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EDITOR'S NOTE

As psychoanalytic theory and practice have evolved, the centrality of sexual conflict as the force driving neurotic symptoms has been continuously challenged and defended. The groundwork for change was laid in Freud's own work, first when he introduced the revised dual-instinct theory (elevating aggression to a place equal to libido in the psychic economy), then when he created the tripartite structural model to house and to regulate the drives (Freud 1920, 1923). Although he never published clinical material that illustrated his own use of the new theory, subsequent developments in both the Kleinian and ego psychological traditions (not to mention other traditions not avowedly tied to their Freudian origins) clearly depend upon the shift.

Since Freud, developments in many different psychoanalytic communities move the theory away from the focus on repressed perverse sexual wishes and, in fact, away from conflicted desire of any sort. Moreover, our thinking about sexuality, sex, and gender has evolved along with—perhaps sometimes leading, perhaps sometimes following—the sensibilities of the broader society. This might appear to detach contemporary thinking and clinical work from the origins of psychoanalysis as a discipline. And yet, none of us would deny the extraordinary poignancy of sexuality in the fabric of our lives or the need to engage our analysands in an intricate and probing exploration of their sexual experience. There is a tension between theory and practice that invites exploration.

In light of this tension, I have invited four authors to discuss the place that the sexual aberrations (using Freud's term from *Three Essays on the Theory of Sexuality,* 1905) have in their own thinking and in their analytic work. The "aberrations" were chosen as a focus both because Freud uses them to develop the central ideas of the *Three Essays* and because he defined neurotic symptoms as the expression of repressed perverse wishes. Our project was developed in conversation with Donald Moss, who wrote the introduction; each author has been invited to ex-

plore whether and how he or she engages the kinds of "aberrant" or "perverse" wishes and behaviors that Freud described.

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JAY GREENBERG

Volume LXXXIII, Number 2

INTRODUCTION: "THE SEXUAL ABERRATIONS"—WHERE DO WE STAND TODAY?

BY DONALD MOSS

Keywords: Sexual aberrations, sexual norms, Freud, infantile sexuality, object relations, perversion, binaries.

I am pleased to contribute an introduction to four discussions by leading psychoanalytic authors on Freud's canonical essay, "The Sexual Aberrations" (*Three Essays on the Theory of Sexuality,* 1905). For a contemporary psychoanalyst, the highly charged notion of sexual aberrations—now fiercely challenged by the very populations it once meant to identify—carries with it the additional unwanted freight of *sexual norms.* To think and write about the category, then, an analyst must find a way to both contend with those challenges and manage the freight.

Dealing simultaneously with both these tasks can easily feel intimidating. I think that most of us might well breathe sighs of relief year after year, if, looking back, we have been able to sidestep direct confrontation with the category while also effectively proceeding with our clinical/supervisory work and our writing projects. The authors of the four contributions collected here, then, have generously taken on something analogous to plumbers' work: a dirty job that must be done.

Freud, too, was in this sense a plumber, dealing with—as he might put it—not only clogged drains, backed-up pipes, and unhygienic practices, but also the excited and forbidden "dirty" fantasies that otherwise well-behaved citizens were able to keep contained. Perhaps we have come a long way since then, or perhaps not. It can certainly feel as though we have, but from Freud on, we are less confident that feelings provide a valid reading of reality. Songwriter Cole Porter gave voice to

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a certain feeling when he wrote: "In olden days a glimpse of stocking was looked on as something shocking, but now, heaven knows, anything goes." Porter here dismisses our problem of the so-called sexual aberrations with the back of his hand. The problem seems to be over when, as he says, "anything goes."

But is the problem over? Does anything go? We can certainly say that more goes today than went yesterday. But what and how are we to think of this expansion of "what goes"? The expansion is not without limits. As both citizens and analysts, we all know that "anything" does not go. Limits and boundaries remain, then, and with limits a troubling word also remains: *norms*.

What are the determinants of the lines that mark these boundaries and set these norms? As analysts, are we concerned about the shifting place of the lines—the particular limits and particular norms—or are we more concerned with the nonshifting fact that, no matter the historical/cultural moment, such lines persist? What are these persistent lines for? What functions do they serve? If anything does not go—maybe can never go—what structural limits must be placed on sexuality to prevent that "anything"? Might there be an integral relationship between sexuality and limit such that sexuality needs limit in order to become sexual? What if, in other words, when anything went, sexuality would also go?

I think we need not worry about that concern. Sexuality resides in a psychic and cultural zone delimited by the incest taboo. That is, no matter how far-reaching Cole Porter's anthem, incest, for one, does not go, anywhere—except, of course, in our minds. So a kind of permanent line is in place—at least, one sort of line. And here, then, along that line—at least that kind of line—and all the other lines that stand between us and Porter's "anything," our authors congregate. And in four very different ways, they reflect upon our continuously uneasy relationship to sexual aberrations and sexual norms.

The four papers gathered here provide us with a useful representation of competing—and perhaps incompatible—contemporary views on "the sexual aberrations." Though of course written by individuals, these papers, like almost all our literature, can be mapped according to their pertinent predecessors, their "schools." Perhaps any single analyst's view of sexual aberrations will, in fact, necessarily give voice to a plural

view, the view of those with whom the analyst shares a way of looking, of seeing, of finding. "My" view of sexual aberrations, in other words, will necessarily mean "our" view.

As long as we are allied with a reasonable plurality, then, the theory through which we see "sexual aberrations" will not itself be "aberrant". With "reason" on our side, we can confidently feel that we see the "aberrant" through a "non-aberrant" medium. The moment I ("we") spot and try to think about a "sexual aberration," I ("we") are spotting and thinking about something, and someone, other than myself/ourselves. We need a non-aberrant theory in order to construct a valid notion of aberration.

Sidney H. Phillips's essay here, for example, derives from and is directly indebted to Freud's foundational notions of wish and satisfaction, drive and object, primary and secondary process. Building on those notions, though, Phillips turns Freud against himself, using Freud's infinitely plastic notion of "the object" to disrupt Freud's essentialist notion of the sexual and its aberrations. What follows, Phillips asks, when we can inquire, in a Freudian way, whether the apparently sexual is in fact really sexual? If the sexual can be thought of as a medium through which to regulate object relations, then, in principle, apparent sexual aberrations might best be thought of as defensively distorted forms of maintaining and pursuing object relations.

Phillips adds the Freudian "object" to Freudian "sexuality," and in doing so arrives at a complex and unstable synthesis. From this synthetic point, the analyst is empowered to look many ways at once. Activity manifestly concerned with managing object ties can easily be thought of as latently concerned with managing one's own endangered erotic body. And conversely, activity manifestly concerned with managing one's own erotic body can easily be thought of as latently concerned with managing object ties.

With this move, Phillips beautifully sidesteps the harsh, blunt question of whether or not we still need the concept of *sexual aberrations*. De-essentializing both the body and the object, placing both in a mutually determining relation to each other, Phillips provides a platform from which the analyst can deftly move back and forth between body and object, never pinned down to either, and therefore remain free to be always

thinking, always in process, delaying conceptual satisfaction. In this way, the analyst escapes the trap of coming down on one side or the other of the normatively freighted problem of sorting out the sexually aberrant from the non-aberrant.

Dominique Scarfone's debt to Freud is as substantial as Phillips's, although more mediated. Through the work of Jean Laplanche and Jean Imbeault, Scarfone uses Freud to read Freud—and by way of this reading, to situate himself on a very contemporary platform from which to think not only about the sexual aberrations, but also and more fundamentally about sexuality itself. Scarfone, by way of Laplanche and Imbeault, and passing through Ferenczi's well-known paper on the "Confusion of the Tongues" (1932), preserves Freud's original seduction theory, while also maintaining Freud's insistence that the infantile and the perverse infiltrate all of sexuality—if not all of the psychic apparatus.

What Scarfone also does is to effectively dismiss whatever normative assertions might otherwise befoul Freud's sexual radicalism. The result is a Freud who not only fits well into the contemporary world of shattered sexual categories, but who would also, if properly read, achieve pride of place amongst the theorists and clinicians of this world. That pride of place would come from a Freudian theory that, by soaking all sexuality in the infantile and perverse, could stand aside from the local squabbles that continuously aim to judge just which of the sexualities are infantile, which perverse, which aberrant, and which non-aberrant. The key conceptual moves for Scarfone are to equate the infantile with the unspeakable, and—following Laplanche—to locate the inevitability of maternal seduction as the result of the intergenerational transmission of the unspeakable. Infantile sexuality, because it can never be spoken, must always be transmitted—unwittingly, unknowingly, unfailingly.

For both Phillips and Scarfone, then, thinking psychoanalytically about "the sexual aberrations" means thinking through and with Freud. The lineage is clear. *The Interpretation of Dreams* (1900), *Three Essays on the Theory of Sexuality* (1905), and "Instincts and Their Vicissitudes" (1915) provide both Phillips and Scarfone with a near-axiomatic set of definitions that give shape and structure to the task of thinking psychoanalytically.

Nancy Kulish and Deanna Holtzman begin with Freud but aim to self-consciously locate their work in a more contemporary moment. Focusing on perversion, they map out a very broad category in which they find, at its core, covert hatred—"aggression, humiliation, and dehumanization of the object" (p. 285)—lurking in overt sexuality. They take pains to distance themselves from the moralistic marginalizing that hovers around this dehumanizing category. And, in their clinical examples, they carefully place scare quotes around the category's complementary notion of *normal*.

This distancing, I think, is a marker of the discomfort endemic to simultaneously working with and against—as Kulish and Holtzman do—whatever we might mean by *aberrant* or *perverse*. Their work is informed by what strikes me as an American sensibility—the key to which is the pragmatic notion of *compromise formation*. This notion allows for a synthetic conceptual force that is absent in Freud. Freud seemed intent on stressing binaries: perverse/neurotic, for example. Kulish and Holtzman explode such atomizing binaries and find instead dense psychic molecules. The density of what they find goes a long way in liberating them from being shackled by what can seem like simplistic normative postures. Their complex psychic picture integrates binaries into larger units and may thereby evade much of the overt moralism lurking in the analogous pairs: normal/aberrant, neurotic/perverse.

Ann D'Ercole explicitly aims to move the psychoanalytic framing of "sexual aberrations" away from Freud's. This ambition is clear from the outset: "Bear in mind that Freud's infantilism is based on an infant/baby with 'bestial' needs, not our modern infant, thought to possess relational needs" (p. 256). From this relational premise, then, D'Ercole presses on in a concerted effort to free psychoanalytic thought from any indebtedness to normativity. If the baby's needs are "relational" rather than "bestial," she argues, then there is nothing intrinsically antirelational (*perverse,* in Kulish and Holtzman's sense of the word) in sexuality.

For D'Ercole, then, the binary neurotic/perverse finally rests on "cultural" values that necessarily deform and inhibit our capacities for free thought. I think that inserting *relational* at the base of psychosexual development allows D'Ercole to imagine limitlessness—as Karl Marx did, for example, when he envisioned human possibility undeformed by cap-

ital, or as Norman O. Brown did, for another example, when he imagined any of us erotically liberated in *Love's Body* (1966).

D'Ercole wonders aloud, though: "We are left asking ourselves what it means when one can choose the kind of body one wants. Is gender in a free-market society driven by advances in science and technology—just another consumer choice that can be purchased?" (p. 265).

D'Ercole moves on into a zone inhabited by our category's primary challengers. From that zone, she questions the place of psychoanalysis. This strategy is distinctly different from that taken in our other three discussions. Each of those discussions asks questions from within a psychoanalytic zone; there the authors wonder about sexual limitations and sexual possibilities. It seems to me that D'Ercole, by contrast, asks her questions from just outside the traditionally mapped psychoanalytic zone. She is then free to wonder about the conceptual limitations and possibilities of psychoanalysis. She seems to be on one side, and our other authors on the other—we can sense a face-off here, simultaneously congenial and challenging, in which each side demands of the other: "Show me." Show me what you have, show me what makes it real, show me what makes it useful.

We can do no better than to reach a conclusion that D'Ercole comes to:

> The field must move both with and beyond the *Three Essays* in reinventing a capacity to startle, to surprise, and to help. Finding new ways to think what has not yet been thought in a careful, nondefensive, yet passionate way is crucial. [p. 276]

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Volume LXXXIII, Number 2

BE CAREFUL WHAT YOU WISH FOR! THE SURRENDER OF GENDER

BY ANN D'ERCOLE

Close examination of Freud's Three Essays on the Theory of Sexuality *(1905a) reveals an ambiguity in Freud's language as he simultaneously tries to escape 19th-century psychiatric paradigms concerning sexuality and perversion while also retaining a normative approach to adult sexuality that created new categories of pathology. The result is an ambivalent legacy that has both hampered and helped contemporary clinicians as they deal with a diverse array of presentations of gender and sexual orientation in today's world.*

Keywords: Sexuality, gender, cultural influences, social change, sexual aberrations, perversion, libido, homosexuality, neurosis, repression, seduction, normativity, bisexualism.

It has been more than two decades since Mitchell (1991) declared that psychoanalysis was in the midst of a crucial transitional phase. He was right. At the time, psychoanalysis was being pulled into its own version of the culture wars. Mitchell, well versed in the neglected issues of power and authority in psychoanalysis, was wrestling with the classical psychoanalytic model's view of wishes and needs and how that could be supplemented by relational and interpersonal concepts. He noted that during a transitional phase, we are forced to struggle with the problem of how to assimilate and utilize our past traditions in order to best serve our current needs.

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Now Editor Jay Greenberg and *The Psychoanalytic Quarterly* have taken this question squarely into an area of contemporary controversy by asking contributors to grapple specifically with the question of whether and to what extent Freud's discussion of "The Sexual Aberrations" in the *Three Essays on the Theory of Sexuality* (1905a) should continue to inform contemporary clinical practice. Freud's essay treats the category of *perversion* as a given, although, as this paper will discuss, Freud was principally interested in deconstructing what the category contained—to a point. The challenge, again, is to sort out what is useful from our psychoanalytic legacy, here in the realm of gender and sexuality, and to determine how the past can be used to serve contemporary practice.

The editors' challenge comes at a moment when the "culture wars," a metaphor for the deeply conflicting cultural values pertaining to sex and gender in society, are rumored to be in decline (Hunter 1991). Truthfully, culture wars are not rare; in an era of mass communication, they are almost the rule. During the 1960s and '70s, heated debates raged about the use and abuse of the American flag, racial integration, and abortion rights. Each topic seemed, and to many still seems, to be holding important implications for the meaning and function of social relationships in general.

By the 1980s, gender and sexuality had moved into prominence as central elements in cultural debates, with social traditionalists occupying one side of the controversy and social progressives the other. In the years since, despite an impassioned rear-guard action by conservatives, we have been moving away from static notions of male and female. Indeed, a majority of Americans have increasingly embraced sexual equality and equal rights for the panoply of varying subjectivities contained within the currently diverse spectrum of sex and gender, finding common ground under the rubrics of fluidity, liberation, and civil rights.

A hallmark of this evolution is the crucial moment when the American Psychiatric Association removed homosexuality from its diagnostic manual (Drescher 2010). Psychoanalysts followed suit with the new approach only slowly, but follow they did. In 2014, we find ourselves in the midst of an exciting—though perhaps alarming and somewhat confusing—cultural moment, when the deconstructed notions of male and female and what is required for each have been cracked open. And,

importantly, they have been placed beyond the old clinical and pathologizing approaches, to a large extent.

Be careful what you wish for! If I had been asked in the 1970s how things would go, I could not have guessed that gender would take the turn it has. I am both surprised and pleased, but also concerned and hesitant. It is what we were hoping for, yet never really planning on.

SEXUAL ABERRATIONS

In "The Sexual Aberrations," the first chapter in *Three Essays on the Theory of Sexuality* (1905a), Freud provides a tour-de-force demonstration of his theorizing. It is easily the most lucid of the three essays and still a pleasure to read, even though it contains much that was shocking to his contemporaries and remains shocking, in a different way, to modern analysts. It begins with an insightful survey of contemporaneous psychiatric and neurological opinions about "perversion" and then evolves into a discussion of symptom formation in neurotic patients, with the symptoms reconceptualized as the "negative" of perversions.

This takes place before heading into the root topic of infantile sexuality, where both perversions and neurotic symptoms are said to originate. The latter topic is then sketchily developed further in the second essay, "Infantile Sexuality," which emphasizes behavioral similarities between infantile sexual manifestations and neurotic symptoms. Between the two essays, "libido theory" is born, although important aspects of it remain to be presented, again in essentially sketchy ways, in the third essay, "The Transformations of Puberty."

Throughout the essays, Freud makes important assertions on a variety of topics while using a deconstructive method to debunk prevailing myths, including the degeneracy theory in vogue in his time. One of the most staggering assertions he offers in place of the notions he discards is that bisexuality is "the decisive factor" (1905a, p. 220) in human sexual development, yet this contribution, if it is one, remains largely undiscussed. As for the category of "perversion," Freud shifts the theoretical ground decisively but retains the term and a sense of approbation, nevertheless. In the end, there is no "libido theory" without "perversion," though what makes perversion "perverse" in the final telling is its "infantilism" (see what follows).

In short, this is a monograph in which one can easily get lost, and it does not help the reader along the way to find her hackles being raised from time to time—although what exactly is doing the raising may vary from one reader to the next. My hackles were raised on my last reading by the passage in which Freud notes the "immense number of women who are prostitutes" (1905a, p. 191) or who have an "aptitude" for this. It is easy to imagine some readers feeling provoked, especially as it is not always clear what direction he is coming from, and deciding that perhaps it would be better to practice some selective inattention and slide by it entirely. After all, if we just jettison the *Three Essays* in general, and its opening essay in particular, perhaps we can head straight into a brave new psychoanalytic world, fully prepared to address, perhaps even embrace, the diversity of the modern world. Yet be careful what you wish for.

"HASTY CONCLUSIONS"

What is provocative about the *Three Essays* in general and about the "The Sexual Aberrations" in particular? For one thing, it is a radical essay. In the second paragraph, Freud provides the reader with a clear statement of his agenda vis-à-vis the sexual instinct or "libido":

> Popular opinion has quite definite ideas about the nature and characteristics of this sexual instinct. It is generally understood to be absent in childhood, to set in at the time of puberty in connection with the process of coming to maturity and to be revealed in the manifestations of an irresistible attraction exercised by one sex upon the other; while its aim is presumed to be sexual union, or at all events actions leading in that direction. We have every reason to believe, however, that these views give a very false picture of the true situation. If we look into them more closely we shall find that they contain a number of errors, inaccuracies and hasty conclusions. [1905a, p. 135]

This is Freud at his most original—challenging conventional "wisdom" and wondering if there is something else at work. He is taking aim at the "popular opinion" of the 19th-century scientific conception of sexuality as a functional unity that is inherently procreative and

therefore heterosexual, a conception that casts divergent sexualities and gender identities into the netherworld.

What he proceeds to do in the early part of the essay is to demolish that unity by treating first homosexuality ("inversion," in the language of his day, p. 136) and then the perversions proper (voyeurism, sadism and masochism, fetishism, etc.) as different kinds of gradations in an inherently variable instinctual force. Particularly in the case of inversion, Freud goes to some lengths to argue that it is impossible to see this as indicative of hereditary degeneration; among other contrary points, the facts are that many outstanding people have been "homosexuals" and the great civilizations of antiquity valued homosexuality highly.

In more general terms, Freud is detaching from the description of the sexual instinct used by late-19th-century theorists both the expectable "object" (a procreative partner) and an expectable "aim" (propagation). Both object and aim, he contends, in fact show every degree of variation, ranging from the normal to what is called "perverse."

However, as to what that latter pole might be, we still seem to have a 19th-century Freud on our hands:

> Perversions are sexual activities which either (*a*) extend, in an anatomical sense, beyond the regions of the body that are designed for sexual union, or (*b*) linger over the intermediate relations to the sexual object which should normally be traversed rapidly on the path toward the final sexual aim. [1905a, p. 150]

A few pages later, Freud changes his tune, as the more radical implications of his own argument catch up with him:

> It is natural that medical men, who first studied perversions in outstanding examples and under special conditions, would have been inclined to regard them, like inversion, as indications of degeneracy or disease. Nevertheless, it is even easier to dispose of that view in this case than in that of inversion. Everyday experience has shown that most of these extensions, or at any rate, the less severe of them, are constituents which are rarely absent from the sexual life of healthy people, and are judged by them no differently from other intimate events. If circumstances favour such an occurrence, normal people too can substitute a

> perversion of this kind for the normal sexual aim for quite a time, or can find place for the one alongside the other. No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach. In the sphere of sexual life we are brought up against peculiar, and indeed, insoluble difficulties as soon as we try to draw a sharp line to distinguish mere variations within the range of what is physiological from pathological symptoms. [pp. 160-161]

Here phrases like "or at any rate, the less severe of them" and "might be called perverse" provide an important clue to what is going on and will continue to go on for the rest of the text: Freud needs to retain *perverse* and *perversion* simply to have some way of designating the categories he is talking about. He retains the words in common usage even though he rejects the underlying theories of his predecessors.

The strategy is evident in the boldest of his radical pronouncements, which comes along in another ten pages of text. By this time, Freud has introduced neurotics and their symptoms into the discussion and presented his novel claim that sexuality is *the* motive force behind neurotic symptoms:

> By this I do not merely mean that the energy of the sexual instinct makes a contribution to the forces that maintain the pathological manifestations (the symptoms). I mean expressly to assert that that contribution is the most important and only constant source of energy of the neurosis and that in consequence the sexual life of the persons in question is expressed—whether exclusively or principally or only partly—in these symptoms. As I have put it elsewhere, the symptoms constitute the sexual activity of the patient. [p. 163]

This important statement then gets its important clarification:

> There is no doubt that a large part of the opposition to these views of mind is due to the fact that sexuality, to which I trace back psychoneurotic symptoms, is regarded as though it coincided with the normal sexual instinct. But psycho-analytic teaching goes further than this. It shows that it is by no means

> only at the cost of the so-called *normal* sexual instinct that these symptoms originate—at any rate such is not exclusively or mainly the case; they also give expression (by conversion) to instincts which would be described as *perverse* in the widest sense of the word if they could be expressed directly in phantasy and action without being diverted from consciousness. Thus symptoms are formed in part at the cost of *abnormal* sexuality; *neuroses are, so to say, the negative of perversions.* [p. 165, italics in original]

Again, we see conventional usage lingering on in phrases like "the so-called *normal* instinct" and "would be described as *perverse* in the widest sense of the word." But a door has been opened and Freud drives the argument right through it:

> By demonstrating the part played by perverse impulses in the formation of symptoms in the psychoneuroses, we have quite remarkably increased the number of people who might be regarded as perverts. It is not only that neurotics in themselves constitute a very numerous class, but it must also be considered that an unbroken chain bridges the gap between the neuroses in all their manifestations and normality. After all, Moebius could say with justice that we are all to some extent hysterics. Thus the extraordinarily wide dissemination of the perversions forces us to suppose that the disposition to perversions is itself of no great rarity but must form a part of what passes as the normal constitution. [p. 171]

Plain as day: perverse is the new normal.

But just here, when Freud has gone as far as he can within the confines of the language available to him, an important new element enters: infantile sexuality as the root both of the germs of perversion and, when repressed, of neurotic symptoms, which he then takes up in the second essay. Suddenly, all bets are off, for now both neurosis and perversion will be said to reflect a sexuality that has remained in an infantile state—and pathology, albeit developmental pathology, is back in the argument.

The summary section is explicit: although "a disposition to perversions is an original and universal disposition of the human sexual instinct" (1905a, p. 231), this is no dispensation from judgment. For, almost immediately, Freud goes on to say that we are "led to regard any

established aberration from normal sexuality as an instance of developmental inhibition and infantilism" (p. 231). Normativity is back in the argument in the guise of "infantilism." Bear in mind that Freud's infantilism is based on an infant/baby with "bestial" needs—not our modern infant, thought to possess relational needs (Mitchell 1988, p. 132).

Having reduced everything democratically to a libido that *normally* ranges far and wide in infancy, Freud must somehow account for the differentiation of various different kinds of adult behavior. This is the subject of the third essay, "The Transformations of Puberty." In this final leg of his journey, Freud must account for why neurotics look different from "perverts," on the one hand, and "normals," on the other, and he must have a developmental scheme that can describe how each got this way while not disturbing what he postulates are the links to infancy.

A tall order, in any case, and an area where Freud shows much fumbling around—much hurtful fumbling around, we should add. For example, Freud also sees fit here to describe women's sexual development as involving a retreat from clitoral sexuality (D'Ercole 2011; see also below). Indeed, insofar as the *Three Essays* has a theory of gender development, it is thoroughly entangled in the tortuous steps and missteps of the arguments pertaining to puberty. (For the record, neither "penis envy" nor "castration anxiety" appear in the original text, and "Oedipus" appears only in a footnote.) Decades passed before Stoller (1968) declared that what was passing as biological sex was really a complicated process that begins when society classifies a child as male or female.

In any event, sexual normativity reasserts itself in Freud's discussions of the attainment of the "normal" sexual aim. Heterocentricism is emphasized as Freud struggles with the vagaries of love and attachment—and with masculinity and femininity. "Puberty, which brings about so great an accession of libido in boys, is marked in girls by a fresh wave of *repression*, in which it is precisely clitoridal sexuality that is affected" (1905a, p. 220, italics in original). It is in puberty that Freud shapes his theory to fit cultural normativity, as he argues that for a woman to be mature she needs to surrender her susceptibility to stimulation from the clitoris in favor of the vaginal orifice. This becomes a new leading zone for the purposes of her later sexual life.

A man, on the other hand, retains his leading zone from childhood. Things get very damaging for women as Freud identifies the difficulties that accompany this transfer as accounting for the greater proneness of women to neurosis and hysteria.

When we step back from the text, it seems as though Freud does not notice the snare he is falling into. By positing a normal developmental sequence—even in the abstract—in which all the strands of infantile sexual life, and also of the forces opposing sexuality (principally shame, disgust, and morality), finally get tied together in a mature genital and heterosexual outcome, Freud has ended up precisely where he said at the outset he wasn't going to go. He has put aim and object back together again. He has, in a sense, come to his own hasty conclusion.

CROSS-PURPOSES

Of interest, Davidson (1987) argues that the dynamics of change account for the inconsistencies in the *Three Essa*ys. Davidson offers an archaeology of discourses concerning what we call *sexual desire* to illuminate how Freud concluded that the sexual instinct had no predetermined object or aim. This attitude should have been firmed up in *Three Essays,* argues Davidson. In fact, he notes, Freud stated as much when he explained that "we have been in the habit of regarding the connection between the sexual instinct and the sexual object as more intimate than it in fact is" (1905a, pp. 147-148), and when he straightforwardly stated that "the sexual instinct is in the first instance independent of its object" (p. 148).

But because Freud could not ultimately let go of the concept of perversion, that discovery slips away. Davidson (1987) argues that, in effect, Freud was unable to mentalize what he was discovering as he deconstructed sexuality. As a result, he fell back on prevailing conventions and left us a legacy of voices speaking at cross-purposes.

SEDUCTION AND THEORY

One might ask: why did Freud take up the argument of "perversion" in the first place? After all, he presents no clinical data about perversion

in the first essay nor is there any indication that he has any. What he has, although the data are not in this book, derives from the treatment of neurotics, and what he is prepared to argue is that their symptoms show infantile sexual roots. However, infantile sexual roots could have been characterized as infantile sexual roots. So why did he begin with perversion?

The answer to that question requires going back to the seduction theory. One thing that fired Freud's imagination at the time that this theory still held sway in his thinking was that the "memories" of his patients described behaviors in their caregivers that seemed to come right out of the literature on sexual deviation. As he wrote to Fliess on January 3, 1897, "The agreement with the perversions described by Krafft [-Ebing] is a new, valuable confirmation" (Masson 1984, p. 219). *That* is how "perversion" first got into the argument—to describe the behaviors of the seducers.

Things got more complicated when the seduction theory failed in Freud's mind. If the remembered scenes were actually fantasies, then the adult caregivers did not show perverse trends—the children did! At least, they showed them in their fantasies.

Having obtained these data from his "seduction" cases, Freud would not give them up, even if it meant characterizing the desires of children as perverse. So perversion remained, although its status was transformed. The actual path from the collapse of the seduction theory to the *Three Essays* is full of twists and turns that would be too difficult to follow here, as it was during this period that Freud turned to evolutionary biology as a new foundation for his theorizing. Sulloway's (1979) analysis of this conceptual shift is still the most detailed from a history of science viewpoint.

Makari (2008) adds the point that, once Freud hit upon the neurosis-is-the-negative-of perversion formula, he found a very large gift in the literature on perversion:

> Once, the copiously documented perversions had been stumbling blocks for Freud and his theory of neurosis. With this analogy, they became his Rosetta stone for knowing that seemingly unknowable region, the unconscious. [p. 99; see also p. 105]

Freud now realized that what he was looking for in the associations of his neurotic patients were indications of fantasies of engaging in the behaviors Krafft-Ebing and others had already described. The net result is that, amid all the excitements of revised theory building, Freud almost seems not to notice that at the end of the day perversity, still defined pejoratively but on a new basis, is still there. This perhaps adds a new wrinkle to Davidson's (1987) argument that Freud held on to the concept of perversion because of a mentation problem. (There was something else distracting Freud as well—bisexuality—which I will get to in what follows.)

AN UNCERTAIN NORMATIVITY

The conceptual innovation of discarding *perversion* as a meaningful category is one that was difficult for Freud because it rubbed against his cultural values. In the end, he could not fully take it in and left an uncertain normativity (Davidson 1987), as he abandoned the more radical aspects of his theory in favor of a view of mature genitality. This decision left the field with a basic uncertainty over how to approach the topic of the "perverse" and some diverse opinions, to say the least.

One of the more damaging examples of this played out in the post-World War II era in a popular book by Bergler (1956), who brought moralizing and condemning statements to a public eager to rely on professionals. He promoted a harmful environment for many gay individuals with his rhetoric, which included such blanket judgments as: "Homosexuals display an amount of irrational and violent jealousy unparalleled in heterosexual relationships. Even in the rare cases of long lasting homosexual attachments, constant outbursts of jealousy occur" (p. 25).

Speaking of perversion proper, Bergler opined that "without exception, deep inner guilt arising from the perversion is present in homosexuals. This is shifted guilt, and belongs to the masochistic substructure" (p. 25). Yet in differentiating popular understanding of perversion from psychiatric understanding, Bergler insisted that popular views include a moral connotation while from a psychiatric perspective, perversion denotes infantile sexuality encountered in an adult that leads to orgasm. It is, in short, "a disease" (p. 25).

In Bergler's prose, "infantilism" has itself become illness! Be careful what you wish for.

McDougall (1980) also attempted to keep ties to the classical position. She argues that in women who become homosexual, there is a "fictitious sexual identity" (p. 87). Later, she retracted what she had said (McDougall 2001), explaining that at the time she probably did believe what she wrote—that being homosexual must involve some denial of sexual differences, and thus both confusion about one's gender identity and illusions about one's sexual partner. She redefined her early essay as an immature piece of work, explaining that at the time she wrote the paper she was inexperienced and inundated with bad theory.

Loewald, too, seemed to retract an earlier position of his own on the subject, though not as directly as McDougall. In 1951, he stated:

> In the analysis of male homosexuals it can frequently be shown that their homosexuality is fed from two sources: the fear of women and the lack of opportunity for masculine identification. The fear of the woman is, if not predominately a fear of being engulfed by her, a mixture of this and the fear of her as the woman with a penis . . . . It is my impression that this masculine identification can become impossible also if the father is not weak, but so overwhelming that there seems to be no hope of being like him, a constellation that easily becomes fused with and overlaid by the later castration threat. [p. 16]

Later, Loewald (1979) wrote that psychoanalytic views on what was considered *perversion* were changing as lines were redrawn between what was considered immature and mature mental functioning. He cited homosexuality as a good example of this change.

CONSULTING WITH MAGDALENA

Is it possible to live—and more important, to work clinically—without the potentially hurtful ambiguities of "infantilism"? If so, how would that look?

Consider the case of Magdalena Ventura, depicted in a 17th-century painting by Jusepe de Ribera. As a person, Magdalena is situated inside cultural anthropologist Gayle Rubin's (1984, p. 13) "charmed circle" of

sexual valuation: her sexuality is hetero, marital, monogamous, reproductive, and noncommercial. Yet her gender poses a problem: she began to grow a beard at age thirty-seven, one that was broad and thick like a man's. It was said that she bore a completely masculine face with more than "a palm's length of beautiful black beard," and that her breast was covered with hair (Robb 2011, p. 79). The viceroy of Naples was so fascinated by the tale of Magdalena that he invited her to sit for a painting by de Ribera, who depicted the lady with her swollen breast bare, feeding her baby while her husband appears faintly in the background.

Magdalena may have suffered from hirsutism, a hormonal condition, but let us put that aside in this discussion. We should note that the viceroy wanted the picture, that de Ribera was willing to paint her and to make his subject anything but an object of derision, and that Magdalena was willing to sit for the portrait, as was her husband. Although Magdalena *could* have shaved off her beard, apparently she did not want to and no one seemed to mind.

It should be noted that Magdalena and the other Magdalenas of the world are not unusual. Throughout history, there have been many bearded women, and they were and are still a consistent if very small part of the fabric of life. What is inconsistent is the way in which they are treated and understood by themselves and others.

Magdalena was an egg lady who pushed a baby carriage full of eggs she sold to support her family. While people were "fascinated" by her looks, they did not think her ill. The intersection of gender, sex, and sexuality in de Ribera's painting plays with some of the same conceptual rules discussed in Freud's "The Sexual Aberrations." However, by the time of the *Three Essays* (1905a), questions of what is normal and perverse have begun to be codified by the medical-psychiatric-sexological discourse of the late nineteenth century. Freud has to work his way out of this thicket before he can see her as nonpathologically as de Ribera does. Nevertheless, Freud constructs a pathologizing thicket of his own, and it is not clear that Magdalena would have escaped being diagnosed had she ventured into the office at 19 Bergasse.

If she had found her way to Freud's consulting room, would Freud have seen her as neurotic, perverse, an invert or hermaphrodite—or simply as a woman with too much hair? Would she fit into Freud's no-

tions of perverse or sexually aberrant because of her physical appearance? How would we see her? What kind of issues would a bearded woman like Magdalena bring to the consulting room of today's clinician? Would her therapist think of her as bizarre or perverse? Or would the therapist see Magdalena's situation as one of the complexities that occur in brief or extended developmental periods that challenge and transform usual and expectable views of gender and sexuality (Harris 2005)?

Up until the 1980s, she might have been referred to as possibly intersexual or transsexual. Now she might be called a *transgender* person. If viewed as transsexual, would Magdalena be seen by a contemporary clinician along a continuum, moving toward a male identity (FtM)? Or would she be seen as *cisgender*—a woman with too much hair in the wrong places—and be sent off for threading or waxing to close the gap between her natural appearance and what we think is ideal (Harris 2011)?

There are growing gendered categories of experience to understand. For example, *transgender* signifies an incongruence between one's subjective gender identity and one's assigned sex; the opposite experience, *cis,* applies when one's gender identity and assigned sex internally match one's experience. Of course, even these new categories assume a consistency that is not necessarily present. The notion of consistency reflects a pull toward a sexual essentialism that still dominates theories of sexuality (Dean 2000).

"The Sexual Aberrations" produced a new way of thinking about development that clinicians have relied on for more than a century. Clinicians in Freud's era did indeed make observations about the developmental histories of their patients, but they did so principally to document the early presence of hereditary taint (Kerr 1993, pp. 92-93). When Freud announces that perversion is normal in infancy, he is redrawing the lines; early behaviors become relevant not as biological markers, but as a feature of biography.

It is this developmental framework that was revolutionary, though in the present time it has become an unremarkable, ingrained habit of thought. However, when applied to categories like gender identity, taking a developmental history generates exactly the kind of bias toward consistency and essentialism that many of today's clinicians are trying to transcend. Yet is it possible to do clinical work without some kind

of developmental-biographical framework? Breaking up with our traditional Freudian developmental paradigm is hard to do.

Let us stay with Magdalena for a moment longer. How might she formulate her experience? And what might she want from therapy if she sought it? Is she in distress? How might the therapist distinguish psychic suffering from the cultural suffering that comes from stigma, fear, and hatred?

There are no guidelines in how to parse psychic pain from social pain. Further, this could be a false dualism, in fact—one that conceals a nest of interactions.

To determine whether there is suffering, a therapist would ask how Magdalena feels about her body, especially the hair that covers her face. Does she feel vulnerable when people stare at her? Is she afraid she will be attacked for looking different? Or, conversely, has she become attached to her new appearance and acquired a sense of relief or self-integrity? She might feel emboldened by her changes and experience a new sense of vitality. She may be one of a growing number of people who are content to inhabit a more ambiguous gender zone (Thurer 2005, p. 91).

THE GHOST OF BISEXUALITY

There are scattered references to the topic of bisexuality in the *Three Essays* in various contexts. Freud implies that bisexuality—the simultaneous presence of masculine and feminine energies in both sexes—is universal; that in order for development to reach maturity, each gender must repress one-half of its original bisexual disposition; that in both genders, active libido is masculine in character; and that one consequence of this repression is that inversion becomes a universal feature in the unconscious. Sound far-fetched? According to Kerr (1993), building on the research of historian Peter Swales, this theory was actually the brainchild of Freud's friend, Wilhelm Fliess.

In addition to bisexuality, Fliess believed that he could document the existence not only of 28-day feminine cycles, but also of 23-day masculine cycles in everyone. Given that Freud's own cultural context included evolutionary biology, positivism, and Newtonian physics (Makari 2008), this theory solved an essential problem for Freud: namely, why

should sexual impulses be uniquely liable to be repressed? If there was such a thing as universal bisexuality, then it followed that at puberty each gender would face the task of repressing one-half of its original bisexual constitution. That this process could be hit or miss, or hit *and* miss, was in keeping with Freud's general deconstructive project, and not an objection on principle. Freud adopted the theory.

While he waited for Fliess to publish, Freud integrated the theory of bisexuality into his clinical work (which is why it is likewise a sometimes topic in the Dora case; see Freud 1905b). Especially, Freud felt the theory shed light on the energics of repression at the time of puberty—and on the unconscious fixations of neurotics on same-sexed objects. But Fliess continued to hold back from publishing. Freud's discomfort with the situation was charted in one of his dreams, duly reported in *The Interpretation of Dreams* (1900), and in a failure of memory, duly reported in *The Psychopathology of Everyday Life* (1901).

Finally, Freud devised a devious publishing strategy: he shared Fliess's ideas with two different Viennese authors. This allowed him to get everything into print, but the situation blew up, and his action ultimately ruined his relationship with Fliess.

Thus, at the time he prepared the *Three Essays* for publication, Freud was already locked into a battle with Fliess over ownership of the theory of bisexuality. Under the circumstances, it was too risky to use the theory as he would have wished. One can almost see Freud's unconscious at work, betraying him in all this. He made conceptual leaps, but his complex subjectivities or unconscious also played a part in his thinking and writing. This is part of the reason why the *Three Essays* is an incompletely deconstructive work. Freud wanted to rely on the theory of bisexuality and went to great lengths to see that it got into print; unfortunately, he also created problems for himself, his relationships, and the deconstructive project he had begun.

The upshot is that in "The Sexual Aberrations," we have only the ghost of bisexuality. But what if we had the whole thing? Suppose that Freud had bequeathed to subsequent generations a theory postulating that both masculine and feminine elements, presumably biologically based but also with important psychic manifestations, were present in both genders—where would we be then? Would we be closer to con-

ceiving of gender less categorically? Arguably, in some instances at least, we are already there—and it is not necessarily a comfortable position.

A SLIPPERY SLOPE

As clinicians, we enter uncharted waters where the body and subjectivity become negotiable in the therapeutic discussion, as Suchet (2011) has shown. In one of the few psychoanalytic case reports in which the patient begins therapy as a woman and ends as a man, Suchet's poignant description of the treatment reveals her own fears as she tries to keep her footing on what feels like the edge of a very slippery slope. She finds no guidance from the familiar psychoanalytic model of working through intrapsychic conflict. Suchet dreams that her patient persuades her to take her on vacation. In waking life, the patient has a fantasy of being seduced by the therapist; Suchet understands this as a way for the patient to surrender her body and give voice to her silence.

In the interplay between dream and fantasy, one can feel both the fear and the courage of this therapist. Yet the case raises questions. We are left asking ourselves what it means when one can choose the kind of body one wants. Is gender in a free-market society driven by advances in science and technology—just another consumer choice that can be purchased?

We know that, like associations, choices are laden with external and internal pressures, some conscious and some not. And within that matrix of influences, Hoffman (2006) rightly insists that we recognize a person's agency, that we engage the person who can exercise judgment and be responsible for constructing his or her world.

Gherovici (2010), from a Lacanian viewpoint, argues that gender needs to be embodied—and sex symbolized. Her observations about the democratizing of gender and sex signal the hazards of wishing to neutralize gender and sex differences. As she puts it, democratizing minimizes difference. As one eliminates difference, one simultaneously invites uniformity, which in turn can become truly undemocratic or forced. For a 1970s feminist, this is a difficult realization. Maintaining the freedom to choose while we reduce the social constraints of gender and sex may be a worthy goal, but it is much more complicated than earlier liberationists first thought. Be careful what you wish for.

Transsexual desires, once considered within the realm of the psychotic and perverse, have raised awareness among clinicians of a growing variety in subjectivities associated with gender nonconformity and gender dysphoria (Drescher 2010; Leli and Drescher 2004). The autobiographical account of Hansbury (2004), who was born female, captures part of this complexity. Hansbury's description of his transition challenges feminist accounts of masculine and feminine experience. Hansbury is of the school that values difference; but for him, the body and its substances are what make him *male*. Although he had initially hoped merely to pass as male, his reaction to testosterone treatment gave him an additional something he had not expected. Technology drove his experience:

> On the first day, I dressed in a new pair of khakis and a blue oxford shirt . . . . I am sure everyone saw me as a lesbian. My hair was short, I walked like a man, sat like a man. I was, for all observers, butch. No one could see the new chemical I had racing through my body. I was filled with far more testosterone than any man in that office, and nobody knew it. [2004, p. 11]

Gender crossings come with individual confusions, losses, and gains. Those who cross gendered boundaries find themselves in a world of controversies in which they "swing back and forth and in between" (Hansbury 2011, p. 219). However, the ethics and questions behind individual dilemmas have less chance of being heard and evaluated when big money or repressive governments are involved. Reflecting again on Magdalena, we can say that, in 2014, she might be considering the administration of hormones and/or surgeries. Certainly, the medical industry benefits from these choices, but ultimately, does the individual benefit? Be careful what you wish for.

In the 1970s, feminist liberationists wanted to soften or diminish the impact of sex and gender on social arrangements. As the deconstruction of gender progressed, queer theorists destabilized all our binaries, allowing us to examine the compulsory elements that held them in place. Each binary was buttressed by others. Goldner (2011) points out that "male/female was constituted and stabilized by the hetero-/homosexual binary, such that normative gender and compulsory, naturalized heterosexuality required and implied each other" (p. 160).

These conceptual advances, however, are not as yet uniformly absorbed. Culturally speaking, there is a lack of shared language and of a shared set of beliefs and values about the meaning of gender, sex, and sexuality. Yet this gap in a sense of congruity may also be a kind of confirmation of the true situation, for it may be that when it comes to sexuality, both essentialism and constructionism are false choices and can only mislead both theory and practice (Dean 2000).

Can the liberationist project continue the surrender of gender, or will a culture war emerge to tame it? Feminism, of course, has contributed many voices to trouble the basic premises of society. In the mid-1800s, London feminist Barbara Leigh Smith asked, "Do we fully understand that we aim at nothing less than an entire subversion of the present order of society, dissolution of the whole existing social compact?" (Fonda 2009, p. 190).

Not so many years after Smith posed her question, psychoanalysis, too, began to trouble the social contract with its references to sexuality and unconscious motivations. As Freud is said to have remarked to Jung as they arrived in New York Harbor: "They don't realize we're bringing them the plague" (Lacan 1977, p. 116).

Changes in the social order constantly occur, and with them come theories of social change—and actual individual change. Yet understanding the links is not easy. The multidetermined process of change on the individual psychological level is still not well understood. Person (2004) offers a compelling account of how social and individual changes occur. She provides us with a picture of a constantly changing, co-created self and other that incorporate and mutate over time. She suggests that humans have historically borrowed from culture to create the kind of people they want to be.

Of course, humans create culture, so this is an ongoing, reciprocal process. Moreover, contemporary cultural values collided with psychoanalytic theory long before now, shaping and reforming it as societal values have changed and continue to change. For example, the social construction of gender reflected in de Beauvoir's (1952) statement that "one is not born, but becomes a woman" (p. 249) affirmed an existential premise that fueled a revolt against stereotypes and gender limitations, including psychoanalytic ones.

BABY X

"The Story of Baby X," by Lois Gould, ran in a 1972 issue of *Ms.* magazine and was later made into a book. It is a fictional account of a child named Baby X whose parents agree not to impose gender stereotypes as they raise the baby. This experiment reflected the momentum of arguments made by 1970s feminist scholars and theorists who believed that gender prescriptions were hazardous, and that eradicating them would erase the pernicious gap between the sexes. The question of sexual equality thus ultimately rested on the nature of the presumed differences between women and men, and these were thought to be the result of acculturation alone.

In the essay, Baby X's parents receive a manual to guide them in their gender-free child-rearing experiment. Most of what the manual advises would be acceptable parenting behavior today—except for the critical detail of keeping the child's designated sex a secret.

The story describes various situations that Baby X encounters. Some are painful, as when X says, "Other children hate me," while others are funny and heartwarming. Developmental markers, such as beginning school, are fraught with social problems that Gould solves with gender-free solutions. For example, X uses the principal's bathroom because it isn't marked anything except "Bathroom."

A gender-neutral society was the wish of many a 1970s feminist, and in different versions the idea appeared in academia, in fiction, and in song. I can recall—and my children would confirm—that I repeatedly played a recording of *Free to Be You and Me* to them, naively hoping to convey the notion that they were not bound by society's gender rules. Yet the wish to minimize the impact of gender has taken us to a place we did not anticipate.

The story of Baby X signified a social movement toward gender-fluid child rearing and gender equality. As a radical fantasy, however, the story could neither avoid nor surmount puberty. As Gould has it, "By the time X's sex matters, it won't be a secret any more!" (Gould 1972). Yet we are now living through a new phase of societal change that has brought with it new controversies. The biomedical culture has introduced a hormonal therapy for puberty suppression, offering medical relief to "trans-kids"

who have been anxious about their gender since childhood, and who as puberty approaches become more anxious, panicky, depressed, and possibly suicidal. The hope is that, through the use of puberty suppression drugs to postpone the onset of puberty, the young person's panic can be minimized, and there is additional time to adjust to feelings of bodily discord and to contemplate the future (Drescher and Byne 2013). Such medication also buys a way out of becoming stigmatized by peers prior to adult surgeries.

How does a baby like X turn out? The current research in this area has found some associations between gender nonconformity in children and adult homosexuality or bisexuality (Drescher and Byne 2013). There is a smaller correlation between childhood gender nonconformity and adult transsexualism. The relationships are not consistent across all gender-nonconforming children, nor are they all that clear. This is, however, another space in which the culture war is fought. Traditional parents and traditional professionals argue for the necessity for children to be gender conforming, which includes having gender-conforming toys and clothes, as opposed to those who accept without hand-wringing the various gender expressions of children as more or less an entitlement of childhood.

It is worth noting that the medical community's update of its diagnostic manuals leans toward a consideration of human rights issues related to gender identity diagnoses. According to Drescher (2013), DSM-5 work groups retained an adolescent and adult gender disorder diagnosis on the grounds that this ensures access to care despite concerns about stigma. And, despite the uncertainty of the outcome over the course of development, a diagnosis of gender dysphoria and gender incongruence in childhood has been retained, again in an effort to ensure access to care.

To be sure, prepubescent children remain a controversial group, since as Drescher (2013) notes, "some underlying assumptions of the treating clinicians are a matter of opinion, not empirical data" (p. 1). Overall there is movement away from a psychopathological model based on 1940s conceptualizations of sexual deviance, and toward a model that considers scientific evidence and best practices along with the needs, experiences, and basic human rights of everyone (Drescher 2013).

Yet life is still problematic, particularly for children. Consider DeShawn, a nine-year-old black boy living in a psychiatric inpatient unit where his cross-gender identifications are noted in his chart as "sissy-like behaviors." DeShawn sought out a new therapist more at ease with his interest in dolls and makeup (Saketopoulou 2011, p. 205).

Consider another young "trans" man, Lucas, who explains to his "trans" therapist: "It was okay being a butch woman. That's allowed and people were okay with it. My mother, my father, they accepted it. But a man? How dare I?" (Hansbury 2011, p. 215).

Or consider the patient described by Suchet (2011), mentioned earlier, who begins treatment as Rebecca, and after ten years ends as Raphael. And there is Zoe, who has been repeatedly questioned and ridiculed in public bathrooms since early adolescence for being in the wrong place. Over and over, people have not seen Zoe as "woman" enough or "man" enough to pass in either space. The shame and humiliation Zoe carries is enormous, as is her anger at being unseen and misunderstood.

In short, while Freud may have hypothesized a kind of fundamental human bisexuality, these young people are in many ways living it, at least in the realm of gender. And while Freud once imagined he could use bisexuality as a key part of his deconstructive project, the contemporary world has an entirely different deconstructive project in mind. Individuals like Zoe, Lucas, and DeShawn live in a world that reflects different aspects of that deconstructive project—what I call in this paper the surrender of gender.

The culture war continues to grapple with these inconsistencies. Can a woman still be a woman if she looks like a man? What proportion of stereotypical gender conformity tips the scale into acceptance?

Attachment and love confuse our theories. Take the case of Debbie and Christina, who had been partners for ten years when Christina underwent a sex change and became Chris. Debbie grieved the loss of her female partner and of her own identity as a lesbian, but the couple remained committed and loving through all the permutations of their genders and body parts (Thurer 2005).

If 1970s feminism both affirmed and challenged the idea that gender is part of the essential self, 1980s gay and lesbian studies broadened the discussion to recognize the value of individuals with different

forms of erotic and affectional expression. This was a step toward the democratization of gender and sex. Gay and lesbian studies exposed the neglected and marginalized aspects of certain forms of sexual conduct and the entrenched legal restrictions that fueled marginalization. In the 1990s, queer theory expanded the path of liberation to include the identity politics of various groups of individuals, ultimately encompassing diverse types of sexual activities or identities and then rejecting all categories. Queer theory has provided a relief from the pathologizing of nonheterosexual behavior by incorporating Foucaultian arguments emphasizing that the discourse of perversion has functioned throughout modern history as a means of policing and pathologizing non-normative sexual behaviors and relationships.

Yet in another way, "queer" ultimately represents a nonidentity, "an identity for people who don't believe in identities," as Thurer puts it (2005, p. 99). That is to say, these cultural narratives have made their way into a new cultural space and draw on the meaningful participation of a new, primarily younger generation.

Now we are no longer theorizing about these issues from a comfortable distance. We are experiencing the concurrent pain and suffering involved with living them in ways we had not expected. Our streets, like our consulting rooms, are filled with the hard edges of not fitting in and of hiding one's sense of self, and with individuals with new identities and personas who demand to be recognized and acknowledged. The shame and discomfort that accompany these changes are heard in our clinical offices.

For example, a 10-year-old boy with two moms wonders why other people think he needs a dad. *Does* he need one, he asks? Everyone seems to have one but him. But he really likes his family; one of his moms is great at sports, better than most of the dads. Still, there is a question detectable in his young mind: does he want a dad only because many of his friends have one? And as clinicians, we are left wondering: is this a socially induced desire or a psychic need? Does he need treatment to help him accept his different family form?

A conventional therapist told the boy's family that he needed a male therapist to serve as his father figure. His suggestion left his two moms feeling undermined and shamed. They wondered if he were telling them

that they had done something harmful to their son by not providing a father. The guilt and self-hatred each woman had struggled to overcome was instantly reinstated.

What a different outcome they might have had if they had met a contemporary gender clinician who told them that their son could benefit from more friends with two moms or two dads. Or a therapist who could understand the kind of stigma and ensuing shame that this young boy might be experiencing from feeling different than his peers. Or if there had been appreciation of the young boy's attempts to separate himself from his adoring parents—something every child must do in some way. Reducing things to the level of, say, a male role model erases the nuance.

Similarly, the way we craft our intimate lives with partners, children, friends, and others no longer conforms to the dualities and organizing frames of the past. These should not be read as perversions or as unnatural, but as differences.

PERVERSION AND LIBIDO

Such was the foundational status of *Three Essays on the Theory of Sexuality* (Freud 1905a) that to discuss sex and gender in psychoanalysis without reference to what is normative was for many years simply impossible. (This may account in part for the delay before analysts joined their psychiatric colleagues in depathologizing homosexuality.) One may wonder how we have gotten as far as we have given this theoretical conundrum. And in fact, it took about 100 years before the first courses on gender and sex—as separate areas of study, that is—were deemed important enough to be included in psychoanalytic training programs.

But where are we today? Do we still need a theory of perversion, and if we do, do we still need to tie it to some structure of normativity? One place to get started here is Lachmann's (2008) genial observation that "both creativity and perversion have long presented psychoanalysts with an array of challenges, wonder, and probably even some envy" (p. 134). The link between these two areas of human endeavor, for Lachmann, is that both involve "ways of violating expectations." Interestingly, as he notes, many new artistic breakthroughs, such as Stravinsky's *The Rite of Spring*, were initially condemned as perverse. Yet as Lachmann addition-

ally notes: "A moralistic tone hovers over psychoanalytic discussion of these topics. Creativity is idealized; perversion is condemned" (2008, p. 134).

Perhaps we do not need the category of *perverse* at all, then, especially in an age when queer theory has removed a good deal of what the concept once applied to, as discussed earlier. Yet some modern clinicians retain the concept of *perverse* while excluding same-sex sexualities from its purview. Stein (1998, 2005) is an example of someone who sees the concept as necessary; in fact, she finds it perverse *not* to accept perversion. Her argument incorporates the view of Fogel and Myers (1991), who see perversion as "the latest frontier in psychoanalysis, replacing the borderline and narcissistic as the area in which the most exciting new work and thought are being accomplished with the greatest impact on the advance of clinical and theoretical knowledge" (Fogel and Myers, p. 2).

Stein is convinced that "perversion is on a continuum with 'normal' sexuality . . . . Perversion does not limit itself to the sexual perversions, but is rather a special case of perverse modes of object-relatedness and responses to the demands of reality which are perverse" (2005, p. 776). She argues that perversion marks the beginning of our understanding of sexuality:

> By breaking free of ideas about biological heat cycles, procreative imperatives and the myths of compulsory regular discharge, as well as from religious commandments and prohibitions, humans have created a richer, more human, more individual, more intersubjectively intentional sexuality. By partially debiologizing sexuality, we have made it into an expression of love and hate, an anti-anxiety potion and a seductive tactic, an art and a courtly religion. Rather than merely a biological need, sexuality is a practice, an experience and a relation, which, at the same time as it is a configuration of bodily arousals, is deeply fulfilling or sadly sordid, highly sacred or abjectly filthy, and in any case heavily signifying. Thus, a bodily appetite is turned into something else; and the less preprogrammed, the less rigid, the more human and deviant from norms it is, the more signifying it becomes. Perversion leads the way into an understanding of a fully human sexuality. [2005, p. 777]

Stein goes on to juxtapose Stoller's definition of perversion as the eroticized, "loving" form of hatred with her notion of perversion as "false love." She rightly asks:

> Who is to tell where the dividing line is between (a) the symbolizing and artifact-creating individual or culture that desires the colorful and sensuous cross-dressing and gender-crossing to enliven and enrich life and identity and to protest against oppressive pressures, and (b) the alienated individual (or social group), driven to travesty by the need to degrade human compassion, to fake intimacy and to betray those it seduces? After all, the ritual, the substitution, the as-if, the camp, the masquerade, the impersonation, literal or symbolic, appear not only in sado-masochistic relations, or in those loathing their gender or the other gender; they also permeate fashion, sexy clothes, fragrances, jewelry and plastic surgery. [2005, p. 777]

Stein sides with Freud as she argues that perversion is at the heart of civilization.

Penney (2006) offers quite a different understanding of perversity, using power, knowledge, and sex as the basic framework for a cultural critique of sexology. He suggests that vagueness about the relationship between sex and sexuality is a necessary outcome of the psychoanalytic theory of sex. The essence of his position is that sexuality and sex fail as reliable indicators of knowledge of the subject. Sexuality, he suggests, may be a "pseudoconcept" (p. 218) that we are better off without. Citing Lacan and Freud, Penney states that, when all is said and done, the attractions of the object are independent from the aim of the drive.

So the question remains: is *perverse* useful as a category? In terms of theory, *perverse* may be useful both in theorizing and in deconstructing the wide-ranging nature of the human mind, and as a guide for charting the social demands of civilization. But can we analysts arrive at a theory of what is perverse that is in keeping with psychoanalytic values? Perhaps we can if we simply see what is labeled as perverse as a placeholder for the staging of behavior and ideas that test the limits of social acceptability, rather than as depraved or non-normative.

We might imagine a use of *perverse* that would be consistent with the way in which *queer theory* engages a common and consistent experience

by attaching a denigrating term ("queer") to a lofty one ("theory"). The work of this "*perverse theory*" might then be similar to one of the roles of art; that is, it would serve as a social challenge, a form of what Carole Iannone calls "the insistent and progressive artistic exploration of the forbidden frontiers of human experience" (quoted in Hunter 1991, p. 237).

One could also argue that *perverse* is a fact of life, insofar as people respond to certain behaviors with fear, loathing, disgust, antipathy, or the like. And if *perverse* is a fact of life, then our patients are dealing with the reactions that they engender (they may also have some of these reactions themselves—to themselves—as may we), and we should be attuned to this in the clinical arena. This may not be easy for contemporary analysts since we are heirs to what Freud tried to do—namely, to detoxify "perversion" as "infantile."

Sullivan (1953) brings some relief to this predicament with his useful system of personifications, including *good-me, bad-me,* and, importantly, *not-me.* Not-me includes bodily experiences of intense anxiety, loathing, and dread. In any case, it seems that *perverse* is likely to endure as a problem for analysts, as something we find ourselves wrestling with, even if we remain at a loss to come up with a usage we can all agree on.

Personally, although I would argue that anything that misuses the other or that concretizes the psychological is objectionable, I still would not reach for the concept of *perverse.* It is inextricably linked to ideas that analysts have in the main already dismissed, such as libido and drive. Oddly, as a topic, *perverse* might end up outlasting libido, which was supposed to be central to its explanation—a curious outcome. As Schacter (2002) pointed out, *libido* is no longer found in the titles of articles in major analytic journals.

While Freud's achievements remain remarkable, it is not news that the drive model informing his psychoanalytic ideas was grounded in a 19th-century science that has been left behind. The change in scientific climate has swept away Freudian "drive"; Mitchell (1991) argued more than two decades ago that we have simply parted company with a drive model. Instead, we have moved to a model of two-person engagement that embraces interpersonal and relational factors, with more of a focus both on preoedipal object relational and attachment concerns and on

current experience and their implications—as witnessed by the work of numerous theorists, including Mitchell (1988), Ehrenberg (1992), Levenson (1991), Greenberg and Mitchell (1983), Hirsch (2008), and Hoffman (1998), to name only some.

Yet it was to arrive at libido theory that Freud undertook the journey that is the *Three Essays* (1905a). And this is what "The Sexual Aberrations" in particular is all about—in Freud's mind. The hop, skip, and a jump from perversion, to hysterical symptoms, to infantile sexuality was his way of finding his footing as he crossed the river of 19th-century sexology to get to the promised land of libido theory.

Today we no longer maintain Freud's natural scientific agenda. We no longer see the analytic office as the place to prove a specific theory of development, libidinal or otherwise. Indeed, contemporary psychoanalysis holds a friendlier attitude toward not knowing generally, and toward exploring without agendas what Ehrenberg (1992) calls the *intimate edge* of what can be shared. In these ways, the contemporary analyst attempts to remain open to the experiences of the Magdalenas and the Raphaels of this world.

BREAKING UP IS HARD TO DO

Our contemporary views of human behavior deviate from Freud's in seismic ways. In particular, we have abandoned the bridge to the physiological once afforded by libido theory in favor of adopting multiple templates as a way of embracing the pluralism of experience. Yet the value of psychoanalysis still lies in stepping outside the frame of conventional society by asking questions that allow protest.

Halpern (2003) noted that if queer theory is to have a future worth having, we must find ways of renewing its radical potential, and the same is true for psychoanalysis. The field must move both with and beyond the *Three Essays* in reinventing a capacity to startle, to surprise, and to help. Finding new ways to think what has not yet been thought in a careful, nondefensive, yet passionate way is crucial.

Psychoanalytic knowledge is born from developing and drawing the patient into a collaborative inquiry in which both the patient's desires and the analyst's genuine participation can find a home (Hoffman 2010;

Mitchell 1991). Because our knowledge remains constrained by cultural discourse, as we work to gain access to thoughts unknown or unthought (Stern 1987) by asking questions such as "What's going on around here?" (Levenson 1989, p. 538), we also assume that the patient's vision of life, like ours, is full of inattentions, repressions, disavowals, and distortions that constrict vision, even as they may once have promoted survival (Levenson 1990).

That is to say, we still assume that what is perplexing *about* the patient and *to* the patient will reflect in some way or other the patient's prior experience or development. Does this make us heirs to Freud? Yes and no. Our sense of development has been transformed, along with our sense of "infantilism." Unlike Freud's, our infant has relational needs, and it is those wishes and needs that come into play for us as Freud's heirs.

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Volume LXXXIII, Number 2

THE WIDENING SCOPE OF INDICATIONS FOR PERVERSION

BY NANCY KULISH AND DEANNA HOLTZMAN

Much has changed in clinical practice and theory that bears on the diagnosis and treatment of perversion since Freud's Three Essays on the Theory of Sexuality *(1905). Definitions of perversion have been freed from assumptions of a heterosexual normality and from moralistic interpretations. The authors endorse the current emphasis on aggression and early narcissistic problems and include the notion of splitting and sexualized scenarios in their definition of perversion. They present several vignettes of male and female patients to demonstrate the debts owed to Freud's theories and the way in which their thinking differs. They emphasize the understanding of the transference-countertransference picture and the patient's management and control of excitement.*

Keywords: Perversion, Freud, sexuality, homosexuality, transference-countertransference, fetishism, castration anxiety, narcissism, female perversion, compulsive sexuality, erotic transference, voyeurism, oedipal themes.

INTRODUCTION

Freud revolutionized the understanding of perversions and perverse behavior. His basic ideas on "sexual aberrations" are found in the celebrated paper *Three Essays on the Theory of Sexuality* (1905). Here he clarified features common to all perversions and outlined concepts of bisexu-

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ality, deviations and/or fixations of sexual aim or object, the component instincts, and a description of the erotogenic zones. As articulated in his theory of sexual development, partial sexual instincts of earliest infancy gradually become integrated under the influence of genital primacy in the phallic phase, and are permanently organized from puberty onward.

For Freud, a perversion resulted from an interference with integrated genital sexuality. This developmental interference is revealed in maturity when one aspect of foreplay predominates in pleasure over the sexual act itself. Any sexual pleasure that is not in the service of mature heterosexual genital intercourse, therefore, was considered a perversion: "The perversions were thus seen to be on the one hand, inhibitions, and on the other hand, dissociations of normal development" (Freud 1905, p. 231), with their roots in infantile sexuality. These conceptualizations were couched in terms of normality or developmental deviation: "The normal sexual aim is regarded as being the union of the genitals in the act known as copulation" (1905, p. 149). In this reasoning, "inversion," or homosexuality, was designated a perversion.

At the same time, Freud placed what he had dubbed *perverse* on a continuum with normality: "The importance of these abnormalities lies in the unexpected fact that they facilitate our understanding of normal development" (p. 141). Elaborating this idea, he wrote, "The sexual instinct of psychoneurotics exhibits all the aberrations which we have studied as variations of normal, and as manifestations of abnormal, sexual life . . . . The unconscious mental life of all neurotics (without exception) shows inverted impulses" (p. 166). Hence came the notion that the fantasy life of the neurotic mirrored the overt behavior of individuals with perversions—that one was the "negative" of the other.

It is clear in examining Freud's ideas closely that he did not think of all perversions as pathological per se: "If a perversion has the characteristics of exclusiveness and fixation—then we shall usually be justified in regarding it as a pathological symptom" (p. 161). That is to say, something beyond a developmental deviation was needed in order to label a behavior *pathological.*

Has psychoanalysis moved beyond Freud in contemporary understandings and treatment of "aberrant" or "perverse" behaviors today? In our personal approach to the treatment of perversions, we are in-

debted to many of Freud's ideas that are articulated in this essay: first, the groundbreaking notion that usual and unusual erotic behaviors can be understood by a study of infantile sexuality; second, the insight that perversions are unconscious forces and factors in the mental life of all individuals; and third, the possibility of understanding perversions and perverse experience clinically. Freud's bold assertion for his time was that the mechanisms of seemingly mysterious sexual symptoms and behavior can have purely psychic meanings independent of biology.

At the same time, much has changed in clinical practice and theory that bears on the diagnosis and treatment of perversion in contemporary psychoanalysis. Unfortunately, definitions of perversion based on developmental deviation and assumptions of a heterosexual normality have become entangled with judgmental and moralistic interpretations. Much of the problem, we think, comes from associations to the terms *perversion* and *perverse*—in common usage in German and English—to *wickedness* and *depravity,* in dark tones that we do not find in the *Three Essays.*

Additionally, the idea that perversion is the negative of neurosis is no longer generally accepted (Coen 1985). Another notable change in contemporary psychoanalytic attitudes is the rejection of the idea that heterosexuality and heterosexual intercourse are the criteria by which normal sexual practice is to be judged and thus perversion defined (Chodorow 1994).

Finally, several currents in contemporary psychoanalysis have contributed to the widening scope of indications for and understandings of perversions in the clinical situation and in everyday life (Ross 1997). Deeper understandings of early development and object relationships, an appreciation of the role of trauma, and the move from a one-person to a two-person psychology—all have impacted our particular clinical approach to perversions.

Before going further, we will need to specify what we mean by *perverse* or a *perversion* (although a complete review of the contemporary psychoanalytic literature on perversion is beyond the scope of this paper). There is no simple or agreed-upon definition of perversion (Jacobson 2003; Tuch 2010). Perversion can be defined from descriptive, etiological, characterological, sexual, defensive, clinical, nosological, developmental, or transferential vantage points, each of which is valuable.

Freud (1905) posited criteria whose presence indicated perversion: first, any preponderant sexual interest in parts of the body other than the genitals; or second, an activity aimed at anything other than heterosexual intercourse. Stein (2005) points out that perversion defined in this way has become a socially, historically, and theologically loaded term. Contemporary definitions of perversion have turned away from a sole emphasis on obligatory sexuality to stress aggression, narcissism, and object relations. Argentieri (2009), for example, suggests that perversions hide and express primitive needs of fusion and contact. Kernberg (1991) and, earlier, Stoller (1975) stress the predominance of hatred and sadomasochism inherent in perversion.

Lacan (1966) defines perversion in terms of castration, but in a different sense from Freud—as a separation. Goldberg (1995) and other self psychologists see perverse pathology as a failure of internalization, including in their definition a distorted psychic structure, seen in a split between the sense of reality and that of the self. Novick and Novick (1987, 2004) stress an underlying state of infantile omnipotence and hostility in perversion, as in the use of others to humiliate or be humiliated. Joseph (1971) describes a particular "perverse relatedness" that appears in the clinical situation, echoed by Etchegoyen (1978) and Richards (2002), who speak of the *perverse erotization* of the transference. Jimenez (2004) offers an interesting approach to the clinical situation utilizing the concept of the intersubjective field, in which the very frame of the analysis becomes disturbed with inevitable collusions between the mind of the analyst and perverse transferences of the patient.

A common characteristic in almost all definitions of perversion is the distortion or splitting of reality—for example, in Chasseguet-Smirgel's (1984) notions of the perverse inability to accept generational and gendered differences, Goldberg's (1995) split sense of self, and Coen's (1998) description of perverse defenses. Many, but not all, retain sexualization of behavior; most emphasize the perverse erotization of the transference, frequently accompanied by underlying narcissistic structures. Richards (2002, 2003) emphasizes sexual pleasure in the service of aggression and feels that aggression toward the mother underlies female perversions. Almost all include in the clinical picture compulsory

behaviors or fantasized scenarios and perverse scripts, either sexual ones or simply those used as a means of expressing hostility.

Based on our clinical experiences, we endorse the emphasis on aggression, humiliation, and dehumanization of the object, and we view early narcissistic problems as intrinsic to the understanding of perversion. Additionally, we include the notion of some sort of splitting or distortion of reality as a criterion and would retain the idea of sexualized compulsions or scenarios. And, like Stein (2005), we hope to separate the understanding of perversions and perverse behaviors from condemnatory, marginalizing attitudes and indictments of difference. We think that Stein is getting at the essence of the way we think in her description of perversion as "a haven for the disguising of hatred and suspicion as excitement and (false) love" (Stein paraphrased in *British Journal of Psychotherapy* 2005, p. 273).

We are also in sympathy with Tuch (2010), who warns that: "There is a clear-cut danger in overextending a term to include so wide a variety of different phenomena as to render the term conceptually useless" (p. 159). And certainly, the uses of the term *perverse* have become even more varied and loose. However, what we are referring to as the widening scope of indications for perversion brings us depth and gives us more clinical tools with which to deal with complex and difficult clinical phenomena.

In dealing with patients with perversions or perverse behaviors, we believe, as do many others, that the understanding of the transference-countertransference picture is defining and central. These pictures often have unusual and intense characteristics. Perverse transferences almost always include some type of action. Perverse countertransferences, in turn, seem to provoke the analyst to act out or to collude with the patient in a different, uncharacteristic manner (Goldberg 1995).

We will present several vignettes of cases from different phases of analyses in order to demonstrate the debts we owe to Freud's theories of perversion, as well as the ways in which our thinking differs from his. We will focus on the defensive and adaptive aspects of perverse behaviors: acting out, the addictive nature of the perverse scenario and behaviors, and the effects of these on the analyst. We will highlight an additional facet in the diagnosis and understanding of perverse behaviors: *the man-*

agement and control of excitement, and the question of who is the excited one and who is "the exciter."

MR. A

In terms of Freud's original definition of a perversion as anything that is obligatory for sexual arousal other than heterosexual intercourse, a fetish is the most clear-cut illustration. Freud (1927) explicated the meaning and purpose of a fetish in terms of castration anxiety:

> It revealed itself so naturally and seemed to me so compelling that I am prepared to expect the same solution in all cases of fetishism . . . . The fetish is a substitute for the penis . . . a particular and quite special penis that had been extremely important in early childhood but had later been lost . . . . The fetish is a substitute for the woman's (the mother's) penis that the little boy once believed in and—for reasons familiar to us—does not want to give up. [pp. 152-153]

He went on to describe the fright of a boy when confronted with the female genitals in terms of castration anxiety. Thus, an object is chosen for a substitute for the penis while the reality of the perceived castration is "scotomized"; by a special kind of splitting or disavowal, a detachment from a piece of reality, the boy can maintain an inner fantasy that undoes the castration.

This view of fetishism is very clear and definitive; it is a deviation from "normal" intercourse and understood in terms of castration anxiety. In contrast, contemporary psychoanalytic ideas of fetishism stress aggressive and sadistic meanings. For De Masi (2003), for instance, every perversion involves a process of degradation of the love object, whereby the person is transformed into a thing: "In fetishism, . . . the vehicle of sexual imagination is the concrete object which replaces a human object" (p. 14). Both these definitional views, old and new—pertaining to castration anxiety, and to splitting or sadism and degradation—are axioms that provide the analyst with a frame within which to understand a person who presents with a fetish. Yet a frame can be simultaneously both helpful and constraining.

With such thoughts in the back of her mind, the analyst began an analysis of a young man who, to quote him, had a "fetish." On the In-

ternet, Mr. A had looked up *fetish, psychoanalysis,* and *transference,* apparently using the information he found to quell his anxiety. He had been in a brief psychotherapy because he was lonely and unhappy. Successful in his work in advertising, he was unable to move forward in his personal life. He had some close male friends but never a close relationship with a woman. He confessed that he had only had sex a couple of times with a prostitute; he had been able to have an erection, but found the experience unsatisfying. It became clear that in this need to keep himself from sexual engagement with another, Mr. A had sequestered himself from others apart from his family, a few friends, and work associates, and was admittedly desperately lonely. After a few weeks of analysis, he forced himself shamefully to describe his fetish but did not return to it after that.

In describing the fetish, Mr. A made it clear that he was afraid to give up a part of himself that was sequestered mentally in a special place. He said urgently, "It is *mine*." His sex life was limited to masturbating with the fantasy of watching a man or men being shaved. This had been with him since puberty. Associatively, he linked the fetish to a childhood experience at camp when he felt homesick and unsure of himself, and remembered the other boys talking about beginning to shave. In the same session that he described the fetish, he also revealed recurring nightmares of "watching through a window three pairs of tigers—or maybe two groups of three tigers."

Hearing these details of his masturbation fantasy and his dreams, the analyst could not help but think first of Freud's (1927) dictum that a fetish may signal an attempt to deal with castration anxiety. The analyst was reminded of Blum's (1978) famous case of a man who had a similar-sounding fetish about being shaved (see also Freedman 1978). Blum suggested that the patient's fears of castration and sadomasochistic preoccupations reflected a history of childhood traumata and the fact that, during adolescence, he had lived in a world of ultimate catastrophe: the destruction of the Warsaw Ghetto and the horrors of war.

The visual elements both in Mr. A's symptom and in the dream of fearful tigers—in both, he is looking at something—suggested early, frightening voyeuristic and primal scene experiences (the animal *à deux*—that is, the combined parental couple). At the same time, the ana-

lyst consciously tried to put these thoughts aside and listen with an open mind as she was becoming acquainted with and trying to understand Mr. A.

Mr. A presented as an earnest and very serious young man. He was intelligent, verbal, and thoughtful, and tried very hard to make connections and to figure himself out. Each time he entered the office, he smiled shyly and seemed to incline himself forward as if to signal a need for contact with the analyst. But at the same time, he was consumed with anxiety. Starting anything new, he explained, had always made him anxious. He was anxious about his need to leave his trusted former therapist—separation made him anxious. He was anxious about starting analysis and initiating a new, more responsible and difficult position at his work as the result of a promotion. He said he could not try new things unless he was sure he could do them very well.

Indeed, in the first months of analysis, managing this overwhelming anxiety was uppermost in Mr. A's mind. He began each session with an assessment of his anxiety level, like a barometer: "a little anxious today," or "feeling very anxious on the drive over," etc. His concerns about the work situation and anxiety over his performance there filled the hours. "This anxiety is unsustainable," he lamented repeatedly. To herself, the analyst thought how phallic the worry about performance sounded.

Pulled into Mr. A's all-consuming anxiety, the analyst at times found it hard to get some internal distance from the affect that filled the room. The anxiety seemed catching. Mr. A's anxiety appeared to go beyond and deeper than castration anxiety. The analyst would find herself wanting to console and reassure him, but tried to hold the anxiety within herself and then to put Mr. A's fears about analysis and the analyst into words. She was aware that his unconscious resistance took the form of trying to control the situation intellectually and to arrive at analytic understandings of his own. She felt these (narcissistic) defenses should be respected; it was clearly important that he feel in control and able to guard his autonomy.

Yet at the same time, Mr. A seemed desperate to make a connection with the analyst and to be understood by her. This tension defined the first months of analysis—the patient's fear of closeness and need to control his interactions with the analyst by appropriating her interven-

tions as his own, and a conflicting but clear need to be understood and to connect.

Mr. A described his mother as well-meaning but extremely controlling and very anxious—perhaps an early view of the analyst in the transference. He gave examples of how his mother conveyed her anxiety by voicing her sense that something bad was always imminent, and said that, as a child, he had to mold his behavior to please her so that she would not be anxious. His father passively ignored the mother's anxiety and controlling behavior. Looking back on his frequent temper tantrums as a child, Mr. A thought he must have needed attention. Sadly, he said that he was never heard or understood by his parents.

He reported that he had never felt sexually attracted to a woman, although soon there were a few memories to the contrary. For example, he liked a little girl in grade school who was around the same age as he. Other kids told him that she liked him, and he was very happy about this, but it turned out to be a cruel joke. Even as the analyst wondered to herself about the possibility of repudiated homosexual feelings, Mr. A asked at one point, "Could I be homosexual?" He added that he felt no sexual attraction to men either.

Mr. A said that starting the analysis was "like going on a first date"—that is, fraught with anxiety. To herself, the analyst recognized the sexual implications of this for the transference. He talked about his hopes of meeting a woman with whom he could have a close relationship, marry, and have children. He had had a relationship briefly with a woman about two years before; after a series of dates, he realized that he liked her and felt she was "nice and understanding." He told her, "Let's take this slowly," and she said, "That's fine." At that moment he was aware of an erection. But then he fled and never called her again. He looked back on this with regret.

Similarly, within the analysis, the content of Mr. A's associations often appeared to be about wanting to flee his current job. "I want to get out of here [his job]," he would say, and the analyst would try to show the patient his fears of the developing relationship with her. "I think you also mean out of *here,*" she said. He could see this parallel and acknowledge it, could reassert his gaining comfort in the analysis and with the analyst, but would then return to his discontent with his work situation.

He frequently described his immediate boss with a mixture of admiration and fear. It was evident that he wanted to win his favor and to be closer to him. He was also concerned about his conflicted relationship with a fellow employee, Jim. From his readings on the Internet, Mr. A concluded (correctly, the analyst thought) that he had a "transference" toward Jim. "It's complicated," he said, as additionally he saw himself in Jim. He tried to be helpful to Jim by coaching him about how to integrate into the company, trying to get him to enter therapy, etc., but felt very angry and hurt when Jim got a new girlfriend and pushed him sharply away.

Mr. A explained that, in the past, he had had no such problem with his good male friends. But Jim's girlfriend was described by another buddy as controlling and a "separator." Some months later, Mr. A reported another dream of a tiger—this one was lying in a bed between him and Jim. The patient's associations to the tiger went to the girlfriend, to his mother, and finally to all women.

Mr. A admitted that his relationship with Jim was intense and unhealthy, and that the two of them were hurtful—at times insultingly cruel—to each other. Yet he could not help thinking about and trying to figure out their relationship, and was pulled to contact Jim, especially when he felt lonely on the weekends or at night. To the analyst's mind, this relationship both suggested the (negative) oedipal triangle (in that, as a child, perhaps Mr. A felt his mother had pulled him away from a closer relationship with his father) and seemed to be a turn toward a sadomasochistic solution to loneliness experienced in separations from the analyst. Mr. A acknowledged his feeling more anxious and lonely when there were breaks and interruptions in the analysis; he asked for makeup sessions whenever possible.

The following extracts from sessions demonstrate the patient's struggles around letting himself become closer to the analyst in the first months of the analysis.

A Representative Session

The patient began by obsessing about the feedback he got from his boss—mostly very positive, but with some added pointers. "I guess I took

it positively. I never know when he will not be positive. I don't know when the ax will fall. I'm showing more confidence and less anxiety in front of him . . ."

The analyst commented that the patient's attitude, in general, was that criticism was going to come. He replied:

> Yes, especially at work, but I feel good that my boss is planning to get more involved in the day-to-day business, so it will be helpful . . . . I had a conversation with Jim, filled with his anxiety, and I see that I try to take a sort of therapeutic position with him and make him feel better. He is in danger of losing his job. He asked me if I could get him a job in my division. I told him no, that he needs a better job that would fit him more, and it wouldn't be good for us to work together . . . . My anxiety was frankly raised. I was thinking about why I've been so anxious lately. It's been raised, I think, by the two dates I went on, which really weren't bad . . . .

As part of a strategy to in some way address the patient's compartmentalization, the analyst said: "It's hard for you to separate out certain connections in your mind. You try to do so with thoughts of women being controlling and your worries about sex, just as you keep your fetish in a particular compartment of your mind."

Mr. A was silent a moment and then said, "And the Jim thing—I will be relating to Jim and suddenly he's not there. It's happened before." The analyst and Mr. A had begun to discuss how Jim reminded him of his father, and how it bothered him to see Jim let a woman control him.

In the next day's session, the patient, very anxious, complained that his new position at work might be too much for him, and that he was not getting enough help from his boss: The analyst tried to link these anxieties and insecurities to the transference. At the end of the session, the patient asserted, "*I* should be solving this!"

A Subsequent Session

Mr. A began with an announcement:

> That magic transference may have happened last night in regard to you. I was thinking about my work. No one has told me

> what to do there, and it's bad, and I tell myself it's not going to reflect on me—I was telling myself that. But then I was working on something my boss asked me to do, and I couldn't just cover up for the fact that the people down the line don't know what they're doing. I just said to myself, "Let's just make it bad—let's make it observable." My boss is hearing my frustration. He does understand, and then I thought to myself, "*She* can't help me, just like my mom. I'm alone in this. I can't be helped." You . . . I expect there *is* someone who is going to solve all this, although I know that isn't realistic. It wasn't exactly anger; it was frustration. I often turned to my mom when I grew up. I had to put on an act and exaggerate in order for her to talk to me and tell me everything's not going to be so bad.

The analyst reflected, "The magic transference, as you call it, is here in these feelings."

He continued, "Maybe I felt you couldn't make me feel better yesterday. I wanted it to work that way. I want an answer, not to be so upset."

The analyst said, "Yesterday also, the feeling that you weren't good enough slipped out and made you feel even worse."

"Yes. That's really it," Mr. A responded. After a pause, he said, "I did have a thought—about what other things I could be doing at work. But it feels unfixable. What happened yesterday made me feel more like it was unfixable—the company, the internal chaos there."

The analyst said, "I think you are afraid about yourself—chaos and your feelings inside. You can't get help from the outside, from me."

Mr. A answered very strongly, "Yes." Then, in the midst of this, he exclaimed, "I just want to run out and find a new job!"

The analyst said, "You want to run from your boss, the company, and me."

He replied, "*Not* analysis." Then he reiterated his frustrations.

"It's all connected," the analyst commented. "It's not surprising, is it, that you developed a way to not feel frustrated and to be gratified sexually by yourself, and not with another person?"

Mr. A said, "Yes! . . . Yes. So the woman I find has to be the right one. I wish all likely women were just in one place. Even the process of finding a woman is frustrating."

"I appreciate that you are in a frustrating spot," the analyst replied.

Mr. A returned to talking about his situation at work (in obvious displacement, the analyst thought):

> I do have a boss who will be there and help. He'll join in the battle. It will take more senior people to make a change . . . . [Short pause.] I don't know . . . . There's a link to sexual and performance anxiety. I can see that . . . . I'm afraid I will appear worse . . . so I'm needing to satisfy myself. I'm afraid I won't get to the end of the road, sexually. Hmm, maybe I am self-sabotaging my relationships.

Just as the session ended, Mr. A concluded, "I do have hope in myself." The analyst said, "But not so in someone else."

A Session of One Month Later

Mr. A began to muse about how he might be able to tell the truth to an understanding woman whom he might meet. Imagining himself in a sexual situation, in bed, he noted that he might be able to tell her he was sexually inexperienced and needed to go slowly, and she would understand. Then he would be able to become intimate.

As he spoke the words aloud, as if he were in that moment, it seemed as though he was talking directly to the analyst. In the countertransference, she experienced a feeling of closeness and was aware of some sexual stirrings.

Months later, Mr. A revealed that he had been aware of an erection as he was speaking, rehearsing the words as he lay on the couch.

Discussion

At the beginning of his analysis, Mr. A demonstrated prominent narcissistic issues in his self-reliance and need for autonomy, need to be in control, goals of perfection, strong feelings of shame, and fears about performance. At the same time, his history and his relationship with the analyst showed that he had a capacity for object relatedness. There were suggestions of early narcissistic disappointments, perhaps sexual overstimulation, and acknowledged fears of being taken over and controlled

by women. In the patient's mind, his father could not help him separate from his mother. Yearnings to be closer to father were evident in his relationship to his work colleague, Jim, and to his boss. The castration fears that Freud laid out as the basis for fetishism were evident.

Freud's description of fetishism being the reverse of neurosis certainly did not prove true in this case. Mr. A's symptom of a fetish and his narcissistic issues, typical defenses, and characterological and neurotic tendencies all seemed to be compromise formations that were closely connected and intertwined.

The countertransferences experienced by the analyst—the need to soothe the patient's anxiety, the sense of holding herself back from becoming too intrusive—were responsive to the transference and to his memory about how he had felt about his mother: "Leave me alone!" The analyst's sense of holding herself back and her heightened sexual awareness were keys to the emerging transferences and to understanding the patient's experiences: his deep-seated fear of being controlled (and perhaps excited) by a woman in this opening phase of analysis.

MR. R

Mr. R, a 50-year-old married man with two children, came into analysis to deal with problems of uncontrollable anger that were severely hampering his progression in his career as a lawyer. A good-looking man, he reported that he had had many affairs with beautiful women—some long-term and some short-term—and that his sexual needs were intense. He knew his long-suffering wife loved him, and indeed she remained with him while he lived outside the home with mistresses, in a separate apartment. She had been a virgin when they first met and began to have sex. According to Mr. R, his wife was the "salt of the earth," and, importantly, she was the mother of his children. He saw himself as "tethered" to her so that he would never leave or abandon her. After he had divorced her, the fact that he continued to vacation with her and lavish money on her drove his girlfriends and mistresses mad, in both senses of the term. He was always involved with at least two women.

It soon became evident in the analysis that the patient had sadomasochistic relationships with everyone, including repeated perverse

scenarios, based on an early history of overstimulation and primal scene exposures. His mother was Jewish and his father, Christian. Throughout his childhood, his father's work as a business executive took him away from home to the Far East for long periods of time. Every time the father returned, an intense spark of sexuality between mother and father was obvious. It was a joke that the mother's pregnancies, producing four offspring, were the fruit of each of these reunions. The loss of mother's interest and affection (such as it was) was a concomitant experience for Mr. R as a child—not only every time his father returned, but in general. In addition to the sexual charge of their relationship, mother and father would argue and bicker incessantly.

The patient's relations with his older sister and brother were complex, ranging from at times being mothered by his sister to being frequently beaten up by his brother. In consequence, he began to "live outside the home"; that is, as an adolescent he would stay away from the house with friends. He commented that no one taught him hygiene, and that he once had "a black mark" of dirt at his underwear line that a friend noticed. He had felt abandoned, vulnerable, hurt, and very angry—all of which the analyst intuited but felt that Mr. R hid from himself.

Experiences of "peeking," reactions of erotic arousal, feelings of overstimulation, and anger at being left out of the parental duo dominated Mr. R's psychic life. His earliest memories in childhood were of lying on the floor for long periods of time and looking up his mother's skirt while she was standing at the sink doing dishes or preparing meals. When asked, he recalled that she wore white underwear "most of the time." He also told the analyst that, as a little boy, he had peeked at his mother through the shower door. In another memory, from when he was about eleven, he saw his father hugging his mother as she stepped out of the shower. He also remembered his father dressed and preparing to leave the house while his mother was nude (probably a condensed screen memory).

Several years into his analysis, Mr. R began to experience intensely erotic feelings for his female analyst. These feelings emerged at first through dreams. For example, he reported a dream about a dead-end street, which he associated with birth, death, and female genitalia. He said, "Beautiful ladies are a trap." His first thought went to Sharon Stone,

the actress who played a dangerous blonde in *Basic Instinct*. She reminded him of his mother and the analyst. He recalled the famous scene in the movie in which the viewer can see up Sharon Stone's skirt and she is not wearing underwear. Recalling another scene in which she takes a shower and the shower door steams up, he noted, "People can't see in."

Mr. R recalled that, as a young man at college, he masturbated while looking through a half-open window at older women passing his apartment. People could not see in, but he could see out. He next remembered the famous scene from the movie *Psycho* in which a woman is murdered in the shower by a male killer dressed as a female.

The patient remarked that he thought as a youngster that the female genital was like a . . . and he began gesturing in a confused manner, trying to convey a dream image he had, one not totally comprehensible to the analyst. He said it (the female genital) was "on a stump with waving strands—a cut-off image," with what looked like pubic hair. The analyst remarked that the image he was describing resembled a sea anemone. Mr. R was "not aware" (consciously) of the characteristics of anemones that grab, entrap, and devour, which seemed to the analyst to be his unconscious view of the female genital and of her.

The analyst thought to herself that Mr. R's confusion in describing the genital and her confusion in comprehending him reflected a little boy's confusion and fear at the sight of his mother's genitals. She interpreted to the patient his mixed feelings of sexual interest and murderous rage toward her for not being available to him when he wanted her. So the analyst and Mr. R came to understand that the image of Sharon Stone represented his unconscious view of beautiful women as a trap, with their frightening, "grabbing" genitals; this was his unconscious representation of women: sweet as honey traps. He experienced the analysis and the analyst as just that.

The patient began to cancel sessions, which he blamed on his professional commitments. He announced he was afraid of getting trapped in the analysis. He tried to "live outside" the analysis, just as he had lived outside his home as an adolescent. He dreamed about an enemy "Jap" smiling at him; he was terrified and unable to get away from this image. This brought back tales and movies about World War II. When the ana-

lyst asked for further associations to "Jap," Mr. R laughed anxiously and said, "You mean 'Jewish American Princess.'"

The analyst suggested that it made him so uncomfortable to have that thought about her, the analyst, that he put it into her mind. She asked why he was so uncomfortable with his idea that his analyst was a "JAP," trying in this way to help him acknowledge and tolerate his sadism and wishes to humiliate her. He said, "The Jews are smarter than anything. They are pigs with money." This occurred on the day when he was to give the analyst a month's payment.

This interchange was typical of attempts by the patient to put the analyst down by using anti-Semitic and misogynist talk. For the most part, her understanding of the meanings of this as indications of his own self-hatred and his rage at not being chosen—his need to turn the tables—helped her not to be provoked. But what did get her more "riled up" in the longer run was the countertransference to what he was doing to his two daughters, which was presented as his moral front: "I'm honest and not hiding anything from them." That is, Mr. R openly flaunted his mistress to his long-suffering, masochistic wife and children. All knew about his affairs at his office as well. The analyst could not help but wonder about the impact of this exhibitionistic behavior on his children—their feeling abandoned, as he had felt as a child, and their seeing the idealized mother denigrated. He seemed to be identified with his traveling father, who he felt certain had had one or more affairs.

Thus, the more troubling countertransferences came from the analyst's identifications with the patient's wife and children, and her inability to help this man contain his acting out. Mr. R would frequently interrupt his analysis by canceling appointments, while always paying for them, and continue to carry on with his mistresses. In this way he managed to project and create feelings of impotence and helplessness within the analyst.

Mr. R's need to control and excite women and onlookers was also evidenced by his behavior with his mistress. He had his mistress enact certain scenes. She willingly complied with his demand that she stand at the edge of a park with her top off, so that when persons in a car rounded an adjacent bend, they would be surprised or shocked at the sight of a beautiful topless woman and "might swerve—have an accident," etc. Another

favorite scenario of his was to be in a hotel room with a mistress and call for room service. His mistress, nude under an open robe, would stand facing a mirror. The waiter would roll in the cart and see her reflection in the mirror with her robe open. Of course, he would be shocked, stare, and become excited and embarrassed, while the patient would watch him with pleasure. He was in control while others were excited.

Discussion

The memory of the stimulating and frightening view of Mr. R's nude mother, associated with the one of her with his father, formed an important organizing factor in his development and an underlying source of castration anxiety and perverse behaviors. What is particularly germane to our discussion of perverse behaviors is the attendant and ever-connected sadism linked to these erotic scenarios as Mr. R described them: the scene from *Psycho* in which a woman is murdered in the shower; the potential for a terrible "accident" for a driver rounding a bend and seeing a naked woman; and the embarrassment, helplessness, and voyeuristic excitement of a room service waiter. Mr. R was the director of these enactments, which would induce shock, titillation, and excitement in the viewer—exactly what he had experienced as a young boy.

But what is also important to our understanding of the patient's sadomasochistic perversions and exhibitionism is the simultaneous, narcissistic need for control and power. In his perverse, repetitive reenactment of scenes, he set himself up as the powerful man/father with his mistress/mother, triggering emotions in onlookers that ranged from mild shock to greatly disorganizing and dangerous dismay. In all these scenarios, he was able to quell his own affects of powerlessness and perhaps fear of disorganization.

It took many years of analysis before Mr. R could tolerate understanding that he had homoerotic feelings, first centered around his erratically absent father, and also as a protection against the severe castration anxieties that he experienced and had dealt with by having many, many affairs—the Don Juan syndrome. Earlier, preoedipal yearnings to be loved and cared for by his mother—yearnings that were consistently frustrated and left him murderously enraged—were embedded in the

fantasy of the transvestite figure from *Psycho,* a man dressed as a woman who kills the woman who excites him. The inevitable arousal of an erotic transference to an older woman analyst revived all these anxieties and defenses.

Thus, a full unraveling of the meanings and functions of this patient's perversions called for a widening scope of concepts, including but also going beyond castration anxiety and sexual fears organized around primal scene experiences, to ideas about narcissistic cohesion, early disappointments and rage, and the wish to control others, as well as the need to manage overexcitement.

MR. Y

The next example is of an individual with a so-called sexual addiction. Jacobson (2003) suggests that, from a psychoanalytic perspective, what is commonly called *sexual addiction* can be better understood as a form of perversion. He summarizes the underlying issue in such individuals as the "inability to psychically process or symbolize experiences of lack" (p. 110).

Mr. Y was a good-looking judge in his early forties who had built his upstanding image around "family values." Like Mr. R, he came to treatment to deal with problems of anger—a "short fuse"—that also prevented him from getting along well in his professional life. He particularly had problems with female staff members, who complained bitterly about his offhand, demeaning behavior that was punctuated by bouts of yelling. He reported that women at work—lawyers, court stenographers, etc.—did not like him and were "out to get him." He often railed at women whom he called "bitches." Of course, it was not long before he began to feel that his analyst was also a bitch.

Since his looks and slim physique were important to Mr. Y, another presenting symptom centered on the need for more control of his "appetite" (a code word for many appetites). He was stressed and not sleeping, suffering allergy attacks, and bit his nails to the quick, which embarrassed him enormously as this problem was visible to everyone.

Mr. Y was married, with four small children, and he felt that his wife, a stay-at-home mother, was sexually unresponsive to him. He indicated

that his wife had never been very interested in sex, even when they were dating. He seemed to have picked a woman who would fulfill his unconscious need for a Madonna-whore arrangement (Welldon 1988).

His wife, as uncomplaining as Mr. R's wife, said nothing about the pornography that Mr. Y watched until late at night, or about his persistent masturbation. It was, he thought, as though she were relieved that he was otherwise occupied. He felt certain, however, that she would leave him and divorce him if she knew he also saw prostitutes. Using a great deal of his salary to pay for his visits to prostitutes, Mr. Y was worried that his wife would find that money was missing from their accounts. He said that he did not want a divorce and loved her "in his fashion." At one point, he tried to erase all the prostitute contacts from his phone, fearful that his wife would find them and hoping to stop himself from staying in touch with them. But he was soon calling them again and putting the numbers back into his phone.

Mr. Y's sexual needs were so intense that, no matter how exhausted he was, he felt driven to masturbate, just as he felt driven to spend money seeing prostitutes. He could have multiple orgasms a day. He also described how much he wished for the prostitutes to like him or be attracted to him, which would be evidenced by their wanting to kiss him, their wish to "sweet-talk" him, and their being impressed with his sexual prowess. Although he was sometimes able to tell himself "this one really likes me," he was always in the end uncertain about this since he had to pay for each one's affection. Denying the danger of sexually transmitted disease, he did not use a condom whenever a prostitute would agree to this, and he felt that such agreement was further proof of her love for him.

The analyst inferred an incessant, addictive hunger to be loved by a woman that underlay this constant search for sex. Of course, the transference immediately became fraught with a river of desire, uncertainty, and anger at rejection. To see the analyst and pay her was like visiting a prostitute: looking for love or attraction and always feeling deprived.

Mr. Y was not aware of, and for a long time not willing or able to become aware of, any feelings toward the analyst whom he treated like an underling. Early on, when he talked of his apprehension that someone was going to be critical of him, the analyst commented that he might be

worried the things he said in treatment would elicit criticism from her. He answered, "What the fuck would I care what you think?!" Clearly, this represented his need to try to make the analyst feel demeaned and unimportant.

At the same time, Mr. Y made many self-criticisms. His self-esteem problems were revealed in an alternation between remarks about how special and talented he was with statements of how anxious and abysmal he felt. Narcissistic swings added to mood swings. He described himself as "evil" for having been "sexual" with his younger female cousin when he was about ten (he climbed on top of her and wanted to see and touch her genitals).

Mr. Y described his mother as very emotionally needy, very strong and smart, but at times irrational. She had been openly seductive with him and often kissed him on the mouth. He spoke of how "gorgeous" she had been when young. He said, "I could go on about my mother all day."

Mr. Y's mother had "bad-mouthed" his father, also a judge, labeling him inept and not very exciting. The patient remembered the father as weak and distracted; he let the mother run the house and the children, and was not very successful in his career. Contrasting himself with his father, the patient felt he was much more intelligent. He demeaned his colleagues as not as smart and sophisticated as himself.

Repeatedly, Mr. Y's mother told him, with apparent pleasure, that he "lived on the edge." He had been arrested for drinking at age fourteen—"just what a judge wants his son to do!" Indeed, Mr. Y *was* living on the edge. In addition to having unprotected sex with prostitutes, he traveled to dangerous locations in the city to search them out, sometimes stopping to buy cigarettes (another forbidden addiction) late at night in these seedy areas. Mr. Y would also visit prostitutes during the day, wondering if he would run into anyone who knew him. He reported routinely driving at breakneck speeds.

These reports stirred up unusually strong anxiety in the analyst—how to protect him? How to stop the acting out? She worried that the patient would be killed, lose his job, contract AIDS. She also became uncharacteristically worried that the colleague who had referred this patient would be very disappointed in her.

As Mr. Y's dangerous behavior intensified in spite of interpretation of the self-destructive, punitive nature of his actions, the analyst sought consultation with a colleague, who said, "Yes, this man is dangerously out of control." The colleague agreed with the analyst's idea that Mr. Y's mood swings, sleep deprivation, work stress, and nonstop acting out with prostitutes might best be managed by medications. At first, Mr. Y refused the suggestion for medications. The analyst interpreted his inability to be good to himself or protect himself, along with his inner conviction that he was evil.

Intense countertransference anxieties of this type conform to contemporary accounts of analytic treatment of this kind of patient. Through projective identification, the analyst felt the anxiety over the dangerous behavior that the patient himself disavowed; that is, the patient's hyperexcitement was passed on to the analyst. As the analysis progressed, the analyst felt anger and anxiety in response to the developing hostile/erotic maternal transference. From time to time, Mr. Y did not show up for an appointment and did not call. Such action-oriented individuals who exhibit perverse behaviors create extra complications for analytic work. Their self-destructive nature, punitive impulses, narcissistic difficulties, and rage are all important parts of the clinical picture.

An Illustrative Session

The following account of a session demonstrates some of Mr. Y's reactions to the recommendation for medication. The patient had just returned from a four-day trip. He began:

> I had one woman the first night and three orgasms, two the second night and four orgasms, one the third night and three orgasms, and two the fourth with five orgasms—a couple without condoms. Not often do I have a connection; I've done enough of this to know. I saw her three times—she said she doesn't kiss, but the third time, she did with me and I could tell she was having fun and enjoying it . . . . I never tell them any truth of the personal of who I am. I saw one today whom I had seen before, and I had three orgasms. She performed oral sex on me, and me on her, and two times we had intercourse. I told her I was married and then could tell she was not as excited. I told her I don't get it from my wife.

The analyst felt alternately astonished at the addictive insistence of his need for sexual release and assaulted by this driven display of sexual bravado. She remarked that his behavior was rather frantic, and that his hypersexuality was an attempt to assuage his anxieties through orgasms, but who was counting? This hostility-tinged rejoinder was an indication that his bravado was getting to her, stirring up excitement in her. She added that his behavior was dangerous to himself, and that he was trying to deny his anxiety and difficulties; they could both see the self-sabotage in his unwillingness to consider medications to help himself, she continued.

The analyst suggested, "You're telling me this so that my talking with you about your behavior will make you feel that I am like your mother—telling you that you're living on the edge. But I would be doing you a disservice not to alert you to the way in which you are mistreating himself." Thus, the analyst was inevitably forced into the position of a controlling, critical parent.

Probably picking up on the countertransference, Mr. Y replied, "It's a bad dynamic at home—my wife is crabby and judgmental."

The analyst said, "Maybe you are experiencing me as crabby and judgmental because I feel you need relief from your intense anxiety that comes out in seeking sex."

Mr. Y said that he pretended to the most recent prostitute that he was a psychotherapist (in a defensive identification with the analyst and as a way of denying the separation?). "I told the prostitute that my wife doesn't like sex. It would be nice to have those feelings elsewhere than with prostitutes." The analyst thought but did not say, ". . . like here with me?"

Then, angrily, he demanded, "Do you send other whore-fucking men to a doctor for meds? They may decrease my sex drive!"

The analyst responded that she could see this would worry him, and asked what would happen if his sex drives were decreased. Mr. Y answered, "The thought is—if I don't have it—the fun, the sex—I would die. I'd like *not* to be thinking about prostitutes and fucking every minute—it's constant. On the way here, I called one."

The analyst somewhat anxiously wondered if the transference feelings to her were increasing and intensifying his behaviors and anxieties.

She said, "I think you were very worried about coming here and talking with me, and you sought relief by calling a prostitute on the way—someone you could count on, even though you have to pay her, too."

Mr. Y replied:

> With my wife, I wanted sex every day. I used to have more, but now barely at all—she has ratcheted down . . . . Tonight with my buddy, we will party, go to strip joints, etc. I am tired, getting sick again. I feel a sore throat coming on . . . . It's depressing to think of myself as someone needing meds.

The analyst said, "We should talk about who you imagine 'someone needing meds' would be, and your fantasy that medications would diminish your masculinity and make you feel helpless and impotent."

The next day, the patient began the session by saying, "I went with my buddy to a titty bar, until 4:00 A.M. I'm feeling sicker, with a cold and cough." More thoughtfully, he added, "Okay, I think I will go for a medication consultation as you suggest."

Mr. Y did find that medications diminished some of the frantic sexual activity and sleeplessness. But he held on to his behaviors for dear life. The fear that he would have to give them up made him very angry with the analyst, who he also feared would castrate him—quite literally as well as figuratively. In retrospect, the analyst thought the patient was afraid that she would throw him out, at worst, and at best would think he was a terrible person. But he could not voice these fears directly. Ultimately, the patient and his wife were divorced.

Discussion

In these three cases, we found the Freudian concepts of castration anxiety, the primal scene, and the Madonna-whore complex helpful in comprehending some of their dynamics. In the latter two cases, we understand the hypersexuality, feelings of helplessness, problems of affect regulation, and murderous rage as a function of overstimulation and underlying feelings of emptiness, deprivation, and/or rejection. In the last case, that of Mr. Y, driven sexuality suggested deep-seated fears of psychic dissolution. He feared that if he had to stop his compulsive sexual behaviors, he would die.

Splitting was a prominent feature in all three men: Mr. A split off and sequestered his sexuality into an organized fetish; Mr. R presented a highly rationalized, moral facade, split off from sadistic behaviors and attitudes; and Mr. Y, similarly, lived two lives that were split apart from one another—those of the strict moralistic judge by day and of the sexual "addict" by night. We think that the reliance on splitting as a defense, in the latter two cases especially, can be traced to a background of early overstimulation and trauma.

Additionally, all three patients suffered narcissistic vulnerabilities to varying degrees, with the need to be in control and to demean, humiliate, and dominate others. The predominant transferences and countertransferences unfolded along these latter lines: Mr. A's defensive stance of not allowing himself to be helped led to the analyst's feeling of being pushed away; Mr. R behaved on the one hand as if the analyst were a brilliant expert, and on the other treated her as a degraded or useless object; and Mr. Y behaved as if the analyst were not there. Each was attempting to control excitement in himself and/or in the people around him. In all these cases, the analyst experienced intense or uncharacteristic feelings within the countertransference.

FEMALE PERVERSIONS

If castration anxiety is the driving force for perversion, as posited by Freud, it follows that it would be rare among women, which is what many psychoanalysts, beginning with Freud, have maintained (e.g., Kernberg 1991). But Tuch (2010) suggests that perversion arises as an attempt to psychically resolve a host of problems and conflicts arising from attempts to reconcile certain unacceptable aspects of reality. "This expanded view of perversion, by necessity, would apply equally to men and to women" (p. 159), notes Tuch.

Broadening the definitions of perversion, some analysts agree that female perversions exist. Kaplan (1991), for example, conceptualized female perversions as attempts to resolve unconscious conflicts around gender. Kaplan thus set up a parallel to the traditional view of male perversions as dealing with conflicts around the sense of masculinity. Insisting on the use of the body as a central criterion for perversion,

Welldon (1988) described all perversions as deviations of "instinct" in which the individual does not feel free to obtain sexual genital satisfaction, but instead feels subjected to a compulsive activity that takes over and involves unconscious hostility. By this general definition, then, women who commit incest or who compulsively undergo certain kinds of cosmetic surgeries exemplify female perversions.

In our clinical experience, we have seen few cases of perversion in females organized into the more circumscribed sexual scenarios seen in males with fetishes or exhibitionism. Instead, we have encountered many female patients who display various kinds of perverse phenomena that follow patterns differing from those seen in male cases. In a previous work (Holtzman and Kulish 2012), we examined female exhibitionism and tried to outline a separate developmental line for positive female exhibitionism. This developmental line reflects positive feelings about the body and is essentially aimed at getting attention from a love object, hence differing from perverse exhibitionism. Such a conception of female exhibitionism cannot be accommodated by Freud's phallocentric theories of perversion and female development.

Cases we have encountered frequently are of women with entrenched and pervasive (sado)masochistic characters who live out masochistic lifestyles without specific, conscious sexual scenarios. With some of these women, however, it is possible to unearth a central masturbation fantasy that unconsciously organizes the sexual side of life. They exhibit behaviors that could be called perverse, in line with the contemporary broad definitions emphasizing aggression and the nature of object relations.

Argentieri (2009) urges us not to concentrate on the *diagnosis* of a perversion, but rather on the "need to analyze how and when the patient has substituted the mutual freedom of the sexual relationship, complete with its emotions, affects and passions, with a modality of self-coercion" (p. 33).

MRS. E

The following vignette is offered as a companion piece to the case of Mr. R, discussed earlier, and could certainly be described in the terms laid out by Argentieri (see previous paragraph).

Mrs. E was a middle-aged lawyer married to a physician. Theirs was an enmeshed sadomasochistic relationship. In general, he was controlling and domineering in all aspects of their life together, and she was submissive and depressed. He often humiliated her in public with biting insults.

As an essential part of their sexual life, Mrs. E's husband often demanded that she go out with him in public dressed in a sheer blouse without a bra, exposing her breasts; he insisted that a "good" wife would do this for her husband. She felt humiliated and embarrassed on these occasions, and her feelings were made worse as they often ran into friends. In a masochistic rationalization, she insisted that she had "no choice" in the matter. After these public outings, they would go home and have sex. Mrs. E insisted that she got nothing but pain and humiliation out of this exhibitionism.

When talking in sessions about her marital relationship, which was clearly mutually sadomasochistic, Mrs. E would suddenly switch her train of thought and turn on herself. Addressing the analyst, she would obsessively ask, "Am I a good wife?" Attacking herself, she would lament, "No, I'm not." Then she would switch again—"Yes, I am!"—and then again begin a barrage against her husband, recounting all the bad things he had done to her over the years of their marriage. The switch from bad other to bad self was astounding, as she turned searing guilt first against herself as victim, and then externalized it with rageful judgments of her husband.

Clearly, a harsh, primitive superego was at work here, as well as primitive splitting. Also obvious was the close relationship between sadism and masochism, as Mrs. E would at times become provoked into physically striking her husband or her child. It seemed that she would remain bound to this man forever in order to be able to say to herself, "As bad as I am, there is someone here who is worse."

In the first months of treatment, Mrs. E finally broke free of her compliance with her husband's demands to exhibit herself publicly. Seemingly, in voicing her justifications for her behavior to the analyst, she could no longer deny carrying some responsibility herself. Moreover, she feared that such public displays might harm her professional career, which she sequestered from this sort of drama.

In the countertransference, the analyst felt pulled into identification with Mrs. E in thinking of the husband as the villain, and then experienced feelings of helplessness and frustration in witnessing Mrs. E's deep masochism. She also felt victimized by the patient's expressions of anger and frustration, aimed directly or indirectly at the analyst and at the treatment. For example, Mrs. E's demanding questions about whether she was a good wife would become an incessant drumbeat in the sessions—an attack on the analyst's capability, with implied doubt as to whether or not she was a good analyst to the patient.

MRS. M

The following vignette is of a patient who revealed a masturbation fantasy late in the analysis in which a central feature was the management of excitement.

Mrs. M was a woman with a deeply entrenched masochistic lifestyle. In the course of a very long analysis, she consistently demonstrated a negative therapeutic reaction, as she, like Penelope with her suitors, persistently unraveled any therapeutic gains she had made. Ever so gradually, as the analysis focused on this self-destructiveness, her searing guilt, and her internal despair, she began to allow herself to progress in her analysis and her life. As the idea of termination appeared on the horizon, she began for the first time to allow herself awareness of competitive feelings toward the analyst, and to wonder why she could not let herself feel gratitude toward her. It was at this point that she revealed her adolescent masturbation fantasy.

In a session right before a vacation, Mrs. M confessed that she had been secretly planning a trip for her family that would be "the best ever." The analyst interpreted that she had to keep her competitive feelings secret.

Mrs. M paused and said:

> I get to have the pleasure in secret, like masturbation. Did I ever tell you my fantasy I had when I was an adolescent? I had the fantasy of lots of men. I would try not to please them, not to be excited. I didn't want to see who I was having sex with in the fantasy. They would get excited. It sounds mean . . . . It fits

> with my uncle Michael [who had sexually molested her when she was an adolescent, and whom, we knew, she had tried not to be excited by]. And it fits with how I won't let myself get excited about progressing and being grateful. Am I really that hateful toward you . . . ?

Thus, she controlled her excitement by inducing it in the other. In the analysis, for example, a seemingly good session—after which the analyst would feel a sense of closeness and pleasure in mutual insight—would be followed by Mrs. M slipping back into her usual dark, depressed state of being. In retrospect, the analyst could see that an analytic excitement would be induced by Mrs. M, only to be followed by a sense of being let down.

Similarly, as the analyst and Mrs. M worked this through, Mrs. M saw that she lived out her masturbation fantasy with her husband. She would create a close moment with the expectation of further intimacy, sexual or otherwise, then pull back from him and leave him—like the men in her fantasy—unfulfilled and frustrated. She would deny herself sexual pleasure, as well, of course, except for the secret and "perverse" handling of sexual and sadistic excitement.

CONTROL OF SEXUAL EXCITEMENT THROUGH PERVERSION

In all five of these cases, male and female, perversions or perverse behaviors served multiple functions, including the regulation and expression of underlying hostilities, as well as unconscious needs to control and exert power over the other. As described in the literature, perversions can help an individual manage early problems and fears about the integrity of the self and connections to the earliest objects. Additionally, perversions can be used to help manage sexual excitement aimed at or aroused by such objects.

With Mr. A, sexual excitement was sequestered and contained in a secret part of the self, in a fetishistic masturbation fantasy. Mr. R, through an enacted sexual scenario, induced sexual excitement in an onlooker, a representation of himself as a child; in Mr. Y, intense sexual excitement was managed (barely) by limiting it to demeaned objects in dangerous

and degraded situations. Again with Mrs. E, sexual excitement was projected onto an onlooker; Mrs. M's sexual excitement was projected and induced in a group of others. In all these patients, the question of who was feeling sexually excited and desirous was answered by a construction—a perversion, if you will—that placed the excitement, in fantasy or through acting out, into another person.

On a panel at a meeting of the International Psychoanalytical Association on the uses and abuses of excitement (Cairo and Canestri 2005), Spezzano described certain types of patients who experience sexual excitement as threatening, and thus attempt to maintain a degree of aliveness of experience by attributing the capacity for excitement to the sexual object. For other patients, sexual fantasies have a core libidinal excitement that "originates in, is regulated by the self and flows into the self from the object" (Cairo and Canestri 2005, p. 167). Stein distinguished perverse excitement from "normal" sexual excitement by its quality of compulsive repetition; Fonagy, too, asserted that the hallmark of perversion was inflexibility (Cairo and Canestri 2005). However, we did not find these distinctions between normal and perverse sexual excitement either clear or convincing.

Kernberg (1991), in discussing the role and nature of sexual excitement in perversion, makes an interesting point. He notes that sadomasochistic elements of experience can be found along the entire spectrum, from normality to severe psychopathology, and points to the "indissoluble connection between sadomasochism and sexuality in general" (p. 340). He speculates that "it is as if sexuality had, as one of its functions, the neutralization of aggression by incorporating it into the very fabric of sexual excitement" (p. 342).

Joseph (1971) stressed the projective identification of sexual excitement and splitting in perversion. In the widened scope of psychoanalytic understandings of perversion, we, too, have found it especially useful to consider the use of perversion in the control of sexual excitement. When sexuality is recruited by the individual in order to handle underlying problems of a narcissistic or traumatic nature, as we have seen in our cases, there is a need to control both the other—the object of sexual fantasies or impulses—and the sexual excitement that has been drawn into the situation. When sexuality joins the picture from the triangular

or oedipal developmental level, then, too, sexual excitement must be managed and thus may be utilized in "perverse" constructions. Because such triangular fantasies involve early parental objects, the excitement carries guilt and shame about incestuous connections.

In all the patients with perversions or perverse behaviors whom we have described here, sexual excitement (conscious or unconscious) is induced (in fantasy and/or in actuality) in a partner or onlooker. In the analytic situation, the patient unconsciously attempts to induce excitement in the analyst. The perversion itself functions to control the excitement, ensuring that the subject need not feel helpless and vulnerable, and that someone else will become excited, not the self.

CONCLUSION

Contemporary psychoanalytic writers virtually agree that Freud's narrow conceptualization of sexual aberration or a perversion is inadequate and has troublesome aspects. The boundaries of what is called *perversion* or *perverse phenomena* have not yet achieved clarity or consensus. In understanding and working with such phenomena, which fall into an ever-widening scope, we endorse Freud's original insistence on the centrality of sexuality and the defensive use of splitting, as well as the contemporary emphasis on aggression, early trauma, and early object relations.

Additionally, we find the intense transferences and countertransferences that accompany such cases to be the keys with which to delineate the underlying issues and the treatment. What seems to run as a red thread in the cases of perversion and perverse phenomena that we have presented is the management and control of excitement, which serves as a way of warding off an inner sense of vulnerability. In each case, the way of handling sexual excitement was unique to the individual and to the particular transference-countertransference picture. Stein (2005) put it beautifully: "Clinically, we see that perverse individuals often have an unusual gift for intriguing, stimulating, impacting on, and fascinating the other. The leash, the rope and tool through which the other is seduced and drawn out is his/her excitement" (p. 782).

So where are we today in relation to the Freud of 1905? We are grateful to him for framing the topic in psychic terms, but we are also

attuned to the contemporary widening scope of indications for and the understanding of perverse phenomena.

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Volume LXXXIII, Number 2

SEXUAL ABERRATION OR INSTINCTUAL VICISSITUDE? REVISITING FREUD'S "THE SEXUAL ABERRATIONS"

BY SIDNEY H. PHILLIPS

The author reconsiders Freud's "The Sexual Aberrations," the first of his Three Essays on the Theory of Sexuality *(1905), in light of contemporary psychoanalytic theory. Are the concepts of sexual aberration and norm still viable? The author argues that they are necessary but insufficient elements in current theory. He then presents a competing model in which sexuality can be reduced to a more elemental level of disturbance and wish, where it is an expression of a nonsexual wish—for example, to possess or control the object to eliminate separateness. The author presents clinical material to demonstrate this alternative model.*

Keywords: Sexual aberration, norm, perversion, neurosis, disturbance, wish.

- "I love your tie."
- "I saw you jogging. You look pretty good . . . for an old guy."
- "I remember those days so well. One woman I was with was very passionate. When we had sex, she used to scream, 'Oh, it's so deep, it's so deep.'"

—Spoken from the couch

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INTRODUCTION

As analysts listening to sexual material, how do we decide whether what we hear is aberration or norm? Or is that a relevant analytic question at all? Freud presented the contemporary view of sexual aberrations as the extent of deviation of the sexual instinct in object and aim. Based on consensual, social norms of the time, any sexuality that fell short of heterosexual intercourse was called *perversion*. Freud then proceeded to undermine this idea by showing that unconscious perverse elements are present in neurotic symptoms, and that perverse elements are inextricably part of "normal" sexual excitement in foreplay.

How might analysts reconsider sexual aberration today? Surely, we would locate heterosexuality as much within the realm of potential aberration as we would homosexuality. And while Freud on the one hand seemed to decenter heterosexuality from occupying the norm in his theory of sexuality,[1] on the other, he still devoted twelve pages to trying to understand "inversion" (1905, p. 136ff.) as aberration. Today, I think most American analysts, as a consequence of the decentering that Freud began, locate heterosexuality and homosexuality within a continuum of aberration and norm.

Is any psychoanalytic category of aberration doomed to the same fate? Should we abandon the effort to conceptualize aberration altogether and simply conclude that "anything goes"—no category of aberration necessary?

I think each analyst has *some* conceptualization of sexual aberration and norm—the line is drawn here, not there—whether this is recognized or not. Its determinants may be conscious and unconscious, influenced by reason and fantasy, shaped by thought and anxiety, wrought by convention and theory. One point of our revisiting "The Sexual Aberrations" is to determine whether the concepts of *aberration* and *norm*—since one concept implies and requires the other—continue to have psychoana-

[1] In a footnote he added in 1915, ten years after the publication of *Three Essays on the Theory of Sexuality*, Freud wrote: "Thus, from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature" (1905, p. 146).

lytic utility. Where do we draw the lines and on what basis do we draw them? Theory? Anxiety? Convention?

An untheorized or undertheorized line between aberration and norm allows for retreat from secondary process and reason to primary process, where we are no longer under the sway of reason but are reflexively using our individual, personal reactions, such as shame and disgust, to draw the line.

FROM INSTINCTUAL VICISSITUDES TO SEXUAL ABERRATIONS

To make my case that Freud's conceptualization of sexual aberration is too narrow for contemporary analytic practice, I will place this essay in a theoretical context of two other of Freud's works before I present some brief, illustrative clinical material. I locate "The Sexual Aberrations" at a pivotal point in Freud's effort to elucidate the nature of the sexual instincts: between chapter VII of *The Interpretation of Dreams* (1900)—especially Section C, "Wish-Fulfilment" (pp. 550-571)—and "Instincts and Their Vicissitudes" (1915).

In the opening sentence of "The Sexual Aberrations" (1905), Freud links sexual instincts to the nutritional instincts and sexual needs to hunger—intending, I think, to extend the structure of the mind that he developed in chapter VII to his consideration of the sexual instincts. After all, it is in chapter VII that Freud puts forward an elemental structure of the mind,[2] and there he uses the hungry infant as prototypical of an instinctual demand on the mind for work. Freud posits an original disturbance (hunger) that is met with an experience of satisfaction. This experience is registered as a perceptual trace in the infant's mind. In Freud's model, the disturbance recurs, this time in the absence of the mother.

The first effort to quell the instinctual disturbance of hunger is a self-contained one as the infant reevokes the perceptual trace of the original experience of disturbance-satisfaction, which Freud (1900) calls *hallucinatory wish fulfillment.* If this first effort fails to quell the disturbance,

[2] Many of the ideas expressed here come from a multiyear reading seminar on Freud, Klein, and Bion, taught by Donald Moss.

the resulting "bitter experience of life" (1900, p. 566), as Freud puts it, propels the infant to make a second effort to quiet the disturbance, one that orients the infant toward the external world to find satisfaction. By linking hunger to the sexual instincts in the first sentence of this essay, then, I think Freud extends the chapter VII model of the mind to the sexual instincts.

A seminal passage from "The Sexual Aberrations" (1905) outlines the definition and nature of an instinct, which Freud develops more fully in "Instincts and Their Vicissitudes" (1915). Here is that passage:

> By an "instinct" is provisionally to be understood the psychical representative of an endosomatic, continuously flowing source of stimulation, as contrasted with a "stimulus" from without. The concept of instinct is thus one of those lying on the frontier between the mental and the physical. The simplest and likeliest assumption as to the nature of instincts would seem to be that in itself an instinct is without quality, and, so far as mental life is concerned, is only to be regarded as a measure of the demand made upon the mind for work. What distinguishes the instincts from one another and endows them with specific qualities is their relation to their somatic sources and to their aims. The source of an instinct is a process of excitation occurring in an organ and the immediate aim of the instinct lies in the removal of this organic stimulus. [Freud 1905, p. 168]

Note two important elements common to the chapter VII model of mind and in the above passage from "The Sexual Aberrations": one is that a continuous disturbance (excitation or stimulation) begins at the interface of body and mind, and the other is the idea of a flow or a sequence, which implies movement in either direction: forward toward the outside world and others, or backward and inward toward (illusory) self-sufficiency and toward the body.

If we now put the chapter VII model together with this one, we have an elemental structure of mind. (1) A disturbance[3] arising within the

[3] *Disturbance* is meant to be equivalent to "an endosomatic, continuously flowing source of stimulation" (Freud 1905, p. 168); Freud also refers to it as *excitation* or *stimulation*. An analogy is hunger.

organism gives rise to (2) a wish,[4] which leads to a search for (3) an object through, by, in which (4) the wish is satisfied and the disturbance is quelled, which Freud calls the instinctual aim. The aim here is toward an unstimulated, quiescent state, toward zero.[5]

The implication of a model based on flow is movement in either direction. Forward flow is spurred by the embittering experience of failure of the infant's first effort—in chapter VII, Freud (1900, pp. 588-609) calls this *primary process*—to quell the disturbance with its own psychic resources (self-sufficiency). That failure of internal resources drives the infant into the outside world in a second effort to quell the disturbance. Freud describes this second effort, *secondary process,* as a roundabout way toward wish fulfillment. It requires encountering the rule-bound, external world, the main rule being delay. This is now a temporalized mind, one that experiences past, present, and future.

Backward flow is toward the inside of the organism where the rules of primary process apply, like condensation and displacement, and where perceptual traces and external reality are equivalent. The mind is outside of time, existing in a continuous, unending present. Backward flow is also toward the body, the source of instinctual disturbance.

There is a correspondence, then, between a notion of aberration and primary process, as well as a correspondence between norm and secondary process. Sexual expression has a decidedly primary process dimension to it—for example, in the immediate press toward satisfaction. Sexual expression often also has a decidedly secondary process dimension to it—for example, when the individual complies with the mind/body of the other rather than being indifferent to it.

In "The Sexual Aberrations" (1905), Freud considers that all sexuality is a variety of heterosexual intercourse. He never interprets sexuality outside the sexual. So sexuality has the most elemental status in the mind—the status of a drive, a kind of irreducibility. Sexual material in

[4] By wish, Freud meant the psychic representation of "the measure of the demand made upon the mind for work" (1905, p. 168).

[5] In "Instincts and Their Vicissitudes" (1915), Freud describes the *constancy principle:* "The nervous system is an apparatus which has the function of getting rid of the stimuli that reach it, or of reducing them to the lowest possible level; or which, if it were feasible, would maintain itself in an altogether unstimulated condition" (p. 120).

an analytic session is a version of something. An inhibition to engage in sexual relations—to take a still relatively common symptom that I see in my practice—may be a version of observed or imagined intercourse between the parents, where passion is misinterpreted as violence (and therefore fearfully avoided). The moment sexual material becomes a version of something else, the analyst moves closer to embracing a concept of sexual aberration.

The aberrational concept, then, requires a coordinate concept of unconscious fantasy with anxiety and defense indicative of a counterforce, a psychic resistance against emerging derivatives of the unconscious fantasy. These interlinked concepts of unconscious fantasy, symptom, defense, and anxiety define the concept of sexual aberration and demonstrate its usefulness in contemporary psychoanalysis.

The sexual aberration concept holds equally if we imagine a perverse expression of such an unconscious fantasy. For Freud, the fundamental aberrational category hinges on his idea that neuroses are the negative of perversion (1905, p. 165). When an individual turns toward someone for satisfaction of a sexual need and is frustrated, he or she may turn back toward earlier, self-sufficient satisfactions—including what Freud called *component instinctual satisfactions* or perverse aims. Neurotic aberration results from the refusal of such satisfactions—Freud suggests this is because of shame and disgust—and the acceptance of a symptom as a substitute both for the perverse, sexual satisfaction and as an avoidance of shame and disgust.

Or, in the face of frustration of a sexual need, the individual may refuse substitution of object and aim, and instead turn back toward the original object and original satisfaction. This nontemporalized mind is organized around a self-sufficient fantasy that one's own psychic resources can quell disturbance and/or satisfy wishes through possessive, exclusive control of the object toward endless repetitions of fixed, perverse aims.

Here is where I find the concepts of sexual aberration and norm insufficient for contemporary psychoanalytic practice, for there is a competing way in which to imagine this backward flow. Sexuality might be a "local" way to contend with the nonsexual, a way the nonsexual finds expression. In this competing model, sexuality is reduced to a more el-

emental level—say, the level of activity of disturbance and wish. Here all activity can be placed on the same grid. In this model, sexual aberration is epiphenomenal. An example would be a person's effort to use sexual expression to seduce, possess, and control the object as a way of undoing separateness between self and object. This entails a backward turn toward primary process objects, original satisfactions—toward quiescence or zero.

CLINICAL ILLUSTRATION

In working clinically, how does the analyst know whether to regard sexual material as irreducibly sexual or as a sexual expression of (nonsexual) wishes that could be satisfied in other ways? To give an example, a desire to hurt one's partner could be interpreted as something more elemental than sexual—as, for instance, a way to bind oneself to the object to obliterate any separateness. This approach would not require a concept of sexual aberration. It would be an economic model in which the point of quelling the disturbance is to reduce or quiet the disturbance, to get to zero, no stimulation or excitement.

Following is some process material for consideration.

When Mr. Z's wife had a breast reduction several years ago for medical reasons, he stopped having sex with her. He has been in a smoldering rage about it for over a decade. Upon returning from his vacation, he reported a fight with his wife when she objected to and was critical of his ogling a beautiful young waitress whose cleavage was visible. Mr. Z said:

> If I could have those breasts, all would approve me. I could show those breasts around, show off my girlfriend. It *is* mad, but it stirs me. What a great exercise! My balance isn't the same as when I was younger. When I move my head to the left or right, I lose my balance some. I'm not some crazy guy. She was extraordinarily pretty—even my wife said so. *Voluptuous* is my mad word. What do I do? It's only symbolic. I've screwed it up. My head is screwed up. Breasts distinguish one woman from the next, a prize to be gained. I'm still tempted by it. My wife's breasts, they won't be answerable to my need for domination. It's mad and crazy. What do my colleagues see in flat-chested women? I

> could never, never have relations with a flat-chested woman. It's nothing that'd give me status and prestige.

When I first listened to material like this—I heard similar stories over and over again from this patient—I found myself identifying with Mr. Z's wife as the deficient, excluded third. Mr. Z, aligned with the buxom waitress, dismissed his "flat-chested" wife and useless analyst. Initially, I thought of this as a sexual aberration—a retreat from a secondary process concern about the object to primary process with a sadomasochistic, perverse relation to the object that was played out in the transference.

Mr. Z's relation to breasts—I hesitate to call them his wife's breasts as he experiences them more as his own—seems related to Freud's idea of hallucinatory wish fulfillment. In the absence of the feeding mother/analyst, Mr. Z inhabits a state of mind in which he omnipotently conjures a good feed at his own voluptuous breasts. When I am away or he loses emotional contact with his wife, he luxuriates in fantasies and memories of sexual conquests with big-breasted women.

It took me some time and consultation with a colleague to recognize an ongoing sadomasochistic enactment and impasse. I had adopted a masochistic, embittered position against Mr. Z's contemptuous, sadistic transference in order to stave off awareness of my own sadistic wishes toward him. I think this exemplifies the relation between neurosis and perversion that Freud described. I became inhibited and restrained in my interpretations, with occasional moralistic exasperation leaking out. Though I did not put it in these words, "Oh, grow up!" was the tone of some of my comments. My continuing to meet his sadism with a neurotically inhibited version of my own fueled the ongoing enactment.

Over time, I recognized my contribution and began to shift my interpretive stance. Instead of showing the patient what he was "doing to me" or "turning me into," I began to interpret that, while he spoke a lot about wanting to change, I did not see much evidence of that. What I saw was a very stable way of relating to his wife and to me, and I detected very little interest at all in change. I thought he was content to keep things just as they were. This interpretation was an attempt to describe the patient's ongoing effort to move toward the zero point, toward no disturbance, toward rest.

This approach resulted in a shift in the material such that Mr. Z's anxieties about being separate from me became more evident on weekends, during vacations, and even when he arrived a minute or two late to a session. Earlier, when he and I were bound up together in a sadomasochistic enactment, there was no space between us. It was as though he were pressed up against me, skin to skin. When I stopped participating in the enactment, the separateness he experienced eventually became interpretable.

My initial approach to Mr. Z's sexual material was to view it as an example of sexual aberration, as noted earlier. I thought the disturbance reflected a dreaded image of castration—an example of a breast-penis equation[6]—constructed earlier in his life when he was mocked by the "boys on the block" who "scored" with big-breasted women, and that this was revived by his wife's breast reduction. He looked at his wife and saw her "reduced" breasts as conjuring an old, unbearable view of himself as "reduced." I thought he fled his wife's smaller breasts as a way of fleeing his anxieties about sexual adequacy. I thought he moved toward the "voluptuous" breasts of another woman as a kind of fetish,[7] a wish fulfillment of potency and sexual vitality. This interpretive approach led only to repetitive, scripted sessions full of contemptuous complaints toward his wife and toward me—the impasse I mentioned earlier.

Once I understood the enactment, I could be more separate from the patient rather than being provoked, reactive, and adhesively drawn in. This new stance and the shift in the material enabled me to have a different view of Mr. Z. In this vignette, the disturbance, I thought, was the loss of contact with me during the vacation. If I were not present all the time, 24/7, then he was not in possession and control of a full-breasted object.

The scene of leering at the voluptuous waitress is akin to the infant's hallucinatory, omnipotent wish fulfillment of a satisfying feed at

[6] "Another point to be noted in regard to the part of the body that has been introjected is that the penis is regularly assimilated to the female breast" (Abraham 1924, p. 490). Interestingly, in quoting Abraham, Klein (1975) translated "assimilated" as "equated" (p. 136n).

[7] This seems consistent with Freud's (1927) idea that the fetish is "a substitute for the woman's (the mother's) penis that the little boy once believed in and—for reasons familiar to us—does not want to give up" (pp. 152-153).

the breast. It may soothe momentarily, but soon fails to quell the disturbance since hallucination offers no calories. This is what Mr. Z meant, I think, by a flat-chested woman. His capacity to use memory to evoke my image, to help him anticipate his return to me, was failing. The ensuing suffering approached the catastrophic.

DISCUSSION

This clinical material seems especially apt for a discussion of whether Freud's concept of sexual aberration is still useful for contemporary analysts. Initially, I used this concept to try to understand my patient. His dismissive, devaluing attitude toward his wife's breasts and his analyst's interpretations seemed to fit the sexual aberration paradigm: frustration launched a movement away from secondary process concern for the object to a primary process, perverse object relation expressed within and outside the transference.

It was only when interpretation of this configuration repeatedly failed to disrupt the patient's defensive stance that I recognized the sadomasochistic impasse and sought consultation. Consultation enabled me to see my contribution to the enactment, and then to shift my model of understanding from sexual aberration to a view of the patient's apparently sexual wishes as representing earlier, nonsexual ones—for example, the desire for union with and possession of the object. This change in approach allowed for a decisive shift in the analysis.

Freud's concept of sexual aberrations, with its coordinate concepts of unconscious fantasy, symptom, defense, and anxiety, has enormous clinical utility in contemporary analysis. I have argued that it is a necessary but insufficient part of our working theory. The clinical material I presented demonstrates how the aberration of some of our patients only appears sexual, and that use of Freud's earlier, economic conceptualization of disturbance and wish fulfillment may be necessary to work analytically in some circumstances.

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Volume LXXXIII, Number 2

THE *THREE ESSAYS* AND THE MEANING OF THE INFANTILE SEXUAL IN PSYCHOANALYSIS

BY DOMINIQUE SCARFONE

Freud's Three Essays on Sexual Theory *(1905a) are still today highly significant because of their novel way of considering the human sexual dimension. The author intends to show that a close reading of the* Essays, *combined with the reintroduction of the seduction theory by Jean Laplanche, provides a specific and foundational sexual theory for psychoanalysis.*

Keywords: Infantile, sexual, seduction, Laplanche, Freud, polymorphous perversion.

The psychoanalytic domain is traversed by many different and contrasting currents, with debate and disagreement occurring at every turn, but I believe that nothing has sparked as much discussion and dissent as the place and role of sexuality in psychoanalysis.

Invited to write about the significance today of Freud's *Three Essays on Sexual Theory*[1] (1905a), I cannot avoid taking a personal stand on the subject. I will contend that in spite of their many limitations and defects (with which I will not deal here), the *Three Essays* are still highly significant today because they have brought to light a whole new way of considering human sexual reality—a conception that we should put our efforts into constantly rediscovering.

[1] I have retained the historically first and, in my opinion, correct translation of the title of Freud's *Three Essays*.

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This monumental achievement was carried out by Freud by merely applying to sexuality the same method he had used and developed in *The Interpretation of Dreams* (1900). In other words, Freud did nothing other than *analyze* human sexuality—i.e., *decompose* it into more elemental forms. The analysis carried out by Freud inevitably required a methodological reduction, but it did not result in philosophical or theoretical reductionism. Quite to the contrary, psychoanalytically breaking down the notion of sexuality allowed for an *extension* of the sexual domain—an extension that is truly specific to psychoanalysis, as much as it is truly specific to the human being.

For Freud, analyzing human sexuality was necessary for various reasons, first among which were his previous abandonment of the seduction theory of hysteria and the end of his long relationship with Wilhelm Fliess. In the last years of the nineteenth century, Freud had been writing *The Interpretation of Dreams* (1900), whose last chapter can be seen as the purely psychological version of many ideas contained in the unpublished neuropsychological "Project for a Scientific Psychology" (Freud 1895). As we know from his correspondence, Freud expected Fliess to simultaneously come up with the biological counterpart of the dream book. But it so happened that, when *The Interpretation of Dreams* was finally published, the relationship with Fliess had started to unravel, ending in a quarrel and a final rupture in 1904.

The *Three Essays,* published a year after this dramatic turn of events, appear in this context as Freud's effort at complementing his book on dreams. In a way, his research for the *Three Essays* could be seen as aimed at identifying the biological, embodied motivational force behind the psychological mechanisms that the study of dreams had allowed him to formulate.

This was rendered all the more necessary after, in 1897, for a number of empirical and epistemological reasons, Freud had resolved to abandon the seduction theory, by which he thought he had identified the *first motor* that put the hysterical psyche to work. Freud had until then firmly believed that perverse seduction by an adult abuser was the crucial causal factor in every case of hysteria or obsessive neurosis (Masson 1985, pp. 264ff.). After this secret abandonment of the *neurotica,* Freud devoted himself essentially to the study of dreams and memory.

Thus, the seduction theory, with all its sexual underpinnings, was kept in limbo, with no major rival theory to take its place. It is commonly believed that the seduction theory was replaced by a theory centered on fantasy, but the latter was itself in need of a *primum movens,* since the causal "fact" behind the fantasy was still evading Freud's grasp.

The *Three Essays* of 1905 appear, therefore, as both a strong *overt* marker of the turn that Freud had secretly taken in 1897, and the formulation of a biopsychological theory to account for what puts the psyche into motion. The *primum movens* that in the previous theory was the seduction of a child by an adult pervert is here replaced by a basic driving force, the *libido*—the sexual equivalent of hunger for the feeding instinct (1905a, p. 135). Infantile sexuality is, from now on, not an extraneous element forcefully imposed on a sexless child by an adult abuser, but something that grows from within, although in normal situations it is elicited or "awakened" by an unintentional seducer—the mother or her substitute—in the course of ordinary caregiving. In a way, what we have here is a "soft" version of the seduction theory in which involuntary and benign seduction is the ancillary process, while the inborn sexual drives are the main fulcrum.

The *Three Essays,* however, provide more than and something other than a replacement for the seduction theory. Since the latter does not so much disappear as it is reframed in a more general theory, and since acts of perverse seduction are still acknowledged by Freud as playing a role in pathogenic effects, what is really new in the *Three Essays* is that Freud turns his attention to the perversions themselves. He does so not with an exhaustive psychopathological study in mind, but by decomposing human sexuality into its discrete and unconscious components: neurosis is now seen as "the negative of perversion" (1905a, p. 165). This, as Freud writes in his preface to the fourth edition (1905a, pp. 130-131), was the result of strictly psychoanalytic research, and the author clearly states that:

> It is impossible that these *Three Essays* . . . should contain anything but what psychoanalysis makes it necessary to assume or possible to establish. It is, therefore, out of the question that they could ever extend into a complete "theory of sexuality," and it is natural that there should be a number of important prob-

> lems of sexual life with which they do not deal at all. [1905a, p. 130]

What the psychoanalysis of human sexuality allows Freud to extract is what we could call the generality of the sexual, embodied in the drives and playing a central role in the psyche. But that is still an incomplete picture. The sexual in question is generalized and decomposed by Freud into its pregenital components, those that, when they persist, form the perversions. Moreover, psychoanalysis discovers that something of the pregenital drives does persist, even in ordinary adult sexuality (as attested to by sexual foreplay, for instance), and that neurosis is the result of the repression of pregenital, perverse elements of human sexuality. Thus, not only is the sexual now located internally, but it will also reveal itself to possess an inherently perverse slant.

In the *Three Essays,* Freud starts, indeed, by examining the *sexual aberrations*—that is, the deviations from a norm that, ideally, would be instantiated by heterosexual genital union. However, instead of strictly separating the said aberrations from normal sexuality, he posits a continuum between normality and pathology. Freud thereby takes a clear stand against the theory of degeneracy, be it for homosexuality ("inversion") or for the perversions. Even when he acknowledges that the aberrations can take clearly pathological forms, he mainly uses pathology as a magnifying glass for the study of normal processes.

This will have important consequences, for if perverse sexuality is at the root not only of neurosis but of sexuality in general, then the norm from which the "aberrations" deviate seems to be vanishing from view. Now this is more scandalous—today no less so than in Freud's time—than, say, the idea of infantile sexuality. Actually, as Freud turns to infantile sexuality in the second *Essay*, it is not simply to assert the existence of sexuality of in children, nor for that matter to reassert the centrality of the "sexual factor" in the causation of the neuroses. The true scandal resides in Freud's *extension* of the notion of *sexual* to children's activities that were thought to have nothing sexual in them (e.g., the baby's oral activity), and, through such extension, in the assertion that the infantile sexual has much to do with adult perversions.

Moreover, in denying that "inverts" and "perverts" are degenerate, and in asserting to the contrary that one can find "sexual aberrations" even among the greatest contributors to civilization, the *Three Essays* point to the generalized presence and action of the infantile, potentially perverse sexual factor in human activities of any kind. Not only is infantile sexuality a source of pathology, that is, but it is also a contributing and perhaps decisive factor to the most elevated cultural accomplishments, attained via what would later be invoked as the mechanism of sublimation (1905a). In this way, Freud was completely upsetting the moral and intellectual order of the day.

PERVERSION OR POLYMORPHISM?

The fading out of the norm is implicit in Freud's notion that adult sexuality, even in its most standard forms, actually rests on a rather strong armature of pregenital sexual excitement in which oral and anal mucosa, as well as partly voyeuristic, exhibitionistic, fetishistic, and sadomasochistic components, can and frequently do play a role in the foreplay of—and the fore-pleasure (*Vorlust*) experienced by—the most ordinary sexual partners. The child himself is said to be *polymorphously perverse,* a qualification that is still today an eyebrow raiser in those who do not understand that the key word here is *polymorphous,* not *perverse.*

The polymorphism in the child makes it quite the opposite of a truly perverse attribute, since pathological (or "true") perversion rests on the rigid *fixation* to a repetitive pregenital scenario. More than perversion, therefore, *polymorphism* could actually be deemed a key word in the *Essays.*

Consider, for instance, the passage in which Freud ends up formulating this quite astonishing idea:

> The conclusion now presents to us that there is indeed something innate lying behind the perversions but that it is something innate in *everyone,* though as a disposition it may vary in its intensity and may be increased by the influences of actual life. What is in question are the innate constitutional roots of the sexual instinct. [1905a, p. 171, italics in original]

In other words, human beings are biologically predisposed but nevertheless responsive to their environment and their personal experience. This, by the way, is an example of Freud's concept of *complemental series,* which he used profusely—although not always overtly—in his etiological theories, thus avoiding the either/or alternative between endogenous and exogenous factors (see Laplanche and Pontalis 1967a, 1967b).

In the *Three Essays,* Freud clearly invokes the complemental relationship of innate disposition with the intervention of the other. On the matter of the polymorphously perverse child, a close reading reveals that Freud's conception is far from being as simplistic as is often purported:

> It is an instructive fact that *under the influence of seduction* children can become polymorphously perverse, and can be led into all possible kinds of sexual irregularities. This shows that an aptitude for them is innately present in their disposition. [1905a, p. 191, italics added]

The words I have italicized show that the theory of seduction was still active in Freud's thinking, but also, and most important, that it was inserted in a more complex dynamic process. It could read as follows: *Human beings are biologically predisposed to be influenced by cultural factors!* Though the idea may have sounded contradictory a few decades ago—i.e., at a time when quite a rigid conception of genetic predisposition reigned and was used to dismiss Freudian views—today we can appreciate how it easily converges with modern conceptions, such as the epigenetic mechanisms in biology (see, for instance, Jablonka and Lamb 2005).

What such a very modern view does not satisfactorily account for, however, is *why* and *how* seduction can make children polymorphously perverse, and why such an "inherently perverse" factor can later entail psychopathological formations. One possible answer to that question has been to say that the child and the adult do not speak the same language. This was the view expounded by Ferenczi (1932) in an important contribution. But while Ferenczi's paper is highly useful and explanatory at the clinical level, it fails to identify what it is in the adult that speaks with the *language of passion,* whereas the child speaks the *language of tenderness.* Ferenczi simply invokes psychopathology or intoxication in the adult, stop-

ping short of thinking psychoanalytically about what it was in the abuser that had not sufficiently matured and had turned him into a perpetrator.

Taking the reflection from where Ferenczi left it, we are drawn back to the idea of a distortion that must have occurred in the abusive adult's infancy, thus invoking a pregenital factor in the perpetrator; or else we would have to reinstate the pre-Freudian theory of degeneracy. It soon becomes obvious that the only adequate, though necessarily generic, answer to what pushes the abusive adult to commit his deed is his infantile, inherently perverse sexual constitution—a complexion whose pathological outcome should, of course, be subjected in each individual case to a detailed investigation of the abusive adult.

Whatever the specific personal factors, it seems legitimate to conclude that it is the infantile that operates in the adult, through what I have called elsewhere the *Ferenczian chiasm* (Scarfone 2002): the child is traumatized through the effects of the indomitable infantile sexual in the adult. The infantile, therefore, reveals itself as that part of the sexual that is passed on from one generation to the next, be it through ordinary or perverse seduction, without ever maturing (Scarfone 2002). Such "transcendence" of the infantile entails a very different way of considering the sexual in psychoanalysis, as I will try to explain.

WHAT IS INFANTILE IN INFANTILE SEXUALITY?

In a paragraph of the second essay (titled "Infantile Sexuality"), polymorphism is actually equated with the "infantile disposition" (1905a, p. 191), and this induces me to examine what specific meaning the word *infantile* assumes in psychoanalysis. To say it differently, asserting the existence of infantile sexuality was not really a revelation in 1905 Vienna—if it meant only that there exists a sexuality of, in, or among children. Parents and educators—as suggested, for instance, by the many moral and "medical" precepts against children's masturbation—were clearly aware of the fact and needed no Freud to instruct them in that matter. More challenging for the social *doxa* was to think of an infantile sexuality in which *infantile* qualifies not the age of the subject, but the sexuality itself.

Before going any further, I will add a few words regarding methodology. Just as in every other field, concepts in psychoanalysis do not *directly* result from empirical observation. They have their roots in empirical facts, for sure, but they are constructed in a way that must take into account what is specific to the psychoanalytic domain: mainly, the experience of analysis itself and the effects resulting from the "force of attraction" exerted by the unconscious (Pontalis 1990).

Consider, for instance, the concept of libido introduced in the first of the *Three Essays*. Freud starts by stating that libido is in the sexual realm what hunger is in the domain of nutrition. But the parallel is short-lived. Whereas hunger is self-regulated and guides the hungry subject into a specific behavior, libido has a very peculiar and actually unpredictable way of securing its satisfaction. It turns out that the nutritional instinct and the sexual drive are not even relatives after all; while the former craves the appeasing food, the latter craves even more excitement, as every nursing mother knows, because its satisfaction is always incomplete. Later on, Freud (1912) even asserts that there seems to be in the sexual drives something "unfavourable to the realization of complete satisfaction" (pp. 188-189).

The same reasoning applies to the concept of *object:* whereas, in the self-preservative domain, the object is readily conceivable as that which provides satisfaction (food is the object of hunger), in the sexual domain, the object soon starts drifting away from such a simple relationship: the sexual object can be another person, a body part, a fetish, one's own self-image, or merely a fantasized object, and so on (Laplanche 1970a, 1970b, 1970c).

Turning now to the concept of the *infantile,* I suggest that we can see it drifting in a similar fashion in Freud's theory and practice. Let us begin by analyzing its very name from an etymological point of view. We will soon be struck by the fact that the *infantile,* which is obviously derived from the Latin *infans*—i.e., "who cannot speak"—has something in common with a neurological condition that had interested Freud in the early 1890s: the aphasias. *In-fantia* is the exact Latin equivalent of the Greek *a-phasia.*

There is more to this, however, than just a linguistic coincidence. Apart from the irony of Freud's leaving behind the neurological aphasias

only to turn to their psychological version, there is something here that may help us characterize in more specific terms the infantile sexual in psychoanalysis.

What the etymology of the word *infantile* alerts us to is the truly speechless nature of the infantile sexual—as it refers not to sexual behavior, but to a sexual reality that cannot be put into words. And, as a consequence, it cannot be integrated into the conscious mind. The infantile escapes mastery on the part of the subject. It is therefore not a single theme among others in psychoanalysis. Rather, it is woven into the very fabric of the unconscious, inasmuch as the unconscious is precisely that which has not yet been transcribed and registered in the symbolic structure of language and consciousness.

Psychoanalysis, as we know, is a talking cure in more than one sense: it not only proceeds through verbal exchange; words are also what, added to unconscious material, give it the necessary quality for becoming conscious. In that sense, *infantile* can just as well be used to refer to the unconscious as a system—i.e., not merely what is not conscious, but that which is not capable of becoming conscious until the words to say it are found (Cardinal 2000).

One could argue that in that sense, anything not yet formulated in words could be deemed *infantile,* so we must now discuss in what way the sexual is *intrinsically a-phasic* or *in-fantile*—or in what way the infantile in its more specific sense is precisely the unconscious sexual. It is worth noting that another aspect under which the infantile could be trivialized regards its *temporal profile.* The term *infantile* can indeed be used merely to qualify a stage in the course of the development of the personality. In that sense, it designates a phase that is bound to be superseded one day by maturation or integration into an adult form, with puberty intervening as the decisive maturational step. Freud clearly sees it in this way in the last of the *Three Essays.*

But inasmuch our analytic experience attests to the persistence of the infantile sexual in the adult, it follows that a distinction must be made between, on the one hand, a maturational infantile sexuality—by which we mean sexual interests and manifestations in children that will evolve toward adult sexuality—and, on the other hand, an infantile sexual that does not evolve or mature, remaining as the unconscious

core of adult sexuality as well (the "transcendent" sexual that I evoked earlier).

Imbeault (2000) detected in Freud's writings these two sorts of "infantile," which he dubbed the "small" (*petit*) and the "big" (*grand*) infantile. The small infantile is the observable infantile sexuality, the one that eventually goes through stages, tending toward something like an adult organization, with its objects and its preferential modes of satisfaction. As for the big infantile, it is not recruited by any integrative or organized structure; in fact, it resists such maturation or integration and is "the contrary of a being-for-the-future" (p. 31, my translation), thereby constituting a kernel of pathological organization. Pathology, in that sense, is to be conceived as a resistance against becoming, against moving toward maturity, where maturity is intended as the capacity to deal with the sexual impact of the other.

The big infantile is not directly observable as is infantile sexuality in the maturational sense. It must be "extracted" through analysis, writes Imbeault (2000, p. 29), from a number of clinical impressions—as it was extracted by Freud (1905b) from Dora's coughing, for instance. The big infantile may therefore not immediately be seen as sexual, nor for that matter as infantile—if this word, again, means *pertaining to the child.* The psychoanalytic concept, though starting from empirical observation (of infantile sexuality), is constructed in a way that soon "deports" it, so to speak, and transfers it to a very different realm of signification. *Infantile* in that sense becomes a truly foundational concept in psychoanalysis whose status we must now try to legitimize.

THE ALWAYS ALREADY-DEVIATED CHARACTER OF THE SEXUAL

We are thus drawn to conclude that the nonmaturational infantile sexual identified by Imbeault (2000) is precisely the kind of "perverse" sexual of which, according to Freud, neurosis is the negative. Freud was probably also pointing to this sort of infantile sexual when he stated that symptoms are the sexual activity of neurotics. For it does not come naturally, except after a long-enough clinical experience, to associate neurotic symptoms to a sexual activity, and psychoanalytic theories such as

this are often met with understandable skepticism by clinicians who remark that their patients are capable of having intercourse and attaining orgasm, for instance, thereby apparently contradicting Freud's thesis. But no contradiction occurs if one makes a clear distinction between *sexuality* as an observable set of behaviors, and the *infantile sexual*, conceived as that part of the sexual drives that resists being integrated into a psychic or biological maturational process. With this distinction in mind, it becomes easily conceivable that patients are capable of ordinary sexual activity; what clinical experience shows, however, is that their sexuality can itself be diverted or disturbed to various degrees by conflicts concerning the repressed infantile sexual.

The reason that the infantile sexual cannot be integrated into a maturational sequence was elegantly theorized, in my view, in the theory of generalized seduction (Laplanche 1987a, 1987b; Scarfone 2013). While Freud reframed the seduction theory by inserting it within the general sexual theory of the *Three Essays* (1905a), as we have seen, Laplanche proposes neither a return to the original theory of seduction nor a mere reframing of it. His is actually a *generalized* conception of seduction, one occurring within the most ordinary adult–infant relationship (although it can of course give way to severely pathogenic variants).

Although Laplanche's conception is compatible with Freud's ancillary use of seduction within the new framework of the *Three Essays*, it is in fact much more comprehensive, and actually reverses the order of events. Seduction, in Laplanche's version, does not merely *elicit* an inborn sexual potential; it is the process by which the *sexual* (Laplanche 2003) is actually *implanted* in the infant's psychobiological apparatus. Ordinary bodily care, identified by Freud as a way of "awakening" the sexual drives, is for Laplanche but one instance of the seductive process. The process of seduction is put in motion through the unconscious emission of *enigmatic* or *compromised* messages on the part of the adult—compromised, that is, by the adult's own repressed sexual unconscious.

Laplanche theorizes that, while attachment is a normal biological or ethological phenomenon, it also serves as the carrier wave for what emanates from the adult's unconscious desires and fantasies, and it necessarily affects the child; a child who is unable to integrate the compromised part of the message for lack of a proper code of translation.

The child's limitations in that respect are due to what Laplanche calls the *fundamental anthropological situation* (1987b) into which each of us is born. This situation is marked by the unavoidable discrepancy between the adult and the child in terms of psychosexual constitution. Regardless of the adult's efforts to adapt as completely as possible to the infant's needs, there is indeed one domain that escapes such seemingly preprogrammed adjustment, and this is precisely the sexual domain.

The adult's world into which the child is born is therefore replete with sexual facts and meanings that are not necessarily conscious for adults themselves. The child, at every stage of her progress toward maturity, is unavoidably confronted by these, which for her represent a mostly enigmatic reality—a "noise," as it were, in the otherwise clear channels of communication and of mutual adjustment with caregivers.

It follows that, for Laplanche, there is no inborn unconscious; the unconscious is *constituted* precisely through the mechanisms activated by the sexual gradient existing between adult and child. The enigma conveyed in the adult's communication is in itself seductive and triggers a response in the infant that will initiate the psychic scission, producing the *system unconscious* (primal repression). The mechanism for this psychic split is simply the child's own effort of *translating* the enigmatic message.

It is worth noticing that, in proposing a "translational" mode of functioning for the psychic apparatus, Laplanche was inspired by none other than Freud himself, and more precisely by Freud's letter to Fliess of December 6, 1896, in which memory—i.e., the traces left by perception—are described as undergoing a series of successive transcriptions or translations, with *repression* being defined as a failure occurring in one of these translations or transcriptions (Masson 1985, pp. 207ff.). For Laplanche, this primal repression, this partially failed translation, precisely accounts for the split between a "translated" and therefore integrative element of the child's psyche that produces the kernels of the ego, and the untranslatable residues that install the nuclei of the unconscious, dubbed *source-objects*—the nuclei or sources, that is, of the sexual drives. So the structuring of the mind and the differentiation between psychic agencies are the result of the translational model of a mind affected by seduction.

One can see how Laplanche's theory expands and at the same time remains firmly connected to Freud's views in the *Three Essays*. We have indeed seen the sexual being conceived by Freud as inherently perverse. In Laplanche, what the ordinary mother or caregiving adult cannot integrate into an otherwise well-enough-adapted relationship is this inherently perverse—hence, repressed—side of his sexual complexion. And this is also what the child cannot adequately translate and integrate. The infant's efforts at translating the enigmatic part of the adult's message—i.e., at making sense of and integrating it into an ego-centered area of meaning—are therefore doomed to fail, at least in part.

It follows that *sexual* and *repressed* actually refer to one and the same thing when it comes to the enigmatic or compromised character of the messages that flow from adult to infant or child. The child can adjust to almost everything that the ordinarily devoted mother is capable of offering, but the child has no way of responding in any appropriate way to what affects him in the sexually enigmatic or compromised part of the communication, nor will development allow for a final adjustment to this discrepancy. When biological sexual maturation arrives at puberty, the infantile sexual will have long since set up occupancy on the premises, so to speak, so that puberty brings only an additional impetus to what was already implanted and was always already "deviated" from the biologically adaptive aims of sexuality.

Positing that this deviation is already present in the adult, one could ask whether we are not dealing here with a case of infinite regress: deviation implanting deviation, with no idea of where or when the deviation originally began. Laplanche avoids this logical trap by considering that what is implanted in the child's psyche is not the adult's unconscious sexual phantasm itself; for Laplanche, there is no direct transmission from the adult's unconscious to the infant's. "Something" in the adult's message affects the child, but the child is ultimately solely responsible for the progressive structuring of her internal fantasy world through her own work of translation. The templates for the fantasies under discussion are found by the child-translator in the child's own bodily experiences—giving way to the various infantile sexual theories—and in the basin of mytho-symbolic expressions and representations provided by cultural surroundings, elements that each individual child will use in an idiopathic way.

THE SEXUAL IN PSYCHOANALYSIS

We have seen that in the *Three Essays,* Freud begins by dismantling the idea of a normative sexual constitution in the human being. Yet in the third essay, he seems to reinstate a normative view when introducing the changes brought about by puberty. We get a sense that, in the end, Freud reconnects with a kind of natural "master plan" that must eventually lead to the primacy of genital sex.

The return of the apparently normative instinct in the third essay is in a way inevitable after the fragmentation of the sexual performed in the first two parts. Freud's writing, too, after all, is subject to the effects of the unifying work of Eros, whose role is to unite, to create larger and unified structures after the disjunctive consequences of analysis. When we think of it, isn't this also the actual movement of every analysis? We dare analyze inasmuch as we know that eventually the patient's psyche will do the work of recomposing, hopefully achieving a new, more flexible, and more inclusive synthesis.

In the *Three Essays* as in psychoanalytic practice, therefore, what matters is that there was an *analytic moment* that disentangled the knots in order to allow for a more favorable rearrangement. The question, of course, is whether this better rearrangement actually occurred in the *Three Essays* as well, or if the analysis of sexuality operated by Freud simply had no effect whatsoever against the popular view that he had criticized in the first pages of the book. The answer is clear. While the last essay may seem less analytical and more normative than the first two, the *Three Essays* as a whole have created an irreversible change in our way of thinking about human sexuality. Reading them as a unit and from up close, we undoubtedly obtain a new way of understanding the role of the sexual in psychoanalytic thinking and practice.

The reading of the *Three Essays* that I have been doing here implies an idea of the sexual that is specific to and foundational for psychoanalysis. Our discipline has often been blamed for its so-called pansexualism, accused of explaining everything solely by the sexual factor. And this criticism came not only from the outside; it also flared within our own ranks, as mentioned in my opening remarks, giving way to harsh debates—and even to theoretical and sometimes organizational splits. Such

criticism, however, is deserved only to the extent that we conceive of the sexual in psychoanalysis as something to which nonsexual elements can be brought back or reduced. Now this is precisely the idea that my reading of the *Three Essays* incites me to revoke.

We have witnessed, in the first and second essays, the extension and *generalization* of the notion of sexuality. The question now becomes: what can be made of such generalization? In my opinion, it does not amount to saying that everything is driven by sex, in the same way one would say, for instance, that politics are driven by money—that is, by one factor taking precedence over another, possibly legitimate factor. The sexual dimension in psychoanalysis is not something that must be adjoined, put in competition with or substituted for other, nonsexual factors. I wish to insist that, in the psychoanalytic sense, the sexual is inextricably woven into the very *fabric* of the repressed unconscious, and, in fact, into everything specifically human.

As Laplanche once wrote, the pansexualism of psychoanalysis is this: not everything human is sexual, but the sexual is in everything human. "*Pansexualism is a state and a movement of human reality before being an aberration attributed to Freud*" (Laplanche 1987a, p. 63; my translation, italics in original). Obviously, I do not mean that this is also what Freud explicitly had in mind while writing the *Three Essays*. What I have been doing here is combining Freud's generalization of human sexuality with the consequences of Laplanche's theory of generalized seduction. The former states that many more things are sexual in human affairs than is usually thought; the latter asserts that, in human communication, the "noise" produced by the sexual contaminant in the adult's messages received by the infant has a decisive consequence: the creation of a repressed unconscious. The two elements combined entail that psychoanalysis is primarily concerned with the sexual as the specific anthropological dimension in which the psyche is constantly bathing.

The human psyche swims or drowns in a sexual sea. It is because of the sexual incongruence occurring in the otherwise well-adjusted relationship between child and caregiver that a repressed unconscious is formed at some point during infancy. As a consequence, there is no need to look for a *sexual meaning* of psychic productions. It would be more appropriate to say that everything in the psyche has a *sexual lining*,

so to speak, a character that is sexual in the extended sense proposed by Freud. The sexual in psychoanalysis is thus like the air we breathe; it is so omnipresent that one loses awareness that it infiltrates everything human—and is therefore also part of whatever has to do with the repressed unconscious. This means that what we need to do in analysis is not to discover hidden sexual meanings, but to uncover the personal equation by which the individual analysand deals with his sexual complexion.

Going back to the example of Dora (Freud 1905b): it was certainly a progressive step in our knowledge when Freud was able to understand the sexual meaning of Dora's cough or of her rhythmic insertion of her finger into her purse. This provided material in support of his discovery that what mattered in neurosis was the sexual. But that was only a preliminary step: the crux of the matter, which Freud himself did not clearly understand at the time, was Dora's *disposition* and *attitude* toward the sexual demands that were made on her—in her childhood as much as during her adolescence—an attitude that Dora eventually reproduced in the transference and a reproduction that eluded Freud's grasp.

This is where we stand now: having benefited form Freud's early discoveries and from his later understanding of what goes on in the transference, we no longer have a need for proof of the sexual meaning of symptoms, dreams, slips of the tongue, and so forth. Our task is rather to help the analysand bring to light how she has been responding to the sexual enigma of the other, and how this response has led her to the existential or symptomatic impasse that motivated the analysis. By analyzing (decomposing) the analysand's personal equation in regard to the impact of the other, the analytic process allows a new configuration to emerge, which is elaborated in the course of analysis itself through the living experience of the transference. Let us note in passing (although I cannot go into it deeply here) that this way of conceiving and of clinically utilizing the psychoanalytic theory of drives is at the same time quite . . . relational.

For lack of a clear distinction between, on the one hand, the discovery and generalization of the sexual in psychoanalysis and, on the other hand, its use in understanding and treating our patients, we expend much ink and much saliva in discussing whether this or that has

a sexual meaning, or if it has instead an aggressive meaning, and so on. And it has become a sort of dogma to see today's psychopathology as having little to do with the sexual "complexes" described in Freud's time. I believe that this kind of divergence is pointless if we think of human relations as intrinsically sexual in the generalized sense discovered by Freud, and if we situate them within the framework of the fundamental anthropological situation, in which, according to Laplanche, generalized—or for that matter, perverse—seduction occurs.

Discovering a sexual meaning in a symptom has little or no effect, and, in the framework that I am proposing here, it has little or no relevance either. Yet the sexual remains what the analysand has been defending against. The predicaments in which our patients find themselves are the results of the responses that they were able to formulate to the enigmatic messages of the other. Obviously, there are all sorts of possible responses, and there are perverse and destructive variants of seduction, leading to severe psychopathology. This leads me to observe, however, that there is no reason to distinguishing pathologies related to the sexual from others supposedly not related to it. The scripts guiding individual responses—at least if we consider their most psychically elaborate forms—are manifestations of the infantile sexual theories that psychoanalysis uncovers *in the minds of analysands.*[2] These infantile theories are therefore a result of the impact of the "transcendent," "aphasic" sexual: the infantile in the sense of that which does not evolve ("big" infantile), and they should not be mistaken for psychoanalytic sexual theory itself.

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Volume LXXXIII, Number 2

THE FATE OF AGGRESSION IN MASO-MASOCHISTIC RELATIONSHIPS

BY DESNEE A. HALL

This paper examines an underexplored dimension of interpersonal relating: the relationship formed between two individuals who relate to each other in masochistic ways. The common assumption is that a sadist forms an alliance with a masochist, and that a balance is struck between an individual who is "one up" and another who is "one down." However, relationships are frequently established between two people who both experience themselves as chronically "one down," each playing victim to the other's aggression. This paper explores disavowed aggression in this type of couple, the implications of this disavowal for treatment, and the sadomasochistic reverberations within the therapist.

Keywords: Aggression, couples therapy, sadomasochism, victim mentality, masochism, anger, projection, sadism, disavowal, marital relationships, internal objects, love, self-assertion.

- "There's a lot of competition here for who is the victim."

  —A patient in couples therapy

- "We've started the victim dance."

  —A patient in individual therapy, speaking about a recurring pattern with his wife

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We are accustomed to thinking of sadomasochistic dynamics within the individual, of the tendency toward conscious expression behaviorally of one or another of the poles—either sadistic or masochistic—and of the ongoing oscillation between the poles intrapsychically within the individual. Sadism does not occur without masochism, nor masochism without sadism, though what is available to consciousness and what remains well out of awareness varies from individual to individual, from situation to situation, and over time.

When we think of couples, we tend to assume that an individual with a tendency toward sadistic behavior will select a masochist as her partner, and that a masochist will similarly be drawn toward a sadist. But in my work with individuals and couples, I began to notice that, frequently, individuals who experienced themselves as victims at the partner's hands were partnered with others who felt equally victimized and misunderstood. In other words, two people who consciously experienced themselves as victims (masochists) selected each other as partners. There was no sadistic partner as conventionally understood.

In a sadomasochistic relationship, each partner serves a very important function for the other: the masochist projects his aggression and his capacity for cruelty into/onto the partner and does not have to experience these vicious and violent forms of anger as his own. Although the target of his partner's aggression, he is gratified by a feeling of moral superiority. The sadist, on the other hand, projects her feelings of neediness and vulnerability into the partner and does not have to experience these feelings except through identification with the masochist. The overt expression of anger and the submission of the partner are proof of the sadist's strength and invulnerability.

In the relationships that I will describe in this paper—which I define as *maso-masochistic*—neither partner is willing to openly express her own aggression or to receive and hold the partner's aggression (i.e., to be the bad one). Each partner's aggression is forced to go underground (i.e., to remain unconscious) in an unrelenting cycle of trying to prove that the other partner is "much worse" and less deserving than the self. In other words, "there's a lot of competition here for who is the victim," as a patient in couples therapy commented.

The dilemma then becomes: what do these couples do with the anger they cannot consciously express? Typically, the masochist has two options: either (1) he can project his aggression out into the world generally and into his partner specifically, or (2) he can express his anger in subtle means that do not require his conscious recognition or ownership of his own aggression. Most masochists are masters of both these techniques.

In the maso-masochistic relationship, the first option is foreclosed. (Whereas a sadistic partner would willingly carry the masochist's projected anger, the masochistic partner must defend against the projection by disowning the aggression and reprojecting it. The aggression has nowhere to "land," as it were.) The mutual exercise of the second option leads to a relationship in which all vitality, enjoyment, and mutuality have drained away, leaving the individuals involved full of resentment, isolation, and confusion.

I think it is important to note at this point that experiences and expressions of anger occur along a continuum, and that masochists *are* able to experience and express milder forms of anger (e.g., resentment rather than hatred or rage). They feel very much entitled to their feelings of resentment at the hands of those who are victimizing them. They do not, however, consciously recognize that resentment is a variant of anger or remotely related to aggression. In other words, masochists experience their anger as justified and defensive rather than as cruel and aggressive.

The distinction that I would like to make in this paper is that the sadistic elements in the maso-masochistic dynamic do not typically appear overtly—or at least they are not acknowledged consciously—as each partner experiences the self to be the innocent victim of the partner's aggression. Often, sadism appears as a coercive effort to elicit guilt feelings in the partner or as a refusal to accept any positive gesture that the partner makes.

An important contribution of therapy to the maso-masochistic couple, therefore, is to bring this aggression into the open and to help both partners understand that they are entitled to express their frustrations and disappointments in the relationship directly in a way that takes responsibility for self-assertion, thereby removing the intense pressure to

disown and project aggression into the other. Anger is so foreign to the masochist's self-concept that even healthy self-assertion is experienced as a violent attack against the partner (Cooper 1989; Modell 1965) before the modulating effects of therapy can help normalize the partner's reasonable requests. At the same time, the couple must be encouraged to understand that a request for something from a partner must be accompanied by a willingness to accept the responsive gesture. As I will discuss further, it is typical for the masochist to stabilize her self-image as victim by refusing even positive changes in her life.

I will begin my discussion by presenting some clinical material to illustrate the theoretical considerations that follow.

CASE 1: ZOE AND JAKE

Zoe is in her late thirties, married for ten years to Jake, who is a few years older. Zoe is a writer and has successfully published books for young adults; Jake holds a key role in a family-owned business. After many battles with infertility, the two are now parents of twins, age six.

Zoe has not worked since the birth of the twins. The loss of income has resulted in increased financial pressure for the family. Because she has not been contributing to the family income, Zoe has deprived herself and her children of even modest expenditures and has not hired any babysitting or housekeeping help. Jake, on the other hand, has continued a long-standing habit of gambling (sometimes over the Internet), which he describes as "my hobby." Although his gambling is restrained (restricted to relatively small sums of money), in combination with the loss of Zoe's income and the difficult state of the economy, Jake's spending has deepened the family's financial problems.

It has always been very important to Zoe that she and Jake share equally in their professional and personal lives, and she is extremely frustrated that Jake is now the only one working. She values her own professional endeavors but, equally, she values Jake's contributions around the house. Since Jake became the sole provider for the family, he feels that he should have no household or child care responsibilities. Although he is very attached to his children, he does not like to take them for outings on his own, and Zoe often expresses her feeling that she has "three children," rather than a partner with whom to parent their two children.

When I began working with Jake and Zoe nearly a year ago, they seemed almost unaware of the deteriorated state of their marriage. They appeared to take for granted that they would stay together, seeming not to notice that they no longer enjoyed each other's company. They would report the nasty remarks exchanged between them without registering these as the vicious attacks they were.

On one occasion, Zoe described a family hiking trip over the weekend. While climbing Zoe missed her footing and fell several feet off the trail. She cried out as she fell. Although Jake rushed to assist her, he mocked the cry that she made as she fell, sending a mixed signal of concern and derision. Zoe, shaken and in a great deal of pain, protested her husband's reaction, to which he replied, "I'm just kidding. Why can't you ever take a joke?" Zoe was unable to rise for some minutes and said simply, "You would be just as happy if I died."

Jake's conscious message to Zoe is that she misunderstands his good-natured humor and judges him unfairly; he is the victim. Zoe's message to Jake is not only that he is insensitive to her accident (which he is), but also that he wishes her dead, a distortion of his actual communication designed to induce guilt.

In other words, each member of this couple is projecting his/her anger into the other. This chronic disavowal of each person's own anger, even in the face of its open expression, is characteristic of Jake's way of minimizing and dismissing Zoe, as is her attempt to elicit guilt in him. Both members of the couple are vying for the moral high ground and attempting to put the "badness" that is happening into the other (i.e., sadistic maneuvers that remain out of awareness).

When I drew Zoe's attention to the hostility being expressed between herself and Jake, she immediately saw the anger that Jake directed toward her but had much more difficulty recognizing the anger that she expressed toward him. She had not taken note of her own anger in accusing her husband of wanting her dead, nor of her profound (unconsciously sadistic) wish to make Jake feel terrible about himself. I want to underscore that her reaction was not mild annoyance at an insensitive remark, but a deeply held conviction that Jake's behavior was murderous and unforgivable.

The sadomasochistic elements between this couple are clear yet unacknowledged within the relationship, because the consciously acknowledged expression of hostility is perceived as too threatening to the marriage. Rather than take responsibility for the aggression that is being expressed (e.g., the habitual overspending on the husband's side; the innuendoes on the wife's part that the husband is being aggressive against her), this couple has made a masochistic accommodation that has become their way of life. Each member of this couple disavows his/her own aggression and blames the other in an endless cycle of maso-masochistic relating.

Although Zoe reported feeling that she had found a soul mate in Jake when they first met, that feeling was long gone, possibly before the birth of their children. There was virtually no sexual contact in the marriage, nor any expression of affection, by the time the couple came into treatment with me. Neither Zoe nor Jake seemed to be sufficiently aware of the emotional desert within which they were living; they were caught up in a loveless zero-sum game in which any advantage to one was experienced as being at great cost to the other. If Jake relaxed when he got home from work, it meant that Zoe had one more hour of child care to take on. If Zoe attended a yoga class on a weekend morning, it meant that Jake was overburdened with child care, which in his mind was unfair because he was working full-time. Each felt hopelessly deprived by the other.[1]

As we will see later, this also has reverberations within treatment, where both members of the couple have enormous difficulty in accepting anything from the therapist, and in fact evacuate their anger into the therapist. It is important to understand that when badness is projected into another, it enables the one projecting the anger to then attach to the other as the bad object, thus replicating an early relationship. Sadly, it is not a relationship forged between two individuals who

[1] I would like to clarify that Zoe and Jake *were* both emotionally and physically depleted, but their stance of blaming the other for their deprivation foreclosed opportunities of behaving in ways that would have replenished both of them. In fact, just the opposite occurred: their constant and relentless blaming of the other further exhausted them both emotionally. This is the maso-masochistic dilemma: both partners, in their need to be victims, cannot accept anything from the other; the other must be the bad one in the relationship.

are capable of recognizing the partner as a separate subject with both good and bad qualities. Because badness must be disavowed, neither partner can achieve recognition *of* or *from* the other.

I will leave further discussion of this case until later in this paper, after discussing what occurs in the earlier lives of members of these maso-masochistic couples that can lead to such unsatisfying yet adhesive relationships.

MASOCHISM IN THE INDIVIDUAL AND THE COUPLE

The literature on masochism is extensive and contradictory. For the purposes of this discussion, I define *masochistic* behaviors or gestures as those activities that suppress an individual's healthy self-assertion or the reach for reasonable narcissistic gratification, in favor of submission to the request or demand of another person—in this case, a marital partner. The partner's request may be reasonable or unreasonable, but will always be experienced by the masochist as an unfair abuse of power. This is because the masochistic reaction is shaped by early events that left the individual feeling helpless, needy, and unable to defend herself at the hands of powerful caregivers. (In many cases, the caregiver may actually behave sadistically, but in other cases it is the child's experience that creates his perception of pain in his most dependent relationship—e.g., early surgeries.)

Although masochism was originally thought to develop as a result of oedipal conflicts (Freud 1920, 1924), more recent theorists (Bach 1977, 1984, 1994, 1998; Benjamin 1988; Berliner 1940, 1942, 1947, 1958; Cooper 1989; Dorpat 1989; Ghent 1990; Kernberg 1988; Modell 1965) believe that, in many cases, masochism develops as a defensive reaction to the disappointing ministrations of caregiver(s) earlier in life, certainly within the preoedipal period.

Because the child cannot survive without the caregiver, he cannot effectively retaliate against the caregiver's sadism and will instead submit to the caregiver, often distorting his perception of the sadism into a version of love. Although submission is frustrating, the aggression of the masochist remains largely unconscious; overt expression of the child's

aggression is typically met with harsh punishment (Cooper 1989) and is therefore experienced as virtually synonymous with loss of the caregiver's love.

Some view masochism as an attempt to save love through suffering (Berliner 1958); others view masochism as an attempt to control damaging, sadistic objects (Brenner 1959; Cooper 1989); and a third view holds that masochists are attempting to repair early damaged relationships (Ghent 1990). All these perspectives agree that the function of masochism is to preserve the relationship.

But what relationship is the masochist trying to preserve: the current relationship—in this case, with the marital partner—or an older, internal relationship? To understand masochism, one must understand the role that the masochist's internal objects continue to play throughout her lifetime. The masochist's internal objects are invariably harsh, demanding, punishing, martyred, and/or vindictive. Unconsciously and sometimes consciously, this is the behavior that the masochist expects from others, and also the behavior that she unconsciously seeks to re-create in all subsequent relationships.

Berliner (1958) believed that when an individual is subjected to trauma in the preoedipal period (whether through parental narcissism, neglect, sadism, or physical trauma), the experiences cannot be remembered as such but are carried forward in the individual's life as unconscious tendencies toward re-creating the entirety of the original conflictual situation: the longings, disappointments, and concomitant defenses against longings. The possibility of fulfillment of the wish for love simultaneously triggers intense defenses against it, making it virtually impossible for the individual to find comfort in loving relationships because this means turning away from long-standing internal relationships.

Paradoxically, then, the gratification of the wish for love represents the intolerable loss of the treasured—albeit rejecting—internal love object, who could never under any circumstance grant such a wish. This accounts for the extreme unwillingness of individuals in maso-masochistic relationships to allow their partners to gratify their wishes, or even to acknowledge the contributions that their partners *do* make to their relationships. This proves too threatening to the ties to their inner objects.

After all, in the preoedipal period, the child makes the best adaptation he can to the situation in which he finds himself. Masochistic defenses can serve to consolidate a sense of self when faced with overwhelming anxieties that arise when the caregiver is hateful or unavailable. "Rather than accept the fact of helplessness, the infant reasserts control by making suffering ego-syntonic" (Cooper 1989, p. 298). The masochist also seeks omnipotent control of the caregiver/partner, paradoxically by inducing the caregiver/partner to behave in controlling, depriving, and punishing ways (Brenner 1959). The masochist is always unconsciously issuing an invitation to be attacked, dismissed, or humiliated. There is therefore unconscious gratification when the invitation is accepted.

Ghent (1990) saw masochism as "the derailment or distortion of a wish, not just the defense against a fear" (p. 116). He drew on Winnicott to suggest that individuals who develop in a situation of impingement have a continuing need for environmental impingement. "The deeper yearning, which remains invisible behind compulsive masochistic activity (in itself needed to forestall chaos or disintegration), is the longing to be reached and known, in an accepting and safe environment" (p. 118). In other words, for Ghent, masochistic gestures are an attempt to "get it right," a form of repetition compulsion aimed at changing the outcome of earlier, unsatisfying efforts. Ghent may have underestimated the tenacity of the masochist's preexisting relationships with those who "got it wrong."

Benjamin (1988) examined the relationship between love and domination, and clarified the individual's desire for recognition as one of the foundation stones supporting the sense of self: "Recognition is that response from the other which makes meaningful the feelings, intentions, and actions of the self. It allows the self to realize its agency and authorship in a tangible way" (p. 12).

As discussed thus far, the masochist has not been recognized in infancy and has not developed a coherent sense of self, free to take autonomous action or to assert herself in meaningful ways. "As life evolves, assertion and recognition become the vital moves in the dialogue between self and other" (Benjamin 1988, p. 22). But masochists cannot

draw upon a fund of healthy self-assertion, resorting instead to modes of submission and surrender.

Building upon the thinking of Ghent (1990) and Benjamin (1988), we can hypothesize that the masochistic gesture is an attempt to "get it right" and to achieve recognition from a much-valued other. The masochist's resistance to change is thus deeply entrenched, as he is trying, unconsciously, to right an old wrong.

Masochistic responses are forged in early life when the young child is on the receiving end of angry, sadistic, or neglectful (e.g., narcissistic) behaviors on the part of caregivers. The child rightly perceives these others as big, strong, angry, distant, unavailable, or life threatening. Survival depends on appeasement, placation, submission, and the disavowal of assertion and self-direction. The child's only form of mastery is to internalize (identify with) these angry "outsiders" as a means of keeping herself in line, thus incorporating a strict regime of self-punishment into her psychic life. The more a person refrains from overt aggressiveness toward others, the more strict and punishing her conscience becomes (Berliner 1940). The stricter the conscience, the more likely the individual is to direct aggression toward herself or toward others through means that are consciously disavowed.

As a consequence, the most terrifying thing to most masochists is to consciously acknowledge their own anger at others, especially those forms of anger that are mean, vindictive, or cruel. Many cannot do this without years of therapy and regard the suggestion that they might be angry with surprise or disbelief.

Masochistic adults tend to have caregivers who were unable to absorb or contain their children's helplessness, neediness, and rage. Instead, they blamed the child and externalized their own infantile affective states (Novick and Novick 1987). Note that this behavior on the part of the caregiver is wholly consistent with Winnicott's *impinging environment*. Its consequence is to make the child disavow and repudiate his own very natural needs and longings. Expressing any sort of neediness becomes extremely aversive.

The misattuned mother who cannot contain and metabolize her child's emotions instead fosters unconscious aggression that is directly linked to problems with separation and autonomy. Her child may select

compliance as the preferred mode of relating, without any sense of entitlement to his own wishes and justifiable needs, and with understandable fears about the viability of intimacy with another. The mother's habitual evacuation of her own negative affects into the child fosters a similar process in the child, leading to evacuation of negative affect into the marital partner in adulthood.

Furthermore, the child (and later the adult marital partner) may experience his wish to get away from his tormentor as synonymous with hostile and destructive wishes toward the tormentor (Modell 1965). The wish to separate is equated with destruction of the object. Thus, when the individual gives up the wish to separate and instead reunites with his object, his aggression is turned against the self (Asch 1966).

Despite an inability to express anger openly and directly, a common characteristic of masochistic individuals is that they readily and quite openly express their sense of being unjustly treated by their partners. Rather than regarding negative treatment at the hands of their partners as failures in their most intimate relationships, as some might do, masochists do not seem embarrassed by their failures to please their loved others, but describe these failures at great length and in great detail to friends, family members, therapists, and other helping professionals—nor do they tend to leave these relationships for more satisfying alternatives. "Despite vociferous and reality-based complaints about the abusing other, the masochist all too often hangs in, seemingly with tentacles" (Howell 1996, p. 431).

It is therefore ego-syntonic to the masochist to fail in this way. This speaks to some older notions of masochism that masochists may feel they do not deserve love as individuals, but their suffering entitles them to some consideration, in any case (Berliner 1940, 1947; Menaker 1996). I think it also speaks directly to Freud's distinction between mourning and melancholia, wherein the melancholic cannot surrender the lost object but internalizes it and rails against it. In the process, the melancholic experiences a loss of self-esteem, rather than the loss of a prized other. The melancholic does not evidence the shame one would expect of a person who experiences himself as "petty, egoistic, dishonest," instead demonstrating an "insistent communicativeness which finds satisfaction in self-exposure" (Freud 1917, pp. 246-247).

I believe that the masochist cannot free herself from the original persecutor because that person was so unalterably important. The original object cannot be let go of for any reason or under any circumstance; the attachment persists internally via a persecutory or depriving internal object relationship. There is a concomitant loss of vitality because the masochist is more strongly attached to her inner depriving objects than to "the three-dimensional emotional life lived in the world of real external objects" (Ogden 2012, p. 20).

My clinical experience leads me to believe that both partners in maso-masochistic relationships want to be recognized *in their suffering*. Because each of them experiences the self as the victim of the other's aggression, neither can understand that his/her plight is not understood by the partner. In effect, both members of the couple are vying for the role of victim and inevitably feel wrongfully accused and misunderstood by their partners, and often by their therapist. This lends a quality of entitlement to masochistic personalities because these individuals are so convinced of their unjust suffering at the hands of others.

Let us now return to our case example and look at some of the early developmental influences on Zoe and Jake. Zoe is the elder of two children by seven years, having a younger brother. The younger child was born in the second year of their mother's enrollment in graduate school. Although the mother graduated and earned her degree, she never worked outside the home, ostensibly because of her younger child's health problems (arguably, a masochistic undoing on the mother's part). Zoe attributes much of her own conflict over professional and personal ambitions to her mother's failure to realize herself professionally.

What Zoe made of her mother's behavior was that "good mothers," even well-educated ones, stay home to take care of their children. She therefore experienced her own professional ambitions as selfish and as withholding vital emotional and material supplies from her children. At the same time, she was incredibly envious of her husband's ability both to immerse himself in his career and to give himself permission to relax during his off hours.

Zoe tells some unbelievable stories about her childhood, seemingly unaware of how unusual, even bizarre, they sound. Raised in Brooklyn, Zoe was sent to a private elementary school in Manhattan. She traveled

to school by subway from an extremely young age. She cannot recall her parents ever accompanying her, although she knows that some other children in her class traveled with her in the early years. Nonetheless, these children came from equally unsupervised households, and the children took advantage of the opportunity to travel throughout the subway system. Although those were safer times than now, such young children could easily have gotten into trouble of various sorts, with no adult guidance to help them figure things out. Even allowing for distortions in Zoe's memories, the number of similar examples she can provide suggests that her parents lacked an appropriate awareness of and attunement to their children's capacities.

This insensitivity persisted even later in life: when Zoe applied to college, her parents insisted that she apply to Ivy League schools, despite the fact that her grades and test scores did not justify any hope that she would be accepted. Consequently, she applied to many more schools than most of her peers, and, as predicted, was not accepted at any of the better schools, although she was very happy with the college that she ultimately attended. She described this as a "better outcome" than getting into an Ivy League school would have been, consistent with a typical masochistic attempt to spin straw into gold (in other words, to convert others' aggression or disregard into a personal experience of love).

Denial is a major defense of masochistic people. It is maintained by an omnipotent fantasy in which everything painful is turned into a sign of special favor, uniqueness, and magical power (Cooper and Sacks 1991).

Jake was the younger of two children in his family. Throughout most of his childhood, his sister was seriously ill, often in hospital and requiring full-time care when she was at home. The father, overwhelmed by the need to support his family financially and frustrated by his inability to impact the health of his daughter, had little time for his son. Jake's mother was wholly absorbed with taking care of her daughter. Because her energies were so focused on her sick child, she was perhaps more strict with her son than she needed to be, requiring him to stay close to home so that she did not have to keep track of him. He was seldom allowed to play with friends, either in his own home or in theirs.

When Jake was ten, his sister died. Jake was left with an extreme distrust that people or things would remain in his life and with virtually no impulse control. His desire to gamble and to try to "win big" represented his belief that, if an opportunity is lost, it will never occur again. He was also enacting his understanding that in order to get his mother's (and now Zoe's) attention, he must be desperately ill (i.e., addicted to gambling), expecting Zoe to respond with the complete, loving devotion that his mother expended on his sister.

Neither Zoe nor Jake had the experience of being truly cared for by thoughtful, loving others who kept their children's best interests in mind. Zoe's experience was that her parents insisted on goals that were important to them but not to Zoe, while Jake felt that he had to take action on his own behalf because, despite his longing to be taken care of, no one else would be there to care for him. These themes have resonated throughout their marriage.

The conscious experience of masochistic individuals is complex: the masochist has spent her life not just as the target of her caregiver's aggression, but as the receptacle for her caregiver's evacuated badness. The caregiver believes that the child is bad (and that the caregiver is good) and, in order to preserve the relationship, the masochist believes that she is bad as well. She experiences herself as "bad" or "wrong" in virtually every situation. At the same time, there is a sense of injustice at being the chronic recipient of others' (real or imagined) hostility. It is this sense of injustice that can make it difficult for some masochistic individuals to give to others.

It is also the wish to be rid of the feeling of badness that drives masochists toward ever more ambitious—often impossible—goals. For example, Zoe struggled with feelings of anger that Jake did not and would not provide her with the kinds of support that she provided him (e.g., full-time child care and running of the household), yet she also felt that she *should* be able to do all the child care and housework and to work full-time as well, with nothing lost in the move back into the professional arena. She resented everything she was doing "for" Jake and begrudged doing anything more, scheming to find ways to force him to take on more household responsibility.

At the same time, she constantly castigated herself for her failure to accomplish anything, and actually decided not to attend a milestone college reunion because she felt ashamed that she had accomplished so little. Her competence as an artist and writer, as well as being the mother of two healthy children, did not add up to much in her internal ledger book.

In the maso-masochistic relationship, where each member is committed—both consciously and unconsciously—to being the victim, it can be very difficult to understand that there is literally no way for one partner to please the other. I would like to provide a brief example from the clinical process of Zoe and Jake.

Zoe constantly tried to gain Jake's approval for her activities as a mother and as a professional, and she even hoped for his approval for her personal goals. A lifetime athlete, Zoe was very committed to working out. In a recent session, she said, "Jake was mad all weekend. He gets angry because I want to go running. I only run three days a week—Friday, Saturday, and Sunday. And only for forty-five minutes. But he really resents it when I run. I used to run in the morning but he asked me not to do that. So now I run at noon but he's *really* angry about that. What am I supposed to do?"

"It's not forty-five minutes—it's two hours," Jake protested. "You run and then you limber up, and then you shower and change, and it's mid-afternoon by the time you're ready to do anything."

"It's not two hours. It's forty-five minutes. And then, sure, I get cleaned up, but it doesn't take me any time at all." (This is believable because Zoe's hair is cut very short and she wears no makeup.) "And the kids are with me all the time. I'm running in the basement and they're with me, playing with the trains or watching a video. Jake doesn't have to *do* anything. And then he gets really, really irritable on weekends because he gets upset with the kids whenever they act up. They're kids—they're little kids. I get tired but they don't stress me out the way they do him. So I say to him, 'Go out. Take a tennis lesson or meet a friend for coffee. Do something that you want to do.'"

Jake interrupts, "I'm a prisoner. I can't ever do anything I want to do. She never lets me."

"It sounds like she's encouraging you to do something you would enjoy," I say.

"She never lets me—she tortures me. That's all she does, is torture me."

"It's a strange kind of torture, to be given the opportunity to do what you want. To have a break from the kids."

"I love my kids. It's the weekend and we're supposed to be together."

"So you resent Zoe for taking the time to run and you don't feel it's appropriate for you to leave the family even for an hour or two on the weekend?"

Jake shifts his ground constantly so as never to have to accept anything from Zoe or from me. At first, he is not free to do what he wants; Zoe's offer is false. Then, neither of them should do anything other than be with each other and the kids. Although the kids deplete him, he cannot accept a break from them. He cannot accept Zoe's "gift" to play tennis or to take time for himself in any other way, because to do so would mean that he could no longer accuse her of selfishness and abandonment of the family.

What I want to underscore is that Zoe was working very hard to adjust her workout schedule to please Jake. What she failed to recognize was that Jake would *never* approve, no matter what she tried. The cost of approval for Jake would be too high. It would mean that he no longer inhabited the moral high ground (in his own mind) and that he would have forfeited an important grievance against Zoe. Because the masochist's experience is so tied to being victimized, it is extremely difficult to relinquish the "proof" that one is being wronged.

In the same way, Zoe is constrained over and over to attempt to please Jake, because she feels that she has lost the moral high ground as long as he is lodging his complaints against her. Part of the masochistic endeavor, unfortunately, is to expend a great deal of effort in pursuit of unattainable goals. This is because the identity of the masochist is bound up with the preservation of the object (both the internal, persecutory, or depriving object from the past and the current object in the present) and the prevention of its loss—and, at the same time, the masochistic identity is forever striving toward ego consolidation, seeking means of feeling better about one's self. This ego consolidation is at-

tained through "losing," i.e., submitting to or merging with or identifying with a depriving internal object who demands failure or submission as evidence of love. The internal object relationship from the past supersedes gratification and support from the "actual" object relationship in the present, even as it is being reenacted with that actual person in the present.

With Jake, Zoe duplicates the experience of being with a mother who is unable to recognize her child's experience and needs, and in this way she maintains an unconscious tie with a deeply needed (internal) love object. Jake's inner script is not too far distant, attempting to extract a grain of pleasure from an ever-withholding internal mother, deftly dodging any attempt on Zoe's part to grant any of his constant and frequently unrelenting requests.

I want to emphasize this point: Jake's and Zoe's conflicts were not only with the partner in the present, but with their unrelenting internal objects from the past. Jake could not take in the reality that he had the freedom to go out and enjoy himself with Zoe's blessing, because his depriving internal objects would never have allowed such an outcome. Zoe could not withstand Jake's unrelenting attacks, secure in the knowledge that she was making reasonable rather than outrageous demands on her relationship. To exercise a different kind of freedom to behave in new ways would have separated them from their familiar internal relationships. What Jake and Zoe understand consciously about their marital relationship is but the tip of the iceberg compared to the enormous, unconscious, lifetime commitment to their internal dramas with their internal objects.

Thus, in the relationship between two individuals with masochistic styles of relating, neither partner can consciously own his own aggression but evacuates it into the other, subsequently perceiving the other's actions as hostile attacks against the self. For example, Jake experiences his criticism of Zoe for running as proof of his loving commitment to their children and her commitment to exercise as a painful deprivation of her attention to the family. Zoe's repeated attempts to please Jake rather than set a clear limit with him represent her inability to assert herself in healthy ways, but also mask her intention to extract approval from him and to cast him in the role of the bad member of their relationship.

Although the case of Jake and Zoe presents some extremes of masochistic behavior, masochistic defenses are often in play between relatively more high-functioning individuals. Let me present a second case.

CASE 2: ROBERT AND BELINDA

Robert and Belinda came to treatment in their mid-forties. Robert described himself as "in trouble" with his wife or "in the doghouse," while Belinda reported feeling frightened by her husband's "rage." Both spouses lived in dread of the other's anger, with no ability to open up constructive dialogue between them.

Both Robert and Belinda were accomplished in their own spheres. Robert ran an auto-refurbishing business for high-end foreign automobiles; Belinda was the administrator of an oncology unit in a local hospital. They were the parents of three teenage children who seemed to be flourishing in school and were well liked by their peers.

I learned that Robert was the eldest of four children born to relatively impoverished immigrant parents. The father had a chronically unsuccessful career and was aggressively devaluing of his children from childhood on. The mother, although more supportive than the father, felt that her son had never reached his potential, despite business and athletic successes. She was very vocal about her perception that he could have done better.

Robert met Belinda in high school. Belinda was practical, motivated, and very committed to family and to learning. She came from an upper-middle-class family and was the older of two daughters, least favored by her critical, demanding mother and overlooked by her distant, entrepreneurial father. Belinda felt that her achievements were invariably second-rate and was driven by constant self-criticism and perfectionism. In the marriage, Belinda consistently nagged and found fault with Robert, particularly with his inadequate earnings. Although Robert was successful in his business, he did not earn the level of income that Belinda's father had enjoyed.

Belinda was constantly worried about money, although the couple had a more than adequate income by most standards. She was extremely critical of the things that her husband liked to spend money on (e.g.,

going out to dinner, theatrical events) but insisted on certain extravagances related to the children (e.g., expensive classes and camps). Belinda refused to move to a larger home, despite the growth of the family, because she was fearful about unforeseen financial events that could jeopardize their future security.

In an early session, Belinda and Robert arrived in a rush, obviously very annoyed with each other.

"What's going on?" I asked. Belinda seated herself at one end of the couch and looked toward the wall. It was not clear whether she was ignoring me, ignoring Robert, or ignoring us both. Robert seated himself at the other end, facing me.

"I'm in the doghouse again," Robert answered.

"Because?"

"I didn't pay our bills on time because I was getting ready for this big auto show that took place last weekend. I was working around the clock. And when I finally paid the bills, we got all these penalty charges and I even overdrew our account and we got even more penalty charges."

At this, Belinda turned to him and said, "How can it be so hard to pay bills? It happens every month the same way. Get a bill, open it, pay it. But no! You just let the mail accumulate in a big heap and don't even look at it." She glared at him, then looked at me, seemingly for support.

"And what do you do with the mail?" I asked her.

She seemed puzzled. "It's not my mail," she said.

"How do you mean? Are they your bills or not?"

"They are our bills, but it's his job to pay the bills. It's not my job."

"Did you know that Robert was working long hours?"

"Of course I knew," Belinda said, giving me a withering look. "But he can't just check out of the family or his responsibilities because of work, now, can he?"

"No. Of course he can't drop out of the family. But why couldn't he have a little help in a crisis?"

"It's always on me! I'm always the one who has to pick up the slack," Belinda said. "Who helps me when I have to work long hours? Who takes care of things then?"

"That's a good question. Who does take care of things then? Do you both ask the other for help when you need it?"

I won't go further into the clinical process except to note that Belinda and Robert were so entrenched in their existing patterns that the battle lines were drawn in concrete. They had not learned to ask each other for help, nor were they able to provide the support that was needed without a conscious, formal negotiation. That sort of teamwork was ego-alien in the beginning of their treatment.

COUNTERTRANSFERENCE WITH MASO-MASOCHISTIC COUPLES

Countertransference with any couple has a multiplier effect in that the therapist is engaging two others rather than a single other. Keeping track of the individual dynamics of both partners, of what is transpiring between the partners, and of transference-countertransference resonances is a form of analytic advanced calculus.

More important to my mind, however, is that couples work is not a story being told to the therapist by one partner or the other, where the therapist has time to reflect and to form impressions of the significant people in her patients' lives. The way that any individual in treatment reports upon his relationship to his partner is markedly different from how the therapist will experience that same relationship when both partners are present in the consulting room (Gerson 1998). In couples work, we are involved in events as they unfold, and we are often swept into a maelstrom of emotion from the outset.

Work with the maso-masochistic couple adds yet another dimension to this already complicated dynamic. In the maso-masochistic relationship, each partner is *inviting* the other's aggression, unconsciously. Therapy can quickly dissolve into a "blame game," with each partner upping the ante of grievances lodged against the other. At the same time, both partners are inviting the therapist's aggression. The therapist must do her best to remain aware that she will be invited to play the blame game in her work with maso-masochistic couples and to extricate herself as quickly as possible.

For example, I noted my initial impatience with Robert and Belinda when they began their fault-finding about paying their bills late and incurring unnecessary bank charges. It was clearly a problem that many

couples would solve almost without discussion. On the one hand, one could ask whether Robert really needed to provoke his wife in this way by failing to pay the bills on time, when it was clear from prior discussions that he was quite familiar with online banking and quite competent to pay his bills in a timely way. On the other hand, Belinda was equally competent and capable of paying the bills in a situation in which Robert felt truly overwhelmed. I was able to notice my own aggression in the form of impatience, fortunately, and to recognize it as the response to their invitation to play the blame game by expressing my own frustration at their incompetence. This is the constant invitation of the masochist to be "beaten up" at the hands of external aggressors.

The peculiar dynamics of the maso-masochistic couple can initially be perplexing for the therapist because both partners disavow their aggression. Each party to the conflict is enraged yet wholly convinced that he is the target of the other's aggression. Each partner is confused by the accusations of the other because he truly experiences himself as an innocent victim while being accused of angry attacks. Any attempt on the therapist's part to draw the individual's attention to his own aggression is met with puzzlement and rejection because conscious aggression is not ego-syntonic for the masochist. Because masochistic tendencies are forged in the crucible of the earliest dependent relationships, they are virtually invisible to the person who resorts to masochistic strategies in mature relationships.

I find it helpful to remind myself that both parties to these unfortunate relationships have truly suffered at the hands of a very significant other, and that they have continued to feel badly treated throughout their lifetimes. Each is launching an attack upon the other through insisting that she is the innocent victim of her partner. This aggression, though disavowed, represents what Kohut (1984) saw as a reaction to the narcissistic injury and humiliation of dependency upon unavailable or misattuned caregivers. In fact, because feelings of neediness or dependency are so aversive to the masochist, it is virtually impossible to suggest that the individual might have any needs of her own. To acknowledge need would open up the possibility of excruciating disappointment that must be avoided at all costs.

Remember that the masochist's needs were never satisfactorily met in childhood, and that the parent typically objected to the need to care for the child. The rage in later life (albeit often unconscious) arising from this early narcissistic injury is fueled by an urge to reverse the injury at any cost (Alexander and Van Der Heide 1997). The feeling of being wronged provides a sort of permission for retaliation against the partner. If either partner in a maso-masochistic relationship is able to voice his sense that the partner deserves retribution, it provides an opportunity for the therapist to lift the masochist's own aggression into conscious awareness.

For example, Zoe said that her husband's compulsive gambling was enabled by the extended family, because not only his parents but her parents as well found his gambling entertaining. When he began to gamble in amateur tournaments, they would all go to watch him play. She fantasized that one day he would lose a great deal of money with everyone watching. He would lose face and everyone would lose interest. "That will show him," she said.

"So you think he should be punished?" I asked.

"Well, yes," she said, looking surprised. "I guess I do. He doesn't respond to anything that I say or to anything that our [previous] couples therapist said."

"You sound really angry."

"Do I?"

"What do you think?"

"I guess I am. I never really thought of it as anger."

It is very important for the therapist to pace herself very slowly with the maso-masochistic couple because a primary function of masochism is to preserve relatedness. The therapist must be willing to listen rather longer to the grievances presented by both parties than one might with the less masochistic patient. The therapist must validate the concerns expressed by each partner and sympathize with the injustice that each is experiencing, This is not an easy task because the maso-masochistic couple seems committed to deflecting positive solutions to their dilemma. Despite this, masochistic gestures are attempts at maintaining connection with the other. Any suggestion that other methods could be pursued is incredibly threatening because it carries the threat of separation.

Both parties to a maso-masochistic relationship are heavily invested in the preservation of the status quo even though it makes them miserable. Individuals caught up in a masochistic regression do not have strong ego boundaries and are not confident of their ability to survive without the partner. Ego boundaries are unreliable, both partners are simultaneously projecting and introjecting unwanted parts of the other, and each is feeling threatened by the fact that the other personifies his "as-yet-unintegratable inner contents," in Searles's (1973, p. 178) words.

As the treatment progresses, the therapist must always keep her patients' proclivity to use masochistic defenses in mind, because the patients are "firm-wired"—i.e., the tendencies are learned in the preverbal period, neither innate (hard-wired) nor yet capable of verbalization (soft-wired)—to comply with important others as a means of preserving attachment. A masochistic patient may outwardly appear convinced by a therapist's interpretation, all the while feeling viciously attacked and misunderstood. With both partners in a couple prone to respond with masochistic defenses, the therapist must fine-tune her awareness to recognize possible narcissistic injury to her patients.

Having said that, however, I would like to add that, often, a successful therapy hour with a maso-masochistic couple results in *both* partners leaving the session feeling frustrated and misunderstood by the therapist. This is because the therapist has to be extremely mindful of taking *both* partners' concerns into account and validating each person's point of view. Validating Zoe's frustration at Jake's overspending has to be balanced with acknowledging Jake's frustration at Zoe's controlling nature and lack of ability to have fun. Each time Zoe is validated in the treatment, Jake experiences a narcissistic injury by the therapist; each time Jake is validated in the treatment, Zoe experiences a similar loss.

Clearly, therapist interventions must be titrated to the couple's ability to tolerate the narcissistic affront that external support for the partners represents: in both of their minds, it is the partner who is clearly at fault, and the therapist seems to be missing the individual's own excruciating experience of victimization. Even the best intervention has the potential of tilting into a masochistic gratification if the patient is so inclined.

It can be extremely taxing to work with masochism, in part because it is so difficult to tolerate chronic self-sabotaging behaviors. Patients

with pronounced masochistic defenses cannot take appropriate, healthy assertive action on their own behalf. This difficulty is compounded when *both* parties to the relationship engage in masochistic ways. The therapist's own aggression is constantly being invited into the room. This might find expression as a temptation toward wanting the couple to separate simply to put an end to all the misery (including the therapist's). This is nonetheless a misery that has been carefully crafted between the two partners and that serves important functions that need to be sensitively explored and understood, particularly because it is likely to be the only type of relationship that these individuals can form without the thoughtful untangling of defenses that results from therapeutic work.

I cannot leave this discussion of countertransference with maso-masochistic couples without spending some time on the topic of therapist masochism. Not enough attention has been paid, I think, to masochism in the analyst. In part, this is because ours is a caregiving profession, and caregiving in and of itself involves surrender to the needs of the other (Ghent 1990).

Perhaps no one has improved upon Racker's (1958) original discussions of masochism in the therapist. He said:

> It should be stressed, first of all, that the analyst's masochism aims at making him fail in his task. We should therefore never be too sure that we are really seeking success and must be prepared to recognize the existence of an "inner saboteur" (as Fairbairn says) of our professional work. We must likewise reckon with an unseen collaboration between the masochism of the analyst and that of the patient. [p. 558]

Many theorists describing masochism in the analyst tend to emphasize its cost to the analyst and how related it is to the standard pathological features of masochism with which we are so familiar—and, in this way, to characterize it negatively. However, masochism in the analyst operates in tandem with and merged with a number of other significant regulatory principles, drives, affects, identifications, etc. If we consider that every analyst (when actively working) is actively engaged in a maternal identification, does that temper the definition of masochism in the analyst or does it remain unchanged? Perhaps it does, and yet in

work with maso-masochistic couples, the working "surrender" of the analyst to the analytic process is more vulnerable to tipping over into sadistic or masochistic acting out because of the seductive invitations present in this work.

The particular variety of masochistic defense of each therapist will be determined by the therapist's life experiences, the presence and frequency of trauma in his own life, and his opportunities and successes at working through these painful experiences in analysis and supervision. What is not in doubt is that the therapist's masochism and sadism will be aroused frequently throughout the treatment of maso-masochistic couples.

In its most simplified conceptual form, therapist masochism results in the therapist accepting the projected sadism of her patients and, in turn, attempting to project her sadistic internal objects into the patient. In work with the maso-masochistic couple, where anger is disavowed within the couple, it is easy for the therapist to become enraged with the couple's apparent intransigence. In part this is projection on the part of the couple. The couple evacuates their anger into the therapist, and the therapist experiences herself as tormented by the couple's unwillingness to hear her interpretations or respond constructively to her efforts to help them out of their difficult situation.

At the same time, the therapist is evacuating his own anger into the couple, conscious only of his willingness to help and of the couple's refractory response. At extremely difficult moments in the treatment of the maso-masochistic couple, the room may be awash with disavowed anger by not two but three individuals. It is imperative that the therapist stay on top of his own aggression in work with these already severely wounded individuals, and to be able to quickly reformulate his understanding of what is transpiring in the room so that he may defuse the conflict and simultaneously help the couple take responsibility for their own anger.

Masochism in the therapist can result in emotional distance from her patient, a defeatist attitude about possible outcomes of the treatment, and passivity resulting from allowing the patient to run the treatment without appropriate, active intervention.

> The masochistic analyst is inclined toward submission to the patient, and particularly to his resistances . . . . The truth is that the neurotic is a prisoner of his resistances and needs constant and intense help from the analyst if he is to liberate himself from his chains. [Racker 1958, p. 560]

I find that in work with maso-masochistic couples, it is imperative to confront, interrupt, and draw attention to discrepancies in an active though balanced, nonjudgmental way. I am much more actively verbal in work with this type of couple than with individuals or with couples who are not primarily struggling with masochistic defenses.

DISCUSSION

One might ask what draws a person whose responses in intimate relationships tend to be so heavily weighted toward masochism to another individual with similar responses, rather than to a partner whose primary response mode is sadistic. After all, sadism and masochism have been viewed as complementary responses with satisfactions for both partners, albeit painful satisfactions for the masochistic partner. It may be that the relationship-preserving function of masochism makes such partnerships common, with each partner striving to maintain and strengthen ties to the other. Perhaps the insensitivities of the masochistic partner may yet be easier to bear than the ruthless attacks of the sadistic partner.

I have spoken in this article both of *masochism* and of *masochistic defenses,* and I have not intended them to be interchangeable because they represent two distinct situations. There are individuals whose primary way of relating to the world is masochistic, and this style of relating is embedded into their character structure and is typically their only means of response in both public and private arenas. These people may be described as masochists because masochistic defenses characterize their thinking and behavior in virtually all situations.

However, masochism as a defense is available to all of us and can be used constructively or regressively, depending upon the situation. For example, masochistic responses serve us well in tolerating the demands of children, in teaching and in mentoring situations, and in our roles as analysts. On the other hand, under pressure many individuals resort to

masochistic strategies that do not serve them. This regressive pull to masochistic defenses occurs quite often in our most intimate relationships, even in individuals who are extremely high-functioning most of the time, in most areas of their lives.

I have used two cases to illustrate my discussion of maso-masochistic couples. In both cases, I have selected individuals who may be called masochists because I wanted to underscore the predominant masochistic defenses within each member of the couple. However, once one begins to think about the possibility of maso-masochistic relating, it will be clear that we have witnessed it in our professional and personal lives all along.

So what is the prognosis for work with maso-masochistic couples? It is very difficult to predict because it depends upon the severity of masochistic pathology within the individuals involved. For a couple like Jake and Zoe, where masochism is characterological on both sides, the "midcourse correction" that therapy provides may or may not be sufficient to effect a change; individual treatment for both members of the couple would significantly increase the likelihood of a successful outcome. For a couple like Belinda and Robert, where the early damage is not as severe, therapeutic intervention may find much more fertile ground.

Although work with the maso-masochistic couple can be extremely frustrating, the fact that masochistic strategies are consciously aimed at obtaining love means that there is hope of a successful outcome. The undoing of masochistic defenses is painstaking, however, and it takes a great deal of time for the individual to understand that her masochistic strategies lead to the opposite outcome from what she hopes for: her partner's anger rather than her partner's love.

CONCLUSION

The interesting thing about thinking of couples in terms of maso-masochistic relating is that it is so *obvious*, so strangely overlooked until now. We can all think of relationships in our personal and professional lives that meet the criteria.

Although extreme examples such as the cases cited in this article occur in our practices, we are more likely to work with higher-functioning couples who engage in masochistic strategies only under pressure. These

present real opportunities for understanding because higher-functioning individuals are better able to make use of the therapist, but are nonetheless prisoners of their defenses. Masochistic defenses are particularly adhesive because they are learned at such an early age and because the individual believes they are essential to maintaining relationships. Without the aid of treatment in helping them loosen these masochistic bonds, many couples would be trapped in a frustrating lose-lose situation, with no end in sight.

Acknowledgments: The author would like to acknowledge the long-term and unwavering support of her writing group led by Jody Davies, whose members are the following: Caryn Gordon, Laura Platt, Shana Schachter, and Fred Stern. Equally, the author acknowledges the contributions of Richard Lasky and Phyllis Sloate.

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Volume LXXXIII, Number 2

SPONTANEOUS REMISSIONS: NORMAN REIDER'S FORGOTTEN PAPER, PART I

BY DALE BOESKY

Almost sixty years ago, Norman Reider published a paper about spontaneous "remissions" he had observed. He discussed the manner in which psychoanalytic theory provided a way to partially explain these otherwise mysterious remissions or improvements in symptoms, some without benefit of either psychoanalysis or psychotherapy. Especially important were his comments about the negligible role of interpretation or insight in these examples. His conjectures reflected controversies that were current at the time and that remain unsettled. Of special interest is his introduction of some highly original ways to think of applying psychoanalytic ideas to supportive psychotherapy. But few analysts today have heard of this paper. A reconsideration of his paper allows us to be vividly reminded about our enduring and profound confusion about exactly what constitutes a "cure" at all. Spontaneous shifts in the severity of symptoms may be viewed as experiments of nature that we have neglected to investigate as valuable restraints on our immodest therapeutic claims.

Keywords: Norman Reider, spontaneous cure, analytic theory, supportive therapy, symptom relief, analytic classics, analytic controversies, mutative factors in treatment, orthodoxy, Freud.

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SPONTANEOUS REMISSIONS WITH AND WITHOUT TREATMENT

Almost sixty years have passed since the appearance of a remarkable paper by Norman Reider entitled "A Type of Psychotherapy Based on Psychoanalytic Principles."[1] I was a young psychiatrist when I first read it in the late 1950s in the *Bulletin of the Menninger Clinic*. This was, of course, prior to the appearance of the genre now called "classics revisited," and this neglected paper by Reider never became a classic.

I have since then thought about it often. At that first reading, I was primarily struck by Reider's broadening our view of the dimensions of *supportive psychotherapy*. In those days, that term had a disparaging tone. It meant just about anything from simple direct reassurance to prescribing a vacation for the patient. Reider's paper, in retrospect, can be viewed as opening a path to the possibility of using psychoanalytic ideas as a map to develop a far more sophisticated guide toward achieving a *psychoanalytically informed* supportive psychotherapy. Such a term would have been rejected as oxymoronic when the paper was first published. By its republication, I hope to evoke discussion from colleagues and a dialogue about the relevance of Reider's views for our contemporary controversies about the nature of change during treatment.

As a psychiatric resident in the '50s, my interest in the paper, of course, had to do with spontaneous remission. But I recall that more than that made me feel this paper was so compelling. It was the absolute minimum of jargon and the persuasive force of his choice of clinical examples that won my admiration. Those two terms, psychotherapy and psychoanalysis, were of course by no means as close to synonyms in 1955 as they have become in many quarters today.

As time passed, I began to wonder if these commonly occurring but rarely discussed remissions or spontaneous "cures" could teach us something about clarifying the murky term *mutative*. Was there something that occurred *either with or without* any treatment at all—something that

[1] See Reider (1955b) for the original, longer version of this paper. Permission to republish this somewhat abbreviated version (Reider 1955a) has been granted by Guilford/Dryden Press.

we had been overlooking, and that if better understood could help us in our conduct of treatment?[2] Have we been overlooking this chance to reformulate a few of our many questions about what is actually mutative in our therapeutic efforts? We can also say that these mysteries of spontaneous cure are inseparable from our enduring confusion about how to define the nature of changes in psychoanalytic treatment. We might at least begin to speak more accurately about changes as a plural noun.

There is one further purpose for the republication of this antique gem. In the *zeitgeist* of the era in which it was written, the fallacies of blinkered faith in one theory of everything had no better exponent than Isaiah Berlin. His warning appeared in a 1960 letter (to a friend; exact date unknown):

> Nothing is less popular today than to say that there is no millennium, that values collide, that there is no final solution, that one can only gain one value at the expense of another, that whatever one chooses entails the sacrifice of something else—or that it is at any rate often so. This is regarded as either false or cynical or both, but the opposite belief is what, it seems to me, has cost us so much frightful suffering and blood in the past. [Berlin quoted in Banville 2013, p. 47; see also Boesky 2009]

It is bracing to read this paper by Reider in the context of these warnings by Isaiah Berlin two decades before the fall of Communism against uncritical acceptance of the views of *either* camp in the culture wars of psychoanalysis for some fifty years. For Isaiah Berlin, the defeat of Communist orthodoxy would be welcome, but he correctly foresaw that other orthodoxies were waiting in the wings.

In our own era, the necessary corrections of replacing our own prior orthodoxies have brought us the mistakes of uncritical, naive pluralism. There is an instructive parallel between the epistemological fallacy of orthodoxy and the allegedly pragmatic assumptions of almost any kind of pluralism.

But the vexing tensions between the distinctions between psychoanalysis and psychotherapy cannot be dismissed as merely a definitional

[2] The distinction between these two groups is not trivial and cannot be adequately pursued here. I will refer to it again near the end of the second of these two papers.

matter. The topic is enormously complex and dates to the very dawn of Freud's first discoveries. Clearly, this distinction was a matter of great concern to Reider in this paper and his experimental and improvised interventions in this present paper did not constitute his views about the larger part of his psychoanalytic practice. Nor does my admiration for his courage and imagination indicate that less experienced therapists and analysts should simply emulate his methods.

One must be respectful of the profound differences arising due to the historical context of the work of any analytic author. My purpose in this paper is to focus attention on one of the most consequential problems we face as psychoanalysts. What are the obstacles to our devising better ways to map what we mean by *change*, and how do these changes develop, with or without treatment?

One of the central ideas Reider proposed in this paper was that spontaneous remissions were not actually cures. I take him to mean here that he saw these remissions as substitute formations in which a painful symptom was submerged; expressed but defensively concealed. In these remissions pathogenic conflicts were replaced by a subjectively more "comfortable" symptom. In other words, the "spontaneous remission" was an attempt at self-healing. *This was a highly compressed hint of a very important new way (at that time) to view the possibility of comparing the possible similarities of what was mutative in psychoanalytic treatment with what was mutative in self-healing.*

Some twenty-five years before, Glover (1931) had stated something quite similar: "If we remember that *neuroses* are spontaneous attempts at self-healing, it seems probable that the mental apparatus turns at any rate some inexact interpretations to advantage, in the sense of substitution products" (p. 399, italics added).

There is a quite valuable but still neglected idea in this paper. Substitute formations and compromise formations are conceptual cousins. And Brenner (1992) spoke of something very similar to these views of Glover and Reider in his remarks about normal compromise formations. Brenner also stated more than once in private study groups of the advantage of viewing apparent symptomatic improvement as a consequence of an unrecognized shift in compromise formations. Symptoms that "disappear" may recur.

I agree with Brenner about this point: pathogenic unconscious conflicts do not disappear but, like the pain of mourning, they soften as a consequence of successful psychoanalytic treatment and portions of this modulation of pain are evoked by these shifts expressed by Reider's substitute formations and Brenner's compromise formations. In fact, Reider stopped just short of doing that in his imaginative suggestion that the "screening" function of screen memories was analogous to the substitution of a less "ego alien" symptom for a more "ego-syntonic" symptom, in the idiom of Reider's era (Reider 1953). But I doubt that either of them would have agreed with my conjecture about the convergence of their views.

Freud (1937) chastised analysts for wasting time pondering how cures took place during treatment, since he believed he had abundantly proven that we already had sufficient evidence of this outcome. Freud's final and peremptory views about the ongoing controversy concerning exactly what was mutative about successful psychoanalytic treatment included the following stern admonition:

> A constitutional strength of instinct and an unfavourable alteration of the ego acquired in its defensive struggle in the sense of its being dislocated and restricted—these are the factors which are prejudicial to the effectiveness of analysis and which may make its duration interminable. One is tempted to make the first factor—strength of instinct—responsible as well for the emergence of the second—the alteration of the ego; but it seems that the latter too has an aetiology of its own. And, indeed, it must be admitted that our knowledge of these matters is as yet insufficient. They are only now becoming the subject of analytic study. *In this field the interest of analysts seems to me to be quite wrongly directed. Instead of an enquiry into how a cure by analysis comes about (a matter which I think has been sufficiently elucidated)* the question should be asked . . . what are the obstacles that stand in the way of such a cure. [1937, p. 220, italics added]

Surely, our stormy controversies ever since then bear testimony to the fact that future generations of psychoanalysts have not accepted this view. We actually have never had a consensual agreement about how our "cures" come about *with* treatment, let alone without. And the latter

have been mostly ignored in our literature. It is an important paradox that our literature so rich in critiques of Freud's views about so many topics has had so little to say about this view of Freud that we already knew how we cured our patients. We psychoanalysts, to paraphrase the observation of George Santayana, do not solve our problems; we leave them behind (Brooks 2013).

Today few analysts would agree that we would waste our time trying to refine our understanding of how exactly we help our patients. Like the judge who cannot define pornography but knows it when he sees it, we know cures when we see them. Or do we? One of the central problems of our field is that we have as yet no consensually accepted definition of the meaning of *cure,* let alone the manner in which it could be achieved. So it is my hope that further dialogue about spontaneous remissions will facilitate discussion of the obstacles to the clarification of the numerous "subchanges" leading up to changes in symptoms with or without treatment. To be more clear, Reider does not distinguish between "cures" that occurred with treatment and those wherein there was no treatment at all. Even that seemingly simple distinction is reductive, but the issues cannot be adequately pursued here. *At issue is that his views expose our own neglect of the very complicated question of how best to compare the nature of change with treatment and without.*

A key issue for Reider and his generation of analysts appears to have been to protect the view of psychoanalysis as clearly distinct from psychotherapy. That distinction will of course now appear quaint to many of our readers. This danger to the survival of psychoanalysis is rather like a fire that seems to have been extinguished only to flare up again and again. To complicate matters further, even the mention of this danger is misperceived as the prattle of orthodoxy. Some of our pragmatists dismiss this as a merely definitional question. In the debris of ad hominem polarized disputes about the pure gold of psychoanalysis versus the shabby dross of psychotherapy, we lose sight of our ignorance about what is mutative in *either* psychoanalysis *or* psychotherapy.

The modern reader will note Reider's caution about the possibility that he will be misread or thought to be cavalier in his application of psychoanalytic terminology. A major and continuing source of such confusion is the old and abiding custom of distinguishing psychoanalysis

from psychotherapy on solely descriptive terms about the analytic frame (Levine 2009). I have in mind here such criteria as frequency of sessions, anonymity of the analyst, etc., rather than the foundational epistemological assumptions that distinguish psychotherapy and psychoanalysis. All psychoanalysis is also a form of psychotherapy, but the reverse is not true.

Using the epistemological frame of reference allows us to clarify the crucial distinction between the manner in which the analyst listens and understands, as opposed to what the analyst says and does with the patient. That allows us to bring into prominence our methodology for making contextual inferences based on assuming that the associations of the patients are patterned and governed in accordance with psychic determinism.

This very condensed summary is intended to highlight a better way to contrast psychotherapy and psychoanalysis, rather than to adequately discuss the much-neglected topic of the role of epistemology in the daily work of the psychoanalyst. That would take us beyond the scope of the present paper.[3] I shall return briefly to this topic in the second of these two papers.

In his title, Reider carefully made this distinction: these cases were not in his view illustrations of "psychoanalytic psychotherapy." Instead, they were designated as cases of psychotherapy whose understanding could be enhanced by basing them on psychoanalytic principles. Today we might think of his views as applied psychoanalysis. Skeptics might counter that in both applied psychoanalysis and in Reider's modified psychotherapy, resistance is not dealt with directly.

The advantage of comparing Reider's views to applied psychoanalysis in this context is to link Reider's views to the complex problem of the differences between our criteria for clinical evidence in actual psychoanalytic treatment and the evidential criteria for testing the probative claims of applying psychoanalytic theory to other conceptual domains (Baudry 1984). Clear definitions are obviously important, but they should not be confused with understanding the phenomena we have merely labeled. It is all too easy to speak of "transference cure" when patients have had dramatic "results" from even one session (Renik 2001).

[3] For an extended discussion of this topic, see Boesky (2008).

I hope that the revival of Reider's paper will provide an uncommon chance to see the self-healing powers of the human mind at work—with or without therapy of any kind in order to see if we could benefit from applying what we might learn from that to our own therapeutic efforts. I hope that this reconsideration of spontaneous remissions will provide an opportunity to reconsider our endless controversies about how to better define changes during psychoanalysis or psychotherapy (Boesky 2008). Here we have a chance to observe the recuperative powers of the human mind sometimes repairing itself—but also to see examples of a brilliant psychoanalyst struggling to use what he had learned from analysis with patients who were too troubled to participate in conventional psychoanalytic treatment.

So here is Reider's paper, first published in the *Bulletin of the Menninger Clinic,* Vol. 19, pp. 111-128, 1955(a). With a prescient eye on his legacy, Reider predicted that his paper might have a variety of meanings for future historians, in this instance our present readers.

A TYPE OF PSYCHOTHERAPY BASED ON PSYCHOANALYTIC PRINCIPLES *

BY NORMAN REIDER, M.D. †

Some future historian, with the perspective of distance, may look upon our present interest, this mania therapeusis, in one of many ways. He may see a sick society trying in various ways to heal itself. He may consider that certain segments of our intellectual population have made social devices into therapeutic instruments or have developed techniques suited to present day needs. He may call the many confusions extant in various psychotherapies a sign of our distorted or derivative needs for salvation. Our interest in psychotherapy may be traced to the medical

* This article is based on a series of lectures given at the University of Houston, Texas in 1950 and published in a symposium *Six Approaches to Psychotherapy,* J. L. McCary, ed., New York, Dryden Press, 1955. (By permission.)

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tradition that began, some sixty years ago, to explore individual problems on a scientific basis. These and other themes have already been considerably elaborated. Whatever the conclusions of our future critic, may he judge our efforts as being in line with the medical tradition, and our attempts as closely correlating a consistent theory with an intelligent practice.

With this hope in mind, I shall present some derivatives of psychoanalytic principles leading to a type of psychotherapy that I feel cannot yet, because it is so difficult, be thoroughly systematized into a methodologic technique. Moreover, many personal elements having to do with intuitive factors, with identification with previous teachers, and with one's particular mood in response to a given patient or clinical situation, so color the clinical experiences that a full account would lead to a literary work rather than to a scientific report.

Theoretical Considerations

Theories of personality can be cosmic in proportion and content. A theory that man has a special role and function in the universe and draws his energies from cosmic or supernatural forces must necessarily lead to hypotheses not to be tested scientifically and mainly dependent for practice upon primitive thinking and authoritarian attitudes. Such theories, essentially idealistic or religious in nature, eventually run into methodologic contradictions inherently insoluble. Or a theory of personality may be far too limited. For instance, one that depends only upon the functioning of the nervous system or endocrines, or both combined, cannot explain the nuances of human difficulties or the nature of conflicts; at least now it seems to hold no theoretical constructs that will lead to a technique of therapy.

Without explaining why psychoanalytic therapy avoids these methodologic pitfalls, we assume a general acquaintance with Freudian theory. Suffice it to state that psychoanalysis is a genetic psychology, biologically oriented, with dynamic, economic and structural systems. On the basis of its theoretic structure, it is also a therapy whose main purpose is the undoing of pathogenic defenses. For all of its incompleteness, large gaps in knowledge, untested hypotheses, and multiple emphases, it still remains the only psychological system which has a high degree of correspondence between theory and technique.

A traditional empiric attitude in medicine, time-tested, and valuable as a reflection of our understanding of the nature of disease, is that medicine is a method of study directed toward making a diagnosis and applying what we know against the disease process, whose elements are condensed into that diagnosis. A residuum of this attitude is our hope that a therapeutic regime, or better yet, a single agent, will be efficacious. This may be correct and work out well for the cure of infections or removal of tumors. But the same attitude applied to psychiatric illnesses highly resists one's therapeutic tools. For instance, if the aim of diagnostic studies is only to determine whether schizophrenia is present, in which case insulin shock will be used, or depression, with subsequent use of electroshock, then we follow a narrow, outmoded, primitive concept of disease. Matters of human difficulties are far more complicated, even the relatively simple ones of diagnosis, and treatment of a symptom.

Such therapeutic efforts can best be understood as based on a kind of demonology.* In the above examples, the devil happens to be the diagnosis. Calling a bit of behavior or a clinical syndrome abnormal or immature, infantile, neurotic, dependent, aggressive, hostile—is but a little more sophisticated demonology. These are the new sins, the new devils to be exorcised.

Various types of current psychotherapy partake of this demonology and make treatment practices into a new sort of psychoanalytic morality. Frames of reference are often so mixed that it is difficult to know with what part of the theoretical structure one is dealing. Judgments of defects and evaluations of a quantitative and qualitative nature still color formulations about dynamics and lead to setting up therapeutic aims. This incompleteness, partiality, and fragmentation characterize all types of psychotherapy not truly psychoanalytic. For example, discussions stemming out of the genetic frame of reference will describe the "oral personality" as overdependent and "orality" as the noxious pathogenic agent to be got rid of. Again, structural factors are emphasized, such as a "weak ego" or a "too severe superego." These formulations may of course be correct, and good results be obtained from demonstrating to

* This thesis is expanded in an article, "The Demonology of Modern Psychiatry," published in the *Amer. J. Psychiat.* 111:851-857, May, 1955.

the patient that he has too severe a superego, or in broader terms (usually more acceptable to the patient because more comprehensible), that his conscience is too strict. But it is doubtful whether any good results of such isolated frontal attacks amount to more than the patient complying with authority in hopes of benefiting from it.

Use of other psychoanalytic concepts will extend these examples. At times cases are formulated as if the goal were to make what is unconscious, conscious. Or, in an economic context, one hears of "too much libido invested" in this or that direction, or "too much energy bound up" in a defense or a countercathexis. Again, these may be correct formulations; but as often used in therapy they become value judgments, essentially moral in nature, and are critically attacked with the expectation that once the defect is pointed out, the patient will learn and sin no more. And thus it sometimes happens.

Perhaps the dynamic aspect is more often so used and misused than others in these types of psychotherapy. Examples are numerous. Projection, over-identification, dependency, retaliatory provocative hostility, and aggression are pointed out as defects. Not merely semantic indulgences, these may again be correct formulations, yet used to serve the newer demonology. Another concept rather often used operationally and out of context involves transference. It is true that many methods now involve manipulation of transference, with implications and inferences that the transference is good or that it is bad, hostile or resistant, and must be dealt with. In recent years many writers state or imply that the phenomenon of countertransference is abnormal and has to be corrected. In proper context this judgment may be valid. Further, it may be correct in partial treatment to use any or all of these concepts in helping people overcome their difficulties. But the therapist should not under the guise of psychoanalytic treatment use them in a really antipsychoanalytic way. One should recognize that using these devices in isolated brief therapies constitutes neither psychoanalytic therapy nor even "brief psychoanalytic therapy."

Practical Considerations

I shall examine some of the elements involved in using psychoanalytic insights without using the classical psychoanalytic method of

therapy. Surely one great advance in applying analytic principles has been in the management of patients. True, our knowledge is still incomplete about what goes on in the recovery of patients without any special psychotherapy, yet some dynamic and structural factors can be recognized, as the following example illustrates.

> A successful business man, aged 52, in the course of a routine medical examination was informed, for the first time in his life, that a blood Wassermann test was positive. He reacted to this discovery with a profound depression, feelings of self-accusation, sinfulness, unworthiness, and the desire to die. He also showed a strong need for punishment for indulgence in a premarital sexual affair that must have given him syphilis many years before.
>
> Detailed study of his case revealed that he had always had a severe superego, which be appeased constantly by a strong drive toward success, and success in turn appeased his conscience by demonstrating his own value and rectitude, thus maintaining his self-esteem. Being successful, according to the pattern where he had grown up in a small midwest farming town, meant being industrious, being able to show the fruits of one's labor by accumulation of simple goods, being respected by neighbors, and enjoying simple pleasures only after one had earned them by hard work.
>
> Not only did his entire community set this standard, but an event in the history of his family made it of specific personal significance to him. His father had also been hard working and industrious, but an accident and a long convalescence put him into debt which took many years to pay off. A general atmosphere pervaded the home that some unpredictable event might destroy all that one had labored for, and created a feeling of apprehension and of being on guard.
>
> After helping his father pay off the debt, he struck out on his own at age twenty and established himself in a small business which prospered. He married, had children, had a relatively happy home life, and prided himself on his ability to send his children to college

> without their having to work their way through school. He prided himself also on his excellent health and had no knowledge that he had syphilis, which, incidentally, was latent and had produced no evidence of body damage. The accidental discovery of positive serology precipitated the depression.

The knowledge about his illness and personality structure and the evidence of his need for punishment to appease his conscience were used to institute a regime gratifying this need. He was treated without any special consideration and was given a daily schedule requiring him to do many menial tasks for which he received no particular praise. After about four months of being treated as a sort of hired hand who received only room and board for doing his chores, he felt a little better. Then it was insisted, despite his protests of inadequacy, that he assume some responsibility in the sanitarium in organizing several new occupational therapy projects which involved manual skill and hard work. Gradually he took over. He was commended for his efforts rather meagerly. Little by little his self-accusations stopped and be began to criticize the management of the sanitarium, made gestures of knowing how to do some things better, and finally demonstrated his independence by renewing his interest in his business activities and showing that he was ready to go home.

Let us consider some of the dynamic factors involved. This man's depression might very well have been set off not by the discovery of syphilis, but by a loss in business or by death in the family. What is important is to recognize that his sense of integrity depended upon continued success and meeting his ego ideal. Interwoven into this whole personal system was the value of hard work, of punishment for misdeeds, and of keeping on the straight and narrow path. When this system which maintained his integrity failed, it was reinstituted by the sanitarium regime that made him pay for his sins and reintroduced an old pattern supportive in the past, namely, that of industry, which yielded only long-time and not immediate rewards, thus enabling him to pay off his debt and see himself free and independent once more. Important was the attitude maintained toward him of matter-of-fact, nonyielding firmness, and also one which tacitly implied that if he would do what was required of him he would

recover. This also repeated the sustaining pattern which conveyed the atmosphere of certain inexorable ways of life that had surrounded him in childhood and adolescence. It is noteworthy that throughout the patient's hospitalization no attempt was made to give him insight into the nature of his difficulties; he returned home and got along well without the intellectual understanding of what had happened to him.

Examples could be multiplied to illustrate the use of the knowledge of psychoanalytic principles as pertaining to basic human needs and their derivatives and the arrangement of therapies based upon intelligent understanding of those needs. What is known in these fields is not entirely new, but their complexity and the full recognition of the dynamics involved are of relatively recent development and study. The recognition of the basic needs for love and aggressive outlet forms the basis of all systematizations of the practical mental hygiene movements, whether in the upbringing of children, the development of educational systems, or the application of group relationships.

Similarly, we have learned to apply psychoanalytic principles in treating patients who are able to get along without hospitalization, although their capacities for work and for family and other social relationships may be increasingly interfered with, if they remain untreated. Often a concise evaluation of some important factors in the case, together with the application of certain techniques, results in at least a change of symptoms and often in a substitute that is less of a nuisance to the patient and his associates.

Very Brief Psychotherapy

If we remember that attempts at psychotherapy in all times have strongly emphasized the desirability of the shortest possible treatment, whether by the incantations of a medicine man, the laying on of hands, or mesmerism, it does not follow that our present interest in brief psychotherapy is a regressive trend. No doubt most of the present interest stems from the economic necessity of treating as many people as possible who need help. In part it is a reaction against the air of doctrinaire righteousness with which some proponents of psychoanalysis halo their science and technique. A New Yorker cartoon of some ten years ago aptly illustrates this attitude. A couple in an automobile were beginning

a drive. The woman, looking sharply at the man, says, "Remember, we're in a hurry; we have no time for shortcuts."

The following clinical examples corroborate the fact that there are many types of psychotherapies, but only one philosophy[4] to explain them. It is interesting that analytic colleagues who reviewed these cases stressed various aspects; one emphasized the changes that had occurred structurally; another stressed the economic aspects; some tried to explain all these changes in terms of transference phenomena. I mention this point because, in emphasizing what seems important to me, I admit that my interpretation may slight other factors.

The term "very brief psychotherapy" is not used facetiously to mean hasty ward rounds, with a smiling, "How are you?" to each patient, but to describe effective improvements accomplished in only a few interviews. This raises the question whether any cures were really effected. I shall try to demonstrate that what really took place was a change in the nature of the patient's symptoms. When his needs were met, his symptom changed from a distressing to an unrecognizable and less distressing one. In a conference on brief psychotherapies, a therapist claimed the successful cure of a case of impotence by one interview. I wish to report a case, and the reader may determine how much of a cure took place.

> The patient, a businessman of fifty-two, was referred by his family physician, who was also his close personal friend. The physician described the patient's impotence of two years' duration as clearly psychogenic, without evidence of the aging process or an organic factor to account for the condition; he further had the opinion that it was definitely connected with the patient's wife's illness. (The physician had also attended the wife, who was suffering an emotional over-reaction to some menopausal difficulties.) This tentative explanation seemed plausible enough and I anticipated finding a possible identification of the husband with his menopausal wife.
>
> The husband began his appointment by telling me that he assumed his doctor had told me the nature of his difficulties. He volunteered that he bad no idea what

[4] This appears to be an anacrhonistic usage of the term *philosophy* (D.B.).

might be back of any conflicts as such; he was simply carrying out his physician's advice in coming to see me, rather than coming out of any inner conviction. I asked if he knew why his physician had such an opinion, and he said that he did not. I then told him that his physician thought there was some connection between his wife's illness and the development of his own symptom. The patient seemed surprised. When I asked him to tell me some details about his marriage, he launched into a paean of praise of his wife's virtues, her gentility, fragility, respectability and passivity.

Yet much of his praise was in negative terms to the effect that his wife was never a nag, not ambitious, not extravagant, not sloppy or disorderly, and so on. Their sexual relations he considered satisfactory until the development of his impotence. It was true, he said in response to a question, that his wife got little or no satisfaction from their sexual relations in the past and he had tried not to "bother her" very much, but when he did bother her, she would usually acquiesce dutifully, while he was careful to be gentle with her. This gentleness she, in turn, appreciated greatly and thanked him for it on many occasions.

In the light of what he had just said I asked whether his physician's evaluation of the present situation might not have some validity. He replied, "Of course, of course, I see what he means now, and as a matter of fact, it is quite true that since she fell sick I have been extraordinarily careful not to hurt her and I don't want to. Now, I've got to be all the more careful." I then asked him if it would make him uncomfortable to give me some details of what happened when he attempted to have intercourse. He related, in some embarrassment, how his wife had noticed on several occasions that he was restless and having difficulty going to sleep, and had said, "Charlie, if you want to, it's all right with me. I can stand it." Asked what he thought of this attitude on his wife's part, he immediately began to defend her, excusing her because of her illness, and blaming himself for his brutish nature.

> I then remarked, "I wonder whether you ever thought of the possibility that she doesn't want sexual relations with you any more than you do with her. Do you think that's possible?" His face lit up immediately as he said, "I think you have something there." Then he reconsidered, shook his head and said he doubted on second thought that there was very much to the idea.
>
> For the rest of the interview he was considerably more troubled and ill at ease than at the beginning. He answered questions abruptly and I wondered whether I had touched too quickly upon a tender matter. He did not keep his second appointment. Just before he was to come I received a message that he had been detained by business and would call me for another appointment. He never did.

About a month later I met the referring physician, who asked me what I had done to his friend. I told him I didn't know because I had not heard anything from him. He laughed and said I must have done something because the man's potency was restored. He had begun a sexual relationship with a younger woman; this the physician knew from the young woman, who was also his patient. The patient had also resumed sexual relations with his wife, who consulted the physician because the resumption of intercourse was rather painful to her. When the doctor said he would ask the husband to attempt to refrain from sexual relations because of the pain, she asked him not to do so because she was so happy that his sexual desire had returned, and if she could be of service to him she would not even think of mentioning the pain that she was enduring. And so, the physician said, he mentioned none of this to Charlie. Thus the reputation of another young psychiatrist increased on the strength of a dubious technical device.

Despite the little evidence at hand one may formulate something of the dynamics involved. From the excessive protestations of tenderness it was clear the patient had been covering up hostile feelings for a long time because of what he felt were denials of sources of gratification to him. His conscience, however, did not permit him to acknowledge his hostility, openly, to himself. My brash tentative hypothesis in the form of a question which (in its conscious intent) was largely exploratory, ef-

fectively removed, because of my authority in the situation, his feelings of guilt, or at least some of the feelings of guilt, about hurting his wife.

From what I knew about his character structure, details of which I shall not go into here, it was very clear that sexual gratification and hostile impulses were pretty close together in this man and that he had found a way of releasing hostility toward his wife in his extramarital relations and also, more directly, in his sexual relations with his wife. By this maneuver the patient achieved at least the aim and goal that he had set in therapy. Economically, it might be said, the energies which were bound by inhibition were thereby released. Dynamically, it can be said, one symptom simply replaced another. Only the more direct expression of the hostile impulse became permissible in regard to his potency.

I should like to revert to a previous remark about our newer demonology. Many concepts stemming from several sources in the course of our modern theoretical systems have been condensed during clinical observations into a general theory that if one detects hostile impulses which are inhibited or repressed, their release will effect some sort of improvement. Part of this formulation stems from the old concept of abreaction and part from economic aspects of the theory of personality. Whatever the source, the general tendency is noticeable in some therapeutic devices to assume that hostility is almost always present and if the patient can be enabled to express this directly, an improvement will take place.

Of course, this is not always true. People are afraid of other things besides their own hostile impulses. Yet there are times when the dynamics involve repressed hostility and if it can be effectively and safely released in treatment, improvements are sometimes dramatic. Cases of this type are not uncommonly cited in the literature. I wish to cite another brief treatment as an example, not for the dynamics alone, but because the peculiar setting for the improvement illustrates how much more is involved than simply abreaction.

> A patient of mine asked me to come to see her aunt, who had developed a depression. When I was shown into the aunt's bedroom, I saw a woman in her late sixties standing rigid, her arms akimbo, staring straight ahead. She refused to look at me. I told her who

> I was and that her niece had asked me to come to see her. She turned her head toward me and glared. The small bedroom contained but one chair, a rocking chair. I asked her if she wouldn't sit down. She turned her head away, stared out of the window. I sat down on the bed. She immediately looked at me angrily but again turned her head away. I attempted to make conversation by asking her how she felt and what had happened to upset her so. "Does it have anything to do with your younger niece, Jackie?" She did not respond. I tried to make myself comfortable and took out a cigarette and lit it. There was no ashtray in the room. I looked around for one and finally ended up by putting the ashes in my hand.
>
> Meanwhile, I tried to establish some communication with her. Moving around on the bed, I drew up one leg to make myself a little more comfortable and touched the bedspread with my shoe. As soon as she noticed this she wheeled around and dropped her arms. She stamped her foot, clenched her fist and yelled, "Get out of here, get out!" I picked myself up and slunk out. By that night she had recovered, and for at least a year (to my knowledge) she remained well.

At first glance it seems as though what happened was relatively simple. Here was an angry woman, holding back rage. When afforded an opportunity to express her anger at a convenient object, she released it and recovered from her depression. But there was much more to the case.

I had the particular advantage of knowing a good deal about this woman before I ever met her. Her niece, who had been in treatment with me for several years, had told me that the aunt was the only one of a family of five girls who had never married, because of her strictness and puritanism, my patient thought. A prim, proper, dictatorial woman, full of moralistic preachments, she never smoked nor drank and never permitted anyone to smoke or drink in her house, which she kept spotlessly clean. For the past fifteen years my patient had lived with her aunt whenever her work did not take her to other cities. The one other occupant in the house was a younger niece whose mother had died when the

child was eight. Circumstances were such that it was best for the maiden aunt to take over the young girl's care, a fact which both welcomed.

The aunt was overprotective and strict, but gave the young girl a great amount of affection. As a result of having this child to rear, a little softness had crept into her, but she was unyielding on the point of how the girl should be instructed and what her habits should be. She violently opposed my patient's being in treatment, which she claimed would distort her mind. Sometimes her opposition became so vehement that my patient would have to move out for a few days; then the aunt would soften and welcome her back, trying each time to get my patient to promise that she would give up treatment. The patient stubbornly refused to do so. Part of the aunt's opposition was to my being a man, and this fact played an important role in the patient's treatment and in her aunt's attempts to keep both nieces from having contact with men.

About three weeks before the onset of the depression, the niece, Jackie, now nineteen years old, had gone to visit relatives a few hundred miles away. Soon Jackie's letters began to drop off, and during a week of silence, the aunt became somewhat distressed. Finally came a special delivery letter telling the aunt that she had met a young man; they had immediately fallen in love and were going to marry. She knew the aunt would be happy because her fiance was a wonderful boy with a fine job and lovely parents with whom they were going to live. When my patient came home from work she found her aunt standing and staring, not talking. She neither ate, drank, nor slept that night; at most she paced around a little. When the niece returned from work the next day and found her aunt unchanged, she called me.

My patient reported that after my visit her aunt for several hours kept up a violent tirade against me, against Jackie's young man, and against all men. Then she calmed down and proceeded about her daily routine. My patient promised she would never see me again. She did continue seeing me, but did not tell her aunt, who continued to believe that she had won some sort of victory over men by this promise.

It may be argued whether this was a true depression, and whether what I did was correct. In retrospect, I do not really recall whether what I did was with full conscious appreciation of the significance of this artificial situation. But I do want to stress that obviously my provocative

behavior of annoying her, intruding in her house, sitting on the bed that had not been sat on for years, smoking a cigarette in a house where smoking was strictly forbidden, so aggravated the woman that she attacked me directly, thereby releasing all the pent-up fury of her long-standing hostility toward men. Even more significant is that she took out on me her rage toward the fiance who had robbed her of the only thing in life that had given her pleasure. My patient's concession (never to see me again) became a sort of triumph wrested out of the pathetic situation, apparently enough to reinstitute her defenses and keep her intact.

These cases illustrate the use of a very brief psychotherapy that really consists in interfering as little as possible with the patients personality structure and his usual defense mechanisms. The same patient at another period through somewhat similar processes may work out of his difficulties without special help. A few examples of self-recovery, not greatly different from the above cases, bring me to a discussion of spontaneous cures.

Spontaneous Cures

Using an organic disease as a model, the tendency has been in psychiatry to look upon some psychiatric entities as self-limiting (and upon some as hopeless). Beyond doubt, individuals have recovered from anxiety attacks, depressions, phobias, schizophrenic episodes, without any particular help from hospitalization or psychotherapy from psychiatrists, counsellors, or ministers. Again, the self-reparative physiological processes always operative in the body have long been known and classed under defense mechanisms, responsible for those cures that take place spontaneously when specific treatment against disease is not available.

In my earlier days in psychiatry, I became attracted to the possibility of uncovering what might operate in the so-called spontaneous cures of psychiatric conditions, with the hope that such data might yield information helpful in treatment. For instance, in the course of obtaining histories from patients who have had psychiatric difficulties prior to the one for which they came to treatment, it is useful at times to go into explicit details of a previous recovery in order to discover what resources within the patient may be utilized again for the present illness. So far as my personal experiences are concerned, the historical details turned out to be disappointingly less helpful in the patient's present illness than

had been hoped for. Several reasons were involved. So frequently, even in instances of analytic treatment, the data uncovered did not yield clear and definite enough indications, beyond some multiple possibilities or speculations as to the improvement. Another factor often discovered was a change of symptom. Replacing the first symptom was a second which did not disturb the patient, who frequently did not realize that a change of symptom had taken place; so far as he was concerned, he had "recovered."

Thus, we are prone to make speculations which may be perfectly valid, but which partake too much of the parlor analysis that is not only "wild" but tactless—a man recovering from an anxious mood when he buys himself a new necktie, or a woman getting back in fine spirits when she buys herself a new hat. Daily, in countless ways, each of us uses a list of activities during our work and play to discharge tension, to obtain satisfactions, or to strengthen our defenses. Undoubtedly these are models for the sort of recoveries from major difficulties that we recognize as spontaneous improvement, some of which I should now like to illustrate.

The Glass Menagerie

One day a mother was giving me the history of her daughter who had been brought to the hospital for treatment because of intense anxiety and obsessive fear that she might pick up a knife and kill her children. In the course of relating details about her daughter's upbringing, the gentle, soft-spoken and sympathetic mother suddenly burst into tears. When I tried to comfort her about her daughter's condition, she replied, "Thank you! I know that you will do all that you can for her, but that's not what mode me cry. I've cried enough over her and I now have to tell you about myself." She then proceeded to tell the story that curiously paralleled her daughter's history. Thirty years previously, after the birth of her second child, the same obsessional fear of killing her children with a knife had developed. She had had two more children subsequently, and she confessed that these two later pregnancies had been in some inexplicable way purposive attempts to get over

> her distressing symptom. Somehow or other, ten years after its onset, the symptom gradually began to disappear and in five years more it was completely gone. She knew not why.

To paraphrase an old story, I lost interest in the daughter, at least temporarily, and became most interested in the mother. She was quite willing to tell me as much as she knew and recalled about herself.

> Significant in her story was the fact that she had been reared in genteel elegance in a home where high values were put on purity of thought, religious and civic activities and, above all, on the virtues of "being a lady." She became, in a way, an aristocrat of gentility and service, with the greatest control of all other feelings except those having to do with kindness and altruism. So solid were these attributes that there was no tinge of martyrdom in her attitude.
>
> She was unaware of any conflictual difficulties throughout her life until the onset of her symptoms. However, in discussing the period of time between boarding school and her marriage, she said she had often had fond fantasies of a career of her own. For a brief period, nursing was attractive to her, but she admitted rather shamefacedly that she found the details a little "too dirty." Over a longer period of time she thought of becoming an actress; yet this was even less acceptable to her than the profession of nursing.
>
> No one ever knew she had harbored these wishes. Her participation in church plays or "reading recitals" was the best substitute that she found for the longing to be on the stage. She apparently accepted with equanimity and good grace the impossibility of her fond desires. Even while speaking almost laughingly of these past hopes as childish and immature, she wondered why her symptom had not developed after the birth of her first child, a son, and had developed only after the birth of her second child, a daughter. But she quickly and lightly dismissed all this and went on to speak of her love for her children. Nevertheless, in her daughter's

early years the mother's hope crept in that the youngster might become the actress she never could be.

On the first questions about the diminution of her symptoms she stated that she had no idea what had brought it about. When asked if at that time anything had changed in her life, she said that nothing unusual had occurred. Numerous questions failed to elicit a connection with some change in her average routine, until I asked her whether she had taken on any new interests about this time. This struck a responsive chord and although she disclaimed any connection between this and her symptom, nevertheless, her face lit up as she related how on a shopping tour one day she was attracted by some small glass objects at a jewelry counter. The object which most caught her fancy was a small, slender and delicate glass deer. She could not resist the impulse to buy it, although she chided herself for the indulgence.

Little by little she began buying more such objects and expanded her interest in miniatures of all kinds. However, her chief interests were in delicate glass and china objects and in miniature paintings. When she had exhausted the antique and jewelry shops in her city, she began writing to antique collectors elsewhere for leads and soon became known as having one of the finest collections in that area. Fellow collectors from all over the country would drop in to see her collection, and this pleased her greatly.

Further questioning brought out a few other details. In a year or two after she began to take the collection seriously, she felt some concern that the objects might become broken if she left them arranged haphazardly on the mantlepiece and on the tops of various dressers and whatnots in her house. In retrospect, it now occurred to her that her anxiety about what damage she might do to her children began concurrently to diminish. She related that she had then had a glass case made in which she kept all her objects.

Several years later when an out-of-town collector convinced her that she should put a lock on the case and insure her collection, she realized her tremendous emotional investment in her hobby. She followed her visitor's advice. Shortly afterward she found that she was free of all concern about possible damage to her collection. I asked her then if this

were about the time that she lost her obsessive fear of damage to her children; she said it must have been somewhere along then, but assured me that she saw no possible connection between her collecting and loss of symptom.

It must be granted that the collection of miniatures, especially the fragile objects that must be guarded and kept precious, became a way whereby this woman spontaneously cured herself of her obsessive fear of doing damage to her children. This is not a verifiable hypothesis, but it is the sort of evidence that we must rely upon in dealing with unconscious factors. The absence of any conscious hostile gestures on this woman's part and her denial of any regret that marrying and having children had interfered with her fantasies about a career give substance to the idea that her resentment was strongly repressed and came out only after the birth of her second child. Moreover, she was able to prove to herself after she began her collection that she would never do damage to any tender, fragile object (children). This proved to be an ego-strengthening device by which she could give up her symptom, since it was no longer necessary for her to be on guard against a hostile impulse. Again, this hypothesis is difficult to confirm, but a similar logic of the emotions can be verified clinically. I have often wondered how the giving up of her symptom may have related to the development of her daughter's similar syndrome, but on this point I have not even a speculation.

Private Kinsey Report

> The second case is that of a young man, a divorcé in his thirties, who came of his own accord for treatment because of a chronic mild depression of three years' duration and a desire to find life worthwhile. A tremendous amount of acting out of all sorts of antisocial acts made the history a fantastic story.
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> His education had been punctuated by his being kicked out of one school after another for misbehavior. He began drinking heavily at the age of sixteen. Certain work activities bordered closely on illegality. He failed in one business after another in which his father set him up. He was maneuvered into a marriage in the hope of "straightening him out," but this was terminated by divorce after his wife could no longer put up with his in-

> fidelities and cruelty. He had taken several "quick cures" for his alcoholism, but began drinking again as soon as he left the hospital. In a few serious automobile accidents caused by his recklessness he had miraculously escaped severe injury. One striking feature, presented early in the course of the investigation, was that three years before coming to treatment he became aware of the fact that he no longer had any desire to drink. He had no idea why he had ceased drinking.

It was not difficult to formulate the structure of his personality during the course of investigation and study. His father, a wealthy, tyrannical, successful businessman, cold and unyielding, demanded respect from everyone under his authority, including members of his family, except his daughter, four years older than the patient. On her he showered affection and gifts lavishly and ostentatiously. To the patient the father was always rejecting; he gave only in return for good behavior and good deeds on the son's part. The mother was a submissive, overindulgent woman who could never refuse any of his requests. The boy learned early in boyhood to pit his mother against his father.

The problem which the boy faced in his development was the difficulty in identifying with his cold, intolerant father, of whom he was afraid, whereas identification with his gentle, kindly mother meant to become feminine. One of his deepest unconscious desires was to obtain some manifestations of affection from his father. Yet to achieve this meant to become like his sister; this in turn meant to be feminine and had to be rejected. That his alcoholism had to do with his problem of passive homosexuality and his desire to receive affection from his father seemed clear from the fact that it was his custom while drinking to seek out male companions and make them his "buddies." He was repelled by some of these associations when he was sober. Still, the question of why he had suddenly stopped drinking three years previously was unanswered from the preliminary formulations.

What later came out in the course of psychoanalytic treatment was a factor involving the substitute of a symptom, very much like that in the first case cited. Again, the patient was perfectly aware of the substitute symptom, but entirely unaware of the connection between it and his

giving up alcohol. At the time that he stopped drinking he had developed a habit of going to houses of prostitution, not for the purpose of intercourse, but of getting to know some of the girls and inquiring about their personal lives. Since he was a charming, attractive young man, he found it not difficult to find women who would readily tell him about how they became prostitutes, how they liked the work, and above all, how they reacted and felt in sexual contacts with men.

This substitute activity of vicarious experiencing with women what they feel in intimate contact with men gratified his latent homosexual needs less destructively and much more successfully than did his alcoholism. Gratifying his wishes in this way made it no longer necessary to seek release from tension in drinking.

"I just made up my mind"

One day, after a lecture on obsessions, compulsions and rituals, in which I had especially stressed the difficulty of treatment of these symptoms, a student approached me to ask whether I would be interested in hearing how he had overcome a particular compulsion which had lasted about two years. I told him that I would be indeed glad to hear the story. We went to my office and he told me the following:

> At the age of thirteen he had a streptococcus sore throat which was complicated by nephritis. During the serious month-long illness he almost died, and was aware at the time of the gravity of his condition. His convalescence was exceedingly slow, but eventually the day came when he was first permitted to get out of bed. He found himself surprisingly weak and in need of much support. As his strength increased he grew accustomed to hold onto chairs and tables as he took steps.
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> Later he became aware that even though he no longer needed support of solid objects he had a tendency to lean upon them and to hold on as he walked by. Then he noticed the need to touch such objects as he walked by them, especially solid, hard objects like chairs, door jambs, telephone poles, trees, sides of buildings, and so on. He looked upon this now, in retrospect, as an extension of his having to hold onto objects while

> he was relearning to walk. What distressed him about the symptom was the degree of anxiety he felt unless he touched an object as he walked by. He struggled with this for several years. Finally, around the age of sixteen, he said to himself one day that he would have to stop this foolishness. "I just made up my mind to stop it, and I did."

During class discussions this young man had advocated the use of "will power." He now cited his own case as an example of the possibility of conquering, on a conscious basis, difficulties of the sort that he had endured. I asked him whether he would mind going into some details about himself to see whether we could uncover other factors involved besides his conscious will. He readily agreed and later I often wondered how much of what came out after that represented in some degree his penitent compliance after his initial outburst of daring to differ with me. Be that as it may, what he said is interesting enough to report, since it seems factual and illustrative of another mechanism in spontaneous recovery.

He said he was the youngest of three children and his home was about the most typical and average American home he had ever known. His parents were both kindly and easy-going and his older brother and sister were remarkably good companions. He basked in being the baby of the family and had ambitions to become a sort of combination of his father and older brother. (The first session ended with his taking few pains to hide his triumphant feeling that he had demonstrated how he had managed to conquer a compulsion consciously.)

During the second interview he seemed a little puzzled and worried. Somehow the good explanation he had made previously did not quite satisfy him any more. He was thinking a great deal about his early adolescence and had recalled some periods of concern and worry about his health at this time. I told him this was not strange in view of the serious illness he had had. But this was not what he was referring to. It now occurred to him that there was a period before he fell ill when he worried about his health. I asked him whether he had any idea why. He then said he thought it was connected with masturbation. He had not thought so

at first, but now it occurred to him that there was something to his fears about it.

Though sexual matters were not discussed freely at home, in case of need such matters were discussed in a matter-of-fact way by his parents. He recalled specifically that once his older brother told him not to listen to the poppycock he might hear around school that masturbation is harmful. He himself assumed a sort of adult attitude and nodded his head in agreement, but despite this reassurance he felt some guilt about masturbation. He then recalled also that on occasions during his serious illness and afterward, he wondered whether the illness had not been inflicted upon him as a punishment for masturbation. As he continued to talk, it appeared to him significant that throughout his convalescence and for some time thereafter he no longer masturbated.

All these details and further ones which he mentioned were by no means repressed and at no time during his talks did he have the feeling that he was uncovering something which had been unconscious. What had been pushed aside or isolated was the connection between this material and his compulsion. At this point he mentioned that the development of his compulsion might have been connected with the absence of his masturbation. This seemed fairly logical to him, although he in no way got any particular sexual pleasure out of the compulsion to touch. But the idea did remind him that he had spoken of how reassuring it was for him to touch these objects, that he did have a sense of their giving him some support.

I said that when his faith in his good health had been shaken by his illness and his fears of masturbation, the compulsion may have served instead to reassure him that he was all right and not damaged. He shook his head and said he did not think this was so, but now something else came to his mind that fitted better than my explanation: Around age fifteen or sixteen he began going out with girls and began to become stimulated sexually; one day he resumed masturbation. The masturbation, he said, did not give him any sense of damage, but a feeling of reassurance that he was perfectly all right. It was during this period of great reassurance that he made his decision to stop the compulsion and about which he had said, "I just made up my mind."

Several things might be said about what happened in this instance of self-cure. The most important thing, in my opinion, was that he could not make up his mind successfully to stop his compulsion until he had developed sufficient ego strength by the reassurance he had received that he was all right, undamaged, and no longer needed the compulsion to defend himself in a magical way. The work of attaining the state of readiness to give up the symptom was done unconsciously.

Further questioning brought out some corroborative points for this thesis. During the two years after he had regained his full strength he still had doubts about the effects of the illness upon him. He started a campaign of sports activities in an attempt to emulate his older brother, who was an excellent athlete. One of the real turning points in his reassurance was an event during summer vacation and just prior to the disappearance of his symptoms. He had gone away to camp and on his return to begin school he found he had grown an inch taller and had gained fifteen pounds. This sudden spurt was the most convincing evidence to him that he had maintained bodily integrity. It served actually as an ego-strengthening device so that he could tolerate any threat connected with the internal impulse which he felt was dangerous. The protective nature of the compulsion (what aggressive component was present I never discovered) was no longer necessary and could now be abandoned.

Again it seems worthwhile stressing that in none of these cases of spontaneous cure which have been cited did any matters of an unconscious nature come out. What is striking is that the *connections* of the events were unconscious, and our interpretation consists in placing emphasis on the interrelation and connection of the events.

These cases of very brief psychotherapy and spontaneous cures may now be summarized to some extent. Though data are admittedly scant, sufficient knowledge seems to be at hand to indicate that improvement or recovery can take place when a realignment of conflictual forces occurs, with concomitant change in ego state. These cases illustrate, if anything, that the idea of specificity of therapeutic manifestations for various syndromes is not a necessary or fruitful one. For instance, a case of depression may seem to improve, e.g., because of effective discharge of aggression, or by alleviation of a sense of guilt. It may very well be that a change in ego state results in either case, following the application

of the use of dynamic concepts which permits at least some structural formulations, and these in turn lead to technical use. Insight is certainly not necessary for recovery, nor is the understanding of transference phenomena. In the cases presented here, symptom-substitution seems to have been quite effective in restoring psychic equilibrium, and this may be arrived at through a variety and multiplicity of mechanisms. If enough data are available, the mechanisms which have been operative in spontaneous recoveries are discernible.

CONCLUSION

Norman Reider's paper never attracted the attention it deserved. My purpose in this first section of a two-part paper is to invite a dialogue with readers about the manner in which time has altered the perspectives available to contemporary analysts on the topic of his 1955 paper about spontaneous cures. I cannot say what he would have thought of this project, but I hope he would have felt that it was at least in the spirit of his own preference to stay much closer to the available clinical data and to hold many of our theoretical explanations suspect, including his and mine, until time had passed and alternative perspectives became available.

The next section of this discussion will emphasize the comparative advantages of revisiting this paper in the context of the literature on psychoanalytic epistemology that were not available to Reider when he published this paper.

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Volume LXXXIII, Number 2

SPONTANEOUS "CURES": NORMAN REIDER'S FORGOTTEN PAPER, PART II

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Part I of this paper combined an introduction to Norman Reider's original 1955 paper with a republication of the paper itself. Part II is a discussion of the complexities of a comparison of past and present psychoanalytic literature. The concept of enactment *is proposed as one of many possible alternative views in considering Reider's notion of spontaneous "cures." A careful consideration of these spontaneous cures within the ordinary ups and downs of any psychoanalytic treatment sheds important light on our continuing confusion about how we define the term* cure, *and therefore about the nature of change during psychoanalytic treatment. This alternative perspective is only one of many plausible ones for present-day readers. The purpose of this republication is not to propose an explanation for "what really happened" with Reider and his patients; rather, it is to reconsider the fallacy of evaluating his paper outside its historical context and thereby failing to appreciate his courage in presenting what at the time were radical views. Questions about the complexity and confusion regarding cure and change require reexamination of the neglect of epistemology on the part of psychoanalysis in prolonging the confusion about distinguishing psychotherapy and psychoanalysis.*

Keywords: Norman Reider, spontaneous cure, enactment, analytic goals, insight, analytic change, transference, supportive therapy, symptom relief, epistemology, pragmatism, analytic interaction, countertransference.

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COMMENTS AND DISCUSSION

Reider in the 1950s was understandably worried about being misunderstood. He tried in this paper to be crystal clear that he was not confusing the boundaries between psychoanalysis and psychotherapy. If anything, it was his wish to strengthen these definitional boundaries. Therefore his conjectures were about "neither psychoanalytic therapy nor even 'brief psychoanalytic therapy'" (Reider 1955a, p. 385[1]).

In the opening paragraphs of his paper, Reider said:

> Some future historian, with the perspective of distance, may look upon our present interest, this mania therapeusis, in one of many ways . . . . I shall present some derivatives of psychoanalytic principles leading to a type of psychotherapy that I feel cannot yet, because it is so difficult, be thoroughly systematized into a methodologic technique. Moreover, many personal elements having to do with intuitive factors, with identification with previous teachers, and with one's particular mood in response to a given patient or clinical situation, so color the clinical experiences that a full account would lead to a literary work rather than to a scientific report. [pp. 382-383]

As such a self-appointed historian, I consider that latter view overly modest. In fact, the subsequent evolution of psychoanalytic theory now includes the participation of the subjectivity of the analyst as a fit topic for inclusion in scientific examination. Nevertheless, for this reader, his insistence on definitional distinctions between psychotherapy and psychoanalysis is perhaps the most dated part of this paper. He seems unaware of the difference between definitional and epistemological distinctions between psychotherapy and psychoanalysis. This conflation of incongruent categories is known as a *category error*. Some forms of psychotherapy are conceptually rooted in the assumption of unconscious conflict and others are not. To compare them is analogous to speaking of "purple patriotism" (Audi 1999, p. 123).

[1] In this paper, page numbers from Reider 1955a refer to the numbering in the republication of the article in Part I of the present paper (pp. 375-406), not to the original 1955 numbering.

This is the same festering oversight that has perpetuated the reliance of so many authors on the use of rules of practice to distinguish psychotherapy from psychoanalysis instead of giving fuller consideration to the epistemological crux of the matter: how shall we decide a better way to define psychoanalysis in its essential epistemological difference from psychotherapy (Boesky 1990, 2008; Compton 1990; Sandler 1983, 1992).

One of the main reasons that Reider did not claim that his views deserved to be called *psychoanalytic* was that insight was not the goal or result of his work. Many analysts today would not share his privileging such an exclusive mutative role for insight in the psychoanalytic process. Another of the advantages of reviving this paper is to invite a dialogue about the persistence of this reductive view of insight as the cause rather than the result of other unrecognized antecedent changes. We have an opportunity here to do some time travel and to view the psychoanalytic terrain before the polarized battles about which was the mutative factor: interpretation or the relationship. Reider stated repeatedly that he did not make interpretations to the patient and insight was not the aim of the therapy.

CASE 1

In this case, he reports how he used his knowledge of psychoanalytic theory to formulate the residential treatment for this man who became profoundly depressed when informed that he had a latent form of syphilitic infection contracted many years before. Although the disease was inactive when discovered, the psychic reality for the patient was his fantasy that he was being punished for his youthful folly, no matter what the improbability of this latent infection shifting to an active phase. Reider believed that this patient had an unconscious need to be punished for his youthful indiscretion and therefore assigned menial duties to him on the ward. During some four months of this Spartan regime, the patient was treated like a hired hand, but he was assured that if he were a good patient and cooperative, he would get well. At issue is that there was no attempt to give him insight about his psychological conflicts.

> Often a concise evaluation of some important factors in the case, together with the application of certain techniques, results in at least a change of symptoms and often in a *substitute that is less of a nuisance to the patient* and his associates. [1955a, p. 388, italics added]

Since the time of Reider's paper, we have become all too familiar with the phenomenon of "insight" without change or improvement. But one of the merits of this paper is to spotlight the opposite: symptomatic improvement without insight. Insight was not relevant or necessary in Reider's model of supportive therapy. He shared the relevant interpretations about unconscious conflicts with the hospital staff but not with the patient. That is one of the major points about each of these cases: patients improved indirectly from his psychoanalytic intuition and conjectures and not from explicit interpretations of their unconscious conflicts.

He was using his psychoanalytic knowledge to locate the major pathogenic defenses in order to understand why the defense organization of the patient had failed at this particular time and to improvise measures to shore up specific defenses. This "concise evaluation" was only implied and was communicated indirectly to the patient, and a contemporary reader would conjecture that the implicit communications from the patient found implicit understandings in the patient. Of course, that is also exactly what happens in many examples of enactment in which *the analyst and patient are unaware that they are interacting in a manner that actualizes important congruent unconscious wishes for both of them* (Sandler 1976). I wish to be clear that, throughout this paper, that will be my intended definition of the term *enactment.*

Reider knew that he could not prove his views with this data. What if he had prescribed an indulgent hypersupportive milieu with this first patient, who might then have had an analogous improvement? Reider would have been the first to admit that his suggestions were conjectural. Surely, he knew about the pitfalls of transference cures when he wrote this paper. But in fact, the actual dynamics of "transference cures" have never been clearly understood—e.g., which transference fantasies are operative in such an instance? We too often forget that naming some-

thing is not explaining it. "Suggestion" is a cliché and not really an explanation; it is the substitution of one vagueness for another.

Here I suggest an analogy. When Alexander Fleming noticed some clear zones of agar in the petri dishes he was about to wash down the sink, he paused to reflect that there must have been some type of bactericidal substance that had destroyed the bacterial colonies that flourished elsewhere in these dishes. Thus he discovered penicillin in the early 1940s because his curiosity drove him to take a good, hard second look at these clear zones. I suggest that we compare these clear zones to transference cures. We analysts have been willing to ignore both the dynamics and the genesis of transference cures, as well as the vagaries of their stability, unpredictably ranging from a lifetime to a few hours. It is as though we have not wanted to look this gift horse of spontaneous cure in the mouth lest it dissolve. Or else we denigrate this phenomenon because it was not achieved by our standard models for how analytic treatment works. So another advantage to revisiting this paper is to illustrate the merits of a reconsideration of the much-used but still poorly understood term *transference cure*.

The contemporary analyst reviewing these vignettes will likely be inclined to accept the view that most of these stories wherein Reider took the role of therapist are reports of transference cures. But what experienced analyst, in attempting to help a psychotic or suicidal patient who could not benefit from analysis, would sniff with disapproval about presiding over a transference cure? Reider's vignettes about symptom substitution are worthy of reexamination à la Fleming and the petri dishes. Could a better understanding of how Reider facilitated the shoring up of the beleaguered defense organization of his patients be applied to the still mysterious mutative factors that facilitate the enormously diverse changes that underlie actual psychoanalytic treatment of neurotic patients?

I had the humbling good fortune to participate in a COPE[2] study group from 1984–1989 to study and discuss the nature of the psychoanalytic process. The members were chosen to make up a theoretically

[2] "COPE" is the Committee on Psychoanalytic Education of the American Psychoanalytic Association.

and geographically diverse group. The result of our deliberations after several years was that we were so divided in our views that a unanimously acceptable consensus could not even be reached about whether or not there actually *is* such a thing as "a psychoanalytic process," nor could we agree on what the most important mutative factors were leading to change during psychoanalytic treatment (Abend 1990).

One has only to reflect on the volatile ebb and flow in the severity of symptoms during analytic treatment to be convinced that there appear to be important links between temporary improvement in symptoms and these spontaneous cures that Reider has reported. Nor is the phenomenon of such evanescent change unknown to any experienced analyst. It is my experience in discussions of this matter that we have erred by trying to define "change" by reifying it. We have been pursuing change as though it was a homogeneous thing that could be described with a noun instead of a very complex system of a myriad of prior requisite changings on many different levels of abstraction.

A similar confusion was pointed out long ago in our use of the noun *mind* instead of the verb *minding* (Langer 1942). One might say that Reider believed more in the importance of the analyst conducting supportive therapy by using his knowledge about psychoanalytic theory to *manipulate* the transference than imparting that information to the patient during the goal limited work of supportive psychotherapy. He wanted to sharpen rather than dilute the distinction between psychotherapy and psychoanalysis. He explicitly states that, for these patients, interpretations of central pathogenic conflicts would have worsened an already decompensating defense organization. I suggest here that his sole reliance on the thin reed of a definitional distinction between supportive therapy and psychoanalysis was the consequence of the category error to which I referred earlier, and which is still widely prevalent in our literature.[3]

My own response when reading his paper for the first time over fifty years ago was my enhanced respect for the complexities of attempting to use psychoanalytic ideas in doing supportive therapy. Reider is expert

[3] See, for example, the disagreement between Brenner and Kogan, discussed in Boesky (2008, pp. 109-126); see also this paper, p. 408.

at developing our increased awareness as readers of how difficult it can be once we decide that a patient would be harmed by uncovering or tampering with defenses to devise methods for strengthening defenses and determining which defenses could be advantageously strengthened. His clinical examples can be read as a master class in the study of this problem.[4]

Another way in which Reider was ahead of his times was his insistence that we do not entirely get rid of symptoms. It is striking to see how similar this formulation of Reider's was to the much-later formulation by Brenner (1992) to account for the fate of pathological compromise formations as a consequence of successful psychoanalytic treatment. E.g., compare Reider's view in 1955 with that of Brenner in 1992. In this first clinical example, as well as to varying degrees in each of the other examples that follow in this paper, Reider is suggesting that symptomatic improvement is not a disappearance of the conflicts that evoked the symptoms originally. Rather, the symptomatic improvement is repeatedly viewed to be a substitute of one symptom for another. In the vocabulary of Reider's era that would have been an ego alien symptom replaced by an ego-syntonic symptom.[5]

Let us now compare that idea with Brenner's (1992) view:

> We can never expect analysis to make conflicts over childhood instinctual wishes go away. The most we can expect is for the conflicts to be sufficiently altered so that the compromise formations that result from them are normal rather than pathological. What that statement describes is precisely the difference between mental illness and mental health. One should not expect that when analysis is successful in eliminating a neurotic symptom the result is a sublimation with no trace of conflict. There is no conflict-free sphere of mental functioning. There are only more or less satisfactory compromise formations. [p. 377]

[4] Especially, see Reider (1955b): "[The point is to increase] the pathogenic defense and at the same time changing the content of the symptom so that it no longer bothers the patient" (p. 215).

[5] The appearance of the polarized alternatives *ego-syntonic* versus *ego alien* has become far less frequent in our modern literature. The waxing, waning, and connotational spread of our jargon is well known but deserves much further attention.

Reider viewed efforts to exorcise a single pathological problem, such as depression or dependent behavior or anality, with a single agent of cure to be analogous to the demonology of ancient times. In this instance, he preferred to think in terms of what I would describe as preliminary subchanges in the self-esteem regulation of this first patient:

> What is important is to recognize that his sense of integrity depended upon continued success and meeting his ego ideal. Interwoven into this whole personal system was the value of hard work, of punishment for misdeeds, and of keeping on the straight and narrow path. When this system which maintained his integrity failed, it was reinstituted by the sanitarium regime that made him pay for his sins and reintroduced an old pattern supportive in the past, namely, that of industry, which yielded only long-time and not immediate rewards, thus enabling him to pay off his debt and see himself free and independent once more. [1955a, p. 387]

CASE 2: A CURE IN ONE SESSION

Reider repeatedly stresses that dramatic symptomatic changes are not "cures"[6] and suggests that in such examples we would be well advised to think that such rapid remarkable improvement is actually again a substitution of one symptom for another. His clinical vignette concerns a man who had been impotent for two years, beginning with a chronic physical illness in his wife—who now submitted to sex with martyred resignation and expressed her gratitude to him for his gentleness. When he finally became unable to sleep, she told him to go ahead with sex if he wanted to because she could stand it.

At this point in the first interview, Reider asked him if he ever had considered the possibility that she did not want to have sex with him any more than he did with her. The patient became quite uncomfortable

[6] See also Stern (1924) for a rare and much earlier description of spontaneous cures and the ephemeral nature of transference cures; and Anna Freud (1962) about transference cures: "the dreaded compliance of the patient who is ready to undergo a transference cure but who cannot keep up any gain of the analysis in the absence of the relationship to the analyst. Transference cure and the readiness to accept suggestion seem to me elements which are the direct outcome of the phase of early infantile compliance" (p. 240).

immediately and never called back for a second appointment. A month later, when Reider again met the physician who had originally referred the patient, he laughingly congratulated Reider for curing the patient. The patient had just recently told the physician that he had resumed intercourse with his wife, but also that he had begun a sexual relationship with a younger woman. Reider viewed the dramatic improvement once again not as a cure, but as the exchange of one set of conflicts for another that permitted greater pleasure.

Let us now compare this with a very similar vignette that led another analyst to very different conclusions. Renik (2001) also reported about a single consultation with a man who was painfully conflicted about imposing financial sacrifices on his wife and children were he to make a major career change by leaving the financial security of his job to pursue a musical career. After first asking the patient if he was sure he had the right to ask this of his family, Renik told the patient:

> It would be very useful for us to investigate [this] together; but it was also important to keep in mind that no amount of self-awareness was going to change the circumstances with which Ralph had to deal, or the need for him to act, one way or the other, and to take responsibility for his actions. It might simply come down to a question of Ralph's having to accept that he had to do what he thought best under the circumstances and live with the consequences, not all of which were agreeable. [p. 232]

But this also proved to be a single session in that this patient also declined further appointments. It was to be ten years before Renik accidentally met a friend of his who was also the new employer of this patient who had seen Renik all those years earlier. When the new employer asked about the striking improvement in his appearance compared to the way he looked when they had last met, the patient gave the credit to Renik for effecting important changes in the patient's life from the time of that sole appointment.

Renik seems to agree with the patient: "In my view, Ralph's treatment was a successful clinical analysis, because for me, psychoanalysis is first and foremost a treatment method for bringing about life changes

desired by the patient" (2001, p. 233). He also disagrees with Reider's related views about this question:

> To claim for a treatment lasting only a single session the status of a clinical analysis may seem very radical of me, even an uncalled for exaggeration. Analysts who report successful brief interventions usually conceptualize them as psychotherapeutic rather than psychoanalytic (e.g., Reider 1955). [Renik 2001, p. 234]

At issue now is the paradoxical convergence of the views of Reider and Renik on the point that they both were "accepting" the face-value claim of a "cure." To be sure, they did that for different reasons, but the convergence consists of valuing the end result no matter the means. This appears to be an underlying assumption on the part of those who espouse the pragmatic view of this question. Neither author was primarily interested in how the patient may have experienced the behavior of the analyst in these two interactions so fraught with implicit meaning. That agreement to deemphasize further pursuit of that question is a fateful convergence between these two authors which may arguably have been or may not have been in the best interest of the two patients.

The point is to be clear about whether this decision to ignore the hidden meanings here is all too often inadvertent. Over time, one would think that the patient of the analyst who believes that there is much more going on, but who has decided to let that go, would sooner or later be at least partly aware of this, and that it would matter whether that fact, too, should be ignored. My supervisory experience has taught me that when an important dynamic issue is overlooked, the patient will react to this, and often will do so with increasing but disguised stridency.

One wonders to what extent it is in the control of the analyst to know how the patient will experience interventions deliberately not made. We know too well how little we can control what the patient hears in actual interventions. We hear far less about the later fate of unmade or avoided interventions. This is a vitally important epistemological issue: when the analyst behaves knowingly or inadvertently as though the behavior of the patient does not "count," sooner or later the patient will sense this. This barely understood topic cannot be adequately pursued here. I suggest that this is an epistemological problem of considerable consequence.

The devil is in the details of our ignorance about how exactly "insight" produces "cure." There is a very large literature and polemics about this issue and no consensus. This daunting phenomenon is reductively viewed by some analysts as one of *the* distinguishing differences between "relational" analysts and "conflict" analysts. Among the other questions I cannot answer: how did these two *patients* experience these two interventions by Reider and Renik? I claim only plausibility for my suggested reading of what these two very different patients might have felt in each case.

Although the manifest differences between the two authors are very sharp, the two authors agree on one point: a remission of symptoms has occurred in each instance and it has occurred without insight by the *patient*. Reider does not view such interventions as psychotherapeutic rather than psychoanalytic. Reider said (about manipulating the transference):

> It may be correct in partial treatment to use . . . these concepts in helping people overcome their difficulties. But the therapist should not under the guise of psychoanalytic treatment use them in a really antipsychoanalytic way. One should recognize that using these devices in isolated brief therapies constitutes neither psychoanalytic therapy nor even "brief psychoanalytic therapy." [1955a, p. 385]

But this is another example of the awkwardness ensuing when we rely only on a definitional distinction between psychotherapy and psychoanalysis. There is an irony here. Whatever their disagreements might be, Reider and Renik are in paradoxical agreement that, when confronted with remissions without insight, our available explanations are insufficient.

Our polemics about how to distinguish psychoanalysis from psychotherapy have raged ever since the dawn of Freud's work. This conundrum has produced splits in our institutes, stormy arguments in our literature, and, after more than a century, we have no consensus in sight. We are stuck in a quagmire when we debate mere *definitions* of psychoanalysis.

I think, instead, that priority should be assigned to placing the way we have understood our patient as the most important element in de-

ciding what was mutative for the given patient. But too often we are not told what information the analyst felt was worth "counting" and which was not. In this instance, as in so many others, this fundamental information about what counted and what did not count in the clinical methodology of the analyst was omitted. *That would be an epistemological rather than a definitional distinction.*

To put this more clearly, I think we should use epistemological criteria, rather than definitional criteria, to compare psychoanalytic theories and to evaluate their attendant truth claims. Epistemology has to do with what we *can* know and what methodology we should use to justify truth claims in that particular theory. A theory based on psychic determinism (e.g., contemporary Kleinian or modern conflict theory) utilizes the associations of the patient to contextualize and infer meaning. A theory of indeterminate associations is incompatible with these assumptions—not because of the definitions of how the adherents of the theory behave or what they do with their patients, but on epistemological grounds: what is the raw material from which the author has adduced assumptions of context?[7]

Our literature is replete with claims of the author having discovered what it all meant—which is to say, the author claims to know what counted in his case report. But we must ask why it is so rare to come across a paper that even mentions what the patient did or said that did *not* count. Epistemological significance in our literature is dealt with like the evidence in the Salem witch trials: if the girl drowned, she was not a witch. And in our literature, too often, if the patient gets symptomatic improvement, the analyst was correct—or at least can cover his tracks with the validating consolation of pragmatism. Truth, in that view, is whatever works. Such information could lead to a better epistemological distinction between the views of competing theorists instead of mutual claims of defending definitional boundaries.

Do the pragmatists among us intend their proposals to be taken as a permanent warrant to shrug our shoulders about this critical problem of evaluating evidence when we compare truth claims? Are we authorized

[7] For a detailed discussion of this distinction, see Boesky (2008, pp. 143-169); for an example of the incompatibility of determinate and indeterminate epistemologies, see Boesky (2008, pp. 63-75).

by them to use the sword of pragmatism to cut the Gordian knot of reality, truth, and evidential nihilism? Let us not forget that the problem is not only with "whatever" when we say "whatever works"; the problem is more fundamentally: who gets to say that something worked? Or that it did not, or why it did or did not work? Aren't we then right back where we started (Jimenez 2009)?

CASE 3: A CONSULTATION WITH A FAMILY MEMBER

The third case is a wonderfully illustrative example of the complexity of Reider's views about how he intervened helpfully in an emergency consultation for the 66-year-old aunt of his own analytic patient, whom Reider had been treating in analysis for several years. Perhaps more clearly than any of the others, this case illustrates the usefulness of the concept of enactment in integrating this paper written in 1955 with some of the controversies that will demonstrate continuities between his struggles and our own.

At the point when the acute depression of the aunt developed, Reider's patient and another niece of this aunt, Jackie, had been living for eight years with her aunt, who was the sister of Jackie's mother. Jackie was eleven years old when her mother died, and she then moved in with her aunt and Reider's patient. Jackie was now nineteen and had just wired the news of her intent to get married, and the shock of this impending loss of her adored niece seemed to be the precipitant of her depression.

The aunt was a "prim, proper, dictatorial woman" (p. 393) the only one of five sisters never to marry, a puritanical woman filled with moral preachments, especially against men. She was opposed to smoking and drinking and kept the house spotlessly clean. Jackie's arrival in this lonely household eight years before had softened the childless spinster aunt considerably.

The precipitating stimulus to the aunt's sudden crisis of mute depression and retreat to her bedroom was clearly Jackie's sudden announcement that she had agreed to marry a nice young man. Being a mother to this little girl had brightened the life of this lonely spinster, and the aunt had been violently opposed to Reider's treatment of her

niece. This was partly because Reider was a man. And when the niece sent her a special-delivery letter announcing the good news about her marriage, his patient came home to find her aunt in a desolate state—mute, angry, refusing to eat, and unable to sleep.

I invite the reader to join me in an experiment of the imagination: compare your understanding of Reider's behavior with this patient to your perspective before and after you knew the fuller context of her history with Reider, the psychoanalyst of his patient's aunt. In a word, he was insensitive and tactless with her. But as the French adage has it: "To understand everything is to forgive everything." You will recall that, after she threw him out of her home, he noted that he "picked myself up and slunk out" (1955a, p. 393). Then she extracted a promise from her niece to quit seeing Reider. But the niece merely now kept continuing her treatment a secret from her aunt. Her aunt quickly resumed her previous behavior, and her symptoms disappeared.

What follows immediately after this part of Reider's discussion is especially important. He wanted to account for the "spontaneous cure" that ensued so dramatically in this case.

> I do want to stress that obviously my provocative behavior of annoying her, intruding in her house, sitting on the bed that had not been sat on for years, smoking a cigarette in a house where smoking was strictly forbidden, so aggravated the woman that she attacked me directly, thereby releasing all the pent-up fury of her longstanding hostility toward men. [1955a, pp. 394-395]

I will return to the format of discussing the clinical vignettes in sequence, but will first discuss the topic of enactments to clarify my perspective about revisiting Reider's paper.

ENACTMENTS

The behavior of the analyst—in this instance, Reider—that lends temporary credence to the patient's unconscious transference fantasies has been the topic of considerable interest in the North American literature about *enactment* (see, for example: Boesky 1990; Chused 1991; Jacobs 1986, 1995; McLaughlin 1991; Poland 1984, 1988; Roughton 1993). It

is not my intent here to valorize enactments as a concept but to indicate their ubiquity. I want also to emphasize the rather neglected aspect of the lack of awareness of the analyst that he is indeed shifting from her consciously preferred posture. In the throes of an enactment, there is often a lag in the observing functions of the analyst until he or she has had the experience of being pulled into the enactment in the interaction, and then stepping back and observing it from within the intrapsychic domain (if all is going well).

Reider said: "*I do not really recall whether what I did was with full conscious appreciation of the significance of this artificial situation*" (1955a, p. 394, italics added). And this is precisely the case in most enactments. I suggest that, if we analysts were indeed always more fully and quickly aware of our behavior in the throes of such enactments, we would never be able to help to create the necessary verisimilitude that enactments provide.[8] In my own clinical experience, this is the essence of the manner in which the analyst joins a patient when the two are creating an enactment. Reider has captured here the characteristic partial amnesias that characterize the subjective experience of the analyst, who discovers only after a lag of time that he or she has been "had" (by which I mean pulled out of his or her preferred, consciously chosen posture).

What is often provided for the readers or audience hearing such discussions are the postenactment rationalizations by the analyst for his or her participation in an enactment. It has gradually become *de rigueur* for many authors and presenters to "confess" that such events have occurred, and then to be complimented for their candor instead of digging deeper. I have proposed that, in fact, sooner or later the analyst will inevitably (and hopefully) join in an enactment unique to that particular dyad (Boesky 1990).

Does such a temporary interactive participation by the analyst mean the analyst is permanently disqualified from shifting to the role of observer of the patient and him- or herself in that interaction? This is so only if the analyst ultimately fails to discover the analyst's own role in the enactment. In fact, it is this very realization by the analyst that can critically enable the possibility for observing his or her participation in what

[8] For a detailed discussion of the basis for this assertion, see Boesky (1990).

had previously been only an unrecognized enactment. I am therefore in agreement with those who speak of the analyst as a participant observer, but with an essential proviso. Sooner or later, the analyst must shift from participating in an enactment of the two-person interaction back to becoming an *observer of the experience of this interaction in the intrapsychic domain* (Sandler 1983).

Failure to make this distinction is perpetuating the polemics and confusion about the incompatibility of so-called one- and two-person models of the mind. This is a crucial point because the interactive participation of the analyst in creating enactments seems to support the view of "co-creation" of the transference at the center of spurious controversies about one- versus two-person models, the analytic third, and more. For interested readers, I have discussed this question at some length elsewhere.[9]

Reider goes on to imply that his provocation allowed her to release her pent-up fury toward men, but more significantly to also replace her anger with the new fiancé of her niece with anger toward Reider. Finally, he mentions the false triumph she obtained by wresting this agreement from her niece to quit her analysis with Reider. In that era, the pejorative view of countertransference prevailed, and the useful challenges to that view, such as that by Tower (1956), were just emerging; and it would be another thirty years until the term *enactment* was starting to become current.[10] In Reider's time, the pejorative connotation of the subjective component of the participation of the analyst was conveyed by the analytic slang term "analytic toilet," connoting the need of the analyst to evacuate and cleanse the self of such deleterious influences on the "objectivity" of the analyst. Tarachow (1963) described such enactments in that era as a degeneration of fantasy into reality.

[9] For a discussion of this distinction between one- versus two-person models, see Panel (1992): "In discussing the origins of transference, Boesky proposed that we distinguish further between the analyst's sharing in the enactment (co-creating enactments) versus the analyst's contributing to the creation of transference. He regards enactments as only one aspect of transference" (p. 832). In parts of the intersubjective literature, enactments by the analyst are referred to as the analyst "co-creating" the third or "co-constructing" the fantasies of the patient (Beebe 2004; Benjamin 2004). I prefer to think that the analyst shares in creating the enactment but not the transference.

[10] See Panel (1992).

The term *countertransference* is a classic example of the well-known fate of a number of terms in our literature. The elasticity and vagueness of its original usage facilitates connotational expansion and spreading. This is good news and bad news. The bad is more obvious. Multiple definitions of the same term abound in a gradually increasing number of frames of reference. We begin to approach a Babel phenomenon. The good part of this is that this facilitates the accretion of shades and nuances of connotations adjacent to the original that were not possible to express conveniently. This very complex problem is, of course, an inherent property of all languages.

Three examples of such words in our own lexicon are *transference, countertransference,* and *enactments.* The common element in the views of North American analysts about countertransference in Reider's era was to view such behavior as regrettable: the analyst should have been in better control of his or her countertransference feelings, or at least start some self-analysis to get back in control.

The countertransference (in the definition I prefer for linkage to my use of the term *enactment*) is the inadvertent actualization by the analyst of unconscious transference fantasies of the analyst about the patient. This becomes an enactment when patient and analyst are both inadvertently actualizing a transference fantasy. Reider does not by any means express such a view, but it is quite in accordance with his description of his own behavior. And in this instance, one might think that would have entailed his unconscious fantasies about both his patient as well as her aunt. But note the absence of any comment by Reider about the impact of his behavior with his patient's aunt on his own patient and on her analysis. At issue here is not the correctness of Reider's behavior or of my conjectures, but the plausible inference of other determinants of his brilliantly improvised enactment of this drama, beyond those of which he seemed to be aware.

The events described here occurred some five decades before the appearance of the literature contributed by relational theorists about "throwing away the book." Reider's paper can be read in the context of the bitter controversies already in progress in his era about the analyst departing from the "classical" model of anonymity and neutrality. But Reider was not throwing away the psychoanalytic book during this visit

with the aunt. He was behaving rudely (but with intuitive acumen) as a psychiatric consultant. But he *was* throwing away the book (of rules) for many an analyst in the 1950s, and still today (for a smaller number of analysts), by doing that with his own patient, the niece. He was silent on this topic. His tone suggests that he and his patient presumably were relieved by the remission of the aunt's symptoms, but that is solely my conjecture.

Reider in 1955 is silent on the point of whatever he felt subjectively about granting the request of his analytic patient to be the psychiatric consultant for her aunt. There is every reason to believe that this astute and perceptive analyst gave this some thought, especially since these events occurred in a major metropolitan area, where there were abundant opportunities for alternative choices of a consultant for his patient's aunt. Beyond that, such conjectural questions are too often limited to satisfaction or disapproval of the analyst about "bending the frame." At issue here is the seldom-discussed question of why these seemingly sudden demands become so pressing at one particular moment. What is seldom discussed, in other words, is the transference-countertransference context of these demands.

I suggest here that limiting ourselves to advocating flexibility of technique, avoiding unnecessary frustration for the patient, or adhering to the importance of technical rules and maintaining anonymity have all had historical usefulness, but that it is time for us to emphasize a better understanding of these enactments than to debate endlessly about rules or definitions of what is *really* psychoanalytic.[11] Actually, the isolation of rules from the contextual dynamics of the transference is exactly counter to the central core of the spirit of the psychoanalytic enterprise.[12]

ENACTMENTS AND VERISIMILITUDE

I am also struck by Reider's remarkable ingenuity in composing a drama of verisimilitude for the aunt of his patient. The simulation of reality

[11] For a further, detailed discussion of this distinction, see the differing opinions of Brenner and Boesky described in Boesky (2008, pp. 1009-1121).

[12] For another example of a disagreement about the use of rules instead of contextualization in clinical debates, see Boesky (2008, pp. 81-107).

(the willingness to suspend disbelief) is uniquely central to the mutative role of the transference because it enhances the affective immediacy of the transference experience. The centrality of affective immediacy for the patient's conviction about later interpretations was expressed clearly by Poland (1992):

> While the psychoanalytic process explores the past, it does so within the context of the immediacy of the present . . . . *The tension between singular process and dyadic interaction is also considered in the light of the centrality of present experience* . . . . Reflecting on the now does not imply relinquishing the future or forgetting the past: the present is the meeting place for the three directions of time. [p. 185, italics added]

The analyst in the throes of contributing to an enactment creates verisimilitude in the manner of Dickens, who knew how to heighten the illusion of reality by his artfully inspired descriptions of the weather and the buildings in London. This illusion of reality is crucial to the creation by patient and analyst of the illusion of actualization of frightening fantasies. Verisimilitude lends affective immediacy to the revival of affects in the transference. Sooner or later, the analyst suspends his own disbelief and joins the patient in creating an enactment. This was too narrowly viewed in the past as exclusively a sign of countertransference. Too narrow because, in my own clinical and supervisory experience, it eventually becomes a feature of every analysis—but never at the same point for any patient-and-analyst pair (Boesky 1990).

ARE ENACTMENTS ALWAYS PRESENT?

One has to be suspicious of claims to the universality of enactments (or anything else the analyst and patient do, for that matter). As we all know, the man whose only tool is a hammer will look especially sharply for a nail. But it has become a fairly typical experience for me in the course of many years of experience with patients and in supervision of candidates to see enactments unacknowledged or disavowed. I consider this to be an open question and believe it fair to say at least that enactments are still underrecognized.

But it is important to be clear that each analyst–patient dyad will develop unique choices for what to enact. There are very common enactments: e.g., the analyst who inadvertently gratifies an emotionally deprived patient who needs to deny dependence on the analyst by becoming annoyed when the patient provocatively skips sessions. But that is not universal. What I wish to stress is the unique quality of the content of each enactment and the dynamic similarity in the structure of each of them. Sooner or later, patient and analyst reach a point where the dynamic resonance of a specific transference configuration evokes the dual need to actualize the fantasy that both patient and analyst share. It is the content that will always be unique.

If the analyst fails ever to recognize his or her own participation, eventually the treatment may become stalemated. But if the analyst never once succumbs to the siren call of some type of enactment, the analysis may remain intellectualized and barren. Reider intuitively "volunteered" to behave in a manner that he had every reason to know (later) would label him as an insensitive boor in the eyes of his patient's aunt. In other words, he actualized the sadistic fantasies of this patient. His seemingly outrageous tactlessness may have strengthened her paranoid defenses against him and restored the equilibrium of her defense organization in the face of a rapidly deteriorating psychiatric emergency. She could now substitute and magnify her hatred for her niece's crude analyst for the hated future husband of her beloved Jackie, whom she could not prevent from leaving her.

This is, of course, a series of conjectures on my part, and other readers will no doubt have their own views about what "really" happened. Here I suggest that Reider's candid and modest account of his behavior in these examples affords us an intriguing chance to observe a skilled analyst attempting to employ his experience as an analyst with patients who, for a variety of reasons, could not participate in psychoanalytic treatment. It is useful to view Reider's material as examples of applied psychoanalysis in order to highlight the problem shared by applied psychoanalysis in literature, visual art, folklore, biography, etc., with the cases Reider reported. Both in applied psychoanalysis and in supportive psychotherapy—as Reider's work could be described (he might not have agreed)—there is the common element of the absence of analysis of re-

sistance. Woodrow Wilson and Leonardo da Vinci, to cite two famous examples, could not contradict Freud. Although Reider's patients could disagree with him, it would not have been his intention to discuss his views about their views of him. And in some instances he deliberately and inventively invited and exploited an idealized dependency on him in the service of "whatever works."

CASE 4: SPONTANEOUS "CURES" AND THE GLASS MENAGERIE[13]

Reider did not define clearly what he meant by *spontaneous.* Our literature and conventions provide us with the term *idiopathic* for diseases of unknown cause that appear "spontaneously," but we have no better term to describe sudden and unexplained remissions other than *spontaneous.* The focus should be not only on "why now?" ("spontaneous"). It should certainly also be on *when* did this happen and why. The answers we get from our data depend on the questions we ask.

We should also directly confront the fossilized nature of the term *cure,* which has preserved in amber the confusion in our literature about the nature of change during psychoanalytic treatment. It would be more modest to use the term *remission* than cure. Asking *when* the remission occurred permits a contextual horizon otherwise less visible than when we ask only *why* or *how.* We have no such word as *ideomutative* to connote the alternative complement of *idiopathic.*

This is most visibly illustrated in the paper with the case that Reider entitled "The Glass Menagerie" (1955a, pp. 396ff). There was no therapist in attendance to claim or receive credit for this remission. It concerned the gradual disappearance of a severe postpartum depression and obsessional fears of harming her new baby in the mother of a patient of Reider at the Menninger Clinic, in a manner very similar to the symptoms of a patient of Reider when the patient was born. Reider's most original contribution in this paper was his forceful suggestion that we should direct attention to the ordinary waxing and waning of emo-

[13] It was clearly not Reider's intent here to attempt a psychoanalytic discussion of the parallels between this profound and famous tragedy and the relation of his patient and her mother, nor shall I.

tional symptoms in order to see what nature itself could thus teach us about how and why these changes occur.

What I add is that his presentations implicitly address the advantages of recontextualizing such clinical questions. What first evoked my interest in the republication of this paper is that the mother of his patient reported what appeared to be a gradual, spontaneous improvement in her own very similar postpartum psychotic episode, decades before her daughter's illness, without any treatment for it. This happened without therapy because the patient lived in a semirural area where there was no available psychiatric help.

Reider reminds us that the psychiatric tradition of accounting for some psychiatric entities as self-limiting (spontaneous remissions), and others as hopeless, parallels the tradition of medical nosology. Here Reider establishes himself as deserving better recognition for his paper, which challenges that tradition. He explicitly invites us to look more carefully at these "spontaneous" cures to see what information they might yield that we could apply to our treatment methods. In the parlance of the ancient proverb, "God healeth and the physician hath the thanks."

His first advice has usually been honored more in the breach:

> In the course of obtaining histories from patients who have had psychiatric difficulties prior to the one for which they came to treatment, *it is useful at times to go into explicit details of a previous recovery in order to discover what resources within the patient may be utilized again for the present illness.* [1955a, p. 395, italics added]

Of course, such inquiries frequently came to naught, but Reider had the imagination to think that something else might help. He had discovered there was often in such instances a change of symptom that the patient did not recognize. In the patient's mind, she had simply recovered. At this point, most of our conventional rationalizations would enter the picture. Patients got better "because" they took a vacation or bought a new hat. An old adage describes this attitude: "An answer is the point where the mind stops working."

Reider's use of the title of the famous play by Tennessee Williams, *The Glass Menagerie* (1945), implants the mother–daughter relationship

of Amanda and Laura in the mind of the reader as a contextual criterion for his ensuing case history. The play had its meteoric opening just about five years before Reider gave the lectures on which these case histories were based. And the fateful parallel of his patient in this story and her mother was implicitly intended for the reader to perceive as a contextual criterion for his clinical vignette.

While treating the daughter of a woman who had just been hospitalized with a postpartum, depressed panic, lest she stab her new baby, she told him that her mother had suffered from these same symptoms when the patient herself was a newborn. She suffered many years from these fears and hoped that some day her daughter would grow up to become the actress that she herself could not be because of her parental obligations. Reider was intrigued by this and arranged to interview the mother. He energetically inquired about what she thought led to her recovery, and she drew a blank. He pursued the topic. Was there some change in her average routine that she could think of? But there was none.

It was only when he asked if she could recall taking on any new interests at the time when her symptoms finally seemed to be subsiding that she lit up and recalled a shopping tour, when she was attracted to a small, slender, and delicate glass deer. It was to become the first of many such objects in her rapidly growing collection of miniatures of all kinds. Fellow collectors began to visit her to admire her collection, and in a year or two she began to worry about harm that might come to her collection, which was merely strewn around the house in exposed places. When a knowledgeable visitor advised her to put this now-very-valuable collection of miniatures under a lock and key in safe cabinets, her symptoms began to subside, but she had never before made that connection.

Again, Reider suggests this was the result of the substitution of one symptom for another: the exchange of an innocuous, obsessional hobby for a distressing obsessional fear of killing her own child. He is well aware that this would not explain why she waited for the birth of her second child, a daughter, or did not develop these symptoms after the birth of her first child, a son. Nor does it account for the ten to fifteen years it took for her symptoms to finally abate.

He reminds us of the suspicious absence of any conscious awareness of anger about her inability to develop her acting career. Here he adds his view of the probative value of this narrative:

> It must be granted that the collection of miniatures, especially the fragile objects that must be guarded and kept precious, became a way whereby this woman spontaneously cured herself of her obsessive fear of doing damage to her children. This is not a verifiable hypothesis, but it is the sort of evidence that we must rely upon in dealing with unconscious factors. [Reider 1955a, p. 399; see also Boesky 1990]

He would have been more correct to have claimed that the *plausibility* of his views must be granted. Moreover, we have no idea why it took ten or fifteen years for her obsessional hobby to exercise its full effect. But the less overreaching claim that her thoughts about her hobby were valuable associations to her remission is in itself valuable. Even then, and certainly now, such claims about remission should not be granted so easily. That is one of the reasons that his report of cures without any treatment is of considerable epistemological value. *Spontaneous remissions are possible for us to view as experiments of nature that we have neglected to view as valuable restraints on our immodest therapeutic claims.*

CASE 5: PRIVATE KINSEY REPORT

In this case, the patient gave up drinking with no treatment. The patient was a divorced man in his thirties with a life history of antisocial behavior, expulsions from schools, serious auto accidents, and abusive behavior in his marriage that led his wife to divorce him. His severe drinking started at age sixteen. Several attempts at quick cures for his drinking failed. He continued his drinking until he abruptly ceased drinking three years before he started his psychoanalytic treatment.

The history revealed that the patient had struggled all of his adult life with a profound unconscious conflict in his gender identity. His rejecting, cold father openly preferred the patient's sister, on whom he showered affection and gifts. His submissive, gentle mother was the dreaded identification "template" for what he perceived to be his femi-

nine wishes. His alcoholism became entwined with his unconscious homosexual fantasies. He frequently sought out male buddies with whom he drank, but was also repelled by them. Just as in the case of the Glass Menagerie, the patient was aware of this second "symptom" (drinking with male friends), but had no conscious awareness of its bearing on his suddenly giving up alcohol.

Reider repeatedly relies on the defense mechanism of isolation in this instance, but does not ever name it as form of isolation, or for that matter as an example of dissociation (Bromberg 1995). The symptom[14] Reider discusses was that the patient gradually developed the habit of going to houses of prostitution—not to have sex, but to get to know the girls and inquire about their personal lives. He got them to tell him about "how they became prostitutes, how they liked the work, and above all how they reacted and felt in sexual contacts with men" (1955a, p. 401). This new pattern occurred simultaneously with his giving up his drinking.

Reider is not entirely clear about the time relationship between the start of the analysis and the beginning of his interviewing of prostitutes. Nor does he indicate when or if this new "symptom" disappeared. Most important of all, he omits any report of the manner in which these conflicts emerged in the transference.

It is a conjecture of my own that an old adage describes the dilemma of this patient: "It is more blessed to give (help) than to receive it." Especially when the help—as in this case—is psychoanalysis. That is to say, I wonder if the patient was working up his courage to enter analysis with a male analyst by taking the role of the benevolent therapist with these women, to disguise from himself his painful curiosity about what it would be like to be one of these women with his father or his analyst, who would give him his undivided attention when he began his analysis.

Reider summarized his views about this patient with an explanation that will seem simplistic to many readers: his talking with prostitutes was less frightening than his passive sexual wish to be a woman. It is likely that this sophisticated analyst would have also been aware of this. But he was not interested in "analyzing" or speculating about what an actual

[14] Brenner might have called this behavior a *compromise formation.*

analysis would have revealed. He wanted to limit himself to sharpening our focus on the common elements he could observe in the supportive therapy of patients who seemed to suddenly relinquish severe symptoms. Once again, insight was not considered to be a factor. Preservation of disguised homosexual fantasies could still be gratified without the danger of the panic that would have been evoked by greater awareness—rather like drinking and not having to pay the bartender.

CASE 6: "I JUST MADE UP MY MIND"

I shall not repeat details of Case 6 here. Instead, I will remind the reader of what Reider himself believed to be the main points he wanted to illustrate. It will be recalled that this was the case in which an adolescent developed a touching compulsion after a dangerous and severe infection. He wanted to show Reider that he was wrong to say that willpower was ineffective in such cases. Reider discovered that this touching compulsion was actually linked unconsciously to the masturbatory conflicts of this youngster. This is an especially clear example of the substitution of one symptom for another. In this case, it is the substitution of a touching compulsion for his disturbing, compulsive masturbation. Once more, Reider stressed that effective supportive treatment did not require specific grounding in linking the supportive measure to the manifest content of the symptom. Like Case 5, this, too, was a spontaneous remission without benefit of treatment.

> These cases illustrate, if anything, that the idea of specificity of therapeutic manifestations for various syndromes is not a necessary or fruitful one. For instance, a case of depression may seem to improve, e.g., because of effective discharge of aggression, or by alleviation of a sense of guilt. It may very well be that a change in ego state results in either case, following the application of the use of dynamic concepts which permits at least some structural formulations, and these in turn lead to technical use. Insight is certainly not necessary for recovery, nor is the understanding of transference phenomena. [Reider 1955a, pp. 404-405]

Another way to express Reider's still-unappreciated point here is that the specificity of our formulations about cure is too often unearned

by the hard labor of deeper understanding. This tendentious specificity is analogous to the unearned emotion of sentimentality.

This was the last of the six cases in the paper, but there were several others that Reider included in the longer version of this same paper (Reider 1955b). I would guess the reason for his omission of those cases had to do with space limitations in the *Bulletin of the Menninger Clinic*. For purposes of this discussion, I will briefly summarize selected points about these vignettes.

THREE EXAMPLES NOT INCLUDED IN THE PAPER[15]

By now, the reader will wonder correctly if I have scanted the distinction between improvement without insight and improvement without treatment. My purpose has been to demonstrate that there may or may not be common elements in these two very different scenarios and to invite dialogue with our readers about this question.

A third group can also be recognized. Some analysts give anecdotal reports of successfully treated patients who express appreciation for relief of certain symptoms that were not actually dealt with in the analysis, or were barely mentioned until the analysis was ending. Again, one must recognize the differences in these groups, but also accept that we need more information to address the role of insight or even any kind of therapy in each group. The essential point of his next vignette was a moving illustration of the supportive value of intellectualizing defenses, and also of his central hypothesis about substitution of "good" symptoms for "bad" ones.

CASE 7: POSITIVE CHANGES

The patient was an emotionally crippled, psychotic young man with auditory, persecutory hallucinations who became profoundly dependent on Reider. He was friendless and failing at most everything he had tried to do. During the supportive psychotherapy, Reider had actively supported

[15] The next three examples were omitted in Reider (1955a) but included in Reider's (1955b) expanded version of the paper.

the patient emotionally, counseled him on better studying techniques, etc. He gradually improved and then survived losing Reider when Reider was called to active military duty in World War II.

When they met by chance several years later, the patient was doing a great deal better, had a shop of his own, and was beginning to date. When Reider asked him what he thought helped him to get well, he confessed with embarrassment that, some time before, when Reider asked him about whether he still heard the voice, he had lied and said no. The truth was from the time that Reider had asked him that question, the voice was no longer the voice that had bothered him. He said from the time that Reider asked him this question, the voice had been transformed: "I keep hearing *your* voice, and you tell me, 'You're all right, you can do it. You're a good boy.' And I think that has kept me going" (Reider 1955b, p. 209, italics added).

Clearly, the bad voice had been replaced by the good voice. But there are so many occasions when we fail to help the patient to achieve such a change. And much has been written since that time about the role of malevolent internal objects, containment, self-objects, and internalization. Yet we are still not able to agree about why we succeed or why we fail. We have settled too long for vague blame (the patient was too sick) or vague praise (the doctor was especially gifted).

What Reider implies is that this patient substituted a comforting delusion for a terribly painful delusion. It is rather like what happens when an existentialist atheist in dread of perishing in an empty universe converts to the consoling fantasy of basking in the nurturing arms of a benevolent god. I hasten to add that such a view says nothing at all about whether or not there *is* such a god. What is striking about Reider's view of his patient is his theoretical restraint, his avoidance of jargon, his respect for his readers, and his implicit expectation that we have much yet to learn about these questions.

CASE 8: SUPPORTING A DEFENSE AS A THERAPEUTIC DEVICE

This case report describes a brilliant, psychotic male student who had no friends. He dressed in a bizarre manner and repeatedly started argu-

ments in his classes to demonstrate the superiority of his ideas. He had been abandoned at birth and raised in a series of foster homes. He had lost an eye in a childhood accident.

He behaved in an arrogant, provocative manner, arguing with others to the point that he was repeatedly ostracized, repeating the numerous abandonments of his childhood. He was grandiose to a point suggesting megalomania, and in the psychiatric clinic where Reider saw him, he demanded a senior and experienced psychiatrist to help him. He presented a sophisticated survey of his Oedipus complex to Reider, and also complained of the stupidity of his instructors at school. He explained that others shunned him because they were envious of his superior intelligence.

Reider felt that confronting the patient with the obvious denials in his story would have been perceived as another attack by the patient. Instead, he told the patient that the patient's formulations about himself and his problems were plausible enough, but sounded incomplete, and that the two of them might do well to work out together some of the missing links. When the patient returned, Reider told him that, beyond the patient's suggestion that he had been driven by his unconscious guilt to seek punishment, that the serious neglect in his childhood may have left him with a need to be doubly sure that, in case anyone ever did accept him, that it would be for himself instead of some ulterior motive.

Reider asked him if he did not have a need to devise complicated explanations about his behavior and to avoid simple solutions. The patient felt that simple answers were beneath his dignity. Then Reider attempted to show the patient that it was difficult for him to accept his desperate need for affection, pointing out that a fellow as obviously intelligent as the patient had been making things unnecessarily difficult for himself.

Reider quite deliberately avoided any confrontation with the patient that would lead the patient to believe that Reider thought the patient was psychotic. E.g., Reider suggested that his unusual style of dressing was an effort to make it more difficult to accept him and expressed his indifference rather than the risk of craving acceptance. He never brought up the possibility that these were psychotic symptoms of regression and disintegration.

The patient responded favorably in just a few interviews. Of course, he still had a need to demonstrate his intellectual superiority and rationalized this as a need to avoid a cowardly retreat from misstatements and inaccuracies. Perhaps the patient was in this way expressing his unconscious awareness of Reider's avoiding confrontations with him. Reider responded by suggesting it would be better for the patient to allow his intellectual superiority to be discovered by others and to just let the facts speak for themselves. The patient was gratified now with feeling a silent sense of superiority to his opponents. He did not have to challenge them because he felt secure enough within himself. He had achieved symptomatic relief by projecting his grandiose self-image onto Reider and then identifying with his analyst.

The Kleinian explanation at that time might have been to call this *projective identification*. Reider did not call it anything. But the patient was visibly improved, and in fact went on to get married and came back in a year—ostensibly to ask Reider for help getting a job. The central issue in Reider's discussion was that he had deliberately used the support of the patient's defenses as a therapeutic device. Specifically, he supported the patient's grandiose views of himself while suggesting a better way to keep his grandiose views intact. One suspects this was also less visibly perceived by the patient as an invitation to the patient to let Reider teach him a better way to be grandiose and not to risk the loss of Reider's nurturing protection.

At issue here is the fact that, in the absence of necessary information about our patients, our literature is littered with the debris of facile generalizations. The following case illustrates Reider's views about these camouflaged evasions of owning up to our ignorance.

CASE 9: AN UNUSUAL CASE

> What a meaningful clinical experience actually entails is in large measure a recognition of the relative strength and weakness of various drives and defenses . . . . The experience accumulated through numerous errors and occasional successes teaches one to gauge when one individual cannot tolerate, at a given time, the investigation of his hostile impulses while another can; when an hysterical patient may tolerate a considerable amount of ven-

> tilation about his anxiety; and when a schizophrenic may need a great deal of reassurance and strengthening before etiological factors in regard to his anxiety can be touched. *Any attempt, such as the above formulation, to generalize and to establish formulas for the indications and contraindications of use of specific therapeutic devices is too mechanical. At least I am incapable of proceeding in this manner.* [Reider 1955b, pp. 221-222, italics added]

This quotation is from the McCary text (Reider 1955b), and it is one of the few clinical examples that appear nowhere in the Menninger Clinic version (Reider 1955a). This case illustrates strategies for discovering what defenses to support and how to support them. This patient was a woman fearful of stabbing someone in the back. Her mother's superstitions were frightening and her father's rationalism was comforting, so the latter might be utilized in treatment if it could be divorced from the violence that accompanied his anticlerical attacks. So Reider deliberately developed the aim of aiding her identifications with the more intellectual father.

He also suggested that she experiment with letting the ashtrays stay full to see what she would feel. He told her he was impressed more with the problem of her fear of damage being done to herself than of her fear of doing damage to others. He gave her systematic, brief summaries in order to strengthen intellectual defenses.

In the seventh hour, she was radiant, but when he asked if she wanted to stop the treatment, she was depressed in the next hour. But in the ninth hour, it was okay to quit, and he asked her what she thinks was helpful to her. She said there were two things: (1) he told her *he* could think of stabbing someone and not do it; (2) he told her she could do okay on her own and figure things out for herself.

Ten months later, she phoned in acute anxiety, and he told her she really knew there was no place such as hell and she did not have to return. Three years later, she sent him a Christmas card that all was well. He deliberately avoided any discussion of her own aggressive impulses because he had decided at the outset not to advise analysis. He used the transference to foster her identification with him and deliberately never interpreted the transference. "To attempt to summarize now some of the principles that have been interwoven with these cases would not

be consistent with the attitude and spirit of this presentation" (Reider 1955b, p. 230).

> The chief difference between analytic and nonanalytic therapies, however, is that it is doubtful whether a therapy directed toward meeting derivative needs or strengthening pathogenic defenses can be *truly* called psychoanalytic. The absence of a thorough working through or analysis of derivatives and what amounts to the arbitrary settling—whether justified on clinical grounds or not—for goals set by the therapist characterize this type of psychotherapy as distinctly different from classic psychoanalysis. [p. 231, italics added]

His explicit insistence here about the clarity of boundaries between classical psychoanalysis and psychotherapy will not likely meet with consensual acceptance by all readers today. The illusion of clear boundaries in controversies about definition resembles the dilemma of early taxonomists: is a potato a vegetable or a tuber, a tomato a vegetable or a fruit? In our own culture wars, is psychoanalysis an art or a science?

Another word is in order about my choice of the term *remission* instead of *cure*. Spontaneous "cures" are misnamed, whether they are alleged to occur in or out of any form of therapy. They resemble the term *hay fever,* which is not caused by hay and not accompanied by a fever; these cures are neither spontaneous nor are they cures. They are misunderstood shifts in the subjective experience of unconscious conflicts wherein both the therapist and the patient may be ignorant, but are all too often just as happy to remain in the dark about the subjective improvement. The frequency with which initially satisfied patients return for more analysis suggests that we consider the possibility that some idealized views of termination will need to be modified as resembling these illusory spontaneous cures.

We psychoanalysts have substituted insoluble definitional squabbles for addressing the vastly more complex, underlying problems about what the definition of psychoanalysis should be, and who should be granted the right to educate future analysts. We have tacitly agreed to wage definitional battles that can never be resolved so that there will be no losers. But there will be no winners either.

CONCLUSION

There have been two major purposes in this republication of the original 1955 paper by Norman Reider. In Part I, his original paper is republished to provide convenient access to this long-neglected paper that never became a classic. Hopefully, this will serve to invite a dialogue about the relevance of spontaneous "cures" for a better understanding of the nature of changes during psychoanalytic treatment.

Part II consists of a reconsideration of the implications of this paper for our present views of enactments, transference, and our perennial polemics about the mutative factors of psychoanalytic treatment. The time has come for us to clarify, refine, and differentiate the daunting diversity and complexity of the numerous antecedent subchanges in our patients that precede visible and more enduring changes. To merely debate what was "mutative" in a successful analysis is a reductive simplification. The universal ups and downs in every analysis can be usefully mined as the focus for a comparison of spontaneous "cures" with these poorly understood and too-often-neglected fluctuations that lead up to every "good-enough" termination.

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Volume LXXXIII, Number 2

DIFFERENT ARCHITECTURES OF CREATIVITY: LOUIS AND NATHANIEL KAHN

BY PAOLA GOLINELLI

My Architect: A Son's Journey (2003)
A Film by Nathaniel Kahn

The author analyzes Nathaniel Kahn's documentary film My Architect: A Son's Journey, *a tribute to the writer-director's father Louis, the famous architect, who died suddenly when Nathaniel was eleven years old. The film's poetic, evocative images form a testimony to the silent working through that Nathaniel did in searching for his lost father and to the complex intertwining of mourning and creativity.*

Creativity is seen as both the cause and the effect of working through, as it gives life to a new meaning and allows replacement of the lost object by an object found again. Bereavement, symbolization, and the birth of representation appear to be connected with one another, both when the most elementary representations are involved and when the more complex and artistic ones are. Where and when it is possible to recover a representation that can survive the absence of the lost object, there is a potentially creative psychic space that can be made fertile again.

Keywords: Documentary, cinematography, Louis Kahn, Nathaniel Kahn, architecture, working through, father–son relationship, creativity.

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A TRIBUTE TO THE FATHER

My Architect: A Son's Journey, nominated for the 2003 Academy Award for Best Documentary Feature, is inscribed in the history of those little cinematic gems that allow us to approach a great artist—in this case, the architect Louis Kahn (1901–1974)—and help us understand his work. But this film is also the work of a son who, through artistic expression, tries to understand the mystery left behind by the father who was dramatically lost when the son was eleven years old.

My intent in this paper is to closely examine the relationships between Louis Kahn, the father, an architectural genius and an eccentric man, and his son Nathaniel, who with filial devotion tries to reconstruct the private and public story.

Through a long and anguished process of internal work, Nathaniel portrays due homage in a tribute to the world-famous architect, in whom he recognizes greatness and whose works he celebrates as he uses the movie camera to film architectural monuments and spaces. His affective revisitation of these sites allow him to recover the enigmatic man as well, the one who left behind an atypical collection of family affects.

The son's task of working through in relation to such a father places him between two extremes: on the one hand, he cannot ignore the architect's universally recognized genius without undergoing a powerful process of denial; on the other hand, he cannot pay homage nor truly understand the man's greatness without having worked through his grief for Louis's death and the disappointment of having lost him as an officially recognized father and as his mother's legitimate husband.

In a situation of this type, the trap of an "excess of memory," so to speak, would have been difficult to avoid, and the act of gathering live testimonies, documents, and archival materials—which form a good part of the documentary—could have functioned as a feverishly erected dam to protect against regressive tendencies, due to the accumulation of memories. Their value would have been as a concrete anchorage with which to counteract loss, blocking the process of working through in an idealizing and sterile celebration of the famous father, reducing memories to elements of identity fixation. But on the contrary, I believe

that Nathaniel succeeded in putting together a reconstructed memoir in order to create his own identity and to cause his own creativity to emerge, through recognition of his father's creativity.

The film is also part of the history of those works produced by sons and daughters who, through artistic expression, search for answers to the mystery left behind by parents who were dramatically lost. Their works demonstrate the laborious process of working through that accompanies the reconstruction of a memory that can give meaning to traumatic loss and offer consolation to pain through artistic expression.[1]

GRIEF AND ARTISTIC CREATION

The loss of a parent through death is one of the most upsetting and incomprehensible events for the child's psyche while it is still in formation, and forces him to undergo the complex working through of a number and variety of affects that include, often in conflict with one another, the following: sorrow, anger, guilt, hate due to sudden abandonment, and ambivalence between the desire to live and the desire to rejoin the loved object, as emphasized by authors starting with Freud (1916), on up to our time (Ogden 2005).

Rather than opening the way to creativity, mourning can represent a formidable obstacle to the development of the capacity to fantasize, removing libidinal energy and vigor from spontaneity and curiosity, and inhibiting the expression of emotionality. Many studies confirm, however, that pain can influence and can almost require the establishment of processes that make play and fantasy possible—processes that can be, in that sense, the basis of creativity, posing the question of the relationship between the pain of loss and artistic expression.

Creativity, understood as an affirmation of the full, individual capacity to fantasize and to give life to forms of representation that can be shared and communicated, seems therefore to act as a powerful antidote, like an element that propels one toward renewal, in order to again set in motion the symbolic and representative processes that were interrupted or inhibited by an absence of the working through of mourning.

[1] The interaction between art, mourning, and consolation was discussed by Stein (2006).

So says Aberbach (1989) in examining literary works about Holocaust survivors and comparing them with those by persons exposed to individual mourning. The aim of his work is to demonstrate the role of creativity as an individual and collective response to mourning in considering that, while clinical studies show us the universality of reactions to loss brought about by death, creative responses remind us of the singularity of every state of mourning. He adds in his conclusion that creativity may be a means through which the individual in mourning, whether grief stems from a normal cause or from collective trauma, can express his pain and master it, restoring meaning to his life.

Continuing on the topic of the connecting points between loss and death, mourning and creativity, Algini (2009) perceives an internal push to be creative, which she revealingly calls "the obstinate path of creativity," activated to counteract the risk of psychic death, of being immobilized and affectively frozen.

The artist and the person occupied in the working through of mourning behave in a way that is not dissimilar on a psychic level, in order to restabilize the emotional earthquake provoked by the physical loss, urged onward by the necessity of finding a way out, of opening a passage for oneself—although a painful and only partial one—toward the future. Through representation after representation, these persons mount a slow, exploratory march toward the edge of the incomprehensible "abyss" created by the loss, without being swallowed up by it, and in fact find consolation in the construction of an object re-created from fantasy.

Sons and daughters who work artistically to interpret and understand the mystery left inside them by a parent who was dramatically lost, like Nathaniel Kahn, are probably spurred on by this necessity of going forward in order to gain a future that is not blocked by the traumatic event, together with the need to prevent the total loss of the loved object, re-creating through sublimation and art the parent whom they did not know and who was lost too soon and so inexplicably.

The vestige of the loved parent that they have kept inside, which survived the storms of rage, of destruction, and the demand to be liberated from the dead/killed object that inhabited them, becomes the spark for the creation of a "dreamed" relationship with the object, in

which there can be a renewed illusion of coming closer to the blessed state that the loved presence bestowed, without giving up in the face of disappointment. What cannot be represented because it is too saturated with destructive, conflictual opposition is resurrected only through transformation into dreaming—through the construction of new staging and new casting, as Ferro (2008) would say.

In the flow of images in Kahn's son's film, we witness a determined and "obstinate" search for informational data on the father and his work. In sequence after sequence, interview after interview, the impossible solution to the inherent paradox of the working through of mourning—that is, keeping up the tie to the lost object without being blocked by it—becomes the impetus for the search and the creative drive.

In the case of Nathaniel Kahn, the choice of a visual, cinematic medium reaches its raison d'être in the graphic and figurative skills utilized by Louis Kahn in his work and in playing with his son, but perhaps also in the extraordinary force of the visual impact that his architectural monuments communicate, as I will try to show in what follows.

My Architect becomes the visualization of a process, then, that permits recovery of the father of infancy, starting from the traumatizing aspect of his going and coming, disappearing and reappearing, liberated from the idealizing maternal transmission and rediscovered through the memory trace that the paternal edifices represent. In confronting these, the director recovers the "monumental" father of his childhood, "his architect," and a mother who is alive and in love in an architectural space that has not been turned into a desert by the angry, idealizing solitude in which the woman seems to have lived after the death of the loved man. There in the open space in front of the building that is a paternal celebration—no longer an oppressive monument, universally acclaimed, but a paternal place affectively revisited—the child in the adult Nathaniel can "skate" in a dancing rhythm.

THE SEARCH FOR DATA AND ITS COLLECTION: LOUIS KAHN'S LIFE

The title *My Architect*, chosen by Nathaniel Kahn, emphasizes the interweaving of different levels of the public and private in this poetic film.

The first level concerns Louis Kahn, one of the foremost architects of the twentieth century, and the second pertains to the affective quest of a son who tries to understand the father who died suddenly when he was eleven years old. The process of remembering, in which the director purposely involves the viewer, starts from the patient collection of pieces of information about the famous man who was his father, through interviews and documents.

The chosen sequence of images, even though utilized in a documentary film, does not follow a chronological order but is rather the product of an associative principle, one whose underlying rationale must be sought in the "affective truth" that Nathaniel—already an established director—casts in the form of a cinematic account. We are made to participate in this account in a close interweaving between historical/documentary truth and reconstruction/narrative fiction (Golinelli 2004).

The film begins with the short newspaper article that announces the tragic death of Louis Kahn in New York's Penn Station on March 17, 1974. The body was transported to a morgue and was recognized only three days after death, since it turned out that all personal data had been deleted from the documents he carried. Nathaniel and his mother—who were not mentioned in the obituary since the relationship was extramarital—learned only later of the death of their loved one, and could not attend the funeral or visit the lifeless body for a final goodbye.

One must keep in mind the climate of respectability and conventionality in the American middle class during the post-World War II era, glimpsed in some of the interviews of the time, in order to understand—apart from Louis Kahn's personal characteristics—the atmosphere of secrecy in his complicated romantic life, which was not always straightforward.

Married to Esther Israeli, a neurologist who was for some time the family's real economic support, and father of a daughter, Sue Ann, Louis also had amorous relationships with two of his collaborators and colleagues: Anne Tyng, the mother of his daughter Alexandra; and Harriet Pattison, Nathaniel's mother. He never divorced his wife, who seems not to have suspected anything of her husband's extramarital relationships, and his three children did not know of each others' existence until the director Nathaniel Kahn began his investigation.

There is a tightly bound affective logic in Nathaniel's decision to begin his reconstruction at the very end, from the place where his father died. The sudden death of a loved one is a heartrending event, linked to the disappearance of the other with all that characterizes his bodily, physical presence. For Nathaniel, the working through of mourning must start out from a physically recovered place: the anonymous underground train station and the unknown person who found the body, whom the director tracks down with difficulty twenty-five years later, and whom he interviews.

That unidentified body, lost in the crowded Penn Station, calls to mind the sad fate of an outcast, a poor man without documents in a society that considers poverty an unequivocal sign of existential failure. The finale of his existence gives a dramatic flavor to the life of Louis Kahn in retrospect; it has almost the meaning of an inevitable, forced return to the trauma of his arrival in the United States, as experienced by a child of four, the son of Estonian immigrants fleeing from the czar's regime at the beginning of the 1900s.

To venture a more unformulated hypothesis, that death could be the suicidal choice of a man who, while struggling with his most imposing work—the Bangladesh Parliament, certainly the work that occupied him for the longest time, until the end of his life[2]—was plagued by debts, despite his fame and international success, and now found himself facing the feared catastrophe of a major affective change that was impossible for him: that is, the act of leaving his first and only wife, the woman who had represented a secure anchor for him over time, in order to choose a new family, Nathaniel and his mother. He had promised them this and they expected that he would follow through. The deleted documents could in fact bear out this hypothesis of a desire to disappear and never be found again.

THE INTERVIEWS

In the film, we see images in sequence from Louis Kahn's repertoire: he strolls about the university campus; he poses with Nathaniel during one of the weekly visits made to the boy and his mother in the evenings,

[2] This structure, begun in 1963, would be completed posthumously only in 1983, nine years after the death of its creator; see Figure 1, p. 448.

Figure 1:
Bangladesh Parliament

before returning home to his wife; pictures of the young Louis as a student, together with his school companions; and of Louis as a child with his parents or in the arms of his mother. These images alternate with interviews with celebrated architects—Philip Johnson, Vincent Scully, Yeoh Ming Pei, Frank Gehry—all among the most eminent figures in 20th-century architecture. These colleagues and friends, having known Kahn directly, speak to his uncommon qualities of freedom and intellectual honesty as an architect among the very best. Some of them loved and admired their brilliant colleague, while others had been in conflict with him or had envied him, perhaps feeling themselves the "losing parties" before his genius—to use Bernardt's (1983) expression.[3]

[3] Louis Kahn was also an excellent artist and a creative virtuoso in music (he was a composer), and he gained attention beginning in his early years at school for his talent

Perhaps this biographical information partially justifies the judgment of his contemporaries: that Kahn was a man of great talent, rich in idealism and spirituality, a fine teacher, but that his methods were often anachronistic, inappropriate, and anti-conformist, and he had hardly any business sense. He was fundamentally isolated, even after his gifts were generally recognized. Only at the age of fifty did he begin to be known, after the award given by the American Academy in Rome (1950–1951), which indicated a definite turning point in his way of thinking about architecture.

In the next twenty-five years and up until his death, Louis Kahn did not stop questioning himself about the essence of architecture, and he constructed and planned many buildings, having in mind and before his eyes the many ancient civilizations he had seen and reproduced in his beautiful sketches of Egyptian, Greek, and Roman ruins. Admiration for the monumentality and timelessness of architectural motifs like pyramids, dolmens, and columns, and love for materials like bricks that resist time, used alongside modern materials, became leading characteristics of his work, transforming it forever. That probably distanced him from his contemporaries, both functionalists and modernists,[4] during the Golden Age of an epoch dominated by ingenious innovators such as Le Corbusier, Mies van der Rohe, and Gropius. But this era also encompassed the Great Depression, a time of struggle against unemployment and economic problems; and as the son of very poor immigrants, Louis Kahn was marked by a deprived childhood.

From that moment onward, one of the most meaningful features of his constructions seems to be identifiable in a combination of respect

in drawing, obtaining scholarships with which he financed his scholastic career. Frankly, his academic performance was not outstanding; he often appeared distracted in the opinion of his teachers, lost in fantasizing and in drawings, perhaps bored by the academic program. Initially, he undertook artistic studies in the city of Philadelphia, and then, in 1924, he obtained a degree in architecture at the University of Pennsylvania. Throughout his life, he never abandoned the teaching he began in 1948 at Yale University and later continued at the University of Pennsylvania, where he remained until the end. He also taught in Europe for some time, leaving an indelible mark on young European architects who experienced the influence of his genius.

[4] Matters of image, and of formal and abstract technological experimentation, predominate in functionalism. In modernism, space, light, furnishings, and sensoriality predominate. In the former, aesthetic concerns are foremost; in the latter, those of well-being and functionality.

for tradition and courage to open himself to the unknown—conceding what he owes to the past and his great masters, and the restorative and creative impetus that remains open to the what is not known.

That respect for the traditional and courage to venture into the unknown are particularly evident in two additional masterpieces of Kahn's: the First Unitarian Church in Rochester, New York (see Figure 2, opposite page), and the Indian Institute of Management Ahmedabad, Gujarat, India (see Figure 3, p. 452).

In this film, shots of his most celebrated and discussed works pass by in turn and alternate with each other: the many works that were not accomplished and those that he brought to completion, mixed with verbal accounts from people whom he met on a more personal level than as an architect—the taxi drivers, for example, who drove him in his frenetic movements between building sites, as well as between his three "families." As a child, Nathaniel, too, rode in those taxis together with his mother when, after a happy evening, they separated from Kahn, who returned to his legitimate family in the heart of the night.

The director then films his meetings with the women who loved his father, two of whom challenged the conventions of the time, the conformity of North American society and of Jewish culture of that era. The film shows his face disfigured by burns sustained in childhood—and, even more "burning," his betrayals and abandonings. The approach toward this painful part of the truth about his father is a testimony to deeply rooted and tenacious work on Nathaniel's part, the work of gathering together the few available materials on his celebrated parent in order to create new connections, to fill the holes in his data and in his memory, thus rewriting the private history of an illicit, secret son.

THE CINEMATIC SETTING AND THE INTERNAL SETTING

As mentioned earlier, the pain and loss that accompany the death of a dearly loved person are part of universal experience, but the intensity and quality of that experience are in some measure completely private and unique for each of us, "creative" in that sense.

Nathaniel unveils for the viewer only a part of his task of working through, the part that he completed with the expressive capacities of an

Figure 2:
First Unitarian Church, Rochester, New York

adult who manages his medium with competence, the movie camera that has furnished him with eyes able to penetrate and revisit the mystery that lacerated his childhood, giving him the right degree of distance from which to travel backward through his family history.

In revisiting with a movie camera the buildings designed and constructed by his father, he creates a cinematic setting, which permits him to find an "internal" setting appropriate for directing his goal—"like a light beam"—toward that mental place where the characters and scenes of his deepest and most meaningful life move about. The screen becomes the vehicle that places the object in an intermediate space, not too concrete and not too illusory, and is precisely what permits one to gain access to otherwise unapproachable emotions.

Recovery of the deepest dimension of this space and of the buildings themselves assumes the meaning, in Nathaniel's personal history,

Figure 3:
Indian Institute of Management Ahmedabad, Gujarat, India

of reviving the imaginary place in which pleasure and pain, union and separation, can be reexperienced in an affective continuity that permits him to fully tolerate and live the bliss of rediscovery and the anguish of separation.

His father's rediscovered architecture—thanks also to its concrete quality, perhaps, and the visual impact it can provoke—becomes a place of fusion and of loss, where Nathaniel can repair the wounds inflicted by the angry attacks caused by the legitimate, desperate need to defend himself against senseless loss. Thus the architectural space becomes the psychic space in which new affective and creative dimensions are opened up. The visual space, revived by Nathaniel's goal, is enriched by the emotional story of the characters involved; it acquires a psychic depth in which unknown affective dimensions are opened up, and in which the lost object that has become a repository of guilt and remorse is destroyed and re-created through the creative process.

Intrigued, we follow the movie camera that Nathaniel places between himself and the object to create a distance that permits him to come closer, and we linger with him over the faces of his father's students, genuinely impressed and admiring of Louis's anti-conformist teaching and his passion for architecture (Kahn 1969). Through their eyes, the son seems to see his father's ingenious ability from an adult vantage point, to see him as an innovator capable of transmitting enduring knowledge, in his own way the creator of a continuity between past, present, and future—a continuity that was re-created and extended with his buildings. Nathaniel's gaze is thus enriched by the same spellbound admiration that the students demonstrate, recognizing this as an appropriate feeling when confronted with so much genius.

Each of the people who appear in the film is engaged in his own journey of working through the loss: some mourn the great architect; some see him as a valuable friend for his capacity to dream, and some as an over-endowed rival. And it is precisely the concerted nature of this tribute to Louis's memory that the director observes and recaptures, because that allows him to be reflected in the grief and other affects of others, now that Nathaniel can reveal his identity and therefore share their pain, as earlier he might not have been able to do.

This new form of shared consolation supports him in going on to "complicate" his life in order to remember and understand, twenty-five years after his father's disappearance, now that he can no longer content himself with the truth that until that moment was enough for him.

And it does complicate his life—showing us his retrospective journey through memory, making us live it together with him through images, words spoken and written by his father, the persons, the objects, the buildings that function as *thing presentations* reactivating the *word presentations*. These traces of his father, charged with affectivity, are imbued with his physical presence, revisited in the flesh (Racalbuto 1994). From these Nathaniel begins to reconstruct a knowledge that pain had previously impeded him from, and he pushes himself to the point of that internal and external silence in which—according to the architect Doshi, with whom Louis Kahn spent the next to the last day of his life—he will rediscover his father and will understand his mysteries, his greatness, and his profound humanity.

LOUIS'S ARCHITECTURE AND THAT OF NATHANIEL

If, for the father, "architecture doesn't exist. Only the work of an architect exists" (Braghieri 2005, p. 87 [translation by G. Atkinson]), then the son is offering us his "architecture" of his father, reconstructed in the beautiful imagery that the paternal works are based on. The eyes of the child/adult son look at these works, enchanted, moving in spaces between buildings that appear to us like a photographic transcription of a play space, given to him by his father—despite the absences, the broken promises, the escapes into an adult reality that was often incomprehensible to the eyes of a child.

The poetry of images and that of architecture blend creatively, and the material from which Nathaniel's story originates gives form to a new sequence, affectively enriched, in which Louis Kahn's buildings gain even more thickness and depth, if that is possible, and reveal their spirituality, which is one of the most noble characteristics of his work.

Architectural spaces must possess an evocative capacity, and for Nathaniel, who sets about listening to the profound message in his father's

constructions, they acquire it. When we see him skating on the pavement of the Salk Institute in San Diego (see Figure 4, p. 456), which opens out on the Pacific Ocean, we experience with him the recovered symbolic dimension of the meaning of his father's absence. His father makes himself present and alive through the spaciousness, the geometrical forms, the light, shadow, water, and sky.

He skates in a timeless dimension, reinventing a childhood game in the space marked out by that building that could be an enormous Lego toy, assembled together with his dad, the builder of castles, of enchanted palaces, where Louis located the fairy tales that he recounted to Nathaniel. He thus resumes skating in a "paternal" space, circumscribed by the buildings, where he achieves a transformation brought about by his personal working through: the space crisscrossed by enlivened affects takes on a symbolic dimension, permitting the repetition of what Augé (1992) referred to as the exciting and silent experience of childhood, of being the other and of passing the other, of being distinct, separate, but of placing the self in relation to that other.

The artistic architectural object embodies, then—for us viewers, too—a father who is different from the historical one who was encountered and lost, and introduces the one who, at the end of the journey, Nathaniel will discover inside himself. "Thanks to this trip, my father became real," he will say at the end of the film, no longer referring to the dreamed father, the idealized one, "hated" for his human weakness, but the father who left an ingenious legacy, a monumental one. One could say, quoting another comment of Louis Kahn: "Monumentality in architecture can be understood as a spiritual quality that makes the eternal character of the construction explicit" (quoted by Braghieri, p. 19 [translation by G. Atkinson]).

A GOOD BUILDING, A MARVELOUS RUIN

"A good building would produce a marvelous ruin" was a famous aphorism among architects of the Beaux-Arts movement (Braghieri 2005; Saito 2003) and one that was often repeated by Louis Kahn—a remark as dense and complex as his legacy as architect and man. I like to think that Nathaniel may have reflected at length on this comment, in which

Figure 4:
The Salk Institute, San Diego, California

one can catch the self-assurance of a builder-innovator who rediscovers a new confidence in solid materials, experienced "in the flesh" through the contemplation and study of the ruins of antiquity, and who understands their strength.[5] In a metaphorical vein, we can hear the self-confidence of one who has used "good" materials in his romantic relationships as well, and in the love for his heirs, his son and daughters.

In this comment, there is a sense of the transience of human things and of the very human effort aimed at overcoming the inexorable passage of time, at conquering oblivion and decadence. Vestiges of the

[5] In a letter written to his co-workers from Rome on December 6, 1950, Kahn wrote: "I am definitely realizing that the architecture of Italy will remain the source of inspiration for future works. Whoever doesn't see it this way should look at it again. Our things seem little by comparison: here all the pure forms are experienced in all the variations of architecture" (Braghieri 2005, p. 20 [translation by G. Atkinson]; see also Bonaiti 2002).

self-regard of a genius are also there—the products of an awareness of leaving behind something strong, great, constructed with passion, both in his works and in his heirs; the first of these are understood and loved by his students and by those who constructed buildings after him, and the second are capable of embracing an inheritance of mixed emotionality.

There is also a love for beauty in that remark, for that mysterious, enigmatic reaction rooted deeply in all of us, the beauty of buildings designed and built by an architect who knew how to exist a bit outside the tendencies of his time, in order to pursue his own innovative and brilliant ideas. All this is rediscovered and exalted by the images that Nathaniel puts into place in his documentary film.

But in Louis Kahn's comment, there is also a denial of the ineluctable destruction of materials, a complex theme to which I will return.

TRANSIENCE

The perception of beauty is inevitably accompanied by nostalgia and an awareness of the transience to which human things are destined, as Freud writes in the opening lines of his beautiful essay of 1916.[6] In that essay, Freud makes reference to the "revolt in . . . [our] minds against mourning" (p. 306), as an experience that depreciates the enjoyment of the beautiful and impedes our regaining possession of it. This can occur to the point that the recovered capacity to tolerate the permeation of contradictory emotions and affects that bind us to the loved object will not permit a return to living—that is, to hoping and to suffering, and to enjoying a reconstructed wholeness.

The disavowal of what has been lost can follow many paths: it can make one insensitive to love and beauty, or it can nourish a compulsive idealization, object by object and love by love, as was the case for Kahn's father, one might say. In fact, his creativity seems to be tied to

[6] "Not long ago I went on a summer walk through a smiling countryside in the company of a taciturn friend and of a young but already famous poet. The poet admired the beauty of the scene around us but felt no joy in it. He was disturbed by the thought that all this beauty was fated to extinction, that it would vanish when winter came, like all human beauty and all the beauty and splendour that men have created or may create. All that he would otherwise have loved and admired seemed to him to be shorn of its worth by the transience which was its doom" (Freud 1916, p. 305).

the continual re-creation and reparation of a self in search of the image of what was traumatically lost: perhaps an unresolved, transgenerational remainder of being exiled, or of the intact skin of a child permanently burned by hot embers, which he had wanted so much to get close to that he had been burned. In that event he was sustained by the powerful love of his mother—who, after the accident, said that he would become a great man, while his father said that he would have preferred him to die!

Among the earliest memories that Nathaniel confesses to having felt resurfacing, at a certain point in his cinematic account, is the sound of his father's voice and the contact with his burned skin: the child actually loved to make his father repeat the story of that traumatic event. There are traumas—especially collective ones, as has been noted—that require more than a generation to be faced up to and tolerated; and emigration, which the Kahn family was forced to undertake, is certainly one of these. The remains of unresolved mourning, the splits, make Louis's repetitive push to "create" understandable: that is, the creation of his new families—three of them—and his new children, and his many projects that were dreamed of and then abandoned, while others were accomplished, in frenetic activity that from the age of fifty onward was characteristic of him, on up to the time of his death.

Louis Kahn's creativity passes through continual progressions and reparations, but also through repetitions, and it needs new objects, new investments, new ideas, even if they are unsaturated ones. The son develops a creativity that is the product of a process of working through and of reparation of the internal loved-and-lost object, as well as of the integration of unconscious elements that inhabit his mental life—ones that translate into the construction of a harmonious, enjoyable object that in the end is beautiful.

On a theoretical level, in the case of Nathaniel, we are closer to Segal's (1957) theory of a creativity that is the product of a deep dialectical exchange between destructive and reparative fantasies, and of the compensatory role of harmony and beauty. In the case of Louis, alongside the reparative mechanisms, there is a powerful emergence of the search for new ideas and the capacity to confront what is unknown and unsaturated. In both father and son, a propelling aspect seems to be the search for psychic truth. The truth is a product of hard work and the effort of

learning from the past and from experience. "The abandonment of a protective shell of familiar ideas will expose the person or group who abandons it to the disruptive (even if creative) force of the 'contained' idea" (Bion 1967, p. 150).

THE FISHER HOUSE AND THE REUNITED FAMILY

Nathaniel's trip through the past is made up of stops in front of the buildings built by his father and at the planned locations of the constructions his father designed but never realized.[7] He also pauses before the suffering faces of the women who still cry over the betrayal by the man they loved, and of the friends who pay him homage, moved because of the great gift that they received from him, who cry in meeting his son for the first time. One of these friends is Robert Broudrey, who sails his "Symphony Boat," the floating concert hall that Louis built for him, which he had designed one evening in a game with his son: the peculiar ship, the cookie ship, the sausage ship! The "Symphony Boat" still resounds with music, sailing the ocean at sunset, flaming red—perhaps a revisited, sublimated memory of the scorching ember that burned the face of the child Louis?

It is necessary to spend some time with the women whom Nathaniel meets and films, and with their tears: Louis's public wife, Esther, unaware of the existence of the other two women; and his second companion, Anne, who still cries out of disappointment and the loss she suffered, but who seems to have reconciled herself with both the professional greatness and the human weaknesses of Louis. Finally there is Nathaniel's mother, the most difficult meeting for him; she continues to deny evidence of the betrayal of her/their expectations, and still believes that Louis had no documents with him at the time of his death because he had erased his old identity in order to go and live with them, as he had promised.

Still present between this woman and her son is a knot of unresolved mourning toward the man who never rejoined them, but also the effect

[7] Among these unrealized projects are the Palazzo dei Congressi of Venice (1968–1973) and the hotel on Government Hill in Jerusalem (1971–1973).

of a bond of love so tenacious as to make the mother remain faithful to the memory of the only man whom she loved. Nathaniel looks for a way to exit from his mother's blocked mourning and from the possible rigidification of his father's memory; he is almost "obligated" to bring to a conclusion the task of working through in order to find his own truth and creativity.

If on the paternal side the son was able to revisit the father's giant body of work, on the maternal side, he seems in the film to collide with an insurmountable "conviction," as sturdy as the rock on which the mother went to live, isolated within her memories. Perhaps it was that stubborn love, however, that allowed the son to continue to try to understand, and, in that never-completed search, to find something similar to a "father-in-the-mother" (Ogden 1994, p. 64)—a paternal object, a structuring part of the complexity of the ego, rediscovered through the loved "architecture" object, which established their union and made it "dreamable" for the son.

Nathaniel daydreams, using his mind's ability to re-create the dream that his parents lived together and that he has united them in the love that gave him life. His parents' meeting point can thus be found in their common passion, in the idea of architecture as a continual search, never saturated—an architecture that does not exist if not in the works in which one expresses oneself, as his father used to say, and that each person must rediscover in himself, tolerating doubts and the complexity of endless searching.[8]

Kahn the father wrote that what interested him was what he called the zero volume, what had not yet been written, thus defining his search—as an architect and as a man who "constructs"—a path out of the collective trauma of the Shoah and from those deprived of a family and personal experience. But alongside that, he must keep open a path of discovery that will never be closed. The creative and innovative expression of formal harmony and of an inspiration stemming from the solemnity of

[8] In their excellent chapter, Chinaglia and Cornoldi (2007) observed that in creating *My Architect,* Nathaniel must not divide the mother from the father, since in fact the mother remained alone, all for Nathaniel, and did not love other men. The anxiety of the oedipal triangle could thus become a liberation—what the authors describe as the supporting pillar of healthy narcissism and creative activity.

monumental works of Roman ruins and Islamic art, so important in his work, become almost consolidated and enduring elements against the affective disorder of his romantic life, which we can understand as the search for a possibility that must never be fully identified or shut down.

Louis Kahn accumulated buildings, projects, commissions, romantic relationships, and children in a never-ending race, interrupted only by death, and perhaps just before by the mysterious cancellation of his own identity documents.

From the mass of material accumulated by the father, the son sets out on the route of reconstruction and of memory, gathering in his paternal heritage and making it his own. Nathaniel takes on the task of putting people back into contact with each other, of reconnecting affects and fragmented stories, of "acquainting" a family of children who can finally be together, and chooses as the meeting place the beautiful Fisher house, constructed by his father. There Sue Ann, the neurologist and flutist who is Esther's daughter; Alexandra, Anne's daughter and an art historian; and Nathaniel meet and ask themselves whether they are a family, without being able to give an answer but without avoiding the question, together enjoying an environment bequeathed to them by their father.

Louis has constructed a "place"—not only a physical one—in which one can achieve the integration that for him has been impossible, but which he has laid the bases for so that others can bring the work to completion.

Mourning always leaves behind some unsaturated elements, unresolved ones, and much time is needed—sometimes more than a generation—in order to bring it to a close. The working through of mourning also means, perhaps, tolerating that the task may never be completely finished, and that what is important is to leave so-called good materials for others so that they can continue to create.

BANGLADESH: THE CONCLUSION OF THE TRIP

Louis Kahn traveled and built in various countries. The last sequence of the film was shot in India. "For a moment I returned to being a child,"

says Nathaniel on arriving in India—perhaps because only a child can truly understand that country, with its strong colors, the expression of joy, as his father had written to him on a postcard. Or perhaps because only there can Nathaniel reclaim the eyes of a child in love with his great father, and only there can he comprehend the eyes of the child/father Louis who sees Bangladesh and bestows a future on it.

In fact, a powerful image depicts a child in front of the Parliament building, constructed by hand by workers hired by its architect, Louis Kahn—workers who transported sacks of cement on their heads, as it was done a hundred years ago. This image was used as the poster for *My Architect;* see Figure 1, p. 448.

In this sequence of the film, the crowded spaces and the empty ones between the buildings are reconnected in the son's imagery. He discovers in himself and represents for us viewers a harmony based on the composition of massive Euclidean forms, monolithic ones, and of basic geometrical figures—circle, porthole, triangle—and the strength of simple materials, bare bricks or concrete, which leave transparent the way in which they were assembled and the points of support of both weight-bearing and secondary elements. All are founded on the natural elements of light, water, sky, and air—and all this combines to give Louis Kahn's architecture a unique thickness of monumentality that seems to exist outside of time.

That building is so improbable in such a poor country, one far from democracy, but it is so imposing and timeless that it was not bombed during the Indo-Pakistani War, because it was mistaken for an ancient monument! That would certainly have flattered its creator, who would have seen the realization of his idea of an architecture that endures and that, with the passage of time, acquires in monumentality its original nature of only form and only material.

Nathaniel's trip ends in front of the building that he chose as the key to his interior journey. That place seems to represent a paradox for him, the most creative act and at the same time the one that destroyed his father, who died on his return from Bangladesh, probably stricken by a heart attack. For Nathaniel it seems to coincide with the most arduous point of his journey.

When he confesses his uncertainty—tired of all the work done on this esoteric trip, both inside and outside himself, for he will dedicate at most ten minutes of his film to this building—it will be the architect Shamsul Wares, his interlocutor, who will take upon himself the pain and the waste that would be involved in abandoning the work now; it will be the other who keeps alive the desire to understand and to bring to conclusion the task of documenting the story of his rediscovery of his father.

The wounded reaction of the architect, his authentic pain in the face of this tired son, trying to understand and to forgive, is one of the most moving moments of the film.

For those who do the work of a psychoanalyst, this sequence evokes moments in which we stagger, we totter, and we must fight to keep alive the analytic couple's desire to bring the journey to an end, and not to waste, in a moment of destructive discouragement, the hours of patient and silent searching. The interlocutor's reproof, the tears of pain and anger that filled him and reddened his eyes, restore Nathaniel's desire to conclude the work and his interior journey.

The dream of democracy that Louis Kahn bequeathed to the poorest country in the world, and that perhaps cost him his life, becomes so palpable that it quenches the son's momentary indifference, his rebellion against the fate of having had a fugitive father. His estrangement subsides in contemplating this monument to democracy that perhaps bestows on him, too—the abandoned son—a democracy and a new tolerance in the relationship with his own affects, with his newfound sisters, and with his mother.

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Volume LXXXIII, Number 2

DONALD WINNICOTT AS THEORIST: REVOLUTIONARY OR PARADIGM EXPANDER?

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Donald Winnicott Today. Edited by Jan Abram. New York: Routledge, 2012. 478 pp.

Keywords: Winnicott, use of an object, transitional phenomena, squiggle game, New York Psychoanalytic Society, revolution in analysis, essential paradox, mother–infant dyad, creativity, environment, Klein, paradigm change, Freud.

In *Donald Winnicott Today,* editor Jan Abram, an English psychoanalyst, further develops her already extensive exploration of the work of Donald Winnicott (Abram 2007). She has been a director of the Squiggle Foundation, an organization for the study and dissemination of the work of Winnicott, and she recently gave the Freud Memorial Lecture at England's Centre for Psychoanalytic Studies on issues in Winnicott's late work (Abram 2012).

In the current volume, she brings together a variety of materials bearing on Winnicott's theoretical contributions to psychoanalysis: writings by Winnicott, papers by other authors addressing various aspects of his work, and contributions of her own. Notwithstanding the number and variety of authors involved, this is not a scattered collection of thoughts about its subject. In a scholarly and carefully integrated fashion, Abram has assembled contributions centered on a primary thesis and several related subordinate themes. Her aim is to "demonstrate that Winnicott's contribution constitutes a major revolution in psychoanalysis" (p. 1).

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Several theoretical issues are elaborated in depth to further Abram's demonstration of this thesis, and can be found woven into the chapters of this book in various proportions and configurations. I will focus on a few of the central themes:

1. The "essential paradox" of the "conception-perception gap" (Winnicott [1971a, p. 151] quoted in Abram, p. 1). In Winnicott's words: "Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question: 'Did you conceive of this, or was it presented to you from without?'" (1953, p. 95).

   To put this orientation in context, some comments of Arlow, who wrote on related matters, may be relevant. He wrote, "As used in psychoanalysis, reality testing refers to the ability to distinguish between perceptions and ideas" (1969a, p. 28). Arlow also wrote, "One immediate technical goal of the therapist is to help the patient learn to distinguish between reality and the effects of unconscious fantasies" (1969b, p. 23).

   At the outset, Abram emphasizes a way in which Winnicott considered it essential that psychoanalysis makes a place for these questions to go unasked and these techniques to go unapplied. She offers a critical lens and framing context within which we might consider the contents of this volume. To what extent do the contributors here respect and leave unresolved this "essential paradox"?

2. The "paradigmatic" centrality of the mother–infant dyad.

3. Winnicott's classification of and formulations about the role of the environment in inner psychic functioning and development.

4. The concept of the infant's primary creativity, including the illusion that the infant has omnipotently created the breast.

5. The concept of the *use of an object* (Winnicott 1969a) and its relation to theoretical accounts of aggression, object survival, and objectivity.

Under Abram's editorial guidance, the book's various authors intertwine these themes and others into a *matrix,* to use a term favored by the editor, that in a holistic manner constitutes part of her argument. The concepts most familiar, I think, to American analysts from the work of Winnicott—namely, transitional objects and the holding environment—are present here, but are perhaps less central to the account of Winnicott's thinking offered in these pages. Instead, we are provided with a broader and more ambitious account of his theoretical contribution incorporating apperception and perception; internal, transitional, and external objects and realities; omnipotent creativity and the acceptance of external reality; object relating contrasted with object usage; and the encounter between the illusion of the object's destruction and the survival of the object.

Part 1, "Introductory Overviews," begins with Winnicott's "D. W. W. on D. W. W.," which consists of some lecture notes and an autobiographical essay from 1967. The lecture notes allude to influences of a number of other analysts. The essay begins with a reflection on his "not properly correlating my work with the work of others," which he sees as a "big fault" (Abram, p. 32). Winnicott's appraisal of this aspect of his work seems at least on the surface to differ from that of Abram. She and others seem to want to understand Winnicott's noncorrelation as an incommensurability and hence as a sign of a revolutionary paradigm shift, in the terms of philosopher of science Thomas Kuhn.

Winnicott, for his part, seems ready, at least in part, to sign on to the Freudian paradigm, writing, "Freud gave us the method" (Abram, p. 33). This tension between "Winnicott the Freudian" and "Winnicott the revolutionary" echoes throughout the book. His brief autobiographical essay offers a fascinating first-person account of his psychoanalytic trajectory from a position late in his career, touching on a number of the themes enumerated above. For example, he describes his growing interest in the child's environment during the 1940s. In his characteristically vivid, vernacular style, he writes, "So the thing was, how to get back to the environment without losing all that was gained by studying the inner factors" (Abram, p. 36).

The second chapter of *Donald Winnicott Today* is the first of two by Thomas H. Ogden, titled "The Mother, the Infant, and the Matrix."

Ogden's second offering is chapter 9, "Reading Winnicott." In the first of these, Ogden traces Winnicott's concepts of the developmental sequence from the period of the subjective object to the transitional object and then to the external object. He addresses the omnipotent primary creativity of the early stage and elaborates Winnicott's conception of "the mother as the infant's psychological matrix" (p. 54), functioning as "mother-as-environment" (p. 59).

Much of the thrust of Ogden's presentation appears to be to create a sort of rapprochement between the work of Klein and Bion, on one hand, and on the other, that of Winnicott, including his understanding of the environment. Ogden elaborates on Klein's concept of the internal object and argues that Winnicott shared the essence of this concept. Here Ogden seems to stretch the internal object concept so far that nearly any analyst would accept it—that is, to a point well beyond the confines of Klein's model. In this respect, his attempted reconciliation seems debatable. I wonder whether Winnicott's comment about Klein that "she and I agreed to differ" (p. 39) may be relevant on this rather central issue.

In his second contribution, "Reading Winnicott," Ogden offers a close reading of some passages from an early Winnicott paper (1945). Ogden sees this paper as containing the seeds of all Winnicott's later contributions, an interesting but questionable proposal. Consider Winnicott's 1967 view of the matter, at which point he wrote that, while in the 1940s he "began to be interested in the environment," his Kleinian analyst Joan Rivière "just wouldn't have it," and he "had to wait a long time before [he] could recover from her reaction" (Winnicott quoted in Abram, pp. 35-36).

Ogden admires the "inimitable" performative and evocative aspects of Winnicott's language, and finds revolutions small and large in many of the brief passages he quotes. With his layers of appreciative superlatives, he seems to be inviting the reader to share an exhilarating experience of his own.

In her chapter 3, "The Evolution of Winnicott's Theoretical Matrix: A Brief Outline," Abram provides a more sequential consideration of Winnicott's theoretical development. In a scholarly and highly condensed manner, she makes a case for a "discernible theory in Winnicott's

writings" (p. 75), something that has proved elusive to some. She divides his theoretical contributions into four phases: "Foundations," 1919 to 1934; "The Environment–Individual Set-Up," 1935 to 1944; "Transitional Phenomena," 1945 to 1959; and "The Use of an Object," 1962 to 1971.

For those not versed in the entire course of Winnicott's work, this chapter offers an indispensable synopsis. At the same time, it begins to construct the argument for Abram's primary thesis: that Winnicott's gradual theoretical development eventually constituted a radical break from his primary interlocutors, Freud and Klein. In some ways, this chapter is the core of the book, though the topic is again extended in chapter 14, also by Abram. She interestingly comments about his final phase, "In his last years, Winnicott's discourse seems to be more with Freud then with Klein" (p. 94). This statement seems to stand in some contrast to Ogden's emphasis on the Winnicott–Klein dialectic throughout Winnicott's career.

Abram's central thesis of paradigm change is explicitly developed in chapter 4, "From Freud to Winnicott: Aspects of a Paradigm Change," by philosopher of science Zeljko Loparic. He considers the matter from the perspective of Thomas Kuhn (1962). In this view, normal science involving research within a dominant paradigm, such as Newtonian physics, is contrasted with the scientific revolution. In the latter case, new findings incompatible with the dominant paradigm accumulate until the theories constituting the original paradigm no longer suffice. A paradigm shift results, with new theories that are conceptually incommensurable with prior paradigms. Einsteinian relativistic physics might be seen as an example of a new paradigm; something like a perceptual gestalt shift occurs in the practice of science.

Loparic proposes that Winnicott replaced the Freudian oedipal, three-person paradigm with a new, two-person paradigm based on the baby-in-the-mother's-lap. Loparic suggests that Winnicott turned to Klein and Fairbairn in an effort to find theories that would accommodate his findings about the importance of the environment in understanding psychopathology prior to oedipal development. Finding no satisfactory theories, he elaborated his own. While this argument may resonate for many who have moved toward a two-person theory and away from three-

person formulations, this was not the case for Winnicott, as Loparic recognizes; Winnicott considered Freud's oedipal hypothesis abundantly confirmed in many cases, but insufficient for many others.

Is this a paradigm shift or an extension of the Freudian paradigm? Loparic goes on to contrast what he sees as Freud's Kantian ontology with that of Winnicott, which he takes as more akin to that of Heidegger. Here, I confess, this reader's credulity becomes strained.

The large second part of the book contains eight papers under the heading "Personal Perspectives." The first of these is a lecture by Winnicott (1962) describing his view of Klein's contribution. He was impressed with Klein's brilliance as he learned psychoanalytic principles from her. He remarked on his view that her theory of reparation and the necessity of "the continued presence of the love object" was "Klein's most important contribution" (Winnicott 1962, p. 176).

This seems to foreshadow his later emphasis on the importance of the object's survival in relation to the infant's destructive aggression in "The Use of an Object" (1969a). He faults some of Klein's developmental inferences, writing, "Deeper in psychology does not always mean earlier" (1962, p. 177). He considers that "this term paranoid-schizoid is certainly a bad one," since its mechanism may be relatively unimportant with "good enough mothering" (p. 177). The paper is alive with Winnicott's characteristic style and spark.

Marion Milner was an analysand and colleague of Winnicott, and her paper, "Winnicott: Overlapping Circles and the Two-Way Journey," comes next in *Donald Winnicott Today*. In a rich poetic style, Milner writes about Winnicott's ideas about creativity, the unknown core of the self, potential space, and creative apperception and perception. All this follows from her reflections on a comment Winnicott made before a lecture to students: "What you get out of me, you will have to pick out of chaos" (Winnicott quoted by Milner, p. 168).

Chapter 7 is André Green's influential 1975 paper, "Potential Space in Psychoanalysis: The Object in the Setting." Green compares concepts of the object in Freud's theory to those in Winnicott's. His fascinating articulation of these distinct concepts of the *object* not only helps to clarify the uniqueness of Winnicott's theory, but also leaves one wondering why rigor of this kind is not found more often in analytic writing.

Working with Winnicottian themes of analytic play, potential space, the subjective object, transitional objects, and mirroring, Green derives the concept of the *analytic object*. He writes, "The analytic object is neither internal (to the analysand or the analyst), nor external (to either one or the other), but is situated *between* the two." It is a transitional object occupying "*potential space* . . . demarcated by the analytic setting" (p. 195). The construction of the analytic object mediates the aim of analysis, which is to "facilitate the optimal conditions for symbolization" (p. 202).

Green challenges the notion of the mother–infant dyad as a paradigm, which is often seen as implicit in Winnicott's statement that "*there is no such thing as a baby*" (Winnicott 1952, p. 99, italics in original). Green writes, "I would maintain, for my part, that there is no such entity as a baby with his mother. No mother–child couple exists without a father somewhere" (p. 201). Green's creative paper exemplifies the influence of Winnicott in the form of a novel extrapolation from his ideas by an important theorist of a later generation.

In chapter 8, "*Nachträglichkeit* and Winnicott's 'Fear of Breakdown,'" another French analyst, Haydée Faimberg, applies her interest in *Nachträglichkeit* and reconstruction to Winnicott's paper. The feared future breakdown, in Winnicott's view, may involve a long-past, primitive trauma that has never been experienced in the here and now. Here again, we find an analyst discovering a novel and interesting way to engage Winnicott's work from her own perspective.

Daniel Widlöcher also takes up Winnicott's influence on French analysts, Lacanian and otherwise, in chapter 10: "Winnicott and the Acquisition of Freedom of Thought." He sees Winnicott as helping to expand the fundamental rule to include "co-associations or co-creativity" (p. 237) and "co-thinking" as ways to generate "hypothetical representations and provisional interpretations" (p. 238). In Widlöcher's view, Winnicott facilitated a different orientation to metapsychology, "with freedom as regards explanatory systems" (p. 243). Likewise, Winnicott's embrace of paradox, creativity, and the concept of mental space has a liberating effect for Widlöcher.

Kenneth Wright's chapter 11, "The Search for Form: A Winnicottian Theory of Artistic Creativity," extends and builds on Winnicott's con-

cept of primary creativity. Wright considers the relevance of the work of Daniel Stern on maternal attunement and that of Susanne Langer and Hanna Segal on aesthetic experience. He emphasizes the essential element of form, in contrast to what is seen in the work of Freud, whom Wright sees as content-bound. Citing Bollas, Wright finds an analogy between forms presented by the mother's idiom of care in relation to the infant's primary creativity and the effects of forms in works of art on aesthetic experience.

Chapter 12, "Winnicott's Deconstruction of Primary Narcissism," by René Roussillon, offers a compact and dense theoretical consideration of Winnicott's approach to development in the context of Freud's concept of primary narcissism. This is a refreshing approach to the "correlation" of Winnicott's theories with other psychoanalytic models, insofar as it opens up a perspective on Winnicott's thinking that is not constricted by the framework of Kleinian and post-Kleinian object relations concepts.

In connection with primary narcissism and the "basic narcissistic postulate of the self-generation of the mind" (p. 271), Roussillon uses Winnicott's developmental ideas to examine "the role played by the primary object in its foundation because narcissism involves two and perhaps three people" (p. 270). Similarly to other authors, he reviews Winnicott's sequence from the primary mirror object through subjectification and transitional phenomena to objectification and object use. He makes creative use of the Freudian opposition of hallucination and perception in articulating developmental concepts about transitional phenomena and illusion.

Part 3 of *Donald Winnicott Today*, "Late Winnicott Studies," takes up some of the central facets of the editor's primary thesis, that of paradigm change. Much consideration is given to Winnicott's relatively late concept of the *use of an object* (1969a), as well as its meaning in connection with his differences with Freud and Klein, his theory of the environment and object relations, and his understanding of aggression.

Some of this attention is directed to Winnicott's presentation of his paper on this topic to the New York Psychoanalytic Society on November 12, 1968. The responses of the three discussants at that presentation—Jacobson, Ritvo, and Fine—included substantial criticism. The paper's reception and Winnicott's response to it is taken up in some depth here,

as has been the case elsewhere (e.g., Baudry 2009). Winnicott, who was ill prior to his presentation, became more so afterward and required hospitalization.

Chapter 13, by Winnicott (1969b), combines responses to the New York meeting written in December 1968 and January 1969. In elaborating on "The Use of an Object" in the light of his New York experience, Winnicott notes that Freud "did not know what borderline cases and schizophrenics were going to teach us in the three decades after his death" (Winnicott quoted by Abram, p. 296). He takes up the developmental significance of "the actual presence of the father," as well as "the image of the father in the mother's inner reality," and proposes that, unlike the mother, "in a favorable case the father starts off whole" (p. 297). Winnicott connects this with monotheism. He attempts to clarify his concept of the infant's destructive impulses, writing that it is "not a pleasure-pain principal phenomenon. *It has nothing to do with anger at the inevitable frustration associated with the reality principle.* It precedes this set of phenomena that are true of neurotics but that are not true of psychotics" (p. 300, italics in original).

Abram is the author of chapter 14, which involves her interpretation of Winnicott's late theory of aggression in the light of his notes for the 1971 Vienna Congress of the International Psychoanalytical Association—which he did not live to deliver—and of other late documents. Together with her introduction and her chapter 3 essay on Winnicott's theoretical evolution, this chapter contains a detailed account of Winnicott's theoretical contributions. Unlike those who consider his work to be a gradual unfolding of ideas formulated after the Controversial Discussions and in the context of his defining his differences with Klein, Abram sees Winnicott as arriving at a long-sought solution to unresolved issues in his earlier work, amounting to a late synthesis. His dialogue here is with Freud, and his focus more on what he saw as the problem of the death instinct than on the inadequate treatment of the environment that he had found in Klein.

Abram places particular emphasis on Winnicott's notes for the Vienna Congress, in which he states, "I am asking for a kind of revolution in our work." This would include an emphasis on seeing and witnessing "the parts [of the patient] that go to make the whole" (Winnicott quoted

by Abram, p. 312), which may involve hidden dissociation more than the repressed unconscious.

Abram offers a careful dissection of the developmental sequence proposed by Winnicott in his *use of an object* formulation (1969a). She focuses on his notion of the survival of the object in relation to the infant's omnipotent destructiveness, and formulates her own notion of an "internalized surviving object" (p. 322). This enables objective perception of the object in external reality and the use of the object, as opposed to omnipotent apperception of and relating to a subjective object. She makes powerful arguments for the technical application of these late Winnicottian concepts. The details of these proposals seem more compelling to me than Abram's more rhetorical stance about paradigm change and revolution.

The remaining chapters engage related themes in Winnicott's late writings, often returning to his New York presentation of "The Use of an Object" (1969a). In chapter 15, "Vital Sparks in the Form of Things Unknown," Dodi Goldman considers Winnicott from a North American relational perspective, offering a gloss of his work foregrounding aliveness, continuity of being, and dissociation as organizing concepts. Goldman's Winnicott seems much less a Freudian than Winnicott himself claimed to be (see Winnicott 1946).[1]

In "On the Margins: The Role of the Father in Winnicott's Writings," chapter 16, Christopher Reeves addresses the matter of the often-noted near absence of fathers in Winnicott's accounts of the lives of infants and children. Reeves sees this received view as unbalanced and goes to scholarly lengths both to account for and to challenge the absent Winnicottian father. He finds support in Winnicott's writings for concepts both of a co-nurturant father and of a more "strict and strong" (Winnicott quoted by Reeves, p. 368) sire father. He explores the tension and coherence "between these two polarities" (p. 380) and alludes to Winnicott's late suggestion of the father as "the gateway to the child's discovery of the objective world" (p. 381).

[1] In earlier writings, Goldman (1993) did take up Winnicott's Freudian connection; see also Caldwell and Joyce (2011).

Reeves's thoughtful discussion raises questions about how Winnicott conceived or failed to conceive of fathers. What the essay also suggests to this reader is that Winnicott's work may have focused primarily on earlier topics in the psychoanalytic theory of development and not so much on other, later developmental issues that may have more relevance for neurotic structures. While this notion may not suit those who would like to see Winnicott as offering a comprehensive theoretical account of development, which would serve as the foundation for a revolutionary new paradigm, I wonder whether it may better fit the facts of his contributions.

Nellie Thompson's "Winnicott and American Analysts," chapter 17, provides a thoughtful and detailed account of Winnicott's substantial interactions with a number of prominent North American analysts of the 1950s and '60s. Among them were Rapaport, Hartmann, Kris, Greenacre, and Kubie. Thompson also offers an interesting review of Winnicott's 1968 encounter with the New York Psychoanalytic Society and its aftermath.

About a 1953 paper by Rapaport, Winnicott wrote to Anna Freud, "My aim will be now to try to correlate my ideas with those of Kris and Hartmann" (Winnicott quoted by Thompson, p. 391). Thompson offers her reflections on how best to interpret this somewhat surprising assertion by Winnicott, who would be thought of by few as a committed ego psychologist. A common interest in the impact of the environment on early ego development seems likely to be relevant here. A certain irony may seem inescapable: as the current volume and other publications attest, Winnicott's influence is ongoing and vital, while that of American ego psychology appears to be less robust in recent times—at least if the sometimes elegiac appraisals of Bergmann (2000) are accurate. But perhaps Winnicottian paradox has a place here, too.

The final chapter of *Donald Winnicott Today*, "Squiggle Evidence," by education professor Lisa Farley, explores the notion of Winnicott's squiggle technique with children as a source of evidence for "experiences felt before understanding" (p. 443) and before conscious verbal representation becomes possible. The squiggle game, which Adam Phillips (1988) called Winnicott's "most famous technical invention" (p.

418), involved an initial doodle by Winnicott, followed by an invitation to the child to "make it into anything" (p. 418).

To round out her argument, Farley cites Winnicott's accounts of being experienced as a subjective object, his shared interest with Milner in nondiscursive visual representation, his wartime work with displaced and traumatized children, the case of Eliza (as described in Winnicott [1971b]), and Green's concept of *the work of the negative* (1999), among other sources. The result is a compelling foray into the intersection of theory and technique and Winnicottian paradoxes concerning representation and history.

Farley's sometimes poetic language, however, risks conceptual confusion, especially in connection with her notion of evidence. Evidence as a clinical concept refers to data that can be plausibly used to support or undermine hypotheses constructed by the analyst about the analysand's unconscious psychic reality.[2] In that way, it reaches beyond the territory where Winnicott (1953) would have us "never ask the question, 'Did you conceive of this, or was it presented to you from without?'" (p. 95). When the squiggle becomes evidence, it seems to me that it has moved from the transitional realm, where Farley seems to want to linger, and into another one where Winnicott's question must be asked.

Compiled four decades after his death, *Donald Winnicott Today* is a rich and worthy collection of recent and contemporary perspectives on Winnicott's work. It seems timely as a retrospective overview and as a consideration of influences exerted and assimilations prompted by his ideas in succeeding generations. The volume assembles perspectives from many—though far from all—currently influential schools of psychoanalytic thought, including the Freudian, Kleinian, Bionian, North American relational, French object relations, and British Middle School. The emphasis is overtly on theory, and the question of how Winnicott's theoretical contributions "correlate"—to use his term—with others is richly engaged.

One could imagine other possible areas of current theory to consider for possible correlation, such as those of North American self psy-

[2] See Schwaber (e.g., 1992) and Boesky (1998).

chologists, Lacanian analysts, mentalization theorists, and other empirically informed psychoanalytic developmental theorists. Perhaps the current volume will pave the way for dialogues of these kinds and others. The book is especially strong on Winnicott's developing concept of the environment and on his late concept of the use of an object. For those who seek clarity and depth on these issues, this is a good place to look.

In addition to correlations, the book offers a sustained and well-articulated argument by its well-versed editor for Winnicott not only as a cohesive theorist, but also as a scientific revolutionary with a new paradigm for psychoanalysis. It offers sufficient information, including writing from Winnicott's own hand, to enable the reader to arrive at her own decision on this thesis. This reader was unconvinced, but found the question a serious and engaging one.

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Volume LXXXIII, Number 2

BOOK REVIEWS

WOMEN'S BODIES IN PSYCHOANALYSIS. By Rosemary M. Balsam. New York: Routledge, 2012. 208 pp.

It is a privilege, and fun, to review *Women's Bodies in Psychoanalysis,* a compilation of Rosemary Balsam's previously published papers. They have been combined with more recent clinical material and continuing commentary, helping to delineate this seminal work on women in the theoretical and clinical psychoanalytic mindset.

Balsam is among the foremost clinicians and theoretical thinkers who continue to confront and refine Freudian psychoanalytic thought about women: our bodies, our selves—in essence, the interactions between the insides and outsides of our lives. Balsam has the poet and the practitioner about her; and the lilt with which she proclaims her thinking, on the page and in person, gently assists her as she determinedly takes on the least gentle of psychoanalytic topics and history: that is, the profound misunderstanding and misuse of the female experience by most often misguided, even if well-intentioned, psychoanalytic pioneers and progeny—beginning, of course, with Freud.

Balsam's efforts to engage us in the study of girls and women, for nigh on forty years, began with an early paper about the pregnant therapist.[1] At just about the same time, I was a pregnant therapist, not fully prepared for the intersection of my work and my body—or its impact on my patients. I remember being astonished that several patients did not notice my pregnant state until well into my third trimester. It was then that I began a long, complex education about the myriad meanings of the female body qua humankind. Balsam realized this needed to be written and spoken about beyond our offices in new and fundamental ways, and that first look many years ago heralded her body of work (an

[1] Balsam, A. & Balsam, R. (1974). The pregnant therapist. In *Becoming a Psychotherapist: A Clinical Primer.* Chicago, IL: Univ. of Chicago Press, 1984.

inescapable pun!) brought together in this book, one that provides an opportunity for cohesion and clarity of psychoanalytic thought.

As interested as Balsam is in clinical and theoretical shifts related to the female body and its particular impact on her psychology (well presented in this book), Balsam also maintains the conviction that the inextricable links between classical Freudian theory and the critical (in both senses of the word) revisions she undertakes add to the profundity of the former, even while focusing on its lacks. Balsam appears to have little interest in jettisoning what continues to ring true in favor of new theories that demand rejection of Freud. A lengthy but essential quotation from her book follows:

> We analysts wish to disidentify with that past as traumatic. We often split off these contents from our theoretical minds. We deal with it by radical condemnation and elimination, and search for brand-new theory rather than working through this embarrassing era, trying to understand it however angrily, trying to sift out anything that still holds, while roundly rejecting the inaccurate aspects in the interests of reformulation. Newer theories that emphasize object relations, say, or the self, or complexity theory, or attachment often denounce drive theory simply as outdated . . . . Yet, the proponents of the alternative theories do not offer any developmental theory that pays as close attention to the body as Freud did. No arguments to date have settled once and for all the demerits or merits of these psychosexual markers so important to Freud. [p. 19]

Balsam does not overlook drive and development, phenomenology and psyche. She cleverly invokes Harold Bloom's insights with regard to creativity (an especially overloaded term, especially in the context of this book). The *anxiety of influence* that infects the poet, the philosopher, and the psychoanalyst comprises love, envy, and aggression. The need to overthrow forebears while acknowledging and accepting their impact on our own capacity to create is a universal challenge. The tempering of narcissism while nonetheless enjoying the exuberance of showing off confronts all creators, those of "babies" of all kinds. (During that week in 1975 when my first child left my body to join me in a new space, my

husband saw his first paper leave his desk to be published in the outside world—babies galore!)

Balsam intelligently and patiently continues to come to grips with what we need to keep, discard, or integrate, from then and now. Her work has at least two aims enfolded within it: bringing psychoanalytic thinking up to snuff with regard to the female body and all its uniqueness—from its anatomy and physiology to its creative power—while keeping in mind its more mundane, morphological, and psychic overlaps and similarities with the male body. In this way, she seems to be less interested in superseding and more in enriching and complementing.

The delicate balance that ensues is neatly captured in that most apt (even if overused) metaphor: do not throw the baby out with the bath water! By running fresh water into an already filled tub, our "baby" (the psychoanalytic project) is undoubtedly that much cleaner while being bathed in a familiar and safe environment. Thinking of Bloom, one might say that Balsam is comfortable with, not anxious about, the influences of the past. And for this reviewer, that is a welcome attitude.

However, Balsam has no need to apologize for Freud and his colleagues, contemporaneous and following, nor to protect them from their own misjudgments, whatever their genesis. Neither is Balsam afraid to take on these errors, confusions, and misogynies of the past. To wit:

> However, Freud's claim that a "castration complex" or masculinity complex was *foundationally* shaping to females' inner lives and their oedipal relations has to be flimsy as a putative cornerstone for any gender theory. It is merely a fantasy construction based on another fantasy. Importantly, it willfully ignores the female's anatomy. [p. 33, italics in original]

This assertion is *foundational* for Balsam, asking of her readers that they be prepared to confront confounding difficulties in psychoanalytic theory. She puts this into clinical context in the next chapter with a modest but critical disclaimer:

> But because there is little actually written to support my simple claim of a close and vital physically comparative constructed fantasy connection between a mother's body and her daughter's, I believe it therefore important to show evidence directly from

> analytic or in-depth psychotherapy treatments. I feel almost apologetic about how obvious the associative material is, but this just serves to deepen the mystery about how these materials are not referred to by theory builders, and to what lengths they go to twist out the logic of this fundamental connection. [p. 55]

This then sets the stage for Balsam to present one rich case vignette after another. With no apologies needed, she demonstrates repeatedly throughout both her clinical acumen and the poignant self-reflections of her patients. She never condescends; she remains open to learning from those whom she is analyzing; and the interaction between one in a chair and one on a couch is informative and at times inspiring. This has less to do with the specifics of Balsam's work per se and more to do with its representation of the powerful possibilities for understanding, insight, change, and intimacy that psychoanalysis, when well conducted, brings to both participants.

An interesting aspect of her confrontation with theoretical quagmires about women's bodies is Balsam's focus also on those well-known women who so powerfully struggled with these matters in the past, both as women and analysts. Primary among them, of course, are Anna Freud and Melanie Klein. We see this most prominently in the Controversial Discussions, but Balsam also offers her own take on their differences and divergences. She is careful not to take sides, but she is also clear on their shortcomings—in particular, Klein's missing appreciation of a psychosexual developmental trajectory. Balsam seems to be saying that women and men have been part of the problem in somewhat similar ways, even if for complexly different reasons; both women and men must correct and modify theory and technique.

This compilation of her many papers demonstrates Balsam's attempts to correct and modify, with a focus on the following: the silence among women (as Coriolanus described his wife, "my gracious silence," Balsam, p. 9), how women talk, the "vanished" pregnant body, the pregnant mother and her body's impact on her daughter's body image, childbirth, and perhaps the widest of categories—female anatomy and its intersection with desire. Although these subjects form the bulk of the book (chapters 2 through 7), as suggested above, Balsam remembers to

include some complementary discussion of the psychic reality of men when confronting the female persons in their lives and fantasies. Chapters 8, 9, and 10 reflect on sisters and brothers, daughters and sons, and fathers as primary caregivers. And chapter 11 closes the book with an instructive and informative set of implications for theory.

Running through these chapters is a heuristic cornucopia of thought. One such fascinating example, among many, is the work of Margaret Hilferding, the first female member of the Vienna Psychoanalytic Society. How might she have influenced Freud, Balsam wonders, with her intellectual curiosity and bold ideas? Hilferding challenged cemented ideas about the biological imperative of mother love, questioning its universality and going so far as to aver that there is such a thing as mother hate. Hilferding even had the temerity to "give pride of place to the role of a sexually mature woman's physical pleasure without defensively needing to theorize it as masochism" (p. 76)! One can only imagine the consternation such apostasy stimulated, but the sad irony is that this brilliant woman was associated with one man in his defiance of another, and was "indirectly extruded from, or otherwise left, Freud's circle in protest on his [Adler's] behalf in 1911" (p. 77).

Other especially noteworthy contributions are described in the chapter on childbirth, in which we are invited to revisit the writings of four prominent female analysts: Helene Deutsch, Marie Langer, Dinora Pines, and Joan Raphael-Leff. This presentation of the breadth and depth of the work of predecessors and peers continues throughout the book.

It is no surprise, though, that the best books/learning experiences stimulate concern, perhaps even disagreement here and there. They push us to think hard as we work things out for ourselves, a dialectic with the thoughtful work of others. Here, then, are several concerns that matter, some more than others. First, any book made up of previously published papers, and this one is no different, too often suffers from repetition and overkill. Second, the book needed a much better copy and line editor, as well as one who did a better job with the appendix, a too-often overlooked and underappreciated aspect of all texts, which is what *Women's Bodies in Psychoanalysis* actually turns out to be.

Third, it is very hard to successfully "cross-over" in book form—to straddle the language of theory and technique along with that of everyday conversancy. And although Balsam and her editors do a creditable job with this goal, sometimes it is too elementary for the professional, while probably too jargon-laden for the casual peruser.

But finally, and more seriously, Balsam falls occasionally into a trap that is all too easily triggered in any intellectual enterprise when one focuses heavily in one direction versus another. In this case, the notion that women suffer differently than men do too often leads to lopsided theory and technique, in the end doing greater harm than good. For example: "Her five-year analysis dealt with many issues common in the lives of women—wavering self-esteem, relationship problems, inhibition of aggression, inhibition of sexual feelings, and body image concerns" (p. 57).

Although one may argue that context creates content in some cases, in the end, the human psyche is a reflection of the universal human condition. Of course, female psychology, heavily influenced by morphology and physiology, is different than that of men; yet at the same time, paradoxically, it also is not. We need to be especially careful when constructing our theories and our technical sensitivities so as not to privilege differences between the sexes above the common psychic determinants prevalent in all our patients.

That the distinctions between female and male inner lives mandate sophisticated listening and subtle reasoning is beyond question. But equally evident is that our differently gendered patients do not require a special set of theories for each. Rather, they deserve a better integration of theory such that the human experience, especially given its bisexual underpinnings, is not given short shrift. Regardless of its metapsychological validity (Young-Bruehl posited that Freud never claimed the libido, with its active and passive aims, to be bisexual; see Balsam, p. 25), we can discern a phenomenological bisexual reality in anatomy, physiology, fantasy, and vulnerability to loss that is common to girls and boys, men and women alike.

This needs to be creatively and comprehensively understood by us psychoanalytic practitioners such that we are open to hearing the idiosyncratic and unique aspects of our patients while not getting lost in

sexual politics and correctness. I have no doubt that Balsam is acutely aware of these pitfalls; nonetheless, it is instructive to see where even the most cogent and careful of thinkers can slide slightly down a slippery slope.

In the end, *Women's Bodies in Psychoanalysis* is rather reflective, intrinsically, of some of the problems and profundity of psychoanalysis that the book so elegantly and earnestly addresses. Its theoretical points are only as strong as their clinical evidence. Its interest in making sense of the psychology of girls and women continually intersects with that of boys and men, and its redress of unfair unevenness occasionally bends a little too far in its own uneven arc; but complexity notwithstanding, the book is a creative whole.

In other words, this is a complex and thought-provoking book! And, like the best of analytic texts, it stands meaningfully as a trove of clinical insight and supervision. Balsam is at heart a clinical teacher, one who asks a lot of herself and of us as we continue to define the female, the female in the male, the male in the female—in other words, our shared human core.

BARBARA STIMMEL (NEW YORK)

WINNICOTT'S CHILDREN: INDEPENDENT PSYCHOANALYTIC APPROACHES WITH CHILDREN AND ADOLESCENTS. Edited by Ann Horne and Monica Lanyado. London: Routledge, 2012. 206 pp.

Winnicott never ceased to insist on the founding role of the actual mother in infant development. The assertion underpinned his theoretical and clinical work and formed the backbone of his lifelong disagreements with Melanie Klein. Against her insistence on the primacy of instinctual processes, he held out for the constituting role of the mother's adaptive behavior. He argued that the infant (the *potential* human person) was born into a *medium* of maternal responses (the *environment mother*) that held and contained him through the period of absolute dependence. The flexibility of this medium-mother—her capacity to *be* what the infant needed—was radically fateful for infant development: it was crucial for the early integration of the self and a major factor in setting up the in-

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fant as a *going concern*. If the environment mother was good enough, the emergent self would be good enough; if the mother's responsiveness was deficient, the result would be malformation and dysfunction in varying degrees.

Winnicott's Children is the story of infants whose mothers (and often fathers) failed them during this crucial period. It describes the turmoil of their childhood and adolescence, documents their unstructured and deficient emotional equipment, and portrays what it feels like to be the therapist who catches them when family, foster parents, and larger society can no longer cope. The book is thus a catalog of childhood suffering, most often expressed as uncontrolled or antisocial behavior; but it also documents, in a thoughtful and moving way, the experience of therapists who have to survive on a daily basis the storms that are thrown their way.

This volume is the third in a Routledge series on Independent psychoanalytic approaches with children and adolescents, edited by Ann Horne and Monica Lanyado. Although the book is divided into three sections ("Concepts," "Transitional Themes," and "The Outside World"), it is the *integration* of theory and practice—the way that Winnicott's theory infuses the holding situation on the ground—that gives the book its strength and defining character. All but one of the authors are or have been practicing child psychotherapists, and all have experience in working with disturbed children in different settings. It is not surprising, therefore, that the book takes the form of dispatches from the front line, with the emphasis less on theory per se and more on how it is used at the workface (or in the battleground) of the consulting room, clinic, or residential setting.

The book begins with a helpful forward by Helen Taylor Robinson, highlighting important Winnicottian themes in relation to the different papers. It is followed by a prologue, "On Reading Winnicott," by Adam Phillips, reprinted from his book on Winnicott,[1] and a rich historical chapter by Lesley Caldwell and Angela Joyce, which sketches the development of Winnicott's ideas in the context of postwar psychoanalysis and the Controversial Discussions of the British Psychoanalytical Society.

[1] Phillips, A. (2007). *Winnicott.* London: Penguin.

All this is preliminary and context setting; the book's definitive first section begins with a question: "What Is Therapeutic about Communication?" This is the title of Lanyado's first paper, which sets the theme of the book: namely, that with patients who have suffered early deficiency, it is not "making clever and apt interpretations"[2] that makes the difference, but the creation of a safe and holding environment within which the child patient's arrested growth processes may gradually be revived.

Lanyado's paper is followed by a beautiful and almost cinematographic portrayal of four child patients by Julie Kitchener, which takes up the theme in terms of the conflict between hiding and wanting to be found, so well portrayed by Winnicott.[3] Next is a more theoretical paper on mirroring and attunement by Anita Collum, linking to Winnicott's paper on the mother's face as the child's first mirror (see footnote 2), and after this a reflection by Deirdre Dowling on the intensely negative feelings that are often aroused by these disturbed children.[4] The first section ends with Horne's paper, "Body and Soul," which considers in both theoretical and clinical ways the importance of maternal holding for the integration of the psyche-soma and the earliest development of mind.[5]

The book's second section, "Transitional Themes," has two papers, the first of which is a Squiggle-type "discussion" between Mani Vastardis and Gail Phillips on the holding, facilitating aspects of psychotherapy supervision. This paper looks not only to Winnicott, who stresses the importance of play, but also to the Hellenic poet C. P. Cavafy, who wrote that wise men can hear the "hidden sound of things approaching" (Vas-

[2] Winnicott, D. W. (1967). Mirror-role of mother and family in child development. In *Playing and Reality*. London: Tavistock, p. 117.

[3] Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In *The Maturational Processes and the Facilitating Environment*. London: Karnac, 2007.

[4] Dowling takes as her reference point the following paper: Winnicott, D. W. (1947). Hate in the countertransference. In *Collected Papers—Through Paediatrics to Psycho-Analysis*. London: Tavistock, 1958.

[5] See the following three Winnicott papers: (1949). Mind and its relation to the psyche-soma. In *Collected Papers—Through Paediatrics to Psycho-Analysis*. London: Tavistock, 1958; (1966). Psychosomatic illness in its positive and negative aspects. *Int. J. Psychoanal.*, 47:510-516; and (1970). Basis for self in body. *Int. J. Child Psychother.*, 1:7-16, 1972.

tardis and Phillips, p. 107).[6] These authors link this to the psychotherapist's ability to be open to the patient's nonverbal cues, and equally open to the unspoken countertransference feelings evoked within herself.

In the same section, a second paper by Lanyado, "Transition and Change," explores the "resonances between transitional and meditative states of mind and their role in the therapeutic process" (p. 123). Lanyado makes the interesting suggestion that meditative states of mind, with their sense of quietness and inner trust, are close to transitional states and contribute in a similar way to the therapist's ability to "go on being" in the face of the child's chaotic onslaughts. She believes that her practice of meditation helps her survive such onslaughts in a nonretaliatory way and thus contributes to the child's experience of a surviving object—in Winnicott's account, a key factor in the path from narcissism to full recognition of the other.[7]

The third and final section of the book, "The Outside World," consists of four papers that consider the family, institutional, and societal ramifications of Winnicott's thought. Caryn Onions and Jennifer Browner discuss the philosophy and work of the Mulberry Bush School, which provides milieu therapy for highly disturbed children. Their paper takes much of its inspiration from Winnicott, particularly the idea of providing "spaces for growth" (the title of their paper) and the importance of consistency (survival) of the milieu over time, which takes its stand from Winnicott's 1968 paper (see footnote 7).

"A Word in Your Ear," by Rachel Melville-Thomas, deals with Winnicott's radio broadcasts: the quiet support they gave to countless mothers and their influence on societal attitudes toward child care. Lucy Alexander writes of her experiences as a child psychotherapist in the educational setting. And finally, Ann Horne discusses delinquency and the need to take on consultative roles in the wider societal network. She describes how the child who feels unheard will often split the containing environment in projective ways, and discusses how the therapist can sometimes intervene in this state of affairs.

[6] Cavafy, C. P. (1998). *Collected Poems*. London: Chatto & Windus.

[7] Winnicott, D. W. (1968). The use of an object and relating through identifications. In *Playing and Reality*. London: Tavistock, 1971.

This collection of papers provides a vivid portrayal of the Winnicottian approach to treating disturbed children and forms a valuable addition to the psychotherapy literature. Painting a picture of the child psychotherapist at work, it conveys, in a way that sometimes recalls the work of Searles,[8] the feeling of what it is like to be in the room with such children. Typically, these children have suffered severe deficits in early maternal care: first, through an absence of mirroring and other adaptive responses that give form to the spontaneous rhythms of the nascent self; and second, through an excess of unprocessed parental reactions that impinge traumatically on the unprotected psyche-soma. These are cardinal points on the Winnicottian compass and deeply inform the therapeutic work described.

The stance of this work can be captured in two words: therapist *presence* and therapist *survival*. Both terms link to the concept of holding, which in this context includes a sustained attempt to remain in touch with the child through thick and thin—along with the almost impossible goal of not reacting in punitive or critical ways to the child's extreme provocations. Such an approach is sustained by a twin belief: that a kernel of good has survived in the ruins of the child's psyche; and that this can sometimes be revived and encouraged to grow by providing simulacrums of the missing maternal element. Work of this kind requires a high degree of authenticity in the therapist and could scarcely be achieved in the absence of full human involvement. The children in question are sensitized to phony or technical-based responses, and change will only be risked within the corral of a genuine relationship.

It is in this area that Horne and Lanyado's book provokes the deepest reflections, suggesting as it does that conviction and belief are essential components of therapeutic work. As trainee analysts and therapists, we are encouraged to regard our discipline as "scientific" and "technical," requiring of its practitioners merely a certain dedication and skill. The work described here suggests a different view, for surely it was *belief* that sustained these therapists through the long hours of withdrawn and hostile states, and *something more than dedication* that helped them "go on

[8] Searles, H. (1965). *Collected Papers on Schizophrenia and Related Subjects*. London: Hogarth.

being" in the face of their charges' persistently disconfirming responses. Where other therapists might have self-protectively marshalled their interpretive skills to cope with the situation, these Winnicottian therapists put their efforts into staying alive and present—and this *for the sake of a hidden good in which they firmly believed.*

It may be that the time has come to confront such issues more openly. Theoretical differences can be endlessly discussed, but at root both theory and *weltanschauung* are chosen on emotional and personal grounds.[9] At the end of the day, we simply *feel* that the view we have chosen is better than the alternatives; it answers better to our sense of fit. And while we might like to believe we are open to alternative theories, the discourse of psychoanalytic societies reveals that the reasoning of one invested group impacts little on the thinking of other groups. Assumptions held at the level of belief are closely interwoven with the feeling self and become a part of personal identity.

In this sense, a Kleinian therapist *believes* in a primal human badness (the baby's "original sin," or innate destructiveness), while a Winnicottian therapist *believes* in a core of primal goodness (the baby's search for and expectation of mirroring, confirming responses—a loving mother, perhaps—similar to what Suttie,[10] echoed by Trevarthen,[11] called a *primary need for companionship*). In other words, the practitioners of different schools inhabit different assumptive worlds, and although entire therapies are built on such bedrock, it has to be said that we pay scant attention to this fact. We pretend to belong to the same (psychoanalytic) family, but in point of fact our values and assumptions are often radically different.

It is clearly beyond the scope of this review to explore such ideas through all their ramifications, but I want to consider one aspect that brings us back to the work we do and how we do it. If it is true that we embrace in the core of our being the ideas with which we work, is this a

[9] Wright, K. (1991). *Vision and Separation: Between Mother and Baby.* London: Free Association Books; see pp. 304-317.

[10] Suttie, I. (1935). *The Origins of Love and Hate.* London: Kegan Paul.

[11] Trevarthen, C. (1979). Communication and cooperation in early infancy: a description of primary intersubjectivity. In *Before Speech*, ed. M. Bullowa. Cambridge, UK: Cambridge Univ. Press, 1979, pp. 321-349.

help or a hindrance? To answer this, we need to examine what it means to be thus identified with a set of ideas. What is our relationship to them and what function are they serving in our psychic economy?

I think the answer lies in the notion of *fit*—we experience a set of ideas as *fitting our sense of things* on a level that precedes any "scientific" scrutiny. We feel their rightness at an intuitive level that brooks no external interference, and on this we are judge and jury. I have argued elsewhere that this sense of *the way things are* is closely related to our sense of self (see footnote 9). Creative theories are forged in the fire of autobiography, and whether or not the theory maker knows it, they articulate the shape of his own internal world. They arise as transitional forms, as preconceptual intuitions, and gradually evolve (separate) into external creations in a way that is similar to artistic creation (think, for example, of Freud's theories, or those of Klein, Bion, or Winnicott).

Although a theory may seem to (and often does) capture the forms of the external world, the maker's relation to his own theory or the one he has espoused is one of *resonance*—it mirrors the shape of his emotional self, holding and perhaps containing it in a way that replicates the process of maternal containment so well documented by Winnicott (see footnote 2) and Stern.[12] Containment by resonant form is what creates a sense of being and of solidity: "I feel *recognized*—by the forms of this theory, by the cadences of this music, by the articulations of this poem, by this maternal gaze, by the gaze of my lover—therefore, I am." Paraphrasing Winnicott (see footnote 2): "I am seen (or held)—therefore, I exist."

Insofar as theory exists for the practitioner in this transitional mode, it acts as a guarantor and underpinning of his identity: "I take my stand in this theory; this is who I am." In this respect, the theory is similar to, if not a substitute for, the gradually articulated narrative that patient and therapist construct in analysis. This, too, is a *form for feeling*,[13] a mirroring reflection of the analysand's self that gradually emerges from the crucible of analytic work. It is thoroughly internal as well as increasingly external (symbolized), and, like a theory for the analyst or an art object

[12] Stern, D. (1985). *The Interpersonal World of the Infant.* New York: Basic Books.

[13] Langer, S. (1953). *Feeling and Form.* London: Routledge/Kegan Paul.

for the artist, is experienced as a *cherished possession*[14]—a container and guarantor of the central self: "This is who I am, this one who is both the teller and the subject of this new, yet strangely familiar story."

If in the light of this we go back to Horne and Lanyado's book, we can, I think, discern *a group of therapists who are working from within a containing structure* of the kind I have described. This containing structure is Winnicott's theoretical writing, which not only acts as guide and landmark in the stormy waters of the child therapy consulting room, but also provides a confirming, containing structure for the therapist—one that "recognizes" and "confirms" the therapist in her own being, even as this is threatened by the attacks and neglect of the patient.

The therapist is thus held and contained by the theory (and thereby helped to survive), even as she helps the patient construct containing stories that will lead him to a fuller sense of his own unique being. These generative stories are themselves analogical derivatives of the living theory inhabited by the therapist, creatively molded to fit the unique contours of the individual with whom she is engaged. Finally, and by no means least, the therapist is an actor in the stories that are coming into being—an often unwitting actor who must try to work out the part she is playing.

One thing that unites the different papers in this book is the practitioner's living relationship with Winnicott's actual words. Through his words, which are often quoted directly, he emerges as a background presence in the consulting room, supporting the therapist in moments of critical need with a key phrase or idea. It may be that this is always the case for the analyst at work when he thinks of a favorite piece of theory, his own analyst, or a supervisor of long ago (perhaps even when he thinks of a line of poetry or some other containing form). But I think that, with Winnicott, there is something different that lies in the way he writes. Ogden,[15] in particular, has emphasized a special quality in Winnicott's voice that raises his work to the level of literature in its own right. But in this context, I would stress the transitional, evocative character of his writing, which makes contact with and thus confirms our own experience.

[14] Winnicott, D. W. (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

[15] Ogden, T. (2000). Reading Winnicott. *Psychoanal. Q.,* 70:299-323.

Like the poet who forces words to become a habitation for living experience, Winnicott shares his experience through his words, while simultaneously helping us discover our own. Transitional words are a bridge between one person's experience and that of another, and through such words the experience of each is validated. As Seamus Heaney (2002) put it in referring to some lines by the poet Elisabeth Bishop:

> They are *inhabited* by certain profoundly true tones, and they do what poetry most essentially does: they fortify our inclination to credit promptings of our intuitive being. They help us to say in the first recesses of ourselves, in the shyest pre-social part of our nature, "Yes, I know something like that too. Yes, that's right; thank you for putting words on it and making it more or less official."[16]

As I see it, this is also the project of psychotherapy and psychoanalysis: to give form to experience, recognize and "put words on it," and in so doing to give it a habitation and a home. In such a *transitional* (creative) process lies the genesis of the self as experiential being. Beginning, if we are lucky, in infancy—through mirroring and attunement,[17] continuing progressively in our later relationships, and resuming, again if we are lucky, in our own analysis—we discover and create ourselves through containing resonant forms. The furtherance of such a project with patients is the more or less explicit aim of those who have contributed to this book, who have taken inspiration from Winnicott, and who now *inhabit* his universe—because it is also their own.

KENNETH WRIGHT (HADLEIGH, IPSWICH, UNITED KINGDOM)

NEVER AGAIN: ECHOES OF THE HOLOCAUST AS UNDERSTOOD THROUGH FILM. By Sylvia Levine Ginsparg. New York: International Psychoanalytic Books, 2013. 158 pp.

This is a troubled and troubling book. It was written by someone—primarily a concerned citizen with a good heart—who was moved to write

[16] Heaney, S. (2002). *Finders Keepers: Selected Prose, 1971–2001*. London: Faber & Faber, p. 188, italics added.

[17] Wright, K. (2009). *Mirroring and Attunement: Self-Realisation in Psychoanalysis and Art*. London: Routledge.

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it out of intense concern that the countless victims of the largest and perhaps most horrific evil ever perpetrated by one segment of humanity upon another might be lost *for a second time* unless continual efforts are made to keep their memory alive. As the author emphasizes at the beginning of the book, the Holocaust and its victims have tended to disappear from people's minds as the result of a combination of denial, the wish to forget, shift of public interest to new concerns, and the pronounced tendency of the survivors to refuse to talk about their experiences, including and especially with their own children.

Ginsparg notes that a number of Holocaust survivors have written memoirs containing accounts of their experiences as their lives have approached an end, so that they might communicate about the horrendous chapter in human history in which they painfully participated—not to their children but *to their grandchildren*. Apparently, they have overcome their wish to put distance between themselves and their past out of fear that the world will choose to forget what happened and be at risk of reverting to the dangerous conditions that once affected them and now might arise again to endanger those who succeed them in life.

The film world turned a blind eye to the Holocaust for almost a whole generation. Many decades passed after the end of World War II before the movie industry began to produce movies with Holocaust themes. It did so out of apparent fear of entering into an emotional abyss (or cesspool?), which the film-watching public would not be able to handle, and of alienating those who would prefer to hide the truth or to deny its own responsibility for allowing it to happen. This occurred even though film, in a major way, as Ginsparg observes, is an ideal vehicle for establishing a permanent record of what happened between the 1930s and 1945 in Europe and elsewhere in the world (including the atrocities perpetrated by the Japanese in Asia and the Pacific Rim).

Ginsparg is a clinical psychoanalyst, so it is inevitable that she should have attempted to use psychoanalytic ideas and concepts to try to understand various aspects of the Holocaust and its effects on the survivors (and perpetrators). This is the weakest part of the book, but how could it possibly be otherwise? Bestiality on such a gigantic scale can hardly be engaged and comprehended in terms of such ordinary and commonplace psychological concepts as neurotic conflict, separation-individua-

tion, neurotic defense mechanisms, and object relations, although she is quite correct in reaching for those concepts as she tries to understand the problems of the survivors, their children, and their grandchildren. The self-protective mechanisms employed by people desperately struggling to survive in the phantasmagorically horrible conditions that prevailed in the concentration camps, the Warsaw ghetto, the Bataan death march, or the worst of the World War II prisoner of war camps are necessarily much closer to primitive, basic, brainstem-generated responses than they are to higher cortical functions. To survive, the victims would have had to be willing to undergo extreme deprivation and hardship, to summon up superhuman strength, to persevere despite utterly degrading and disgusting treatment, and to do whatever it might take in order to stay alive.

Reading this book, I was reminded of the solitary hiker in the mountains who cut off his own hand to free himself when he was pinned between two boulders; of John McCain's account of the prisoners of war in the "Hanoi Hilton" eating their own vomit; and of Solomon Northup's description of his horrific life in *Twelve Years a Slave*[1]—as well as the depiction in a recent PBS program of what slaves had to endure to stay alive before the Civil War finally abolished slavery in the United States.

Ginsparg does get into an important area, however, when she considers how survivor parents assiduously protected their children from knowing the details of their experiences in concentration camps and slave labor camps—that is, from hearing about their exposure to dehumanization, starvation, torture, and mass extermination—but were not able to protect them from transgenerational transmission of the impact of what had been done to their parents. Holocaust survivors, Ginsparg notes, especially those who were robbed of the normal experience of childhood or adolescence, have not always come away from their experiences well equipped to become parents. They have been handicapped at times by private, unstated, chronic, and extreme mourning for lost family members, including children from former marriages, that has in-

[1] Many versions of Northup's memoir are available in print and online; see, for example: http://docsouth.unc.edu/fpn/northup/northup.html. The 2013 feature film of the same title (directed by Steve McQueen) was recently awarded Best Picture by the Academy of Motion Picture Arts and Sciences.

terfered with their capacity to love and be satisfied with the children born to them when their horrendous ordeal came to an end and they had a chance to rebuild their shattered lives. Holocaust survivors have often tended, usually without being consciously aware of it, to look to the children born during their new lives to replace those whom they have lost and/or to repopulate the decimated Jewish community.[2]

Holocaust survivors have tended at times to be harsh to the point of abusiveness to their children, in apparent identification with their Nazi oppressors. Even when they have been otherwise loving and attentive parents, the mystery of their blocked-out biographical past, as Ginsparg emphasizes, has often interfered with their children's ability to understand important aspects of the relationship between them and their parents, as well as with their ability to construct their own identity. All this is expressed cinematographically in a number of films upon which Ginsparg focuses, both in terms of the contents of the films and in what led the films' producers, directors, and actors to make them. This is epitomized by examples such as *A Secret* (2007), *Rosenzweig's Freedom* (1998), *Left Luggage* (1998), and *Vivienne's Songbook* (2004). Ginsparg's motivation for writing this book in part is her wish to call attention to the plight of members of the second and third generations of victims of the Holocaust.

It is not surprising that the first film upon which Ginsparg focuses at length is *Life Is Beautiful* (originally titled *La vita è bella;* 1997). In that film, which stirred extremely positive but also negative reactions before garnering accolades, actor-director Roberto Benigni employs wry humor to sugar-coat the horrors of the concentration camp atrocities that he presents—but that is not all he does. He not only dedicated the film to his father, Luigi Benigni, who survived two years in a Nazi concentration camp, but also centered the story around the astonishingly clever devices a fictional father, Guido, employs to help his son survive (although he himself does not)—including inducing him to collaborate in using imaginative, dramatic, film- and theater-like pretense to protect the child

[2] *Fill the Void* (originally titled *Lemale et ha'lal*), a 2012 film written and directed by Rama Burshtein—an American woman who immigrated to Israel and entered into the ultra-Orthodox Hassidic community there—depicts this graphically; but it was not included among the films examined in this book.

from the terrifying impact of the otherwise overwhelming reality of what the internment camp is actually all about.

Ginsparg completes the first section of her book, which is organized around the use of humor to contain and soften the message of Holocaust films, by examining two additional films, the first of which is *Jacob the Liar* (1975). It was based on a novel by Jurek Becker, himself a child survivor. He lost his mother and twenty-one other relatives. The film's director, Peter Kassovitz—another survivor—was hidden by a Polish Catholic family, beginning when he was five years old, while his parents spent several years in a concentration camp. The film is about a concentration camp inmate who invents a fictitious radio with which he can convince his fellow inmates that help is on the way.

The second film with which Ginsparg completes her first section is *Train of Life* (originally titled *Train du vie;* 1998). This movie recounts a fantastic story of a group of Jews who hijack a train, impersonate German officers, and try to outwit the Nazis as they steam out of occupied territory toward Switzerland.

Both *Jacob the Liar* and *Train of Life* center on imaginative ways with which to sustain hope in the midst of helplessness and hopelessness. I cannot help but wonder if a latent message is that somehow we viewers of the films must find a way to hold on to hope about the future of humanity, despite what we are capable of doing to ourselves and to one another.

The second group of films to which Ginsparg calls attention, in a somewhat similar vein, is organized around the theme of music as a way of preserving a shred of human dignity and nobility in the midst of total breakdown of the basic tenets of "civilization." *Shine* (1996) takes as its subject the exquisitely talented but apparently schizophrenic Australian concert pianist David Helfgott. This film focuses to a significant extent on the impact on the protagonist of the secondary effects of the Holocaust, in the form of his father's demands that he fill the void created within him by the loss of his own parents to the Nazis in Poland, and that he restore his father's sense of worth and dignity by performing beautiful music.

Gloomy Sunday (1999) is a film about the strange but true story of a haunting piece of music, the only work composed by Rezso Seress, which

purportedly induced a number of people to kill themselves—this during the ascent to power of the Nazis. (Seress himself eventually committed suicide.) *Bach in Auschwitz* (1999) tells the tale of twelve of the Jewish musicians whom the Nazis ironically required to play beautiful music in order to calm the people transported there while they were being herded to the gas chambers.

In addition, major attention is paid in this chapter to the well-known film *The Pianist* (2002)—the true story of the harrowing escape from execution of Wladyslaw Szpilman—which won multiple major awards. Roman Polanski, who produced and directed it, after many years during which he summoned up the courage to do so, was himself a survivor; as a child, he "escaped certain death by crawling through a hole in the barbed wire fence of the Warsaw ghetto" (p. 37). Szpilman, who wrote the book on which the film is based, was repeatedly robbed and betrayed, but he somehow managed, with the help of others, to evade capture for a good number of years. When his ordeal was almost over, he was discovered by a German officer, Captain Wilm Hosenfeld, who surprised Szpilman by not only protecting him but even providing him with food, blankets, and a warm coat. Hosenfeld later perished in a Soviet prisoner of war camp, despite Szpilman's efforts to save him.

Schindler's List (1993), a film that received wide acclamation, is an account of courageous assistance by a non-Jew, Oskar Schindler, who—despite initial self-serving exploitation of Jews for his own financial profit—eventually subjected himself to great risk and major personal sacrifice to save the lives of nearly a hundred Jews who would otherwise have been killed. Schindler and Hosenfeld (the German officer depicted in *The Pianist*) were both acclaimed as among the Righteous of the World by Yad Vashem in Israel.

Thus, we see that both *The Pianist* and *Schindler's List*, which each garnered high honors, contain an element that is of great importance. As Elie Wiesel, Primo Levi, and others have pointed out, it was rarely possible to survive the concentration and forced labor camps all alone. Connecting with others for mutual assistance and inspiration was almost universally necessary for survival.

When Ginsparg turns to such films as *Mendel* (1997) and *Fugitive Pieces* (2007), in an effort to delve into the problems of the children of

survivors and their tangled, at times tortured relationships with their parents, she gets into somewhat murky territory. The films and Ginsparg's ideas about them are not quite as clear as what is to be found elsewhere in the book, but that is not totally surprising. One of the central themes of this group of films is the murkiness and mystery about parents' past experiences and their past families with which Holocaust survivors' children have had to contend, as well as the huge problems this has created for them with regard to their identity formation and their feelings about their parents.

The penultimate section of the book addresses the perpetrators of the Holocaust. It examines four films: *Music Box* (1989); *The Nasty Girl,* the title of which is a thought-provoking translation of *Das Schreckliche Maedchen,* since *schreckliche* means "awful," while *nasty* is close to *Nazi* (1990); *Blind Spot: Hitler's Secretary* (2002); and *Walk on Water* (2004). Once again, a spotlight is cast upon the problems of the *children*, who, like children of the surviving victims, often find themselves struggling with major emotional conflicts involving their identity, their ambivalent feelings toward their parents, and their struggle to hold on to parental idealization, which all children need, despite learning that their parents (and their society) have done horrendous things to other people.

I was reminded while reading this of several papers written by young Germans about just these kinds of wrenching emotional struggles, which I heard presented at the International Psychoanalytical Association meetings in Berlin just a few short years ago. In this section of *Never Again*, Ginsparg returns to the issue with which she began the book, that of denial of the perpetration of terrible atrocities and the large-scale wish to have the past gone and forgotten.

Her final chapter focuses on *The Pawnbroker* (1964), for which Rod Steiger was nominated for an Academy Award for Best Actor and was also awarded a Golden Globe award and a BAFTA award, among other honors. Ginsparg approaches *The Pawnbroker* from the point of view of the mechanism of identification with the aggressor. This seems to me to be reasonably appropriate, although my own impression is that the film deals much more saliently with how extremely difficult, even impossible it can be to recover from the devastating effects of having gone through the Holocaust.

After I wrote this review, I sent it to *The Psychoanalytic Quarterly's* Managing Editor, Gina Atkinson, to whom I am indebted for calling my attention to my having misidentified Roberto Benigni as *Luigi* Benigni in the initial version I sent to her. I immediately realized that I had made a very meaningful slip of the pen (or word processor). I realized that Roberto Benigni, as Ginsparg indicates in her book, made the film *Life Is Beautiful* as "a gift to his father" (p. 27), Luigi Benigni, who was the inspiration to Roberto to direct and star in the film. I realized that I had conflated father and son together into one and the same person! It was Roberto's father Luigi who spent two years in the Bergen-Belsen concentration camp but, after his release—weighing just ninety pounds—was remarkably unfazed and free of rage at the Nazis (or at least he presented himself that way to his son). In *Life Is Beautiful*, Roberto played the part of a fictional father, Guido, who was so creatively and wonderfully helpful to his little boy, protecting him and ensuring that the horrors they were going through together in the Nazi concentration camp would be minimally devastating.

Roberto Benigni, it is my impression, probably did more than play the part of the film's impressively devoted and clever father so as to pay homage to his own father. I suspect that, in addition, probably outside of awareness, he also played the part of the father in this remarkable film in an effort to *understand* his own father—to comprehend what his father had experienced but did not talk about, and to figure out how he had managed to come out of his ordeal as well as he seemed to have done. Perhaps, in addition, Roberto was even working through the anger he felt toward his father for disappointing him by de-idealizing himself when he submitted without a fight to being interned in the camp, and then seemingly was not even enraged at the Nazis for what they had done to him.

This is precisely the kind of dilemma Ginsparg addresses in her book about the psychology of the children of survivors of the Holocaust. It was puzzling to many viewers of *Life Is Beautiful* that the father in the film was portrayed as doing a very foolish thing, which got him killed just as liberators were approaching the camp. The film ends with a scene of Guido's little boy riding triumphantly on an American tank. Is this the tank that Guido has been talking to the child about all through the film,

as though he and his son did not know all the while that it was preposterous for them to behave as though engaged in a contest to win a tank if they followed orders and obeyed the camp rules?

Like the imaginary radio in *Jacob the Liar,* the tank story epitomizes the need to find a way to cling to hope by whatever means—the hope that enabled a number of concentration camp inmates to persevere long enough and desperately enough to stay alive and ultimately survive.

I have worked a good deal with Holocaust survivors, their children, and their grandchildren, and I continue to do so. I can attest to the relevance and accuracy of what is contained in this book, and I recommend it to psychoanalysts, as well as to the general public, as very much worth reading. It addresses the twin topics of understanding the impact of the Holocaust on its survivors and on their progeny and of the necessity to preserve meaningful records of what transpired so that it will not be forgotten and, hopefully, will *never* happen *again.*

Never Again can also contribute heuristically, it seems to me, to understanding the challenges involved in treating patients who have experienced or are experiencing the ravages of such horrific events as deep, melancholic depression, manic episodes, and other psychotic states. Psychoanalytic and psychoanalytically informed psychotherapy can often be very effective for those extreme but not necessarily untreatable conditions. Human beings can be remarkably resilient. With appropriate assistance, they can often recover from the most horrendous assaults on their emotional well-being and on their very humanity.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

FREUD IN OZ: AT THE INTERSECTIONS OF PSYCHOANALYSIS AND CHILDREN'S LITERATURE. By Kenneth B. Kidd. Minneapolis, MN/London: University of Minnesota Press, 2011. 336 pp.

A Tuscan proverb invoked by the Italian writer Italo Calvino came to my mind as I was reviewing this book. Calvino, a modern Grimm brother who collected some 200 fables into one volume,[1] rephrases this proverb

[1] Calvino, I. (1956). *Italian Folktales,* trans. G. Martin. San Diego, CA/New York: Harcourt, 1980.

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A Tuscan proverb invoked by the Italian writer Italo Calvino came to my mind as I was reviewing this book. Calvino, a modern Grimm brother who collected some 200 fables into one volume,[1] rephrases this proverb

[1] Calvino, I. (1956). *Italian Folktales,* trans. G. Martin. San Diego, CA/New York: Harcourt, 1980.

as follows: "'The tale is not beautiful if nothing is added to it'—in other words, its value consists in what is woven and rewoven into it" (p. xxi). Calvino felt that folktales remain merely dumb until we realize that we are required to complete them ourselves, to fill them in with our own particulars.

The value of Kenneth B. Kidd's book *Freud in Oz: At the Intersections of Psychoanalysis and Children's Literature* likewise emerges from the way in which Kidd weaves and reweaves his own particulars into this comprehensive review of the historical and contemporary relationship between children's literature and psychoanalysis. Kidd, an associate professor of English at the University of Florida, interlaces into his account an almost encyclopedic knowledge of 19th- and 20th-century American and European children's literature. He also addresses psychoanalytic studies of childhood, social constructivism, gender and queer contributions, the picture book genre, as well as adolescent literature and literature dealing with atrocities. The result of Kidd's zigzagging among his many interests is a scholarly work that is nevertheless engaging and easy to follow.

As I read Kidd's book, I developed an increasing appreciation for the long history of our psychoanalytic fascination with children's literature, as well as the complexity and sophistication of psychoanalytically inspired studies of this literary genre. I anticipate that psychoanalytically oriented clinicians will discover in *Freud in Oz,* as I did, the extraordinary diversity and richness both of children's books and of the intriguing critical commentaries on them.

Kidd correctly observes that most analysts are unaware of the range and scope of children's literature. He discusses many classic texts, among them *Peter Pan, Pinocchio, Winnie-the-Pooh, Alice in Wonderland, The Wizard of Oz, Where the Wild Things Are,* and *The Catcher in the Rye.* In an effort to provide a meaningful historical context to various themes marking the intense and lengthy dialogue between literary criticism, psychoanalysis, and these canonical texts, he also explores many other significant yet lesser-known works. For example, Kidd weaves and reweaves into his account the following titles: *Kenny's Window,*[2] Maurice Sendak's first chil-

[2] Sendak, M. (1956). *Kenny's Window.* New York: Harper Collins.

dren's book; *Seventeenth Summer*,[3] a popular adolescent novel; *The Outsiders* (1967),[4] an American bestseller at the time of its first publication; and *Briar Rose* (1992),[5] a so-called atrocity novel for young adults.

Kidd's knowledge of his field is impressive. He undertakes a discussion of many post-Freudian writers while contextualizing their contributions. He notes that the psychoanalytic discourse on childhood and children's literature has been influenced by Jung, Lacan, Winnicott, Hermine Hug-Hellmuth (a pioneer Viennese child analyst), Melanie Klein, Bruno Bettelheim, Martha Wolfenstein, and Erik Erikson. Kidd also culls numerous literary criticism studies, which I anticipate will be largely unfamiliar to most psychoanalytic clinicians. In addition, he cites anthropological and sociocultural research.

Despite the abundance of relevant references and the meandering and associative nature of Kidd's writing, the book remains inviting. Its six chapters address different facets of this complex subject and are augmented by an additional twenty-nine pages of intriguing notes that add texture to this comprehensive study.

Kidd identifies four types of critical conversations between psychoanalysis and children's literature. The first type uses psychoanalysis to interpret or explain children's literature. An example is a comprehensive book by Eric L. Tribunella,[6] who, according to Kidd, proposes that many American children's book authors require their child protagonists to relinquish or sacrifice a loved object—e.g., a pet or a best friend—as part of the maturational process. Tribunella's analysis of children's literary texts makes a strong case for the proposition that the American master plot of children's literature is a melancholic one: growing up means to love and then to experience loss. *Charlotte's Web* (1952), by E. B. White, and *The Velveteen Rabbit* (1922), by Margery Williams, are examples of this type of melancholic master plot.

[3] Daly, M. (1942). *Seventeenth Summer.* New York: Simon Pulse, 2010.

[4] Hinton, S. E. (1967). *The Outsiders.* New York: Penguin, 2012.

[5] Yolen, J. (1992). *Briar Rose.* New York: Tom Doherty.

[6] Tribunella, E. L. (2009). *Melancholia and Maturation: The Trauma of Loss in American Children's Literature.* Knoxville, TN: Univ. of Tennessee Press.

The second type of conversation between psychoanalysis and children's literature uses the latter to explain or demonstrate psychoanalytic concepts. This is an approach I find myself employing frequently in teaching. The impact of the appearance of Kanga and Baby Roo on Rabbit and Piglet, and their plot to kidnap Roo and substitute Piglet for him, as well as Kanga's revenge against Piglet, are examples of a way I may recruit chapter 7 of *Winnie-the-Pooh* to demonstrate the envy and rivalry stirred up by a child's confrontation with the arrival of an unwanted sibling.[7]

The third conversation Kidd mentions demonstrates how children's literature helps youngsters develop psychologically. Kidd convincingly describes Lucy Rollin's work on the role of nursery rhymes in transforming the young child's mind from employing the language of the body to using symbol formation.[8] Nursery rhymes, chanted or sung by adults while holding, tickling, or playing with children, are seen by Rollin and Kidd as adventures in risk-taking, transitional relationships, and the building of trust.

The fourth and final conversation Kidd describes involves historicizing the relationship between children's literature and psychoanalysis. This is the conversation that Kidd has elected to engage in.

Toward the final section of his introductory chapter, Kidd, somewhat ruefully, reflects on the *roads not taken*, the shadow texts that have failed or did not materialize in his book. He concludes that he has settled for "a more modest and cheerful story of entanglement and exchange between psychoanalysis and children's literature" (p. xxvii). "If I haven't managed to put children's literature on the couch," he writes, "I hope that I have called sufficient attention to psychoanalysis's debt to the materials and form of childhood" (xxvii). Kidd's appraisal of his impact is much too modest, in my opinion; his compact book is a treat.

Kidd has accomplished exactly what he set out to do: to explore and theorize the intersection between psychoanalysis and children's literature as a "third space"—or as a transitional space, in Winnicott's tradition. He

[7] Milne, A. A. (1926). *Winnie-the-Pooh.* New York: E. P. Dutton, 1928.

[8] Rollin L. (1992). *Cradle and All: A Cultural and Psychoanalytic Reading of Nursery Rhymes.* Jackson, MS: Univ. Press of Mississippi.

manages to explore the transitional space between psychoanalysis and children's literature while creating this very third space. This third space, which Kidd not only describes but also co-constructs with his readers, is open, dialogical, and creative. It is a generative space, despite the fact that Kidd has omitted many important contributions of psychoanalytic frame expanders, such as Bion, Ogden, and Ferro.

I found the dreamlike space Kidd has created to be difficult to pin down and summarize. My efforts to write this review remind me of challenges facing analysts who undertake the written description of a psychoanalytic treatment. How can one do justice to the intricate and ever-changing analytic process and capture the rich texture of a long therapeutic engagement in just a few pages? My review might thus be said to reflect Kidd's impact on my own reveries.

I will address chapter 1, "Kids, Fairy Tales, and the Uses of Enchantment," in some detail. This chapter is multilayered and evocative. Culling from academic literary studies, Kidd makes some intriguing observations. Certain themes in this chapter are further elaborated and linked to the medium of picture books and the work of Sendak in chapter 4.

Exploring the relationship between psychoanalysis, fairy tales, and children's literature, Kidd traces the theme of the wolf in children's stories and psychoanalytic case studies. He highlights children's paradoxical reactions to the wolf. Kidd includes in this convincing overview a brief discussion of Klein's son Fritz's documented reaction to the wolf to demonstrate the universal fascination and horror that mark children's responses to the wolf character.

Kidd notes that Freud viewed fairy tales, along with dreams, parapraxes, and various errors, as windows into our complex, childlike minds and as symptomatic expressions of our repressed unfulfilled wishes. Kidd's discussion of fairy tales and dreams is alive and rich, yet clinically somewhat limited and outdated. As Kidd is well aware, Freud viewed his patients' recollections of fairy tales as screen memories[9]; he did not view their recollections as merely reproductions of past experiences or as symptomatic expressions.

[9] Freud, S. (1913). The occurrence in dreams of material from fairy tales. *S. E.,* 12.

Freud began weaving into his theoretical, clinical, and personal discoveries various myths, fairy tales, and literary works as early as he began engaging in his self-analysis and in writing *The Interpretation of Dreams* (1900). His masterful weaving of the Wolf Man's dream (which Kidd quotes in full)—depicting ominous-looking, bushy-tailed wolves—with the Wolf Man's painful recollections of two of Grimm's fairy tales is still regarded as an important and clinically relevant text.[10] We recall that Freud incorporated into his formulation of the Wolf Man's primal scene fantasy the Wolf Man's recollection of his disturbing exposure to two fairy tales, "Little Red Riding Hood" and "The Wolf and the Seven Little Goats."

The Wolf Man's nightmarish dream portraying six or seven white and glaring wolves standing very still in a walnut tree has been the focus of a plethora of psychoanalytic reinterpretations. The Wolf Man's associations to this dream were intricately connected, as Kidd observes in chapter 4, with his recollections of the similarly frightening impact that a wolf illustration from the Grimm book had on him as a child. The Wolf Man vividly recounted the terror he had experienced when his bullying older sister repeatedly and sadistically exposed him to the picture of a wolf standing upright with his claws stretched out and his ears pricked up. Freud had reported the Wolf Man's dream in relation to these fairy tales already in 1913, five years before the actual publication of the Wolf Man's case study.

My impression is that Kidd, as an academic, may have been more exposed to French psychoanalysis inspired by Lacan. He seems less aware of more contemporary clinical approaches to dreaming and recollections of fairy tales and children's stories in the clinical setting. A contemporary psychoanalytic perspective tends to view the recollection of a dream during an analytic session not so much as representing a repressed wish, a past event, or a distant scene; rather, modern psychoanalytic writers would be inclined to view the Wolf Man's dream and his recollections of the Grimms' fairy tales as representations of his current archaic internal

[10] Freud, S. (1918). From the history of an infantile neurosis (the "Wolf-Man"). *S. E.,* 17.

object world: an object world that is lived out and reexperienced in the present of the transference-countertransference field.[11]

In this vein, recalling the sadistic sister flashing a frightening illustration of the wolf may be understood as a representation of an internal bullying object in the Wolf Man that may be enacted with Freud. The sister and the wolves thus may represent the Wolf Man's own incorporated, internalized, and projected violence and sadism. A contemporary psychoanalytic interpretation will focus on the here and now of the recollections, searching for traces of sadomasochistic enactment in the transference-countertransference.

The omission of this perspective does not detract from Kidd's contribution. I found myself inspired to explore in greater depth the significance of feral tales to psychoanalytic theory and practice. After drawing our attention to Freud's early interest in the Wolf Man's dream, Kidd imaginatively links the wolf theme later in chapter 4 to little Max, the hero of Sendak's masterpiece *Where the Wild Things Are.*[12] He also links the Wolf Man's dream to Kenny's dream in Sendak's *Kenny's Window* (see footnote 2).

Kidd invokes the observation of Alan Dundes, the legendary folklorist, that many of the most influential psychoanalytic pioneers wrote at least one paper applying psychoanalytic theory to myth and folklore. Besides Freud, Dundes's list includes members of Freud's close circle, such as Abraham, Jones, Rank, Jung, and Herbert Silberer, as well as the Swiss psychiatrist Franz Ricklin (who worked at Burghölzli Hospital in Zurich and later became the first president of the International Psychoanalytical Association). Following Dundes, Kidd suggests that Freud was not merely interested in folktales; he actively sought out folklorists who could dem-

[11] For an example of this perspective as an approach to dream recollection, see: Feldman, M. (2009). "I was thinking . . ." In *Doubt, Conviction, and the Psychoanalytic Process: Selected Papers of Michael Feldman.* London: Routledge. For an understanding of a patient's recollection of the Tar Baby folktale during an analytic hour, see: Loewenstein, E. A. (2010). The wonderful story of the Tar Baby: some thoughts about self and object relation in perversion. Paper presented at the International Evolving British Object Relations Conference, Seattle, WA.

[12] Sendak, M. (1963). *Where the Wild Things Are.* New York: Harper & Row.

onstrate the power of psychoanalysis through folktales.[13] Freud thus capitalized upon the association of fairy tales with psychoanalysis.

Having been influenced—like many of my contemporaries—by Bruno Bettelheim's acclaimed masterpiece on fairy tales,[14] I was surprised and unsettled to read in *Freud in Oz* that much of Bettelheim's work had been plagiarized from the work of Julius Heuscher.[15] As Bettelheim's biographer, Richard Pollak, described it: "Heuscher's work was rich with psychological gingerbread. The hungry Bettelheim, just like Hansel, helped himself" (Pollak quoted in Kidd, p. 22). Not less surprising was Heuscher's kind and forgiving response to the uncovering of this alleged plagiarism. The accusation of plagiarism, however, is not conclusive.[16]

In chapter 2, "Child Analysis, Play, and the Golden Age of Pooh," Kidd introduces the concept of *Poohology*. Poohology evolved out of A. A. Milne's two books of prose: *Winnie-the-Pooh* and *The House at Pooh Corner.*[17] Poohology mobilizes the Pooh books in a form of popular psychology, psychoanalysis, and literary criticism toward various pedagogical ends. Poohology often looks like Pooh, incorporating Milne's minimalist and playful style. "Poohology is a playful repetition and interpretation of source texts" (p. 36).

Kidd's discussion of Poohology covers many works.[18] These texts transform children's classics such as *Pooh*, *The Wizard of Oz*, *Alice in Wonderland,* and *Peter Pan* into playthings for adults, further supporting the interiorization of childhood and play that Freud introduced into our consciousness.

[13] See, for example: Freud, S. & Oppenheim, D. E. (1911). Dreams in folklore. *S. E.,* 12.

[14] Bettelheim, B. (1976). *The Uses of Enchantment: The Meaning and Importance of Fairy Tales.* New York: Vintage Books/Random House, 2010.

[15] Heuscher, J. E. (1974). *A Psychiatric Study of Myths and Fairy Tales: Their Origin, Meaning, and Usefulness.* Springfield, IL: Charles C. Thomas.

[16] http://articles.chicagotribune.com/1991-02-07/news/9101110905_1_dundes-article-sonia-shankman-orthogenic-school-bruno-bettelheim.

[17] Milne, A. A. (1928). *The House at Pooh Corner.* New York: E. P. Dutton.

[18] E.g.: (1) Crews, F. C. (1963). *The Pooh Perplex* [also titled *Pooh Perplexed*]. New York: Penguin; (2) Hoff, B. (1982). *The Tao of Pooh.* New York: Penguin; and (3) Hoff, B. (1992). *The Te of Piglet.* New York: Dutton/Penguin.

Chapter 3, "Three Case Histories: *Alice, Peter Pan,* and *The Wizard of Oz,*" explores the plethora of and evolution of academic case writing on these three children's classics. This chapter traces the movement from an initial nostalgic idealization of these texts to subsequent ambivalent, even demeaning approaches to their authors and to the books themselves.

Kidd demonstrates the ambivalence toward Lewis Carroll's classics by describing different readings of them.[19] Some early interpretations are nostalgic or pop-psychoanalytic, some critical, and others satirical and deconstructive. Kidd distinguishes the "good Carroll" from "the bad Carroll," and even from the very bad and "perverse pedophilic Carroll" who emerge from these readings. Side by side with splits of Carroll, splits of Alice appear as well. We are introduced to varied inspirations describing at times an "Innocent Alice," and at other times a "Seductive Alice" or a "Victimized Alice."

In chapter 4, "Maurice Sendak and Picture Book Psychology," Kidd devotes considerable attention to a back-and-forth, playful comparing and contrasting between the Wolf Man's dream elements and Max's dreamlike excursion into the land of the *Wild Things.* Kidd notes that Sendak's pictorial representations of Max's taming of the wild things by staring at them portrays a similar phenomenon to the Wolf Man's dread of the glaring wolves. While Kidd does not explicitly discuss it, he is demonstrating how Sendak recruits the powerful defensive maneuver of turning passive into active in his art.

Kidd also notes that Sendak was introduced by his own analyst to an influential book by a psychoanalytically trained therapist.[20] This book describes the author's therapeutic efforts to help her seven-year-old patient, Kenneth, and his dysfunctional family come to terms with his aggression, and to see that both he and his therapist could survive it. Kidd underlines the similarities between Sendak, the wild Max, Kenny, and Kenneth: they are united in their struggle to endure and tame their anger. He suggests that picture book authors have acquired the status of experts on childhood, or even the status of lay analysts.

[19] Carroll, L. (1865/1871). *Alice in Wonderland* and *Through the Looking Glass.* Kingsport, TN: Kingsport Press/Grosset & Dunlap, 1946.

[20] Baruch, D. W. (1952). *One Little Boy.* New York: Dell, 1983.

Kidd links the character of Max to Sendak's well-documented depression and misery and to his isolation as a gay man growing up in the 1950s. While viewing *Where the Wild Things Are* as possibly representing and symbolizing a coming-out-of-the-closet narrative, and as just as imaginative and valid as any other narrative, I find it significant that Kidd—along with most Sendak scholars—shies away from addressing Sendak's repeated recollections of his sheer hatred of his mother. Sendak recalled in many interviews his mother's depression, his inclination to avoid her as a little boy, and her frequent, chillingly tactless reminders that she and his father wished that they had succeeded in aborting him before his birth.[21] Representations of mothering and mothers in Sendak's books are marked by the mother's absence. When mothers are present, they tend to be grotesque, punitive, controlling, mean, and nonresponsive, if not simply psychologically dead and murderous.[22]

In chapter 5, entitled "A Case History of Us All: The Adolescent Novel Before and After Salinger," Kidd traces the emergence, at the turn of the twentieth century, of the construct of *adolescence* as a discrete developmental phase. Kidd believes that the idea of adolescence is a distinctly American-manufactured psychological construct. In contrast to Freud's work, in which we see a tendency to neglect the relevance of adolescence—as evidenced by his ignoring Dora's adolescent-related struggles[23]—G. Stanley Hall's early-20th-century work on adolescence was foundational to the construction of adolescence as a distinct psychological phenomenon, according to Kidd.[24]

Kidd sees Hall's work as the first of three major stages in the psychologizing of the adolescent literary genre. Kidd highlights in particular Hall's deep interest in and enthusiasm for the adolescent process and his role in the American romanticization of this period. He also emphasizes

[21] See, for example: *Tell Them Anything You Want: A Portrait of Maurice Sendak* (2009). A documentary short film directed by L. Bangs & S. Jonze; distributed by HBO.

[22] See Loewenstein, E. A. (2010). Maurice Sendak trilogy: mastering the fear of breakdown through art and love. Paper presented at the Contemporary Jewish Museum of San Francisco, January.

[23] Freud, S. (1905). Fragment of an analysis of a case of hysteria (Dora). *S. E.,* 7.

[24] Hall, G. S. (1904). *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime and Religion.* London: Elibron Classics, 2005.

Hall's contribution to the tendency to associate this period with ideas of rebirth and with social and moral challenges.

The second phase in the development of the discourse on adolescence and literature is linked to the idea of formation of interiority. The third phase Kidd identifies connects adolescence and adolescent literature to Julia Kristeva's concept of *abjection:* to experiences of somatic, mental, and social alienation and exclusion, predating both symbolization and self- and object differentiation.[25]

This last interesting section of *Freud in Oz* brought to my mind the possibility of linking the metaphor of abjection to contemporary French explorations of the relationship between trauma and mental states without representation. The case of the analyst who, in enacting and dramatizing a terrorizing wolf, provided *figurability* to the nameless dread of a young patient, Thomas, came to my mind; this moving case study of "Thomas and the Wolf" could enrich future explorations of feral animals in psychoanalytic discourse.[26]

Chapter 6, "T is for Trauma: The Children's Literature of Atrocity," explores the proliferation of picture books and young adult literature dealing with atrocities such as the Holocaust, and more recently the terror of 9/11. Kidd views this phenomenon once again as a distinctly American preoccupation. He references a study conducted by Barbara Harrison, which reported that by 1978 there were over 300 children's books published in the Unites States that addressed the Second World War and the Holocaust. *Freud in Oz* reviews many works across the spectrum of this genre that had been unfamiliar to me and, I suspect, to many psychoanalysts.

Kidd underlines the uses and abuses of this genre, noting that the ideology behind these literary works clearly advocates exposing children to the presence of evil, rather than protecting them from it. Kidd proposes that at least some of the young people's books dealing with extreme trauma and cruelty end up actually turning away from rather than confronting the difficulties inherent in the experience of atrocities.

[25] Kristeva, J. (1982). *Powers of Horror: An Essay on Abjection*, trans. L. S. Roudiez. New York: Columbia Univ. Press.

[26] Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability: Mental States without Representation.* London/New York: Routledge.

These literary works opt for simplistic master plots of character empowerment, a technique adapted from the self-help genre.

I consider *Freud in Oz* an excellent teaching resource. I was delighted to discover that Kidd's chapter 4, dealing with Sendak and picture book psychology, was indeed considered as a possible reading assignment for a required course on Oedipus in the psychoanalytic training program at San Francisco Center for Psychoanalysis. I have no doubt that, at some point, I will weave and reweave ideas that Kidd has offered us in *Freud in Oz* into my own psychoanalytic thinking, teaching, and writing.

ERA A. LOEWENSTEIN (SAN FRANCISCO, CA)

ORGASMOLOGY. By Annamarie Jagose. Durham, NC: Duke University Press, 2013. 251 pp.

Is there truth in sex or in orgasm? Is that where we turn to seek some kind of authentic self? And what is the relation between orgasm, authenticity, and society?

Such questions are put into play in *Orgasmology*, a work that presumes little in the way of answers and offers less in the way of judgments. Orgasm serves as the lens through which the author, Annamarie Jagose, explores the social and cultural history of the twentieth century, exposing hidden values through our evolving ideas about that ecstatic state. Through this approach, fake orgasm sheds its identity as an unequivocal marker of inauthenticity and dishonesty, and is instead reconsidered as an opening to generative ways of thinking about new forms of social relations. Such thinking may be attributed, at least in part, to queer theory, the academic rubric under which we may classify this book.

By questioning assumptions around sexuality and gender, queer theory opens the flood gates to questioning all and assuming nothing—or at least, it can often feel that way. Queer theory was an outgrowth of poststructuralism and has been one of the central approaches to critical thinking in the humanities since the early 1990s. It is an approach that was largely inspired by feminist studies, as well as lesbian and gay studies, and takes Michel Foucault's *History of Sexuality, Volume I*, as a foundational text.[1]

[1] Foucault, M. (1976). *History of Sexuality, Vol. I,* trans. R. Hurley. New York: Random House, 1990. Foucault's book argues that, far from being an object of repression, sex was

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Important early writers who developed the field of queer theory include Judith Butler, Eve Kosofsky Sedgwick, Lauren Berlant, and David Halperin.[2] Queer theorists question the normative and deconstruct notions that there is any "natural" way to be. At one level, this is a process based in sexuality: what is normative has long contained an unacknowledged heterosexual bias, and queer theory seeks to expose this bias and explore the world from nonheterosexual perspectives. Along with this, queer theory aims to disrupt the embedded essentialism surrounding gender and sexuality, revealing various indeterminacies in both.

But at another level, queer theory need not have any specific relation to sexuality, and instead may be used to explore the world from any non-normative perspective that challenges established hierarchies and manifestations of power. It may be easy to dismiss queer theory as just one more academic fad, but if psychoanalysts want to be taken seriously by the academy and engage in a substantive dialogue with those thinkers, then they need to understand and engage with the prevailing discourses found there. In the process, we may find it useful to recognize and question biases we take for granted.

Orgasm is a topic we rarely encounter in analytic writing. In spite of Freud's fundamental interest in sex, he rarely mentioned orgasm and never gave it sustained attention. The one analyst who took up the topic with any seriousness, Wilhelm Reich, has been relegated to our fringe for his work in this area, if not derided as an outright crackpot. Marie Bonaparte, the other analyst associated with the topic, fares little better for her pursuit of the vaginal orgasm in her theoretical writing as well as through the surgical interventions that she underwent.

Annamarie Jagose is an academic from New Zealand, currently working in Australia, and is best known for her book on queer theory.[3] She approaches the topic of orgasm as analyst of culture and society.

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an object of considerable discussion from the seventeenth to the twentieth centuries. As Whitebook points out, Foucault felt this text served as an argument against psychoanalysis (see *The Cambridge Companion to Foucault* [2005], ed. G. Gutting, New York: Cambridge Univ. Press).

[2] For a fuller discussion, see Grossman, G. (2002). Queering psychoanalysis. *Ann. Psychoanal.*, 30:287-299.

[3] Jagose, A. (1997). *Queer Theory: An Introduction.* New York: New York Univ. Press.

Asking, "What kind of thing is orgasm?" (p. 211), she is concerned less with the substance of orgasm itself than with this "thing" that provides a projective surface for dynamic trends within the historical surround. Jagose goes queer theory one better in this book by bringing a critical, skeptical eye to some of the standard viewpoints of these thinkers.

For example, she is not interested in (predictably) debunking the so-called sexual reconditioning therapies of the 1960s and '70s behaviorists, so much as she wants to unpack how orgasm was understood by these researchers at that time and what those understandings may have in common with queer theory. She finds in behaviorism a surprisingly value-free approach to sexuality that does not strive to make links to the subject's innermost identity, and that recognizes discontinuities between fantasy and sexual behavior. Both behaviorism and queer theory present "sexuality without a subject" (p. 134).

If sex is the great meeting place of the biological function and the pursuit of pleasure, then orgasm is its apotheosis, with both physiological and psychological aspects. Of course, it is the haziness of the interface between them that contributes to making it so interesting. Jagose reminds us that the pop sexologist Ruth Westheimer once said, "An orgasm is just a reflex, like a sneeze" (p. 20), emphasizing the physiological side and implying nothing more need be known.

This is an attitude that orgasm has often encountered, particularly in the popular press, where studies such as this have usually been regarded as superfluous or risible. We are inclined to believe we know all we need to know about orgasm, that its truths are self-evident, yet Jagose shows how wrong this is, and how orgasm tends to function with all the complexity of other multidetermined cultural products.

Jagose does not try to reduce orgasm or pin it down. On the contrary, she concludes the book with a discussion of Heidegger's "thing," *das Ding*, as the best one can do to define it.[4] Heidegger's thing stands in contrast to the object. Objects are the stable, perceptual manifestation of things, the substance on which we can focus our scientific attention and concrete descriptions. Things are not stable and can only be recognized

[4] Heidegger, M. (1950). *Poetry, Language, Thought.* New York: Perennial Classics, 2001.

indirectly, through a glimpse. Things are the substance that cannot be accessed through the material manipulations the modern world offers. "The frantic abolition of all distances," says Heidegger, "brings no nearness" (Heidegger, p. 163).

Jagose cites Heidegger's description of the thingness of a jug, where "earth and sky, divinities and mortals dwell *together all at once*" (Jagose, p. 212, italics in original). And so by studying orgasm—or, more specifically, 20th-century orgasm—Jagose understands that she is exploring the modern world more than that ungraspable thing itself called orgasm.

Along with Foucault's *History of Sexuality, Volume 1*, another frequent point of reference for Jagose is Leo Bersani's essay, "Is the Rectum a Grave?"[5] Bersani states, "Few things are more difficult than to block our interest in others, to prevent our connection to them from degenerating into a 'relationship'" (Bersani quoted in Jagose, p. 103). This is certainly a queer notion for an analyst to consider, upending a bias we rarely notice: relationships are good, full stop. Queer culture lends a different perspective to this in its acceptance and often endorsement of the "impersonal intimacies" (p. 93) of city life that can be encountered at sex-on-site venues, where there is anonymous, orgiastic, and often sadomasochistic sexual practice.

Where psychoanalysts may implicitly assume perverse psychopathology in such practices, queer theorists are more inclined to take this as a source for new political structures that can liberate society from the hegemony of repressive heterosexual forces. Yet Jagose does not accept such assumptions from queer theory either, withholding judgment in order to better understand the assumptions that underlie such perspectives.

Chapters in *Orgasmology* address the topics of simultaneous orgasm, fake orgasm, orgasm's role in behavioral sexual reconditioning, orgasm as the leitmotif of modern sex, and the visual representation of orgasm. There is no clear rationale for why Jagose has chosen these particular topics, beyond her sense that they provide the best windows for looking back at ourselves during the twentieth century. If there are certain tar-

[5] Bersani, L. (2009). *Is the Rectum a Grave? And Other Essays.* Chicago, IL: Univ. of Chicago Press.

gets for criticism she invokes along the way, they are normativity, conformity (as social control), and authenticity. The problems of normativity and conformity are not surprising for analysts, but authenticity may raise some eyebrows given the prominent role it has come to play in psychoanalysis today.[6]

Authenticity is a concern of modernism in general, but it came into its own in our psychoanalytic universe more recently, holding hands with relational theory. It is a concept suggested by Winnicott's true self[7] and further strengthened by self psychology before being taken up by relationalists, Daniel Stern, and the Boston Change Study Group, among others.

In the concept of authenticity, Jagose recognizes a basic attribute of modern selfhood, one with which sex is often paired. Sex is assumed to be a privileged means to express one's authenticity, and modern society's greater openness to sex is understood to be an indication of the greater degree of authenticity to be found there. Jagose links such assumptions to the advent of statistics in the nineteenth century. The development of this mathematical tool led, in the century that followed, to attempts to assess and measure virtually everything, including happiness and the quality of relationships. Sex was one of the objects of measurement that was applied to those subjects.

In the process, sex shifted from being viewed as an important but secondary element of love and romance to something important in its own right, as an expression of one's individuality and identity. Yet there is a double bind in modern sex, according to Jagose, as it is used for personalizing as well as depersonalizing ends, reinforcing identity while also contributing to greater alienation.

We learn there was a time when it was believed that simultaneous orgasm, and then female orgasm, was necessary for conception. In the

[6] From a simple search via Psychoanalytic Electronic Publishing: *authenticity* is a word that has been found with steadily increasing frequency in both the titles and texts of psychoanalytic papers since 1950. The numbers increase dramatically in the 1990s and have been maintained since.

[7] This has more to do with the way Winnicott's idea has been interpreted by others than with what he himself wrote about it. See, e.g., Winnicott, D. W. (1955). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. *Int. J. Psychoanal.,* 36:16-26.

late nineteenth century, such beliefs resurfaced, disassociated from reproduction and instead serving as a marker for the importance of female sexual agency. This transition brought on a "marriage crisis" (p. 57) in which reproduction could no longer provide a rationale for marriage. The marriage crisis had its roots in various forms of female empowerment, such as education, property rights, divorce law, and the population shift to urban centers.

Following the studies on human sexuality by Havelock Ellis, the early twentieth century saw a burgeoning of popular sex manuals in which simultaneous orgasm, typically described as a fusion or merging of the marital couple, was prescribed as that which would secure the happiness and bond of the marital couple. But this notion was already fading in sex manuals by mid-century as these writers came to accept that simultaneous orgasm was a statistically rarer event than had been assumed, and so no longer promoted it as determining the quality of a marriage. Nevertheless, normality remained the goal, and heterosexuality was presumed to be the ahistorical manifestation of the normal.

Jagose provides an interesting perspective on fake orgasm by suggesting the inauthenticity perceived there may not be a purely negative characteristic, and that it may instead have liberating effects. When sex is brought into the realm of the political, fake orgasm tends to be viewed as an example of the subordination of female pleasure to male power, a surrender of the "alternate order" (p. 183) called for by queer theory. Identifying it as an invention of the twentieth century, Jagose sees fake orgasm as a byproduct of the sexological research that put female pleasure on the map, along with catchphrases like "equality," "mutuality," and "reciprocity." It is masturbation, not intercourse, that serves as the most reliable source for female orgasm, yet heterosexual intercourse remains the model for modern sex.[8]

Fake orgasm embodies this paradox: faith in heterosexual intercourse combined with acknowledgment of the basic "incompatibility of the heterosexual couple" (p. 192). Returning to the political dimension, Jagose suggests it may provide an escape from the "regulatory apparatus

[8] In making this observation, Jagose reveals her own bias—since she certainly must mean clitoral stimulation, not masturbation—a bias suggesting that women have less need for men than men do for women.

of sexuality" (p. 197). She is not advocating *for* fake orgasm, but merely understanding it as "a sexual practice in its own right" (p. 205), a different way of conceptualizing the political with the sexual that "troubles the presumed truth or authenticity of sex itself, recognizes that norms are self-reflexively inhabited by a wider range of social actors than is commonly presumed, and asks us to rethink the conditions of legibility for political agency" (pp. 205-206).

As analysts, we inhabit a very small community of thinkers. Rich and diverse as our theories may appear to us, they are quite limited when seen from a wider perspective. Efforts to include extramural knowledge, such as empirical research from developmental psychology and cognitive neuroscience, do no harm, and certainly have the potential to deepen our understanding of our clinical work in new ways.[9] Jagose's book speaks to psychoanalysis from the perspective of theory, not empiricism. Rather than offering us objectified data, it provides alternative approaches to interpretation and understanding, shaking up biases we rarely notice.

We delude ourselves if we believe that, as analysts, we have exclusive access to understanding the depths of the mind. The mind shows itself in diverse ways, and the clinical setting is only one of them. It also reveals itself in literature and art, in history, and in our social and cultural products. While analysts may not be the best equipped to analyze such sources, we can and should make use of the work carried out by those who are.

HENRY P. SCHWARTZ (NEW YORK)

MAD MEN ON THE COUCH. By Stephanie Newman. New York: St. Martin's Griffin, 2012. 224 pp.

From the rattle of ice in whiskey glasses to well-cut suits and ties, elegant dresses, and high heels, *Mad Men* draws the viewer in with its stylish presentation. Then the characters burst on the scene with vivid personalities

[9] For a different perspective on this, see: Carmeli, Z. & Blass, R. (2013). The case against neuroplastic analysis: a further illustration of the irrelevance of neuroscience to psychoanalysis through a critique of Doidge's *The Brain That Changes Itself. Int. J. Psychoanal.*, 94:391-410.

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and outsized ambitions. These people pursue prestige and success in business, marriage, and sex, sometimes successfully but always at a deep personal cost. We see desire and downfall. They strive to evade their inner lives with cutthroat competitiveness at work, yet the men rebel with affairs and excessive drinking, while the women struggle to escape the confines of their 1950s prescribed roles.

Mad Men, the hugely popular television show about complex characters who work in an ad agency in New York as the '50s turn into the '60s, is a dramatically riveting soap opera about people who get themselves into tangled messes because of how they behave and who they are. Devoted viewers feel passionately about the show—they identify with and try to understand the characters, and cannot wait to see what everyone will do next.

Newman's *Mad Men on the Couch* capitalizes on the overwhelming popularity of the television show in order to educate a general readership about psychoanalytic theory. She uses *Mad Men's* characters as case examples to vividly illustrate concepts such as character, guilt and conflict versus externalization and narcissism, identification, structural theory, object relations, and—especially—defense mechanisms.

A trained psychoanalyst may find her outline of the psychoanalytic theory of character a bit simplified and didactic, but the book is entertaining and illuminating for lay readers who want to better understand themselves and others, and is a good argument for the usefulness of psychoanalytic theory in the pursuit of this understanding. And if you're a psychoanalyst who watches *Mad Men,* Newman has done the hard work of articulating which character types are revealed in these fictional characters.

"The characters in *Mad Men* present rich material to be mined. Diagnosing them and examining their inner workings can be an enriching and challenging exercise for those who enjoy dissecting the episodes, clinically trained or not" (p. xiv), Newman writes in her preface. She is clear that culture has an important impact on individual psychology, describing the era of about fifty years ago when American culture was "a festival of cigarettes, booze, unprotected sex, cholesterol, and negligent parenting" (p. 2), as well as a haven for sexism, misogyny, racism, anti-Semitism, and homophobia.

Life was hedonistic for the social class depicted here. The ad agency looks sleek and modern, the characters are stylish, but the perfect surfaces that everyone works so hard to maintain mask the complex inner lives of characters who have secrets they desperately try to hide. Don's hidden true identity and his affairs, the office manager Joan's pregnancy by Roger, Peggy's baby with Pete from a one-night stand before his wedding to another woman—all are secrets that the characters struggle with internally. Newman posits that a psychoanalytic theory of character helps us understand what makes these people tick.

Newman points out the ways in which both character and psychoanalysis have changed as the culture has changed over time. The characters in *Mad Men,* she writes, "embody the beginning of a new era . . . the culture of narcissism" (p. 20). In Freud's time, people repressed the knowledge of things they could not speak about, especially sexual feelings, and subsequently became ill or neurotic. Their characters were formed in a culture of self-responsibility and guilt. By observing characters through a psychoanalytic lens as they move from the late post-Freudian era to the mid- and late 1960s, Newman chronicles the history of a cultural shift into one of narcissism, externalization, blame, and entitlement. This cultural shift, played out on the screen, produces characters suffering not from guilt and conflict but from ego fragility, a feeling of emptiness, and desperate attempts to bolster self-esteem. By examining plot lines and ensuing character shifts, she walks readers through the process by which social mores became less restricted, but that also gave people the cultural and internal license to behave badly—and so they do, feeling entitled to do and have whatever they want, and throwing tantrums, hurting others, or committing suicide when they cannot.

Newman illustrates narcissism by describing the psychology of the show's central character, Don Draper, a man who sells ad images and is himself a self-created image. He hides his true, former identity, and his "creation of a new identity is one of the major themes of the show" (p. 29). In Newman's analysis, Don epitomizes the concept of the false self. His surface image—handsome, successful, and powerful—hides his struggles with self-esteem and difficulties with relationships, as well as his uneasiness about his secret past. He maintains this image at all costs, which are sometimes high. His sense of entitlement allows him to mis-

treat women, clients, and co-workers, but when he feels rejected or challenged by any one of them, his inflated sense of self-worth crumbles, and he feels injured and angry. Newman describes incidents, interactions, and relationships involving Don, pointing out the way in which they depict the narcissistic personality.

Mad Men on the Couch also addresses the ways in which the social role of women and women's psychology have changed dramatically over time. Newman describes Betty, trapped in the suburbs, frustrated, repressed, and seething, who responds to her situation with passive-aggressive behavior, depression, substance abuse, and weight gain. Then there is Joan, the sexy secretary—as smart or smarter than her bosses but trapped in sexual stereotypes and seemingly destined to hit the glass ceiling. Joan's use of her sexuality both empowers and limits her.

Peggy, despite lacking a successful, powerful female role model, is ambitious and able to penetrate the clubby, male-dominated world of advertising. Newman attributes Peggy's success to her ability to align herself with powerful men and to withstand others' attempts to stereotype her as unfeminine. She identifies with the aggressor, but is able to remain more empathic and genuine than the narcissists who surround her. The poignant problem for her to navigate is whether she can be successful like a man and also have love and a personal life, when gender roles seem so polarized.

Newman gives an accurate analysis of each character in a helpful and complex way, and in doing so offers a practical understanding of psychoanalysis. The audience for this thoughtful and entertaining book will be *Mad Men* viewers who want what she is selling: to better understand others and themselves, rather than merely being entertained by a stylish spectacle.

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