses (as it is for Freud), but by the 'urge for emancipation,' the need to become an autonomous individual" (p. 155). "Both perspectives," he asserts, "are indispensable to a contemporary psychoanalytic understanding of the Oedipus complex" (p. 156).

Ogden's assessment of Searles's writings, both as to style and content, is one of unqualified endorsement: "No other analytic writer rivals Searles in his ability to capture in words his observations concerning his emotional responses to what is occurring in the analytic relationship" (p. 157). Searles is concerned primarily with what goes on in the transference-countertransference situation in his work with psychotic patients in an institutional setting, where the lines between his unconscious experience and that of the patient become blurred, and the potential for enactment becomes imminent. Ogden is impressed with the parallels he sees between Searles's thinking and Bion's "alteration of the topographic model" that blurs the distinction between consciousness and unconsciousness. It seems to me that the idea that such a blurring is manifest in the thinking of psychotic patients can be traced as far back as Freud's Schreber case[6]; that it became apparent to Searles (and Bion) in their efforts at psychoanalytic work with such patients does not seem surprising.

Overall, Ogden's book benefits from his own literary skill and scholarship and his commendable adherence to the close reading of his

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[5] Loewald, H. W. (1979). The waning of the Oedipus complex. *J. Amer. Psychoanal. Assn.,* 27:751-775.

[6] Freud, S. (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (*dementia paranoides*). *S. E.,* 12.

chosen texts. At times his enthusiasm carries him away—"No one but X could have written Y," or "Who but X could have said Y"—which serves to reinforce his long-stated commitment to a particular object-relational approach to the psychoanalytic process, bypassing the alternative formulations of other schools of thought. He is, of course, entitled to do this, but the readers of this often-impressive book (particularly those new to psychoanalytic theorizing) should keep in mind the possibility of other points of view that merit equal consideration.

AARON H. ESMAN (NEW YORK)

THE ANALYST'S EAR AND THE CRITIC'S EYE: RETHINKING PSY-
　　CHOANALYSIS AND LITERATURE. By Benjamin H. Ogden and
　　Thomas H. Ogden. London/New York: Routledge, 2013. 112 pp.

Let me say at once that I very much appreciate the *idea* of this book: the collaboration between a practicing psychoanalyst and a literary critic for purposes of refining our understanding of the possible contributions of psychoanalysis to literary criticism and vice versa. It is worthwhile noting at the start, to be precise, however, that the "literary critic" invoked in this book is not a critic but an academic who writes about literature.

I accepted the request to review *The Analyst's Ear and the Critic's Eye* because I am deeply saddened by the increasing marginalization of psychoanalysis in intellectual circles, both inside and outside the academy, and I long to see that trend reversed. Psychoanalysis offers a cornucopia of unique insights to the humanities, but its gifts remain unopened because there are so few dialogues that demonstrate real respect and do not shy away from conflict and ambiguity. Unfortunately, this book does not alter this sorry state of affairs. Ogden and Ogden, however, do deserve credit for their pioneering effort. In this review, I shall address matters of form and secondly matters of content.

Clearly, the authors are members of the same family. It stands as a curious omission that this is nowhere openly addressed. Coauthorship of scholarly books by kinsmen is not usual practice. It cannot help being noticed. Indeed, it cannot prove irrelevant. Yet here, in a psychoanalytic context, the authors fall silent. Any reader who picks up this book,

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especially an outside reader unfamiliar with the psychoanalytic writings of Thomas Ogden, which are well known within the field, is bound to wonder: Who are these two Ogdens? Are they brothers, father and son, grandfather and grandson, uncle and nephew? And what effect does that have on the text?

Peter Gay wisely wrote: psychoanalysis presupposes candor and skepticism.[1] To deny a ready answer to this perfectly natural first question and, even more seriously, to pretend the question will not come up or is irrelevant, severely undercuts a fundamental premise of the book—namely, that practicing psychoanalysts are unusually sensitive and attuned to emotional nuance, which they carry over into their readings of literature. It would have been preferable to announce the family connection at the start and acknowledge the inevitable issues it entails: hierarchy, rivalry, envy, and so on.[2]

For many years, I was privileged to participate in three stimulating interdisciplinary groups that involved both psychoanalysts and academics. Only one of them was exclusively devoted to discussing literature, but the others dipped in from time to time. These were: the Columbia University Literature and Psychoanalysis study group in New York, convened originally by Lionel Trilling; the Muriel Gardiner Seminar at Yale University, headed for many years by Albert Solnit; and the Semi-Baked Ideas group in San Francisco, hosted by Robert and Judith Wallerstein. The meetings of these groups were characterized by overt pluralism, friendly and sometimes passionate debates, and diverse voices, always ready to listen but not always to compromise. After participating in these richly rewarding venues of genuine exchange, I expected this book to be written in dialogue form. Not so. The Ogdens have blended their voices into a univocal "we."

Despite the avowal that their "we" includes a measure of tension, I discern no tussle in these pages, no back and forth. With two voices collapsed into one, readers are left out of any intellectually stimulating debates that may have occurred. The given text smooths them out with

[1] Gay, P. (1976). *Art and Act*. New York: Harper & Row.

[2] See, for example: *Footnote* (2011). An Israeli film written and directed by J. Cedar. Produced by Movie Plus/United King Films.

a spatula. The royal "we," in addition to sidestepping conflict, carries an unfortunately self-righteous timbre. A revealing slip occurs on p. 16: "*If* the PLR [i.e., the psychoanalyst] were *simply* a literary critic and not a psychoanalyst . . ." (italics added).

The choice of "we" limits readers to stock roles as tutees, adversaries, or disciples. Open, free dialogue, on the other hand, between an analyst and a critic and conducted in separate voices, would challenge readers. As Hegel taught, when thesis and antithesis appear in full view before us, we must confront their dissonance and come up with a trial synthesis of our own. An exquisite literary example may be found in Yeats's incomparable poem "Ego Dominus Tuus."[3]

The book under review is a slender volume, fewer than 100 pages. As such, it should move at a brisk pace. Not so. Perhaps owing to inadequate editing, it evinces bothersome repetition. Unaccountably, the authors announce every few pages what they are aiming to do, what they are about to do, and what they have done. The text is burdened with gambits such as: "In the previous chapter we described" (p. 21), "What we have tried to do in this chapter . . . . We then used . . ." (p. 44), "the previous chapters were devoted to" (p. 45), and "as we discussed in the previous chapter" (p. 48). Such phrases prove irksome. They waste space and make for a leaden tone. This is distressing in a book meant to advocate for the sensitivity of psychoanalysis to tone. Channeling Winnicott, the Ogdens specifically mention aliveness and deadness as being important (p. 28). Their text, however, never springs to life.

Repetition inheres, moreover, in the authors' practice of rehashing their own previous work. It is as if the whole field of interdisciplinary studies had been swept away by a tsunami, and only the Ogdens survived. Thomas Ogden, for example, quotes himself from a paper he published in 1998 on a poem by Robert Frost (p. 12). He then discusses what he previously wrote. Readers cannot fail to note the self-referential nature of this, thinly disguised as it is by the third person. The selfsame words are found reprinted just two pages later, as if readers were incapable of turning back, and yet a third time on pp. 62-63. Such practice evinces

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[3] Yeats, W. B. (1919). Ego dominus tuus. In *The Wild Swans at Coole and Other Poems.* WilliamsBookseller.com, 2013.

a condescending disregard for the patience and short-term memory of readers.

The premise of the book is that aspects of psychoanalytic listening and reading can uniquely enhance literary criticism and, secondarily, that psychoanalysts can enhance their literary readings by knowing what academics do. I insist on substituting "academic" for literary critic, because the type of detailed linguistic criticism expounded in this book is not the sort one reads in the *Times Literary Supplement* or *The New York Review of Books*. I certainly approve of the overall hypothesis here in its most general terms. But it is not original, and the challenge is to demonstrate it. The authors oppose formulaic, mechanical, reductionist exercises in psychoanalytic criticism: psychoanalytic theory mapped awkwardly onto works of literature. Note, however, that linguistic analyses are equally vulnerable to critiques of reductionism. They, too, can be formulaic and lead away from what is vital and core to a literary work. I find, however, no corresponding critique on that side.

When the authors try in the early chapters to exemplify precisely what psychoanalysis can offer by way of listening and reading, the results seem vague. A person trained in the arts may feel nonplussed. I say this because of the overlap of intersecting sets: close listening, careful attention to the nuances of voice and language, rhythm, volume, tone, timbre, word choice, a noticing of the omission of relevant facts are not the exclusive prerogative of practicing psychoanalysts. Indeed, they make good practice for all connoisseurs and critics, as does appreciation, pure and simple. The question here is: what is unique?

At one point, the authors recount a report (by one of them) of a clinical session during which a patient described a significant dream prefaced by the demurral that "not much happened" (pp. 9-11). The author/analyst refrains from giving his patient a ham-handed interpretation of the dream's significance in favor of offering a gentle appreciation. This response, full of empathy and wisdom, is admirable (as the reader is informed). Yet, just think: this sort of thing is by no means exclusive to psychoanalysis. Empathic parents and teachers—without perhaps the gravitas of years of professional practice and theory—routinely offer such responses. Not to mention fine critics. The burden for Ogden

and Ogden is to show whether psychoanalysis possesses anything that is both worthwhile and significantly different.

Since I teach Kafka and know a bit about him, I shall concentrate now on the authors' psychoanalytic reading of "A Hunger Artist."[4] Thomas Ogden, we learn, previously published an essay on Kafka's wrenching story,[5] and he now revisits his own work as a way of answering the question posed at the end of my previous two paragraphs. Between pp. 31 and 44, the Ogdens discuss not Kafka's story per se but Ogden's own previous reading of the story. They call it "remarkable . . . unexpected . . . astute" (pp. 36-37). To this reviewer, this seems egregiously self-congratulatory.

Noticing no problems, the authors aver that what matters above all is Ogden's psychoanalytically attuned attention to the nuances of "voice" and language. Never do they remind themselves or their readers that what is at stake here is a translation from a foreign language. Can they believe this irrelevant? Each translation from the German (have they compared?) offers a different tone. When Kafka was doing his final revisions of the German, moreover, he was in fact desperately ill, himself a sort of hunger artist weighing only forty-three kilos, so that the blending of author-narrator-artist-protagonist in Prague was a grim reality.

If one wishes to argue that language and voice are all-important, one must go back to the original. If not, then openly and bravely stipulate that the version one is studying *is* the primary text. This crucial step has gone missing. After carefully reading and rereading its pages, I sadly conclude that the book under review offers no clear answer as to how best to do a psychoanalytic literary reading. Nor is Kafka's story illuminated, which, after all, would be the point of the exercise.

Beyond the above, I take issue with the authors' premise that voice and tone are indeed what matters most, either to this story, to Kafka's *oeuvre* in general, or to psychoanalytic readings of literature. That focus, which is an outgrowth of modernism and postmodernism, is, in my view, overvalued.

[4] Kafka, F. (1924). A hunger artist. In *Franz Kafka: The Complete Stories,* ed. N. Glatzer, trans. W. Muir & E. Muir. New York: Schocken Books, 1971.

[5] Ogden, T. H. (2009). Kafka, Borges, and the creation of consciousness. Part I: Kafka—dark ironies of the "gift" of consciousness. *Psychoanal. Q.,* 78:343-367.

Finding myself dispirited, I decided to turn to the appendix, where Thomas Ogden reprints his entire earlier-published essay. Here my mood changed, as this essay, I found to my pleasure, contains some genuinely sensitive insights regarding the story. They are humane and based on psychoanalytic understanding that goes beyond verbal language. I appreciate, for example, the understanding in this essay that the final moments in Kafka's story between the overseer and the hunger artist evoke, with the image they create, the relation between a mother and an infant. It is love, after all, that the title character craved and never found. Think of the little match girl in Andersen's tragic tale. If he had found it, the hunger artist would have "stuffed" himself, as the rest of us do, the dying man says.

Ogden finds himself "wincing" at that point because, he says, in the hunger artist's confession that he would have stuffed himself, "something sacred is defiled" (p. 74). I differ. For me, this self-revelation is a moment of truth. For me, pain comes not because something sacred is being defiled, but because I see this state as fundamental to the human condition: never feeling loved enough and grabbing hungrily for all the love we can get, in whatever strange forms it appears to us. (Perhaps this is why G-d sent only enough manna for one day.) Still, I cherish disagreement among interpreters. Readers are advised to reread Kafka's story in the original German or in an excellent English translation, then enjoy Ogden's earlier essay as first printed. Also, try Mahony's psychoanalytic reading, which the Ogdens fail to cite, as well as fine contributions by Hayman and Ellman,[6] also ignored in the book under review.

To close, I would like to perform a *da capo* and say again that I applaud the idea of collaboration. However, if psychoanalysis teaches anything of value, it teaches us to connect present with past. In failing to engage with those who have devotedly addressed psychoanalysis and literature in the past, this lightweight effort floats off into the clouds. Just as a patient's behavior implies voices from his or her previous life, each new study entails collaboration with what has preceded it. Psychoanalysis requires us to make that collaboration explicit. The authors here may

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[6] (1) Mahony, P. (1978). "A Hunger Artist": content and form. *Amer. Imago,* 35:357-374. (2) Hayman, R. (1981). *Kafka: A Biography.* New York: Oxford Univ. Press. (3) Ellman, M. (1993). *The Hunger Artists.* Cambridge, MA: Harvard Univ. Press.

imagine they have no responsibility to engage seriously with anyone else, but cavalierly ignoring our forbears dooms us to that selfsame oblivion. Above all, I miss any mention of Skura's remarkable work on psychoanalysis and literature, for among all the others, she, over thirty years ago, expounded a similar thesis.[7]

To take its place in the history of ideas, a book cannot shrink from engagement with others that have entertained its subject. While I fervently believe that psychoanalysis deserves a place in literary studies, the present book cannot, in my view, advance that goal. At best, it may spur others to try to do so.

ELLEN HANDLER SPITZ (BALTIMORE, MD)

PSYCHIC REALITY IN CONTEXT: PERSPECTIVES ON PSYCHOANALYSIS, PERSONAL HISTORY, AND TRAUMA. By Marion M. Oliner. London: Karnac, 2012. 191 pp.

The Holocaust and its aftermaths have been the subjects of extensive and often impassioned psychoanalytic study seeking to understand its consequences for both the survivors and their descendants. Marion Oliner has been a major contributor to this body of work, bringing to it accounts of her personal experiences as a victim and of her zealous effort to assimilate them into self-understanding and that of the patients she serves as an analyst.

The present book is a testament to both these aspects of her work and, in particular, her effort to integrate aspects of *external reality* with the *psychic reality* that, she contends, has traditionally been the principal focus, if not the exclusive one, of classical psychoanalytic treatment and research. Oliner is concerned, that is, with the ways in which trauma—her own and that of others—has or has not been dealt with by analysts of varied theoretical convictions.

An introductory chapter providing a précis of the book is followed by a moving account of her experience as a German Jewish child during World War II. In brief, all other members of her family—primarily, of

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[7] Skura, M. (1981). *The Literary Use of the Psychoanalytic Process.* New Haven, CT/London: Yale Univ. Press.

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course, her parents—were killed in the camps, while she managed to be smuggled into Switzerland and taken into foster care. For many, she suggests, the experience of survival promotes, apart from the well-known survival guilt, a sense of omnipotence and a lack of empathy for others that, for her, were resolved in the course of three analyses.

Still, as she says, "Scar tissue is more rigid than healthy flesh" (p. xlix). Explaining such a history to children poses its own problems; many survivors never find this possible.[1]

The thrust of Oliner's argument, developed in a number of ways throughout the book, is that the experiential reality of traumatic experience must be recognized and addressed in the psychoanalytic process. On the one hand, "it [is] mandatory for the analyst to help the patient to re-externalize events that have a dual existence of being outside and inside" (p. 12); on the other, "I want to emphasize the role of conflict resolution rather than historic events in psychopathology" (p. 17). "I have maintained," she asserts, "a conviction that analysts must keep in mind the idea of psychic conflict and its resolution even in the analyses of the sequelae of historic calamities" (p. 11).

In a densely argued chapter, Oliner engages with what she regards as the failure of psychoanalytic theory to deal successfully with "external reality":

> Freud's difficulties in attributing to external reality the place it occupies in human experience . . . [has, over time, led to] the assumption that classical analysis is fated to be cut off from anything but psychic reality. I experience this as an amputation of psychoanalytic theory. [p. 41]

Beyond questioning the validity of the repetition compulsion, she challenges the definition of trauma as a break in the "stimulus barrier,"[2] which, she contends, "adds helplessness to the picture" (p. 42).

For those of us who question the current dogma fostering the exclusivity of transference-countertransference interpretation, her challenge

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[1] In this regard, see Spitz, E. H. (2012). Too young to understand. In *Illuminating Childhood*. Ann Arbor, MI: Univ. of Michigan Press.

[2] For a critique of this concept, see Esman, A. H. (1983). The "stimulus barrier"—a review and reconsideration. *Psychoanal. Study Child,* 38:193-207.

to "the overinvolvement of the process in psychic reality at the expense of finding a proper place for the external world and its impact on the individual and on the analytic relationship" (p. 50) strikes a welcome note.

For much of her exegesis, Oliner relies heavily on the work of European philosophers and French analysts, at the expense of clinical illustration that might carry more conviction. Only two brief clinical vignettes are on offer; in one of these she was able to "convince" a patient about the resonance of an early life incident to a present transference event. (The transference-countertransference significance of this "conviction" is not discussed.)

The book concludes with an informative, if at times abstruse, chapter about Lacan: "Psychoanalysis from a Different Angle." At considerable length, Oliner traces the evolution of Lacan's thought to his roots in surrealism (he was a close friend of André Breton), the philosophical writings of Hegel and Heidegger, his interest in psychosis (particularly paranoia), and his deep commitment to linguistics.

Oliner is ambivalent about Lacan's writing; like many, she is critical of—among other things—his total emphasis on speech, to the neglect of affects and behavior. Still, "while I have never been a Lacanian, I have shared his distrust of ego psychology as coming perilously close to academic psychology." In the end, however, Lacan's "legacy is in disarray . . . . Lacan's psychoanalysis has given way to more constructive ways of approaching the psychoanalytic situation" (p. 125).

Psychic Reality in Context merits the reader's attention. Despite a sometimes turgid style, Oliner successfully, if repetitively, pleads her case for the integration of actual, especially traumatic events into the analyst's (and the patient's) clinical attentiveness. Her personal experience, graphically detailed, provides a convincing model for the broadening recognition of *external reality* and *actual perception* in both theory and practice. At the same time, she points convincingly to the profound emotional effects of trauma and the limits they can impose on the possibility of effective psychoanalytic intervention.

Missing, I think, is a consideration of the phenomenon of resilience that allows at least some of the victims of one or another form of trauma to overcome its psychological consequences without treatment, and to

achieve what appear to be successful and productive lives. But that, perhaps, is a topic for another book.

AARON H. ESMAN (NEW YORK)

THE BARBARIANS OF ANCIENT EUROPE: REALITIES AND INTERACTIONS. Edited by Larissa Bonfante. Cambridge, UK: Cambridge Univ. Press, 2011. 395 pp.

The very title of this book is intriguing indeed. In more recent times, including the present, the term *barbarian* has become hardly complimentary. Initially the Greek word for peoples who did not speak Greek, *barbarian* came into vogue when the Romans came into contact with the Greeks; and it was then applied to groups beyond their empire in Europe and Asia who were considered savage and uncivilized.

This volume opens with a long list of attractive illustrations, color plates, and maps, but they are not explained or interpreted. With its prodigious research that draws upon sources in many languages, *The Barbarians* might prove challenging at times for the general reader; even specialists might find some of it daunting.

In the first chapter, Larissa Bonfante states that the subtitle of the book refers to two kinds of archeology: the classical, "antiquarian" type, which deals with "manners and customs and beliefs" (p. 1), and the "technology, trade" type, which "defines cultures as the product of an interaction between society and environment" (p. 2). Bonfante asks, "Can we reconcile archeological discoveries with statements and narratives of literary sources that represent ancient perceptions of the non-classical peoples of antiquity?" (p. 2). Another question is: "What kinds of histories can be written about peoples with no written historical traditions of their own?" (p. 2).

In chapter 2, Paul T. Keyser explains how other geographical areas were viewed by the Ancient Greeks.[1] Keyser discusses how successive

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[1] For a psychohistorical examination of Ancient Greek society—which has often been idealized, yet was marked by aggression, brutality, and slavery—see the following reference: Sagan, E. (1979). *The Lust to Annihilate: A Psychoanalytic Study of Violence in Ancient Greek Culture.* New York: Psychohistory Press.

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generations of Greeks regarded the Western world. They saw that the sun set in the west, but rose in the east. Greece they viewed as being at the center of the world, which they perceived as a disc. They were limited in going west because the Mediterranean Sea was controlled by the Carthaginians. There was also a reservation about venturing too far lest their society and culture be corrupted. One Greek writer considered certain tribes to be primitive, to the point of being "subhuman." The Irish in particular were considered to have aberrant customs; as the Greeks believed, they "honored dead fathers by having them for dinner and dishonored live mothers and sisters by having them openly (*phaneros*)" (p. 47). On islands near Iberia, the inhabitants were said to go naked in the summer, and at weddings, "The new bride lay with every man" (p. 49). Keyser thus records some of the customs of some groups, but he does not speculate about why they acted as they did. What was the meaning of the practices that were so contrary to those of subsequent times?

The Greeks were ambivalent about the Etruscans. They considered them wealthy, literate, and to be living in luxury, but they also considered them brutal and cruel since they stoned prisoners of war and tortured captives.[2] Most Greek writers, Keyser points out, regarded the Etruscans as barbarous and autochthonous descendants of Pelasgian people. In his conclusion, there is a hint that the Greeks were afraid of their own passions, of what they "desired—or dreaded" (p. 53). Ultimately, his essay reads like a record of "facts," an enumeration of attitudes and practices, but it is not analytical. He addresses what seems to have happened, but not why it happened.

In chapter 3, Arnold I. Ivantchik studies the burials and funerals of Scythian kings, relying primarily on Herodotus. He states that Herodotus's work, the *Scythicos logos*, book IV, is the best-known chronicle of this subject in Greek literature.[3] In the last two centuries, about 3,000 Scythian tombs have been excavated. Ivantchik presents in detail the lo-

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[2] For a colorful and dramatic study of these groups, see the following reference: Newark, T. (1985). *The Barbarians: Warriors and Wars of the Dark Ages*. Poole, Dorset, UK: Blandford Press. The barbarians' ferocity and brutality in battle are graphically portrayed in this book's many illustrations.

[3] For more about Herodotus, see the following reference: Evans, J. A. S. (1982). *Herodotus*. Boston, MA: Twayne Publishers.

cations of the richest tombs. He notes that burial grounds in which gold is found are the marks of royalty. He describes the practice of cutting off human ears and those of horses, which, he contends, "replaced a suicide committed in order to follow the dead king" (p. 91).

In chapter 4, by Renate Rolle, the subject is royal and aristocratic residences. Archeologists have excavated royal graves and investigated mounds containing royal burial grounds. Archeological records bear out Herodotus's description of "the custom of killing chosen servants and attendants within the grave" (p. 117). In some graves, horses were also found to have been sacrificed and buried alongside their aristocratic masters. (It might have enriched this essay if the meanings of such practices had been explored.) Archeological findings shed light on the social status of women and children, the significance of ox-drawn wagons, and the fact that women were buried with their toddlers. According to ancient sources, the period under consideration dates to approximately the seventh century BC, although in her conclusion, Rolle says that Scythian culture ended in about 300 BC.

In chapter 5, Ivan Marasov describes the geographical region the Thracians inhabited, in present-day Bulgaria, Romania, Moldova, European Turkey, a part of the Aegean coast, and eastern Serbia. The group that eventually emerged as dominant was known as the *Tribaldi*. This group did not have a written language, so their practices, myths, and customs are known from Greek, Roman, and Byzantine chroniclers. Marasov covers a large variety of topics with an impressive range of scholarship, based on research in many languages. The purpose of Thracian art was to support royal ideology and the viewpoints of those who were powerful. He notes that these works of art "are full of meaning, but a scholar attempting to decipher their meaning must elicit their essential principles and restore a dialogue with antiquity" (p. 133).

Marasov adds that one should try to understand the "thought process of the Thracians," though he acknowledges that this is difficult to do. For example, there is the story of Philomene, which the author considers to be a metaphor for relating to someone else's plight. Since there was no language to write it in, the story was woven into cloth. It is gruesome in depicting that Philomene had her tongue cut off by the king, who was married to her sister, Prokne. Because the king desired

Philomene, he abducted her, raped her, and mutilated her in a way that would prevent her from telling her sister, after which he banished her to a cave. This cloth was then given to a messenger to take to Prokne. Marasov contends that such a message is difficult to decipher, even for modern scholars.

There is little discussion of the numerous illustrative plates included in this chapter, although Marasov tries to explain the meaning of animals in some of the prints as having a military connection, possibly related to initiation and preparation for combat.[4] There is a print of a votive relief of Bendis from Athens, from the British Museum in London, that shows a towering person looking down on ten much smaller male figures, who are not clad above the waist. There are also four prints of Thracian women killing Orpheus, three of them taking up a full page each. What do these images mean? Marasov does not elaborate.

Barry Cunliffe, in chapter 6, questions the validity of the term *Celtic* since it is controversial. Cunliffe's aim is to examine the different meanings of what he calls this "concept." However, there is much support for considering the Celts as a separate people, based on the archeological literature of the last 300 years.[5] In the classical literature of Mediterranean cultures, the Celts were depicted as the *other,* meaning that they were uncivilized, viewed by Mediterranean societies as "wild beasts," "war mad," and "loud and boastful"; Celtic women were " promiscuous" (p. 194).

In chapter 7, Peter S. Wells focuses on the people of Northern Europe, their culture and artifacts, and the way in which Roman observers and commentators—such as Caesar and Tacitus—regarded them. The name *Germans* stems largely from Julius Caesar's commentaries; the Germans were not a single ethnic group, but were composed of several tribes. Caesar's intention in his accounts was to show how they lived, es-

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[4] For a detailed study of combat and the training of troops in classical warfare, see the following reference: Hanson, V. D. (1989). *The Western Way of War: Infantry Battle in Classical Greece.* Berkeley, CA: Univ. of Calif. Press.

[5] For a comprehensive background of this period, see the following reference, which can function as a helpful guide and companion to *The Barbarians:* Boardman, J., Griffin, J. & Murray, O., eds. (1986). *The Oxford Dictionary of the Classical World.* New York: Oxford Univ. Press.

pecially in comparison with the Gauls, whom he fought against. Caesar's opinion of the Germans was that they lived unsophisticated lives: they were not as advanced in religion or customs, and their diets were very simple. Essentially, the Germans, according to him, were less civilized. Caesar's descriptions may have had a political motive in that he hoped Rome would support his campaigns against the Gauls.

A century and a half later, Tacitus had a more positive view of the Germans. He described them as having better morals and as being closer to nature than the Romans, whom he chided as "decadent" (p. 215). Wells argues that "it is unlikely that we shall ever achieve a match—a delineation of Germans that is satisfactory to archeologists, historians, and linguists" (p. 217). Various periods have been identified: the pre-Roman Iron Age (700 BC–58 BC), the Early Roman Period (58 BC–AD 50), the Roman Period, and the Middle Phase (AD 50–200), during which the peoples of Northern Europe were developing their own national distinctiveness, as well as becoming a pronounced political force. The subject that Wells deals with is certainly an interesting one, is well documented, and is notable for its extensive use of German-language sources; for the layperson, however, this essay may be a challenge to read.

Chapter 8, by Larissa Bonfante, is about the Etruscans. Their distinctiveness as a group lasted for approximately 1,000 years, from about the eighth century BC to the end of the Hellenistic period. Then they merged into Romans. More is known about the Etruscans than about any other people who became extinct because much of their art and architecture has remained. Furthermore, classical historians described Etruscan involvement in Greek and Roman history, though they made biased and inaccurate suppositions about them. The Etruscans were mediators for classical culture since they had contact with the peoples of the north.

The Etruscans' geographical position, which was marked by many fine ports and numerous islands, was conducive for inviting trade and contact with outsiders—in particular, the Greeks. Etruscan warriors were quite capable of defending their territory and coastlines from Greek colonizers. Significantly, the Etruscans adopted the Greek alphabet and came to communicate in that language. Technically, the Etruscans were barbarians, but because their society was advanced, culturally so-

phisticated, urban, and wealthy, "the pull they exerted on Greek traders and immigrants at various moments of Greek history made them more similar to the Homeric Phaeacians than the western Cyclops" (p. 235). Italy's location and its boot shape made it a "funnel" for disseminating Mediterranean culture from the south to the north; the Etruscans became the conduit for influencing the peoples of the north who lived beyond the Alps. It may have been helpful if the author had provided more detail about this.

In a section about the role of women, Etruscan art is seen to have presented women together with their husbands in a variety of functions, and also in death. Women of high status were given equal honors with men. Such scenes of married couples together were rare in Greek art, as well as among the peoples on the other side of the Alps. Unfortunately, Bonfante does not interpret the meaning of these differences among various groups and cultures. In her concluding statement, she notes that the Etruscans, "who almost united Italy before Rome, translated and introduced into Europe many aspects of the classical tradition, which would henceforth merge with the barbarian heritage to develop into what we know as Western civilization" (p. 268).

The Etruscans were militarily quite powerful and wealthy, and they were obviously influential. This raises the key question of why they disappeared. Bonfante, a major scholar in Etruscan studies, does not address this riddle, however.

Otto-Herman Frey also discusses the Etruscans in chapter 9. He indicates that "'situla art' refers to the figured scenes on the bronze *repoussé* work of bucket-shaped wine containers called 'situlas'" (p. 282). The French word *repoussé* actually has many meanings, from "pushed back" to being a container or vessel. The author apparently uses this term to refer to a pattern on metal, in particular a pattern on situlas. These wine containers were produced by the inhabitants of the Alpine region of what is now northern Italy, Switzerland, Austria, and Slovenia.

On p. 284 is a large print of a situla, which takes up half the page. It is from the Magdalenka Gora, Slovenia collection (circa 400 BC), located in a Viennese museum. Pictured on it are many figures of people and animals, and Frey feels that this apparently signifies a common lifestyle,

especially that of upper-class people. He also offers pictures of figure friezes on situlas dating from approximately 500 BC.

Frey describes a "boring repetition of motifs" that "suggests the existence of a kind of pattern book" (p. 286). He notes that "the animals in the animal friezes are nearly identical and are distinguished only by the antlers or horns" (p. 286). The winners in boxing matches bear a resemblance to early Greek and Etruscan representations (p. 288). Numerous times, Frey cites Bonfante in support of his account. Although he believes that his survey of situla art gives him insight into the thinking of the inhabitants of this northern Alpine region, it is not clear just what this means.

Chapter 10, by Nancy Thomson de Grummond, examines the significance of the artistic expressions that she refers to as "talking heads." She describes three types: "The Head as a Voice" coming from an unrevealed source; "The Chthonic Head," arising from the earth; and "The Severed Head," which is decapitated and apparently applies to Orpheus (p. 313). De Grummond points to a variety of sources, Roman and Etruscan, that regarded them as voicing prophecies—namely, births, marriages, and warnings about coming battles. We know that the Greeks and other peoples in antiquity gave voice to their fears and feelings through their myths and artistic expressions. Unfortunately, this author touches only briefly on the possible deeper meaning of such pronouncements as "The dismemberment theme is shocking and barbaric, and thus it made sense that it was attributed to barbarians" (p. 321). She mentions the decapitation of Orpheus, which plays an especially large role in Greek mythology, and notes that for the Greeks this act was committed by Thracian women. Such artistic expressions of human mutilation point to extreme hostility and rage.

There are numerous plates in this chapter as well, mostly of Etruscan works and a few Thracian ones. Alongside full-figured men and women are ones with severed heads. In some of the plates, the men are nude, whereas in others the women are nude. The subject of some illustrations is an oracular head, de Grummond states, whereas another containing a head is actually the scene of a prophecy. The author cites many related examples from mythology, including the head of Medusa, which can represent a prophecy. She also notes that bodiless heads are "far more

common in Etruscan art than they are in Greek" (p. 331). She observes these creations mainly as a recorder, rather than engaging in speculation about their possible psychodynamic meaning. In her conclusion, she recognizes that "this chapter leaves much to be discussed" (p. 339).

In his chapter, John Marincola addresses the Greek point of view about the Romans, who viewed all peoples unlike themselves as "barbarians." Marincola reminds us that this differentiation originated only in the fifth century BC, when the Greeks had conflicts with other populations in Asia Minor and then on mainland Greece. Marincola states that Herodotus "[in] his work in general shows expectations of a kind of cultural osmosis rarely seen after him" (p. 348).

Rome was situated between two well-developed civilizations, the Etruscans to the north and the Greek city-states to the south. In Greek thinking, Romans held a special position in that the two societies had a discourse, as demonstrated in their respective art and literature. The Greeks did not regard the Romans as invaders but as settlers on their land. Archeological findings have demonstrated that Greeks and Romans had pronounced interconnections; however, Greek concerns about the Romans increased due to Rome's military expansionism and aggressiveness. In this regard, to the Greeks, the Romans at times appeared to be barbarians, despite the Greeks' appreciation of them.

For the Romans, the absorption of cultural and political styles, customs, and forms was extensive, and Greek influences abounded. For example, "the first work of Latin literature is a translation of Homer's *Odyssey,* and the plays of Plautus and Terence, though written in Latin, are full of Greek characters and Greek situations" (p. 351).

The conception of who or what constituted a barbarian changed over time, depending on circumstances. For example, in the fifth and fourth centuries BC, the Greeks regarded monarchical government as characteristic of barbarian cultures; they did not find it appealing. Yet two centuries later, in the Hellenistic world, the Greeks, too, had monarchical governments. When the Greeks rationalized that this form of government was meritorious, they were revealing their pragmatism. Marincola wonders how the Greeks may have felt when peoples whom they had once considered barbarians eventually fought alongside them under Hellenistic kings.

In chapter 12, Walter Stevenson's fundamental contention is that the culture of the Goths, a Northern European barbarian people, was characterized by the manufacture and drinking of wine. Beer did not have the same social status or prestige, and barbarians were characterized as beer drinkers (and in some cases, as milk drinkers). Beer may have been quite popular in the eastern Mediterranean, however, as recent archeological sources reveal (p. 359). Greek literary sources also mention barbarians who produced and drank wine. Researchers have observed Phrygian beer mugs and paintings of beer drinkers on a wall in Gordion, near Greece.

Stevenson strives to prove that the Goths produced wine, too, and he contends that the available documentation of barbarian viticulture is more compelling than that of the Greeks' consumption of beer. He guesses that Western European civilizations were not wine producers until they came into contact with the Romans. Geographically, there were obvious limitations in that grapes did not thrive in the more northerly parts of Europe.

At around AD 270, the word *Goth* began to be used by the Greeks and others for the people who lived in what is now Bulgaria, Crimea, Romania, and Serbia. What makes the Goths unique is that not only did they develop a written language, but many of their records are still extant, all from the late fifth century BC. Interestingly, the Goths translated the Greek Bible into their own language; this Bible became the first one for barbarians in Europe. It "represented the first step of a Northern barbarian people toward what we term a 'national identity'" (p. 163).

This explanation leads Stevenson to make a comparison with the Armenians, who created an alphabet and made a translation of the Bible into Armenian. This afforded the Armenians a level of solidarity that no other barbarian people achieved. They survived every major group of invaders, from the Umayyads to the Soviets, up to the present time.

In maintaining their group cohesion, the Armenians "enjoyed more than a millennium under relatively tolerant Islamic rule, during which time they were able to define their identity" (p. 364). This enabled them to be different from many other civilizations in that they maintained their own language and literature dating from the time of early Christianity. By contrast, the Goths had largely vanished by the seventh century.

In the final chapter, Barry Cunliffe sums up the papers included in this volume. He indicates that doing so is "no easy task" (p. 370). He delineates how the various contributors explore interfaces among disciplines such as classical scholarship, iconography, language, and archeology.

Cunliffe stresses the centrality of the Mediterranean Sea to the interactions among the numerous peoples who lived around it. He cites historian Fernand Braudel, who observed that natural resources were unevenly distributed in this large geographical area, which necessitated contact among its communities.[6] Cunliffe adds that "it is these networks that, in their different ways, bring the Mediterranean cities and states into direct relationship with less developed barbarians around them" (p. 471).

Cunliffe argues for a view of the Mediterranean world broader than one focusing only on the Greeks and Romans. In the present, he says, we know much more as a result of new archeological findings about the complicated palimpsest of the various peoples in the ancient world. He points to the Etruscans, Celts, Phoenicians, and others who played important roles. He concludes that the "barbarian" people should be studied, despite "the fragility of our database, be it historical, linguistic, iconographic, or archeological. No one approach will ever be satisfactory; a deeper understanding of the past comes only when the varied disciplines work closely together" (p. 174).[7]

Many of the essays in this book are abstruse in content, which unfortunately makes them a challenge to read. It would have been helpful for a general readership if there had been a glossary of technical and linguistic terms. This collection reads to a significant extent as though the authors are writing for each other, and they cite each other's papers extensively.

As we know, in developing psychoanalysis, Freud turned to the study of antiquity and to archeology. Much of the terminology and concepts of psychoanalysis reflect the influence of Ancient Greece on Freud. He

[6] Braudel, F. (2001). *The Mediterranean in the Ancient World*, trans. A. Lane. London: Penguin.

[7] As an exemplary model of an interdisciplinary study, see the following: Adams, L. S. (1993). *Art and Psychoanalysis*. New York: HarperCollins.

was a passionate collector of artifacts of the ancient past because they helped him gain a better understanding of the present. His collection numbered over 2,000 items gathered over a period of forty years. Freud observed that the psychoanalyst, like the archeologist, must uncover layer after layer of the patient's psyche before coming to the deepest, most valuable treasures.[8]

Many of the contributors to *The Barbarians* refer to widespread violence in the ancient world. Freud, too, commented on this subject, speculating about developments that led to—but later served to contain—aggression and conflicts, ultimately fostering civilization.[9] This outcome was marked by the development of conscience, for the individual and for society.

The material in this book about the xenophobia and the tendency to disparage other groups that was displayed by the Ancient Greeks and Ancient Romans—for psychological, political, and economic reasons—is certainly thought-provoking. Is it so dissimilar from the way in which members of various schools of psychoanalytic thought tend to disparage the members of others schools as inferior "barbarians"?

The contributors to this book worked hard to make sense of scattered, fragmented traces of currently influential elements from the distant past. They repeatedly urged themselves not to lose hope and give up, even though the task was daunting, arduous, and repeatedly frustrating and/or disappointing. They kept working together, combining their efforts, in the expectation and faith that their work would lead to greater illumination of human cultural evolution and interaction. Isn't this what psychoanalysts, individually and collectively, need to do?

Interdisciplinary communication and interfacing among multiple investigators, including but not restricted to psychoanalytic investigators, is not only mutually enriching, but also absolutely necessary for those in each discipline, including that of psychoanalysis.

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[8] The contents of Freud's collection have been explored and discussed in depth. See, for example: Gamwell, L. & Wells, R., eds. (1989). *Sigmund Freud and Art: His Personal Collection of Antiquities.* New York: Harry N. Abrams.

[9] Freud, S. (1912–1913). *Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics. S. E.,* 13.

ABSTRACTS

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Winnicott: Early Libido and the Deep Sexual. By Dominique Scarfone, pp. 3-16.

In this paper, Scarfone expands on the concept of libido and the sexual drives using an explication of Winnicott's Freudian roots, as well as connections to Laplanche's theory of generalized seduction. The author prepares us for our journey with him by noting that it is "clear . . . that the concept of the drive" is at work in Winnicott's thought, but that the "real question" is how useful this is to "the way we do analysis," which for Scarfone seems to be in part a "loosening and freeing up"—exemplified by Winnicott's "irruption of the unforeseen, of the spontaneous gesture" that can become "thinkable in the course of analytic work" (pp. 4-5).

Scarfone further orients the reader by discussing Winnicott's "The Use of an Object and Relating through Identification," which, Scarfone writes, "is so close to the thing it describes that it engages us in the form of an enactment rather than a simple theoretical account of a past experience"(p. 5).[1] Scarfone notes that this is also

> . . . the mark of a psychoanalysis that is alive: as in a true work of literature, the writing carries within itself some of the charge that provoked its composition and transmits this to the reader who, on the receiving end, must find a way to survive it. [p. 5]

[1] Winnicott, D. W. (1968). The use of an object and relating through identification. In *Playing and Reality.* London: Tavistock, pp. 86-94.

Scarfone notes that this experience represents the direct presence of the instinctual in Winnicott's work, and that, even beyond that, a rigorous listening to Winnicott also allows us to hear "the properly Freudian echoes in Winnicott's thought" (p. 6).

Drawing on Winnicott's "On the Contribution of Direct Child Observation to Psychoanalysis,"[2] Scarfone notes Winnicott's distinction between the "deep" and the "early," and that the "deep" in the psyche "is installed" après coup, "at a later point in time in relation to 'early' experience" (p. 6). Scarfone then reviews, in a change of tack, Winnicott's idea of a destructive, aggressive, and envious urge in babies that is not related to the pleasure–pain dynamic, but that occurs in the register of need. Scarfone highlights Winnicott's idea of the "destructive," of a "beyond the pleasure principle," in his use of the term *need,* which Scarfone understands to be "not only a prefiguration of the instinctual drives," but also a preparation "for their emergence" (p. 8).

The author further wonders about the "question of need" in Winnicott "in terms of destruction," reflecting on the fact that Freud briefly "equated the ego (self-preservative) instincts and the death instincts" (p. 8). Drawing on these ideas of Winnicott and Freud, Scarfone notes that we perhaps too easily dichotomize the domain of drives from the domain of needs, when in fact one could argue that "human need must contain within itself . . . a particular affinity with the instinctual (*pulsionnel*)" on the basis of the infant's *Hilflosigkeit* (p. 8). Thus it seems Scarfone is playing with the idea that a seed of the instinct lies in *Hilflosigkeit*—the infant's radical state of helplessness—where there is not just "need," but also a "going toward" the instinctual.

Scarfone proposes that this instinctual movement begins when the unity of the mother–infant dyad in the good enough environment facilitates the movement of the infant on to a new kind of unity: that of the father, with the father serving as a kind of "blueprint" for the eventual unity of the "infant itself" (pp. 9-10). However, Scarfone notes, quoting Winnicott, that the unified Father is soon "endowed with a significant part object" (p. 10). Scarfone elaborates, "we now find ourselves in the

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[2] Winnicott, D. W. (1957). On the contribution of direct child observation to psychoanalysis. In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1965.

sphere of the sexual, the instinctual . . . and the activity that opens up between the level of need and the level of the sexual" (p. 10). Scarfone links this to Winnicott's idea of destruction.

The achievement of a sense of unity, with concomitant aspects such as thinking for oneself, make the part object "conceivable and desirable," ushering in a type of destruction of the former whole object totality, where the part object was not conceivable (p. 10). At this time, the object can be used in a sexual way, in fantasy, destroying the object "*by* fantasy" (p. 11, italics added). "It will from then on be expected," Scarfone writes, "that the external object will allow itself to be used" in this way, "without inflicting reprisals" (p. 11).

It is at the point of this last idea that Scarfone brings forth a connection to Laplanche's seduction theory. Scarfone proposes that:

> One of the forms that the "reprisals" in question may take is precisely for the adult to enter into a perverse seductive relationship with the child, thus violently abolishing the distance between the object of need . . . and the object desire and fantasy, thereby threatening the newly achieved unity of the child. [p. 11]

Scarfone emphasizes that bringing in Laplanche's seduction theory rescues Winnicott's theory from the need to impose an "ethological instinct" to explain the transition from whole to part object relations (p. 11). Using Laplanche's theory, Scarfone argues that the child's sense of something beyond the simple tenderness of the father—sensed as an "enigmatic oscillation" or "wavering identity," caused by the sexual unconscious—leads the child to try to "think in its own way," thus becoming a "translator-destroyer" of the "unity of the adult" (p. 12).

If, however, the object does not survive such destruction, the child may be turned back to the "undifferentiated infant–mother relationship" (p. 12). Scarfone links this to Freud's idea of a "return to an anterior state," but for Scarfone, like Winnicott, this is not a return to the inorganic, but a return to an "unthinkable state prior to differentiation," a state of no "lack" (p. 12). This return, Scarfone notes, "is no real return . . . to a beatific union," but rather a renunciation of thinking "under the diktat" of an "untranslatable message, in the worst possible solitude" (p. 15).

The successful "implantation of the sexual," however, according to Scarfone, can be thought of as the moment of "the mutation and complexification of the early into the deep" (p. 13). The picture is even more complex, Scarfone goes on, because the child has also experienced the mother's sexual unconscious and senses that she "desires elsewhere," too (p. 13). This makes the fantasied return to undifferentiated unity with mother not "so comfortable as before" (p. 14). The child also experiences the father as a "pole of attraction" at this time (p. 14). Through all this, there is a differentiation "between the relation with the whole person and the irruption of the part object, the object of desire" (p. 14).

Scarfone concludes by explaining that these are the "two sexual moments" or currents: an early moment involving the "optimal adaptation between the infant and the maternal environment" and a deep moment linked to seduction and the "creative-destructive" (p. 14). Both can be understood as having the aim of achieving "primordial oneness"—the early one through " the barely emerged form of 'relating' in the state of undifferentiation," and, in the case of the "deep," via a "long journey in which it encounters many objects for 'use'" (p. 15).

Shame: The Hidden Resistance. By Ely Garfinkle, pp. 44-69.

Garfinkle discusses the phenomenological aspects, the clinical experience, and the theoretical understanding of shame while differentiating it from guilt. The author defines shame as an "internal experience of disgrace coupled with fear that perceived others will see how we have dishonoured ourselves" (p. 45). He notes that it may include the perception of being looked at in a contemptuous way, as well as attempts to hide from such experienced perceptions. The author also notes that shame can involve what we do, do not do, or think. Self-perceptions of "being weak, defective, abnormal or less than others are part of the feeling of shame" (p. 46). Noting that it is a complex affect, the author details a variety of experiences and thoughts linked to shame and the underlying feelings of being unlovable and a failure.

Garfinkle proposes that it is "only when the child's natural vulnerability is (consciously or unconsciously) exploited by the external objects, and/or internally (by an infantile ego-destructive superego)" that

"the risk of . . . humiliating shame" increases (p. 47). The author states that denial of shame, "often through projective defenses," is related to a "narcissistic organization" having roots in childhood humiliations and noncontainment by a parental figure, who needed the child to meet his/her unsatisfied needs for gratitude for the care s/he provides (p. 47). The vulnerable child's failure to meet these needs triggers the parent's envy and subsequent shaming behavior.

Such organizations often include a sense of entitlement due to this "disqualification of one's sense of self," as well as a questioning of one's "ownership of one's own body" and/or "one's very soul" (p. 49). The author notes that this can also lead in later years to vengeful attacks on perceived past or current perpetrators, as well as "withdrawal from people and life" (p. 49).

Garfinkle continues by noting the neglect of the concept of shame in the analytic literature until the 1980s, and the emerging consensus that narcissistic-spectrum problems have roots in "chronic exposure to shame" and the associated experiences of "ostracism on one side and sadistic criticism on the other" that "lead to humiliation" (p. 50). He states that a clinical focus on shame and defenses against shame "has the practical benefit of mitigating resistance to the deepening of the analytic situation" (p. 50).

The author goes on to detail Kinston's theory of "object narcissism," in which, it is proposed, a parent has difficulty meeting the child's autonomous and spontaneous gestures concerning individuation, due to the parent's own unmet needs (pp. 50-51). The parent experiences "pain, depression and resentment to which the child responds with shame" (p. 50). On the other hand, the parent responds positively to the child's "fitting into the symbiotic needs of the parents" (p. 50).

The child then has to erase his/her own experience in this state of object narcissism with the appearance of having no conflicts or unmet needs, and having no "*subjective experience* of shame" (p. 51, italics in original). This shame can become manifest in treatment when the analysand is exposed to an *other* (the analyst). Such painful shame can then be defended against via projection, retreat into the "false womb" of the analyst's "perceived needs," or false compliance (p. 50). Garfinkle describes the countertransference danger for the analyst in this situation.

Garfinkle next describes the relationship between pride and shame, using a clinical example of his own as well as the work of Steiner and Feldman. He also outlines the aspects of "hiding" that can be found in response to shame: hiding by projection, by acting shamelessly, by the use of "delegates"—e.g., using the words or writings of others "as proxies for the self"—and by silence or excessive talk (p. 57).

Next, the author explores the distinction between shame and guilt. He notes Freud's view of guilt as punitive aggression against the ego by the superego. He also mentions Money-Kyrle's and Grinberg's "distinction between persecutory guilt and remorseful guilt" (p. 59). Garfinkle reviews various distinctions between shame and guilt that can be found in the analytic literature. These include shame as linked to the fear of abandonment, while guilt is associated with the fear of castration; shame as linked to exposure of weakness or unlovability (i.e., to who one is), while guilt is related to a prohibited action or wish (what one does); guilt as leading to renewed efforts for oedipal victory, while shame leads to withdrawal from the system in which it occurred; guilt can set a limit on the experience of pain, while shame can be a response to the failure of one's exertion of power.

Garfinkle notes that, in his experience,

> . . . shame in its punitive and persecutory form sometimes appears indistinguishable from punitive superego guilt (culpability), punitive shame is an experience that is easy to distinguish from remorseful guilt (remorse). Mild social shame in a well-adjusted individual can also be distinguished without much difficulty from remorseful guilt (remorse). However, when guilt and shame are mixed together as a cocktail with persecutory expectations in a persecutory regression, distinguishing guilt from shame can be difficult, if not impossible. [p. 60]

Garfinkle states that, clinically, it is helpful to understand that shame always involves the feeling of being "seen" by the other, of exposure, that does not have to be present in guilt, and that analyzing guilt is much easier if, in the usual mixed presentation, feelings of shame are analyzed before the underlying guilt.

Drawing on the work of Klein and later Kleinians, Garfinkle describes shame and guilt in relation to persecutory and depressive anxieties, and

points out that one can see a "developmental parallel between guilt and shame in the paranoid-schizoid and depressive positions respectively. "In the paranoid-schizoid position," both guilt and shame "contain punitive and persecutory elements," while in the depressive position both affects are linked to the capacity for remorse (p. 63).

Garfinkle concludes by mentioning that working through shame "involves helping the analysand get in touch with a naked experience of want, need, loss, and intense loneliness"—all related to the "acceptance of dependence on an '*other*'" (p. 65). He notes that this "depends on the analyst's perseverance, notwithstanding the analysand's feelings of humiliation experienced in this process" (p. 66).

Concordant and Complementary Countertransference. By Donald Carveth, pp. 70-84.

Carveth begins by defining empathy as "the analyst's relatively conscious or preconscious, not unconscious, trial identification with both conscious and unconscious elements of the analysand's mind—that is, with the analysand's wishes, fears, phantasies, and self and object representations" (p. 71). He emphasizes that empathy is not synonymous with sympathy.

Carveth further differentiates *trial identifications* with the analysand, which are conscious or preconscious, from *unconscious identification,* which can be the basis for "potentially problematic countertransference" (p. 72). The author states that, while such countertransference is not always destructive and can be put to good use at times, this does not obviate the problematic nature of such countertransference reactions in general.

Next, Carveth introduces Racker's concept of *concordant and complementary identification,* noting that Racker does not make it clear that only if such identifications are conscious or preconscious can they be equated with empathy. Carveth goes on to note that, for Racker, complementary countertransference identification results in "disturbances of empathy" (p. 73).

In contrast, Carveth proposes that if complementary countertransference identifications are conscious, they enhance empathy. He suggests that

(1) Racker oversimplified the concept of empathy by confining it to concordant identification, when conscious or preconscious complementary identifications are also empathic, and (2) he confused matters by regarding only complementary counter-transference as problematic when both concordant and comple-mentary countertransferences are equally problematic when they are relatively unconscious, because they are equally unavail-able for psychoanalytic use and will tend toward enactment or non-therapeutic expression of countertransference feeling. [p. 75]

Carveth observes that the literature on countertransference seems largely to have accepted rather than questioned Racker's equation of concordant identification with empathy—missing the fact that the "cru-cial factor" is the "analyst's degree of consciousness" (p. 76). In agree-ment with Smith, he notes that "we are continuously identifying with both the patient and the patient's internal objects," but that the central issue is whether we are unconsciously caught in an identification (p. 77).

Carveth indicates that Kernberg has a unique view regarding Rack-er's ideas, in that Kernberg defines identification with the projection of a self-representation as a complementary identification, rather than as a concordant one, thus allowing for the "analyst's capture by unconscious identification with the patient's projected self-representation," and the expression of the linkage of empathy to countertransferential compli-mentary identifications. While Carveth appreciates that Kernberg's strategy is a "legitimate theoretical resolution of the problem," he notes that Kernberg does not make this "deviation from Racker's own views" explicit, and that he, Carveth, prefers to maintain the definition of iden-tification with self-representations as concordant countertransference (p. 78).

Carveth provides clinical vignettes to illustrate his points. He ends by musing over the possibility that "unconscious conflict underlies" the lack of "conceptual rigor" that has undergirded our continuing use of Racker's concepts in this way (p. 82). Carveth identifies two possible fac-tors at play: the "conundrum of unconscious countertransference and its disturbing technical implications," and the "collective taboo" against criticism of someone seen as a "founding father" in the field (p. 82).

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Processes of Defense: Introduction to a New Theory. By Joseph Fernando, pp. 7-14.

Using clarifying clinical vignettes, Fernando introduces the reader to his theory of defense mechanisms, a theory that began with "simple clinical observation" (p. 7). He describes three types of defense: *counterforce, attentional,* and *zero process.*

Counterforce defenses are described as employing "partly sublimated aggression" to push drives and feelings into the unconscious, after which a "counterforce" is employed to keep them repressed (p. 10). Fernando holds that these defenses are often missed due to our present-day focus on intersubjective and close-process defense analysis. In using these clinical approaches in an across-the-board manner, Fernando believes, we lack the abstinence and neutrality needed for the emergence of these types of "major, primal repressions" (p. 9).

He proposes that Freud's original recommendations regarding abstinence, neutrality, and frequency of sessions are the factors that allow for the loosening of secondary defenses and the emergence of deeper repressions in the context of the transference resistance. Fernando demonstrates, using clinical material, how malleable such defenses can be—e.g., in the patient shift from having a blank mind, to anger, to transference resistance.

Attentional (also called *denial*) *defenses* defend against disagreeable or traumatic reality experiences rather than drives. These defenses include attentional shifts, intellectualization, and higher-order identifications, all of which operate more in the secondary process, making them less malleable and less present in the transference than counterforce defenses. This necessitates a slightly more active technique to keep them in focus, according to Fernando.

The third type of defense, *zero process defenses,* arises in response to trauma, defined psychoanalytically. Traumatic events, by definition, overwhelm the ego and lead to its generalized shutdown. The traumatic event is not processed in the "normal" way, through integration with existing memories. Instead, a unique type of memory—more akin to a percep-

tual experience than to usual memories—is formed, creating something similar to another dimension being experienced by the individual. Fernando notes that these defenses are marked by their concrete, nonsymbolic, and perceptual-like nature. As with attentional defenses, Fernando believes that zero process defenses require a more active technique.

Discussion of Joseph Fernando's *Processes of Defense*. By Werner Bohleber, pp. 15-34.

Bohleber provides a detailed and comprehensive discussion not only of Fernando's paper, but also of his entire book, *The Processes of Defense.*[3] Bohleber starts with an overview of Freud's concept of primal repression because it underlies Fernando's conceptualization.

According to Bohleber, drawing on the work of Frank and Muslin prior to 1915, Freud described primal repression as "directed at early infant memories and desires" that are created by the primary process (p. 17). They are "not ideationally represented in the preconscious," not yet verbally registered; thus there is no withdrawal of a preconscious cathexis. Freud also proposed that the "preconscious protects itself by an anticathexis" (p. 17).

In 1926, Freud provided a different description: a trauma leads to anxiety that threatens to overwhelm the ego, resulting in primal repression. Bohleber notes that Frank and Muslin see this as an addition to the earlier theory.

Bohleber describes Cohen and Kiston's alternative integration of these two descriptions of primal repression. For them, primal repression involves the failure to develop a wish due to the trauma of environmental failure. Primary needs are unmet, and thus desire is not represented mentally; there is a hole in the "psychic texture" (p. 18).

Fernando, according to Bohleber, rejects the idea of primal repression as related to early memory that is not connected to language, as well as rejecting the link to trauma. Also, instead of understanding primal repression as dealing with very early, intense anxiety or excitation, he sees

[3] Fernando, J. (2009). *The Processes of Defense: Trauma, Drives, and Reality—A New Synthesis.* Lanham, MD: Jason Aronson.

it as aimed at oedipal issues. He views repression proper as occurring after the oedipal phase. For Fernando, trauma results in a shutdown of the ego and the use of zero process defenses.

Next, Bohleber reviews Fernando's ideas about the ego's use of neutralized aggressive drives in providing the counterforce of repression. He describes how Fernando developed this part of his theory from the clinical experience of interpreting oedipal material and then finding that it unleashed anger at the therapist, as the neutralized aggression was "set free and transforms itself back into an aggression in a more raw and non-neutralized form" (p. 19).

Bohleber details how these views are based on the "energetic libido theory" to explain the displacement and malleability seen in the clinical situation—a theory that he believes "cannot exclusively . . . explain this type of psychic force" (p. 20). Bohleber shows how the aggression released by reconstructing oedipal interpretation enters the transference, and must then be pointed out to the analysand.

Bohleber points out that, for Fernando, the attentional defenses—based on denial rather than repression—work with the ego's neutralized energy, in the secondary process, rather than utilizing primary process displacement and condensation (as seen in counterforce defenses). Bohleber helpfully describes the attentional defense as acting "like a blind eye, [as] the ego turns away from the perception of an unpleasant or intolerable reality and blocks access to it" (p. 21).

Bohleber summarizes and spends a lot of time commenting on Fernando's third type of defense—the zero process defenses—that is the result of traumatic environmental impingement, and that leads to a shutting down of integrating ego functions and the storage of proto-memories in a nonverbal somatic form. This type of defense emerges as a "present experience in consciousness and as immediate perceptual experience" (p. 23). Bohleber notes that Fernando believes we all suffer environmental impingements leading to zero processing—a point that Bohleber himself does not think makes sense, as it progresses on to the idea of "normal developmental trauma" (p. 23).

Bohleber describes Fernando's view that at the core of the zero process defense is an unprocessed "pure perceptual image of what occurred" (p. 24). He notes evidence from "our psychoanalytic experience"

showing that, rather than experiencing only a pure image, traumatized patients experience "a long-existing, repressed, threatening phantasy, an inner conviction or a central state of anxiety" that is "literally fused with the traumatic material of experience" (p. 24). Thus, Bohleber writes, "traumatic memories unfold their own dynamics" (p. 25).

He seems to contrast his view with that of Fernando, who states that the "further one distances oneself from the traumatic core experience, the more one tends to find an overlapping of the zero process with the primary and secondary process" (p. 25). The difference seems to be that, for Fernando, the core is a "pure zero process," whereas for Bohleber, it is not (p. 25).

Bohleber remarks on the clinical usefulness of Fernando's concept of the contrast defenses—that is, defenses against situations that can evoke zero process defenses because of their contrast with a traumatic situation. An example of this can be seen in patients who avoid close, warm connections "so as not to experience through contrast a revival of the intense feelings of being completely abandoned" (p. 26). Bohleber, however, feels that Fernando is too optimistic in thinking that interpretation of these defenses can heal the lack of "basic trust" in such patients, since it is an "existentially deeply anchored meaningfulness of life that has been destroyed"—something that "cannot be 'contained' by meaning" (p. 27).

Bohleber also outlines his divergence from Fernando's views regarding primary dissociation. He believes Fernando focuses solely on split-off memories, without paying sufficient attention to the self-states of dissociation that involve a change in consciousness.

Bohleber also differs from Fernando on the use of an intrapsychic approach, rather than an intersubjective one, with traumatized patients. However, he endorses Fernando's valuing of the historicization of the trauma as a key therapeutic tool.

Bohleber completes his discussion of Fernando's book with a commentary on Fernando's view of psychoanalysis as a "(natural scientific) conceptual science with a unified scientific method," grounded in dual drive theory and ego psychological postulates (p. 31). Bohleber believes that missing from this viewpoint is the concept of a self or subject.

Despite his differences with Fernando's proposals, Bohleber describes Fernando's book as "an extraordinary intellectual and psychoanalytic achievement" (p. 33).

Sibling Violence, Trauma, and Reality: A Clinical Report. By Brian Robertson, pp. 35-43.

Robertson provides a case report informed by Fernando's work on trauma and defenses. One of the traumas in this case involved a patient's older brother who was described as a "threatening and bullying presence" (p. 38). This presence was evident in the patient's relationship with her husband and in the transference-countertransference matrix. This analysis had two stages: an initial three-times-per-week analysis on the couch for five years, with an agreed-upon termination and a two-year hiatus after termination, followed by a return for twice-weekly psychotherapy, which is ongoing.

Robertson notes that in the break between treatments, he reviewed the analytic literature on sibling relationships, as well as Fernando's and Bohleber's works. This, along with the face-to-face nature of the second treatment phase, led Robertson to take "a more active approach to the episodes of abuse" that the patient had endured. He was also more active in addressing the transference-countertransference sibling aspects, attentional defenses, defensive guilt, and the use of contrast defenses, as well as combinations of defenses.

In closing, Robertson states that Fernando's book is a comprehensive theoretical contribution and a "master class on the technique of analyzing defenses" (p. 43).

The Conundrum of Confidentiality. By Barbara Stimmel, pp. 84-106.

Stimmel addresses two main questions: how does the need to discuss patients, for a variety of purposes, "deform" their analysis; and how does our mandate to protect patient confidentiality "deform" our professional communications (p. 14)? She does not set out to provide answers, but rather to raise questions and engage in a dialogue.

According to the author, the complex conflict surrounding the issue of confidentiality is due to the opposition between the "patient's rights and expectations of confidentiality" and "the analyst's desire to learn and teach" (p. 85). She notes that presenting a patient to others carries both risk and benefit for the patient herself, as well as for the field as a whole.

Stimmel argues for the need to *not* discuss patients as if there is a "real" person "in the room or on the page," but instead to keep in mind that "the patient is there to serve the discussion of principles of psycho-analysis" (p. 88). If we do this, she argues, we will be "less likely to speak of the person and more likely to conceptualize the psychoanalytic process"; thus we will not intrude as much "on the reality of the patient by speaking as though we know him" (p. 88).

The author references other writers who have taken an absolutist stance regarding confidentiality—some basing themselves in part on the rule of abstinence and conceptualizing the presentation of a patient as a kind of acting out by the analyst. Stimmel also discusses the patient's trust that her disclosure of her secrets, of her unfolding self in the analysis, will be a "private process" (p. 90). From this perspective, a violation of confidentiality can be seen as violating the patient's therapeutic development. On the other hand, Stimmel notes, this development would not take place without the disclosures that permit teaching, supervision, and consultation to occur.

Stimmel goes on to mention a variety of other viewpoints that she does not necessarily agree with, including the impracticality of the absolutist view, the importance of differentiation between secrecy and confidentiality, and a relational view that the analyst has the right to waive confidentiality since the analysis is co-owned. She details how differing views and choices on the issue of confidentiality can in part reflect differences between various analytic theories. This can easily lead to "labeling and diagnosing those with whom we disagree" (p. 92).

Stimmel wisely states that "reckless conjecture . . . regarding preconscious or unconscious motivations for any professional choice, using the words and concepts of the consulting room in public debate, often is too easy and always harmful" (p. 93). This does not, she notes, negate the need for "self-analytic inquiry" regarding such choices (p. 93).

Stimmel details what she calls the "hardest part of the equation . . . the impact on the analyst's interior relationship to the patient," involving not only "pride, guilt, fear of discovery," but also the keeping of a secret from the patient, a "hidden fact" about what the analyst has done "with" and "to" the patient, something "actual" that has an "indelible impact" (p. 94).

The author states that there is no way to assess this impact nor to predict in a general way what the "correct" course of action might be in any one case—whether disclosure, disguise, or not presenting—a position that is supported by the work of others, such as Gabbard and Kantrowitz. Further complicating matters is the fact that more and more analysts are disclosing personal information about their own reactions, countertransference, associations, etc., as part of case presentations. Stimmel notes that this can constitute a breach of the "stimulus barrier" that patients erect to protect themselves from the "analyst's inner life" (p. 101). She notes that the piercing of this barrier—against the patient hearing personal information disclosed by the analyst—can cause "overwhelming emotional havoc" (p. 101).

Stimmel concludes by urging us to "talk about the problem and teach the tools of critical thinking that allow one to make the most mature and considered decisions" (p. 103). We must face, she argues, "what is deformed" when we break the promise—spoken, written, or implicit—of confidentiality, when we fall short of this ideal. "Ethics, what always reflects the moral balance between competing needs, is the name of the game" (p. 104).

The Law of the Mother: Sibling Trauma and the Brotherhood of War. By Juliet Mitchell, pp. 145-159.

Mitchell proposes that "war and warfare are dependent on a prohibition on lateral violence"—the "mother's prohibition against killing the new baby" (pp. 149, 151). This is an intragenerational prohibition, in contrast to the much more familiar intergenerational killing prohibition; it is the "Law of the Mother" in contrast to the "Law of the Father" (p. 146).

Mitchell describes how the toddler (and the older child, too) must deal with this prohibition in the context of his/her complex and murderous feelings toward a sibling. She notes that boys are "encouraged to find a substitute opponent outside," while girls are taught to "keep the violence directed inwards masochistically" (p. 151). In moving from infancy to childhood, the child turns "lethal jealousy" into "love and contempt" (p. 151). Mitchell observes that the prohibited horizontal violence is more often associated with primitive defenses, such as splitting and dissociation, and can lead to depression.

The author explores how the "brotherhood of fighters," primarily male, is constituted by the inclusion of men and exclusion of women, and the effects of this on the expression of unconscious hatred of the "baby," now seen both in enemy combatants and noncombatants (p. 154). Mitchell describes the effects on those excluded from the "brotherhood of war" (p. 156).

"Thou Shalt Not Kill": The Work of Juliet Mitchell on Siblings and the Horizontal Axis. By Jorge Palacios-Boix, pp. 160-169.

The author begins his comments on Mitchell's work with a summary of some of her main points. He goes on to focus on the case of hysteria, introducing the ideas of Claude Malo and Harold Boris, showing how "the narcissistic relationship of the parent to her or his infant would cause the latter to feel utterly displaced," in a way similar to that experienced in sibling trauma (p. 164).

These thoughts lead Palacios-Boix to wonder about "the relationship of the lateral dimension to narcissism (p. 164). He refers to Mitchell's idea that "it is only when the death and sexuality that are inherent in the sibling trauma"—when the desire to kill the other who has displaced us, and to have "sexual union" with "that other who is our same"—make their appearance that the "vertical dimension acquires its full significance" in the oedipal conflict (p. 164).

The sibling relationship is then seen as the point of transition from a dyadic to a triadic structure, from the mother–infant to the oedipal tri-

angle. Palacios-Boix discusses other authors who see a simultaneous intersecting of these dynamics, rather than a developmental sequence. He describes Charles Levin's view that containment, in the Bionian sense, involves both the horizontal and the vertical, with reverie including a mothering and sibling component. Levin, Palacios-Boix notes, also sees the body as the originary other, about which Palacios-Boix agrees; he believes that Mitchell's work can be added here as well. From this perspective, the lateral dimension is universal and does not require an "actual" sibling.

The author describes some of the other questions raised and closes with a brief clinical vignette.

The Sibling Complex: Introduction and Background. By Gabriela Legoretta, Carole Levaque, and Mina Levinsky-Wohl, pp. 170-174.

This brief panel report from the Annual General Meeting of the Canadian Psychoanalytic Society (CPS), held in Montreal in 2012, describes how the "Psychoanalytic Bridges" group of the CPS came to invite three authors who have been writing on the so-called *sibling complex,* but were unaware of each other's work. The authors are René Kaës (France), Luis Kancyper (Argentina), and Juliet Mitchell (England).

This topic was, in a way, a natural one for the Bridges Committee, whose mission is "to reach out to our psychoanalytic siblings," and to offer what Ricouer called a *linguistic hospitality*—a form of welcoming from both sides to the language and world of the other, itself a part of everyday life in much of bilingual Canada and in the bilingual Canadian Psychoanalytic Society (p. 170).

The authors of the panel report summarize Freud's writings on what he came to call the *sibling complex.* They also detail the shared theoretical concepts of these three invited speakers. Such commonalities include the importance of the sibling complex in structuring psychic life, the intertwining of the sibling and oedipal complexes, the use of the word *complex* in a manner following the definition of Laplanche and Pontalis, the unconscious manifestation of the complex, and acknowledgment of a sociocultural dimension of the sibling complex.

Luis Kancyper. By Gabriela Legoretta, pp. 193-201.

Legoretta details Kancyper's ideas about the sibling complex. First, she describes his work on trauma and the sibling complex, noting that Kancyper sees the "presence and awareness of the 'sibling' (the similar other)" as "by nature traumatic" and "independent of the real relationship" (p. 193). However, she notes, Kancyper also recognizes the "traumatic potential of real relationships," thus raising the question of an interaction between the two (p. 193). Legoretta explores this issue using clinical material from Kancyper and information about the life of the painter Salvador Dalì.

A second area of interest for Kancyper described by Legoretta has to do with guilt and shame in relation to the sibling complex, and whether such feelings are tolerable or intolerable. Legoretta describes Kancyper's description of a defensive fantasy that a child and its sibling are

> . . . communicating vessels that receive the same amount of "nourishment," thus serving to deny otherness and difference. Other, similar fantasies include the "double," where the other is expected to "operate as a double or as part of the subject," and the Siamese twin, where the other is seen as a "part" that is essential for the psychic survival of the other. [p. 196]

Legoretta notes that these sadomasochistic dynamics "give rise to powerful resentment, recrimination, and remorse," as well as to "guilt, shame, and humiliation" (p. 196).

Legoretta also describes Kancyper's delineation of different types of comparisons with others—manic, obsessional, and masochistic—and how all these attribute power to one person in a "narcissistic fantasy that Kancyper has designated the unicato," a fantasy of a "sole ruler" who becomes the ego ideal, and who "impedes distribution of power" (p. 197).

Legoretta outlines the four functions of the sibling complex according to Kancyper. They are the structuring of psychic life, its use as a substitute for parental functions, its use in a defensive way in relation to oedipal and narcissistic conflict, and its use in the working through of oedipal and narcissistic dynamics. She elaborates on Kancyper's work on the role of rivalry, resentment, remorse, mourning, and friendship in the working-through process.

Legoretta concludes with a discussion of the Aztec myth of the Coalt-licue that "condenses several horizontal and vertical fantasies" (p. 201).

Juliet Mitchell. By Mina Levinsky-Wohl, pp. 202-214.

Levinsky-Wohl first provides a summary of Mitchell's ideas on the sibling complex. She discusses vertical and horizontal dimensions (sibling and oedipal) and how the vertical dimension can be used as a defensive "refuge" against horizontal emotions, because the hierarchical nature of the vertical modulates the emotion through dependency needs and a strong incest taboo (p. 203).

Levinsky-Wohl explains that, according to Mitchell, the sibling complex confronts us with "the fact that we are both similar and different" (p. 203). It is via the working through and mourning of the loss of the sense of uniqueness, murderous feelings, sexual feelings, and feelings of annihilation that the child can eventually love the other in friendship, experience normal rivalry, and accept being ordinary.

Levinsky-Wohl next explicates Mitchell's "Law of the Mother" concept—the mother's "prohibition of murder and incest" that "establishes the concept of seriality: children are the same but different," while it also "maintains vertical differentiation between her and her children and lateral differentiation between the siblings" (pp. 205-206). The author describes how Mitchell uses Monet's serial works to "illustrate the concept of seriality," showing how the trauma of the birth of a sibling begins to be mitigated when the child realizes "that a part of [him] is the same as the baby," even though they are different (pp. 206-207).

Levinsky-Wohl uses an exegesis of the surrealist painter Remedios Varo's triptych *Embroidering the Earth's Mantle* as representative of the "Law of the Mother" and the horizontal and vertical dimensions described by Mitchell. The author concludes by mentioning Mitchell's contributions in the areas of gender and sexual difference.