ANALYTIC MIND USE AND INTERPSYCHIC COMMUNICATION: DRIVING FORCE IN ANALYTIC TECHNIQUE, PATHWAY TO UNCONSCIOUS MENTAL LIFE

BY MICHAEL J. DIAMOND

Developed from established psychoanalytic knowledge among different psychoanalytic cultures concerning unconscious interpsychic communication, analysts' use of their receptive mental experience—their analytic mind use, *including the somatic, unconscious, and less accessible derivatives—represents a significant investigative road to patients' unconscious mental life, particularly with poorly symbolized mental states. The author expands upon this tradition, exploring what happens when patients unconsciously experience and identify with the analyst's psychic functioning. The technical implications of the analyst's "instrument" are described, including the analyst's ego regression, creation of inner space, taking mind as object, bearing uncertainty and intense affect, and self-analysis. Brief case vignettes illustrate the structure and obstacles to this work.*

Keywords: Analyst's mind and psychic functioning, interpsychic communication, analytic instrument, pathways to unconscious, analytic technique, mind as object, creative regression, poorly represented mental states, containment and self-reflexivity, analytic field, analytic third, therapeutic action.

> [The analyst] . . . must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone.
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> —Freud (1912, pp. 115-116)

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OVERVIEW: THE ANALYTIC MIND

There is a long tradition behind the idea that the analyst uses her/his mind in particular ways in order to understand the patient, beginning with Freud (1912) and elaborated for the next generation by Reik (1948) by way of "listening with the third ear." In our generation, despite the divergent ways of being analysts in today's pluralistic culture, the analyst's mind is "more and more an object of [analytic] interest" (Eizirik 2010, p. 374). I will expand on what is becoming a more mainstream viewpoint by emphasizing that when the patient unconsciously *experiences and identifies with* the analyst's inner psychic work geared toward more deeply understanding the patient, something rather mysterious happens, resulting in the patient's learning a new way to relate to his/her own mind.

I will discuss the emerging convergence in theorizing about, as well as the technical implications of, the analyst's *recognition* and *utilization of* his/her mental activities, including the somatized, unconscious, and less self-reflectively accessible derivatives. I propose that effective interventions, including symbolizing and representational interpretations and containing processes, as well as clarifying, reflective, elaborating, and validating comments—each of which help patients understand their internal life and live it more fully—originate from the analyst's skillful use of mental experience.

I will illuminate this initially by clarifying what I term *analytic mind use* and discussing its historical usage, albeit in varied languages across analytic schools; next, by considering its significance within the interpsychic dyad as a pathway toward understanding the patient's unconscious (and place in therapeutic action); third, by addressing its role in analytic technique; and finally, in describing the nature of the analyst's psychic activity when using mental experience to understand the patient's unconscious inner life.

THE ANALYST'S UNCONSCIOUS INSTRUMENT

Freud (1913) first drew attention to the role played by the analyst's unconscious instrument by stating that "everyone possesses in his own

unconscious an instrument with which he can interpret the utterances of the unconscious in other people" (p. 320). The century-old idea is that under the right conditions, the minds of analyst and patient can resonate in ways that allow for the analyst's effective interpretations of the unconscious messages being transmitted (see also Jacobs 1997). Though offering broad ideas, particularly as to the analyst's renouncing intentionality, Freud never did instruct analysts explicitly *how* to use their unconscious more specifically as an analytic instrument (Brown 2011); thus, Loewald (1986) opined nearly three decades ago that the study of the analyst's psychic activity remained at "an early stage" (p. 286). The question then becomes how the analyst is to make use of this instrument, and thus I aim to consider the many complex threads of the analyst's mind use and the way these play out in the analytic process.

The Analyst's Mental Use of Interpsychic Unconscious Communication

As this article's epigraph conveys, Freud (1912) emphasized the central role of the analyst's mental activity, intimating a way to employ it when recommending that the analyst "turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (p. 115). The intent is to allow the patient's unconscious to impact the analyst and then observe the ensuing conscious mental and emotional experiences without tolerating "any resistances in himself which hold back from his consciousness what has been perceived by his unconscious" (Freud 1912, p. 116).

The analyst then reflects upon these conscious mental experiences (i.e., the "total" countertransference), and attempts to understand its meaning with respect to the patient's inner life. This entails maintaining an internal potential space wherein the patient's unconscious and/or infantile life can come alive within the analyst's mind (what Loewald [1986] termed *countertransference readiness*).

The fact that analysts are impacted by their patients' unconscious and participate in transference enactments is based on human biological sensitivity to a wide range of semiotic systems that are grasped by the senses—often without any conscious knowledge, let alone word presentations (e.g., Ahumada 1994; Busch 2009; Symington 1983; Tuckett 1983). Recent findings from nonlinear dynamics, chaos and complexity

theory expand upon Freud's (1912) original ideas about unconscious patient–analyst communication.[1] These findings are in line with the following psychoanalytic contributions: Winnicott's (1949, 1971) beliefs about mutual influence; Kleinian views on systems of projective identification (Bion 1962b; Grinberg 1962); Racker's (1968) *psychological symbiosis;* Bleger's (1967) *functional symbiosis,* derived from Pichon-Rivière's (1956–1957) link theory (*teoría del vínculo*); subsequent Latin American field theory notions pertaining to unconscious linkages (*vínculos*) "in between" the intra- and intersubjective (Baranger and Baranger 2008; Berenstein 2012; Bernardi and de León de Bernardi 2012); Symington's (1983, 2006) fundamental emotional linkages (*corporate entities*) processed within different channels of knowledge; Ogden's (1994) intersubjective analytic third; Goldberg's (2012) subsymbolic *perceptual sensory symbiosis;* and Bolognini's (2004, 2008) commensal, "interpsychic" fusion in normal mental cohabiting.

The Role of the Analyst's Mind Use in Therapeutic Action

Contemporary analysts of differing persuasions argue convincingly that psychoanalysis brings about psychological development both by discovering new information about oneself, but more significantly, by creating a *new way of relating* to one's mind. This is evident in recent writings by ego psychologists (Busch 2009, 2010; Levine 2012a, 2012b); British independents (Carpy 1989; Parsons 2006, 2009); modern Kleinian/Bionians (Brown 2010; Caper 2009; Grotstein 2005; Joseph 1975); Italian Bionians (Civitarese 2013; Ferro 2005a, 2008; Ferro and Basile 2009); contemporary French analysts (Botella and Botella 2005) as well as Lacanians (Bernstein 1999); South American dynamic field theorists (Baranger and Baranger 2008, 2009; Berenstein 2012; Bernardi and de León de Bernardi 2012; de León de Bernardi 2000); intersubjective relational analysts (Aron 2000; Spezzano 2007); and Loewald (1986) and Loewald-inspired North American independents (Chodorow 2004; Diamond 2011; Lear 2012; Ogden 1997).

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[1] In the language of chaos theory, the linking of minds (*mind–mind coupling*) in psychoanalysis is posited to occur as the mind-brains of two participants form a unique system that creates a new *oscillator,* making change possible (Galatzer-Levy 2009).

Moreover, psychoanalysis nowadays is commonly defined as "the study of the workings of the mind . . . that is both *internally* driven and *relationally* responsive" (Pine 2011, p. 825, italics added). Though various psychoanalytic schools favor diverse aims, they converge in stressing the significance of change pertaining to patients' mental experience, including accompanying bodily manifestations (Diamond 2011).

In today's "emerging area of common ground" (Gabbard 1995, p. 475), most analysts acknowledge the significance of accepting their *participation in* the patient's transference and recognize that their own ongoing mental activities, countertransference, subjectivity, and intra- as well as interpsychic experiences are essential in advancing the process. An important facet of analytic action develops out of the patient's unconscious (and at times conscious) experience of *sensing the analyst's ongoing mental efforts* (i.e., mind use) to draw on the experience of being with the patient in order to foster the patient's deeper understanding, integration, and development—for instance, when the patient feels an authentic sense of being understood (Joseph 1975) through unconsciously recognizing the analyst's capacity to experience and tolerate what is projected (Grotstein 2005; see also Carpy 1989).

The analyst's relationship to his/her ongoing mental activities serves as a vital driving force in analytic technique and a distinct feature of therapeutic action that ultimately rests on the analyst's utilization of his/her "receptive and active . . . unconscious and conscious mental functioning in affinity with the patient's unconscious functioning, . . . allow[ing] . . . the patient to (unconsciously) *use* the analyst's mental activities" for psychic development (Diamond 2011, p. 208, italics in original). By finding and implicitly communicating that there is an ongoing space for the patient in the analyst's mind—and despite the analyst's experiences of intense affect and anxiety, strong impulses to act, confusion, boredom, or deadness, as well as chaos and storms occurring during projective identification processes—the patient unconsciously identifies with the analyst's self-reflective, analytic function of thoughtfully "using mind to understand mind" (Pine 2011, p. 838). Consequently, the term *analytic mind use* applies both to the analyst's working internally to use his/her mental activities and the patient's identification with this usage.

I believe that this facet of the analyst's interiority requires greater understanding in part because patients may learn a new way to relate to their own minds by *unconsciously experiencing and identifying with* the analyst's inner mental activities to understand the patient. Arguably, the analyst's *mind use* operates as a basic therapeutic agent due to the fact that the patient *internalizes* a greater capacity to maintain significant self-insight by observing (unconsciously, preconsciously, and sometimes consciously) the analyst's struggle to attend to, regulate, and utilize his/her mind. In sensing *the analyst's ongoing efforts toward analytic mind use* in order to deepen the patient's understanding and integration, patients internalize an *interaction process,* "*not* simply internalization of 'objects'" (Loewald 1960, p. 30, italics added) within an interpretive milieu to modify interpsychic structure and object relations.

Enhanced insight can then accrue both directly and indirectly—*directly* from the analyst's interpretive comments, and more *indirectly* when stimulated to deepen self-understanding through identification with the analyst's mind use—as, for example, when analysts demonstrate a relationship to their own subjectivity's creation of mutative *cross identifications* (Winnicott 1971).

THE ROLE OF THE ANALYST'S MIND USE IN ANALYTIC TECHNIQUE

There is a broad consensus that the analytic enterprise is *both* a one-person and a two-person psychology requiring an intrapsychic *and* a bipersonal model. Unconscious interpsychic transmissions flowing between the minds of patient and analyst involve affect, fantasy, and other forms of perceptual/sensory communication that often exert a strong influence on the analytic process and its therapeutic action (Bolognini 2008).

Recent models of psychoanalysis—stimulated by advancements in psychoanalytic field theory and intersubjectivity, as well as Bionian and neo-Kleinian developments (Brown 2011; Ferro 2009; Levine 2012b; Ogden 1997, 2005)—are distinguished by the significance attributed to, and the use made of, occurrences in the analyst's receptive mind that go beyond associations and conceptual linkages to include the analyst's

reverie, dreaming, images connected to the analytic relationship, affects, bodily sensations, and negative capability. Because the analyst's sensory and affective readiness and receptivity enable the patient's protomental communications and projections to fall more within the analyst's reach, it has increasingly become apparent that the analyst's mental life is, to use Ferro's (2009) felicitous term, "the principal working instrument" (p. 219). Furthermore, by dint of the analyst's radical open-mindedness and Bion's notion of "insaturity," analysts are more capable of achieving a trial identification with their patients, and according to one tradition, the resultant live contact of analyst–patient minds is purportedly "the only factor of growth" (Ferro 2005a, p. 1541).

Countertransference inexorably involves an interactive element within the analyst's mind (Heimann 1950; Money-Kyrle 1956; Racker 1953); moreover, patients are unconsciously sensitive to and perceptive of the analyst during unconscious communicative interaction (Bollas 1983; Hoffman 1983; Pick 1985; Searles 1975). The analyst's participation in the patient's transference and the ubiquity of countertransference are rarely in question today. In the context of normative and often prolonged introjective/projective dynamics, most concur that it is inevitable that analysts enter into the fray with their patients and then use their minds to figure out the nature of the fray (Caper 1992; see also Money-Kyrle 1956).

Finding the patient through the analyst's looking into the self and silently analyzing her/his own reactions is an accepted mode of discovery in line with the recognition of two-person forms of induced states, projective as well as introjective identifications, and communication by action-language in the realm of weakly represented material. When we attend to our interiority in the service of understanding the patient, there is always both an *ethical* and *clinical* component in discerning how to be a psychoanalyst with each unique patient.

As with every technical innovation, especially the currently emphasized use of the analyst's mental experience, there is an ever-present danger of misuse as well as possible ethical transgression. When taken to extreme, this can lead away from the patient's psychology and center instead on the analyst or on the dyadic process per se (Chodorow 2010). Attention to the analyst's interiority can simply cover the analyst's nar-

cissism, while risking "trapping the analyst . . . in what Lacan calls the Imaginary order" (Bernstein 1999, p. 291). In the excitement and acceptance of the two-person, interpsychic model, we must not forget either the value of the one-person model or the importance of the many roads or stages upon which the analytic drama occurs.

Considering the prevalence of *pars pro toto* fallacies throughout the history of psychoanalysis (Rangell 2007), it is necessary to remain mindful that the intersubjective/interpsychic field "does *not* exist at the expense of, but *in addition to* the intrapsychic space" (Aguayo 2011). Recognizing the space in the analytic field where phenomena develop between the two participants neither contradicts the specific dynamics and fantasies of each member of the pair, nor privileges technique that attends mainly to this field and is therefore regarded as an end in itself.

THE PATIENT'S OBSERVATION OF THE ANALYST'S MIND USE: A SPACE FOR THIRDNESS AND SYMBOLIZATION

It is incumbent upon analysts to create the requisite inner reflective space that makes use of what has been stimulated within in order to understand patients and their unconscious transferences. The analyst's self-reflexive relationship to his/her own mind as subjective object used to further the analytic process represents an important place in the interpsychic, analytic field that opens space for symbolic functioning. The very fact that the analyst is reflecting upon reveries, sensations, feelings, thoughts, and theories—and their equivalent nonconcrete modes of functioning with evenly hovering attention—results in an additional element lying closer to consciousness that breaks into the two-person dyadic field, which comprises the unconscious impact of the patient, the analyst, and the co-constructed analytic third. Hence, I have elsewhere designated this additional factor as the *psychoanalytic fourth* (Diamond 2011).

Chronic enactments ensue when the analytic dyad gets caught up in a merged, dual relationship concealing the basic triangular situation, since the absence of triangular space impedes the formation of symbols, creating "non-dreams for two" (Cassorla 2005, 2012; Civitarese 2013).

Thus, the analyst's mind use—particularly in creating an *internal division* (Racker 1968)—is often crucial in creating a space for thirdness that goes beyond the space held by the analytic couple, which frequently takes the form of a paternal presence with its symbolic Law (Heenen-Wolff 2007).[2]

The analyst's reflection upon her/his own mental processes often functions like an internal supervisor that disrupts the dyadic fusional patient–analyst connection dominated by imaginary identification. This unique psychic activity or *mind use* by the analyst in relation to patient, analyst, and analytic couple—often facilitated by consultants when the capacity for it is lost or blocked—remains a constant, essential factor in the complex process of therapeutic action.

POORLY REPRESENTED MENTAL STATES AND CONSCIOUS MIND USE

Because *analytic mind use* is ubiquitous yet typically operates unconsciously, outside the analyst's (and the patient's) conscious awareness, the question might be asked, "Under what circumstances does the analyst's 'mind use' become more conscious for the analyst?"

I contend that attending to one's mental activities often becomes more *conscious* when one loses or is unable to gain *emotional contact* with the patient, as well as when such contact produces *massively deadened and/or extremely unpleasurable feelings* in the analyst (Faimberg 1992). This usually occurs when the patient is suffering from the consequences of unrepresented or weakly represented mental states that are neither symbolized nor mentalized, and instead are embodied in somatic symptoms, destructive behavioral patterns, and problematic choices—often when patients are unable to keep an image of an object present in mind when the object is absent (Bion 1965; Levine 2012b). Thus, in order to transform mental processes occurring in areas in which symbolic processes are impaired into something that is represented and thought about, the

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[2] Like Lacan's (1966) *Law of the Father,* the analyst's mind use serves as a *separating agent*—the big Other—of the Imaginary order by disrupting and renouncing the dyadic fusion. Hence, full passage into the Symbolic order with its symbolic functioning can proceed to establish a more enduring "Law" (Birksted-Breen 2012).

analyst needs to consciously reflect upon what arises spontaneously and unbidden within her/his own mind as a result of interpsychic communication.

Generally, the analyst's mental state is most salient when addressing nonneurotic, unrepresented and weakly represented, protopsychic, presymbolic, preconceptual, preoperational mental elements reflecting an absence of symbolic or formulated thought—elements that are thus closer to action. These processes mostly appear in the realm of *deficit* functioning, particularly in traumatically derived *actual neurosis*, rather than when we work with neurotic, *conflict*-based structures (Killingmo 1989). This "prepsychic" realm entails a "wound in the mind . . . producing a hemorrhage of representation, a pain with no image of the wound" (Green 1998, p. 658), and is more likely when working with highly primitive, regressed pathological states that occur in extremely disorganized sectors of psychic functioning, when dissociative defenses and adhesive processes are dominant during periods of traumatic reliving or somatic breakdowns, or in autistic, borderline, and psychotic states utilizing insulating, rigid defensive operations (see, e.g., Aisenstein 2006; Bion 1962a; Birksted-Breen 2012; Ferro 2002, 2005b; Green 1975, 1998; Joseph 1975; Killingmo 2006; Lecours 2007; Levine 2012b).

Nonetheless, even the healthiest neurotic has portions of his/her psyche in which unstructured, poorly represented id elements require the analyst's conscious mind use, since the patient's verbalizations are "meant *to do something or bring about something* rather than communicate something" (Busch 2009, p. 55, italics in original), so that the analyst's mind is under siege by an invasive object (Williams 2010). Such "blank" areas arise in all patients, particularly when they are intolerant of affective closeness in the analytic dyad (Birksted-Breen 2012).

In these circumstances, in addition to those when the patient absolves him-/herself from the undertaking, the analyst's task involves offering analytic mind use to facilitate the patient's development of thoughts, feelings, and mental states, as well as elaborating the newly formed psychic elements and linking them to one another (Levine 2010, 2012a, 2012b; see also Bion 1962a, 1970, 1992; Botella and Botella 2005; Ferro 2002, 2005b; Green 2005). Considerable expenditure and consumption of psychic energy in the work of binding and association is required

from the analyst to "bind the inchoate" (Green 1975, p. 9), protomental system (Ferro 2002, 2008). For instance, Botella and Botella (2005) contend that to access what lies beyond the mnemic trace, pictorial images in the analyst's mind closer to dreaming enable elements currently beyond representation to be transformed into condensed evocative images—that is, "figuration" creates the conditions for symbolization.

Levine (2010, 2012a, 2012b) argues that such translation of the *semiotic*, prerepresentational, and sensual to the *symbolic* realm requires the analyst to work from a *transformational* model in which it is necessary to *create and/or strengthen psychic elements.* In brief, when faced with poorly represented mental elements—particularly when the body becomes a semiotic-device to generate experience—the analytic process may require "the *transformative . . . action* that arises unconsciously and spontaneously *within the analyst"* (Levine 2012b, p. 613, italics added), who gives form to what remains yet unfigured.

Hence, we now conceive that the analyst *lends* her/his mind as an auxiliary ego or alpha function to facilitate the patient's development of thoughts, feelings, and mental states, linking the newly formed psychic elements to one another in acts of *psychic figurability* (Botella and Botella 2005; Civitarese 2013). Whenever patients' ability to create symbols is damaged, they search for another mind to think what is yet unthinkable (Bion 1957, 1962b). This contrasts with the more fundamental, repression-based *archeological* model of mind wherein psychic elements, having achieved representation, symbolically invested and associatively linked to one another, are seen as *tangled in conflict,* so that uncovering, discovering, and working through defenses and conflicts is paramount.

A "two-track" model entailing both the *archeological* and *transformational* ways of working (Levine 2010, 2012a, 2012b)—or what Killingmo (1989, 2006) considers an *investigative* analytic attitude to discern concealed meaning apropos conflict pathology, in contrast to an *affirmative* mode to establish meaning in the sphere of developmental pathology (A. Freud 1981)—helps analysts think analytically across a wider range of represented and unrepresented mental states as well as of varying patient pathologies. Most analyses are characterized by oscillations between these two realms of psychic functioning, and the central technical question concerns the analyst's ability to discover what kind of mind is being

dealt with at any point: a mind capable of metaphorical thinking, or another with more limited capacity for symbol formation.

The interpsychic complexities are illustrated in the following vignette, which highlights clinical work with unconsciously communicated, less organized, somewhat inchoate processes that most likely reflect early infantile, preverbal experience. At this level of psychic functioning, particularly when symbolic communication is overshadowed by the use of various evacuative mechanisms, analytic movement becomes dependent on the analyst's capacity to tolerate isolation, uncertainty, and the consequent disturbance of his/her own evenly hovering attention, or at least to recognize and recover from the inevitable responses to these pressures. In this example, the patient's central memories and experiences not yet belonging to the sphere of repression (and hence pertaining more to the nonrepressed, prelinguistic unconscious) are stored in the body. Thus, the analyst must find a way to translate the "unrepresentable 'whiteness' of [the patient's] trauma" (Civitarese 2013, p. 6).

Case Vignette One: Ms. B

Ms. B, a patient on the couch four days weekly, suffered from varied somatic issues and had an overriding sense of feeling isolated and empty, while fearing destructive intrusion. Throughout many of our earlier sessions, my mind wandered aimlessly while I experienced the isolating silence as anxiety provoking. My bodily reactions were extremely uncomfortable and I struggled to bear these sensations along with feelings of uselessness, self-doubt, and frustration resulting from the limitations of more straightforward interpretive methods derived from listening to her words as associations. I could not explain this by simply positing a direct correlation between my psychic absence and that of the patient (who was in fact emotionally involved).

Despite—or perhaps because of—my discomfort, I often had pictorial reveries (and accompanying feeling states) of pleasurable, creative activities, such as recalling my own solitary efforts as a lonely two- or three-year-old to master the names of different automobiles, an endeavor that seemed quite removed from anything going on inside Ms. B or seemingly between us. Nonetheless, rather than reflecting her anxious isolation, Ms. B's apparent affective nonappearance indicated neither

her genuine absence nor a straightforward projection of an anxiously disengaged mother (for me to complementarily identify with) or an inadequate self (to concordantly experience). Instead, as I would eventually understand, an experience was being generated in the analytic space that reflected what was inscribed in the largely prelinguistic unconscious of Ms. B's early life.

Whenever my comments drew Ms. B away from her own reveries, and partly through her protestations and associations to a previous analyst's overstimulating, "long-winded" interpretations that felt like her mother's poking at her in her crib, I gradually came to learn that Ms. B's ostensible absence reflected her need to create a psychic cocoon or "bubble" (her term) in our analytic space. This protective, secure psychic retreat (Steiner 1993) would prevent my intruding upon her and thereby drawing her prematurely into the (my) world.

In reflecting on the reverie of my own childhood adaptation to an intrusive yet abandoning maternal imago (which only became representable through my own analysis), I could begin to wonder whether her bubble might enable her to be "alone in my presence," sufficiently protected to "go on being" (Winnicott 1958, 1960). Perhaps our seeming disconnection instead represented Ms. B's archaic longing to find a mother-analyst who, while managing her own narcissistic equilibrium, could creatively wait yet remain sufficiently present until the infant-her was ready to appear in the transference as the prematurely intruded upon, nascent self from long ago.

Without understanding why it was necessary, though nonetheless frequently reminded both by my intuitive sense of needing to wait and by Ms. B's anger as to how easily my words might intrude to prevent any psychic movement, I was mostly able to contain my anxious feelings of isolation and analytic ineptitude. I was able to do so partly by pondering my particular reveries, memories, and emotions until I could eventually recognize my concern about prematurely pushing her out of the protective bubble by demanding that she communicate verbally.

In working analytically with my mental experience, I learned to wait—perhaps "mobilizing [my] own alpha function . . . [and] performing an act of psychic regulation" (Levine 2012b, p. 618) or *figuration* (Botella and Botella 2005), for both Ms. B and myself. It was necessary to wait

until I was able to understand and interpret Ms. B's transference experience of being prematurely impinged upon, as she had once been as a premature, forceps-delivered baby who became a failure-to-thrive infant, a toilet-trained six-month-old who later developed encopresis, and subsequently an overly compliant, somatically distressed child.

By allowing my own regression in the context of containing my discomfort, uncertainty, and apparently narcissistic reveries in this fashion, taking my mental processes as an object and reflecting on them in line with attending to Ms. B, I was able to help access the inchoate aspects of her psychic functioning, and eventually to elaborate, represent, and interpret the internal objects—especially an envious, "bad" maternal object—that created her disconcerting, conflicted internal life. As a result of my being better able to impart to Ms. B an authentic experience of being understood (Joseph 1975) and developing interpretations stemming from using the recall of my own early compensatory, creative vehicle-naming activities (preserving my *true self* in a self-created protective bubble), while mostly not intruding upon her (in my representation as an impinging, envious, and shaming transference imago), Ms. B soon began to experience an expanded sense of psychic space and significant freedom to engage in her own creative, insight-generating activities.

Though there is no way to know for certain, it seems plausible that Ms. B had managed to identify unconsciously with my mind use as an act of her own psychic regulation. Nonetheless, I am fairly certain that attending to my own mental experience both provided the time and created the inner space for me to better understand my internal reactions, examine how they might embody our interpsychic communications, and determine how my acquired understanding might impact her inner world.

In any case, after Ms. B commented on the "envious part of . . . [herself] that attacks whatever seems 'good' in [her] life," she began to engage and take pleasure in writing about her experience as well as expressing her intellect in public. Though analytic progress was cyclical, a period of development commenced wherein Ms. B's bubble became more permeable, while she also became less constricted and riddled with persecutory anxieties, less judgmental toward herself, and more benignly able to pursue her own creative professional development, rather than

remaining so unconsciously tied to her "bad" internal object's envious attacks.

Analytic Listening and Mind Use

In advocating the analyst's creative use of inner experience, the listening focus must be on becoming immersed in *listening to the patient*—while recognizing the interpsychic communications in play—rather than attempting to focus on one's own subjective experiences or material in the bipersonal field. Thus, analysts listen *to* rather than listen *for* countertransference or material of the analytic field that spontaneously arises (Jacobs 2011). This requires becoming immersed in the patient's communications, and in turn, allowing an interpsychic response that can, at certain times, be reflected upon so that the meaning of what arises unbidden is utilized—much as we might use a patient's dream in order to understand his/her unconscious inner world.

From this fulcrum of *receptivity,* most analytic interventions are unconsciously formulated, and at times consciously carved out. A brief example from a thrice-weekly, face-to-face case with a conflict-ridden, psychosomatically compromised patient largely able to represent her mental experience illustrates how the analyst's listening to himself while listening to the patient operates in the more neurotic realm of psychic functioning.

Case Vignette Two: Ms. H

Ms. H, a single, middle-aged, depressed woman suffering from persecutory anxiety and considerable somatic distress, began her Monday session by talking about being aware over the weekend about what we had discussed during last week's sessions—namely, how attacking she was toward her self. "It's like I have a hammer just waiting to smash down upon myself whenever I can," she added.

She then described the weekend's incident with a close friend who was bemoaning the reduction in customers at her storefront business. Ms. H, in trying to "help" her friend, suggested that the problem might have to do with the friend's business setting, where "flies and mosquitos outside the front door make it nasty for anyone to come inside," and

hence her friend "should take care of it right away." The friend felt very criticized and Ms. H felt terrible that "something so 'bad' inside me once again screwed everything up."

In following Ms. H's narrative, I suddenly and quite surprisingly found myself thinking about a recently read novel entitled *Embers* (Márai 1942), in which two old, extremely close friends meet again after four decades, and the wounded protagonist reflects upon having been betrayed by the once dear friend. I, too, then recalled an old friend who had betrayed my trust in a deceptive manner—and I felt a sudden emotional upsurge of vindictive rage in remembering the feeling of humiliation—before my attention returned to listening to Ms. H. She then spoke of feeling guilty, responsible for her friend's upset, and being "bad" herself before noting that these "clearly inappropriate" feelings were indicative of her attacking internal "hammer," since she was "only trying to help" her friend.

I considered whether my association to the novel and my emotion-laden memory might signify something about Ms. H's depiction pertaining to her own repressed aggression toward her close friend, whom she had occasionally described previously as "not really seeing me, making me feel invisible." Using my reverie to formulate an interpretation grounded in what I understood as my concordant countertransference (Racker 1968), I then said to Ms. H, "Perhaps you feel guilty about commenting on the 'nasty flies and mosquitos' because your comment subtly expresses considerable anger that you harbor toward your friend, who you often feel doesn't 'see' you."

Ms. H angrily responded, "Well, she doesn't!" as she caught hold of her own barely disguised rage that often became embodied in her somatic distress and self-destructive relational patterns. As a result of my comment, then, Ms. H came into better contact with both her anger and her guilt, which led to my being able to interpret explicitly her guilt about her aggression. Consequently, important analytic work ensued around her believing that she had to render her own aggression toward her mother "invisible," which enabled her to see that her sense of "badness" was linked to hostile impulses that made her terrified of intimacy.

THE ANALYST'S MENTAL EXPERIENCE AS ROAD TO THE PATIENT'S UNCONSCIOUS

I will next expand upon these ideas about the analyst's mental experience within the interpsychic domain while spelling out how this aspect of our *analytic instrument* (Isakower, unpublished, 1992a, 1992b, 1992c)—the analyst's *mind use* in being turned toward the patient's mind—is the driving force in psychoanalytic technique and major facet in its therapeutic action. Nonetheless, the question of how to understand and use the meaning of the analyst's inner experience remains controversial. Is the analyst's experience an empathic reading of the patient, a patient-induced response, an indicator of transference-countertransference role responsiveness or enactment, an unconscious transference to the patient, and/or reflective of some other patient–analyst interaction?

Indeed, the nature of the analyst's internal experience vis-à-vis the patient has been conceptualized historically in three main ways, each successively contributing something vital to analytic technique: initially, in line with the *intrapsychic* viewpoint, continuing with the *intersubjective*, and, most recently, introducing the *interpsychic* perspective.

The Intrapsychic, Intersubjective, and Interpsychic Views of the Analyst's Experience

First, from the *intrapsychic* standpoint—comprising the totality of the patient's and analyst's internal labors in "a regimen of intentional and careful separateness" (Bolognini 2008, p. 61)—a generative, therapeutic split ensues between the analyst's observing and experiencing ego in response to the patient's unconscious communications. This split entails continuing shifts from unconscious trial identifications with the patient to withdrawal and objective evaluations of those identifications (Arlow 1979; see also Fliess 1942; Freud 1912). Moreover, the patient's *internalizing* the analyst's *analytic introject* or *function* has long been accepted as a critical factor in the efficacy of psychoanalysis (Sterba 1934; Strachey 1934).

Next, the *intersubjective* view, often favored in North America, contends that subjectivity develops through the perception of oneself in an-

other person's mind while prioritizing the capacity to "recognize" the other as having a separate subjectivity and an unknowable otherness (Benjamin 1999, 2004).³ This relational perspective helps to identify the ways in which both patient and analyst reciprocally infiltrate one another's minds. The two-person bidirectionality of interacting subjectivities places particular emphasis on the analyst's ability to *maintain the tension* and move smoothly *between subjective self-awareness* (in which one is totally immersed in immediate experience, feeling oneself at the center of one's universe, yet aware of being the subject of one's own thoughts and actions), and *objective self-awareness* (which involves taking oneself to be the object of one's thoughts, feelings, or actions—seeing oneself as if from the outside yet aware of being one person among many with a sense of agency).

Finally, the *interpsychic* viewpoint that I find most advantageous in being closest to Freud's view of the analyst's unconscious instrument was initiated by developments largely influenced by Bion and field theory in British, South American, Italian, and French psychoanalytic cultures. This understanding explores the psychic equivalent of two interacting biophysiologies entailing preconscious and unconscious transmissions flowing between the minds of patient and analyst.

Whereas the highly saturated term *intersubjective* is often also applied to this domain, I deem *interpsychic* preferable (and less confusing) in focusing upon the intersection of two unconscious minds—two *interacting intrapsychic systems*—that spontaneously create a third occurring in a transitional space that defies the description of being separate in relation to psychic regulation and mind building (Civitarese 2013; Levine and Friedman 2000). Thus, in addressing the ubiquitous joint functioning

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³ Unfortunately, the way in which the term *intersubjective* tends to be used across various psychoanalytic cultures fluctuates and thus creates considerable confusion. In particular, the wider psychoanalytic world's use of the term more often addresses the results of unconscious contact between two minds in terms of the *field* or the *third,* whereas according to some analysts, perhaps from a less nuanced perspective, the North American relational view of intersubjectivity focuses more on recognizing the other as having a separate subjective experience within the inevitable social context (Stolorow 2002; see also Schwartz 2012). As I will elaborate to distinguish the two ways of thinking about intersubjectivity from one another, I employ Bolognini's (2004, 2008) term *interpsychic* to address the specific focus on unconscious field phenomena that European and South American analysts refer to.

and reciprocal influences of two dynamically unconscious minds or "psychisms . . . [meeting] in the analytic space" (Bolognini 2004, p. 347; see also Bolognini 2008), a perspective is advanced on the analytic field that goes beyond transference and countertransference phenomena.[4]

This more extensive, inclusive, and increasingly appreciated perspective is considered central in accessing the intrapsychic (Bolognini 2008; Brusset 2012). Moreover, the complex interpsychic interchange largely takes place in the domain of sensory experience on a preconscious level (Bolognini 2008; Goldberg 2012; Schmidt-Hellerau 2012). In short, the interpsychic interchange in which the patient is kept in the central position within the analyst's mind encompasses *both* the intrapsychic and the intersubjective, neither of which is considered separate but rather exists in a complex, largely unconscious interrelationship to the other.

Pathways from Which Analysis Occurs

The relational turn, with its use of the wider concept of countertransference, recently regarded as a paradigmatic change and radical, albeit silent revolution (Fabozzi 2012; Pine 2011; see also Aguayo 2011), shifted the focus from the individual's *intrapsychic* life to the *interpsychic* drama taking place between patient and analyst in a "*spontaneous, preconscious way of functioning*" (Schmidt-Hellerau 2012, p. 449, italics in original). Discovering the patient's intrapsychic world through the analyst's looking inward was initiated by the landmark works of Heimann (1950), Racker (1953), Grinberg (1962), and Bion (1962a, 1962b) and subsequently elaborated by many others (e.g., Baranger, Baranger, and Mom 1983; Bollas 1983; Bolognini 2004, 2008; Botella and Botella 2005; Civitarese 2013; Ferro 2008; Ferro and Basile 2009; Gill 1982; Jacobs 1997; Ogden 1994; Stolorow 1988).

This turn—though *not* a paradigm change, from my standpoint—helps us recognize a long underdeveloped investigative tool in what

[4] This viewpoint is most prominent in analytic writings from the Río de la Plata region of Uruguay and Argentina, using the concept of *vínculo* to highlight the mutual, reciprocal influence of two minds that create a unique gestalt as a third that reflects inevitable links between internal and external object relations, as well as an irreducible alterity in the unconscious linkages between people (Berenstein 2012; Bernardi and de León de Bernardi 2012; Bleger 2012; see also Brown 2011; Faimberg 2012; Ferro and Basile 2009; Gabbard 2012).

might be considered a seventh pathway or *royal road* (Freud 1900) that evolved chronologically and operates in every analysis as a "road to a knowledge of the [patient's] unconscious activities of the mind" (p. 608). Hence, *mind use* in the interpsychic field stands alongside the *dream*, the *transference*, *play* (in child analysis), *present life, remembered and reconstructed past*, and *countertransference* itself (Pine 2011).

The focus accessed by the analyst's mind use, as Jacobs (1997) first noted, "represents an effort to broaden the database . . . [to] effectively draw on in conducting an analysis . . . [to] give our patients fuller pictures of themselves" (p. 1042). Today the interpsychic, largely *here-and-now* stage taking place in the *process* between patient and analyst, and partially induced by the patient through mood, voice, tempo, movement, action language, and nonverbal behavior—in contrast to the *content* of the patient's dreams, free associations, and transference-countertransference phenomena—has increasingly become a key venue for discovering the patient's intrapsychic world by means of the analyst looking within (Pine 2011; see also Busch 2009).

It is useful to distinguish here between the prevalent *here-and-now, process-oriented* focus initiated by Gill (1982), which complements what Kleinian analysts have been describing since the 1950s (Schwartz 2012), from the more inclusively *interpsychic focus* that can appear outside the analytic hour—as, for example, in the analyst's dream life (Brown 2010) or postsession reveries and thoughts. The interpsychic focus that I emphasize suggests caution in today's more exaggerated weighting of here-and-now transference interpretations, with its focus on *process* often replacing rather than supplementing the significance of unconscious *content* (Birksted-Breen 2012; Gabbard 2012). Feldman (2007), offering a bridge between contemporary ego psychologists and London Kleinians (Busch 2009), recognizes the process–content dialectic by means of focusing on dyadic process issues to examine how the patient's ego becomes engaged in historical understanding.

While every analysis entails the use of several if not all the stages in which the analytic drama is played out, *some* analyses in particular, and *all analyses at certain times*, are significantly characterized by qualities manifest along the *interpsychic* pathway. These qualities entail a "doing to" the analyst at some level in the context of the patient's dreams, associations,

transferences, and the like, and require the analyst's mind use. Important technical advances have recently emerged along this route.

OBSTACLES TO THE ANALYST'S MIND USE AND RECONSTITUTING ANALYTIC MIND

I have implied that therapeutic action unfolds quite naturally, though not without conflict and struggle, when the frame is sufficiently stable, the analyst's analytic attitude is basically maintained, and the analytic process is operating effectively—that is, when psychic elements are adequately represented, symbolically invested, and associatively linked to one another and thereby capable of being entangled in conflict. This is no fanciful ideal, however, and the analyst's using his/her mental experiences invariably involves struggle, conflict, and hard work that take up time throughout treatment.

Numerous processes can produce interference in the analyst's analytic mind that causes analytic movement to come to a standstill. Indeed, it can be expected at times that the analyst's unwitting desires and cherished values (even those pertaining to analytic mind use), as well as mistakes and personal limitations, get in the way of analytic movement. The analyst's task then becomes one of *recovering* the ability to analyze in the broadest sense, which requires receiving, holding, and containing presymbolized and/or unbearable experience to help create and strengthen psychic elements in need of elaboration and linkages; recognition in the form of reflecting, mirroring, and validating the patient's sense of meaning or being; and, finally, making interpretations involving symbolizing, representing, linking, understanding, and identifying repressed and disavowed aspects of the patient.

There are potentially three major sources of obstacles emerging within the analyst that on occasion impede her/his accessing analytic mind. Nonetheless, by supplying a difficulty to be recognized, overcome, and interpreted, each source offers an opportunity to access the less conscious dynamics that need to be worked through in order to regain analytic movement.

First, there are obstacles stemming directly from *the patient*, such as massive projective identification, severe dissociation, impaired symbol-

izing capacity stemming from developmental trauma and structural pathology, attacks on linking, and negative therapeutic reactions. These defensive issues or reactions to what might be going on in the analyst inevitably produce conflict for both patient and analyst, which further limits the analyst from successfully using her/his mental experience.

Second, obstacles stemming more from *the analyst* include problematic concordant and complementary identifications; extreme countertransference reactions of empathy, anxiety, rage, envy, erotic feeling, etc. (i.e., sinking or drowning in the countertransference); specific transferences to the patient or countertransferences, including narcissistic needs to feel included or recognized, an overinvestment in theory, and a need to conceptualize or know with certitude, as well as overidentifying with one's own associations and personal issues stemming from life concerns; and, in addition, the analyst's personal resistance to analysis and dealing with unconscious processes. Freud (1915) discussed the latter in terms of a battle to be waged in the analyst's mind against "the forces . . . [exacerbated by cultural resistance to the unconscious] which seek to drag him down from the analytic level" (p. 170).

Finally, *dyadic* obstacles or *vínculos* may reside in the analytic field. These include collusive defensive processes and resistances; reciprocal fears of engagement; bulwarks and impasses in the couple; and seduction as well as corruption involving boundary confusions, crossings, and violations. Rather than facing the anxiety stemming from the *couple-related problem* (Ferro and Basile 2009), analysts may get caught up in one-dimensional thinking masquerading as psychoanalytic theory (Birksted-Breen 2012). Before successful interpretive work can occur, such dyadic resistances must be persistently fought by the analyst's receptive understanding through an *inner act of freedom* (Symington 1983; see also Baranger, Baranger, and Mom 1983) that enables a therapeutic shift for patient and analyst.

Sustaining the Necessary Tension and Reconstituting Analytic Mind

Using one's mind analytically requires sustaining an inherent and creative *tension* between relying on one's *unconscious* mind and simultaneously doing what must be *consciously* done, including establishing and

maintaining the frame, listening and following the affects of the session, deciphering the patient's unconscious schemas, linking the patient's material to theoretical ideas, and making interpretive as well as affirmative comments and then assessing how the patient responds to them. There is considerable push and pull in the analyst's clinical labors, given a state of mind typically characterized by "full engagement, too much information, insufficient confidence, and the intermittent necessity to act" (Moss 2012, p. 61). Navigating this internal tension requires considerable humility, as well as psychic freedom that tests the limits of our "ability to tolerate insecurity" (Caper 2009, p. 88).

Analysts are continually being *pulled out of* their analytic attitude and identity by emotional forces originating in their patients, themselves, or in the co-created interpsychic field. Fortunately, with analytic experience we come to accept such recurring mind loss as intrinsic to being an analyst, while attaining greater conviction and confidence that we will be able to reconstitute analytic mind and re-create an internal space, at times facilitated by supervisory consultation (see also Caper 2009; Diamond 2011). Hence, experienced analysts basically maintain an open, reflective space that for the most part leads neither to premature action (typically in the form of authoritative interpretations that defend against the anxiety of uncertainty) nor to excessive inaction (preventing either the exposure of not knowing or the dangers of conflict and aggression).

TURNING TO TECHNIQUE: ESSENTIAL FACTORS IN THE ANALYST'S MIND USE

Technically speaking, the analyst strives to create (and re-create) an *inner receptive, reflective, and playful space* in order to examine her/his mental experience. Being emotionally present and analytically mindful through the calm and storms of analytic work requires becoming immersed in the patient's communications, and in turn allowing for an unbidden, interpsychic response that may even arise outside the office, such as when dreaming about a patient.

Certainly, there are a multitude of determinants impinging upon the analyst that must be attended to, and, as the first vignette with Ms. B suggests, it is naive simply to suppose a one-to-one correspondence between

what goes on in the analyst's psychic reality and what is in the patient's mind (though perhaps poorly represented, disavowed, or projected outward). By continually discovering the emotional role or countertransference position in which we find ourselves and understanding a proclivity to enact a given role, it is always necessary to determine what that role means to the patient (e.g., Bollas 1987; Faimberg 1992; Sandler 1976). Discerning what relates to the patient, to the field, and to oneself entails considerable *interpsychic* awareness and *intrapsychic* work, both to enable the containment and withholding of an interpretation until most useful for the patient, and to help formulate interventions.

I propose four central, interweaving processes contributing to the analyst's intrapsychic effort to actively use mental experience analytically. The analyst must: (1) allow for *regression in ego functioning;* (2) *take his/her own mind as an object*, including its manifestation in the analytic third; (3) *contain internal experience*, including bearing uncertainty and tolerating intense affective states; and (4) *utilize more developed ego functions* for self-reflexivity and elaboration.

Regression in Ego Functioning: The Analytic Instrument

The fundamentally bipersonal "analyzing instrument" (Isakower, unpublished; see also Isakower 1992a, 1992b, 1992c) involves interpenetrating states of mind wherein the analyst's activated mental state is in rapport with a counterpart in the patient. It works unconsciously and "does not lend itself readily to being observed while it is operating" (Isakower 1992b, p. 202), and hence is best distinguished retrospectively. The analyst is encouraged to let her/his mind run free to approach both her/his own internal activities and the patient's communications with *evenly hovering attention* (Isakower, unpublished)—hovering between what comes from the patient and what emerges within the self. Thus, "to catch the drift of the patient's unconscious with his own unconscious" (Freud 1922, p. 239), the analyst must allow for limited (albeit at times more extensive) *ego regression* by concentrating attention on inner psychic processes followed by suspending critical attitudes toward the emerging psychic material.

The analyst's *creative regression*—entailing an analytic attitude toward one's endopsychic experiences as well as those in the patient—allows

for closer attunement and resonance with the patient's inner life (Isakower, unpublished; Jacobs 1997; see also Isakower 1992c). In short, the analyst's required state of mind is established through: (a) relaxed, receptive, and less focused *attention upon the analysand's communications;* (b) imaginative focus of *attention upon one's own internal perceptions and sensations;* and (c) *suspension of critical activity* regarding these objects of attention.

The analyst's *experiencing ego*—originally conceived of in "[trial] . . . identification with the patient" (Fliess 1942, p. 226)—is distinguished from her/his *observing ego* (Freud 1912; see also Arlow 1979; Kernberg 1997; Racker 1953; Sterba 1934). Analytic "observing," however, revolves around the indeterminacy of one's position and the sovereign nature of mental events that can only be lived through (Levin 2010). In witnessing our own mental experiences, we can merely read clues about ourselves and then form opinions approached with intrinsic doubt (just as there must be inherent doubt as to our interpretations when inferring another's internal state). Thus, the analytic instrument entails simultaneously holding the capacity to *observe without understanding* (Bion 1970)—requiring what Keats (1817) described as *negative capability*—alongside the ability to *stand behind what is known.*

In the most extreme usage of the analytic instrument, Bion (1970) suggests a more profound regression described as "a positive act of refraining from memory and desire" (p. 31) that requires an attitude of "faith and awe." This "radical openness" putatively allows for the deep, lively contact between minds producing "transformation in O" (Vermote 2011). Others have taken up Bion's clarion call to suspend both directed attention and immediate response in order to access a variety of mental states or "receptive therapeutic actions" (Ferro 2008, 2009) that analysts were *not* traditionally trained to use, which fall under the Bionian umbrella of reverie (Birksted-Breen 2012). For example, Ogden (1994) contends that the analyst's conscious reveries can elucidate the patient's unconscious experiences; Botella and Botella (2005) emphasize the analyst's more regressive, dreamlike states; and Ferro (2009) describes using *dreamlike flashes,* along with metaphorical associations, to help understand the patient and analytic field.

Taking Mind as an Object

When an analyst experiences being unable to make contact with or understand the patient, or to find ways of representing what is occurring over a period of time, it becomes necessary for him/her to use his/her mind to seek the "missing" patient. Particularly when the more traditional archaeological or investigative model is less useful during work with more disturbed patients, or with weakly represented or primitive mental states in any patient, the patient's existence is represented through the analyst's moods, emotions, sensations, impulses, and thoughts. At these times the analyst needs "to *take himself as the object* of interest . . . [and] insight" (Bollas 1983, p. 1, italics added). This requires making room within for "a potential or unsaturated space, in which new thoughts may emerge" (Levine 2012a, p. 27)—hence, the analyst must become better able to "observe the emergence of the unbidden and the unexpected" (p. 19). By "lending" one's mind and using it to facilitate the patient's creation of psychic elements capable of being represented and associatively linked (rather than *dis*-associated), the analyst approaches him-/herself "as the other patient," functioning as a *transformational object* (Bollas 1979) within a *transformational model* (Levine 2010, 2012a, 2012b).

In considering the analyst's mind as an object, Ogden (1994) introduced the concept of the *analytic third* that serves to demonstrate what the analytic pair co-creates. This third as an object, including the analyst's acceptance and use of "apparently self-absorbed [narcissistic] ramblings" (p. 17), is particularly useful for understanding the analysand's conscious and unconscious experience. From this standpoint, what is on the way to representation belongs neither exclusively to the patient nor to the analyst, but rather to the *third* or the *analytic field* (Baranger and Baranger 2008; Baranger, Baranger, and Mom 1983). Thus, as illustrated with both Ms. B and Ms. H, and as Ogden (1994) reminds us, our reveries do *not* simply reflect "inattentiveness, narcissistic self-involvement, . . . [or] unresolved emotional conflict" (p. 12), but rather—in reflecting unrepresented, protopsychic elements that can become represented by work beginning in the analyst's mind—they are important technical tools that facilitate understanding the patient.

Nonetheless, the emotional experience occurring within the inter-psychic field is often of a *subjugating nature* (Ogden 1994). For example, an *omnipotent illusion* (Symington 1983) might operate, wherein neither member of the analytic pair can think about what is occurring uncon-sciously between them nor work psychologically with that experience. This is illustrated in the next example.

Case Vignette Three: Mr. N

With Mr. N, a schizoid man in his forties struggling with unsatisfying, remote relationships, I often found myself lost to my associations about my life plans, especially upcoming pleasurable activities, such as a film or meal, or an exciting idea about a paper I wanted to write. I observed that my drifting away mostly occurred when he was detailing his manifest conflict about needing to discipline his teenage son yet fearing the son's wrath. My interpretations pertaining to his aggression-related conflicts, both within and outside the transference, were experienced as blaming criticisms and led nowhere.

Though the lack of emotional engagement between us was clear, it seemed that my *interpretive enactments* (Steiner 2006) were producing a stalemate, and I was unable to think more deeply about it. Feeling isolated, cut off for long periods of time, and unable to comprehend let alone represent what was happening, I was unable to maintain my attention on Mr. N or to think about what was being co-created in the analytic field.

After months characterized by emotional distance and my retreat to these mundane "disconnects," I sought to find some way to bring some life to what was occurring between us. In seeking to decenter from my frozen countertransference state, I looked for what was going on be-tween the two of us, closely observing Mr. N's manner of talking behind his words. I realized that thinking about my own life activities seemed to occur when Mr. N himself seemed quite removed from any experience of vitality in, as well as hostile to, the very nature of the analysis itself. "But why," I asked myself, "do I stray from being interested in him, and could this reflect some sort of subjugation in our co-created 'third'?"

Taking myself as an object, I realized that he was approaching me as a parenting expert—a veritable Dr. Phil—to teach him how to set limits

with his son, perhaps in order to find some way to be involved with me without experiencing being emotionally engaged or dependent. At the same time, I found myself particularly uncomfortable with assuming this didactic authority role, and troubled by my inability to function as an "analyst" able to make contact with and address his inner world. Hence, the subjugating nature of our unconscious connection created out of Mr. N's anxieties about vulnerability, combined with my discomfort in feeling pressured to renounce an analytic attitude, had become fortified as I increasingly became psychically absent and unable to think about what was unconsciously going on between us.

In short, in spurning the parenting-specialist position, without realizing it, I sought to escape from the frustration and shame associated with Mr. N's unconscious anxieties about being in psychoanalysis, and I became drawn into finding something alive in other passions of mine. This co-created affective detachment occasioned an emotional deadness, so that only by eventually tuning in to what was taking shape within our mutually enacted, "subjugating" third, and subsequently by limiting the collusive disconnect from analytic work by taking my mind as an object and reflecting on my position as a nonanalyzing analyst, could I begin to disentangle myself.

Thus, I began to address interpretively the deadness concealing Mr. N's tremendous anxiety, disavowal, and underlying anger about his extremely conflicted yet growing emotional dependence on me. The analysis then began to come to life, and the negative transference helped us access Mr. N's *unthought known* about his mother's postpartum depression, as well as memories of his having to care for her and his younger sister while his father traveled.

Containing Internal Experience, Including Bearing Uncertainty and Tolerating Intense Affective States

It is not easy to develop the capacity to bear and value the necessary uncertainty in the analytic process, as well as to contain intense affective states. There are frequently long periods of *not knowing* that require tolerating ambiguity, meaninglessness, and the ability to withstand the need for coherence without prematurely closing our minds—that is, the

capacity to place oneself in the position of *not* knowing in order to receive what remains unknown, uncertain, and mysterious, which can be described by the term *negative capability* (Keats 1817) and/or *gelassenheit* (Heidegger 1959).

Waiting in the context of not knowing is partially captured by the English word *abide,* which means enduring without yielding. The receptive mental attitude of taking time allows potential new ways of understanding to develop mind that help overcome impasse and deadlock (Birksted-Breen 2012). Active psychic work is required to enter a reflective state wherein the anxiety of not knowing and "the unpleasure generated . . . by what the patient rejects of himself as unpleasant" (Faimberg 1992, p. 545) is sufficiently tolerated for analysts to get their bearings in relation to what as yet has no representation. Remaining open to and keeping "faith" in one's more intuitive modalities—a temporality indicated by a time of suspension and reverie (Birksted-Breen 2012)—may necessitate tolerating a healthy state of darkness (Caper 2009), particularly in working with weakly represented or traumatized states of mind.

Substantial psychic labor is often required to embrace intense, emotionally driven mental experience, let alone the uncertainty of being "stuck in negative, regressive relatedness" (Coen 2002, p. 152; see also Symington 2006). When the analyst can do this, however—as Bion (1962a, 1967, 1976) suggests in analogizing to infants with their mothers—her/his receptivity, calm *maternal* reverie, and detoxified return of the patient's chaotic mental (beta) elements in a form that can be thought about, symbolized, and metabolized (i.e., utilization of the analyst's alpha function) establishes a *containing object* in the patient's mind, which enables the patient both to feel authentically understood (Joseph 1975) and to learn from experience (Bion 1962a).

Analysts have the difficult task of performing a balancing act between experiencing the full disturbance of the patient's transference and responding with interpretation that does *not* convey disturbing anxiety (Pick 1985). Consequently, how the analyst undertakes the emotional experience or *takes the transference* (Mitrani 2001) becomes critical, rather than the analyst's misuse of it or engagement in other defensive maneuvers to protect against psychic pain. The analyst's effectiveness rests on the extent to which she/he works through the process internally

in the act of intervening (Pick 1985)—work that tends to occur privately and over time, often in the analyst's associations, dreams, and reveries. Through *living in and reflecting upon* the patient's unrepresented mental experience as well as conflictedness, we can better identify and interpret what the patient is yet unable to symbolize or bear knowing (Diamond 2011).

Accordingly, the patient's mind develops by consistently experiencing contact with the analyst's "containing function" over a lengthy period of time (Carpy 1989). This emerges from the patient's experience of, as well as unconscious identification with, the analyst's unconscious mind—what Spezzano (2007) described as the patient's finding a "home" in the mind of the analyst where the patient exists as an internal object. This is most evident during the analyst's containment of intense countertransference affect, fantasy, and impulse when *impacted by* the patient's projected material, and the analyst's consequently acting it out in partial, subtle ways through the wording of an interpretation, tone of voice, unconscious nonverbal behavior, or type of interpretation chosen (Carpy 1989). The analyst's being affected by what is projected, yet struggling to endure and understand it, conveys that the patient's projection is essentially tolerable (see also Grotstein 2005; Winnicott 1949). The patient then is able to recognize that she/he is impacting the analyst but, similar to what occurs with a good enough mother, the analyst's acts of renunciation keep the patient (like the infant) from being overwhelmed by the premature aggressive or sexualized return of the projected material.

In sum, four elements are in play for patients through the gradual process of *identification* with and *introjection* of the analyst's *mind use function* as a containing object: (a) *perceiving the analyst's psychic effort* and unconscious mind in action; (b) *sensing the analyst being impacted* by intense and/or disavowed affect; (c) *recognizing the analyst as not defensively having to disavow* his/her own intense affect; and (d) *observing the analyst struggling to tolerate* intense experiences of poorly symbolized, disavowed, or projected affect, and then communicating its meaning in an effort to be most helpful.

Utilizing More Developed Ego Functions for Self-Reflexivity and Elaboration

Patients unconsciously put forth a demand for psychic work on the part of the analyst's unconscious, and therefore analysts must go beyond tolerating and containing what comes from the patient's mind—particularly the emotions evoked by the patient—in order to *elaborate upon* what derives from the patient's unconscious and reaches the analyst's own (Fabozzi 2012; see also Winnicott 1945, 1949). As I have indicated, the analyst is inevitably participating in establishing the primarily unconscious dimensions of the analytic link or *vínculo* with the patient in order to establish the necessary conditions for dealing with the patient's unconscious mental functions. Simultaneously or typically shortly thereafter, the analyst directs her/his gaze from the outside as participant observer to discern the nature of the interaction and hypothesizes about the border between internal and external worlds in order to locate the patient's unconscious functioning.

A number of developed mental functions, including insightfulness (Sugarman 2006), self-reflexivity or reflexive self-awareness (Aron 2000)—often termed *mentalization, reflective functioning, insighting,* and *theory of mind* (Fonagy and Target 1996, 2007; Mayes and Cohen 1996)—involve *consciously* reflecting on one's mind working in all its complexity in order to promote mental mastery or self-regulation.[5] In privileging the analyst's unconscious, Ferro (2009) offers a more poetic picture in which psychoanalysis develops the "instruments for thinking thoughts," so that instead of favoring "contents and memories, . . . priority [is given] to the development of the apparatuses for dreaming, feeling, and thinking" (p. 214). Regardless of the language used, such processes are vital in comprehending an analyst's mental experiences that can facili-

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[5] *Self-analysis*, a relevant yet more inclusive concept, requires the capacity for exploring one's own inner life; moreover, working through a patient's resistance to self-analysis is regarded as an important feature of the termination process. The self-analytic process speaks to a state of mind involving specific ego functions carried out in the privacy of one's mind. (See Busch [2010] for a clear and comprehensive discussion of the processes involved in self-analysis.)

tate understanding the patient and thereby enable suitable interpretive interventions in and of both the transference and the field.

CONCLUSION

The analyst's unique use of mind placed in the service of the patient's mind–body expression provides the driving force for patients to become more able to access their own unconscious mental functioning, both to *understand* themselves better and to *internalize* the mutative facets of the relationship with the analyst. Accordingly, the patient's development is essentially dependent on the analyst's use of this function and disturbed by perturbations in it. Consequently, as Loewald (1960) advocated, the analyst must offer a more or less evolved representational level, moving a step beyond the patient's mental state by offering a different yet experientially appropriate perspective of a new, more "mature" object at a higher level of psychic integration. This requires discipline and faith in interpsychic dialogue in the context of an open, emotionally engaged unconscious participation in the analytic dyad.

In order to access and trust the unconsciously functioning analytic instrument, to secure analytic technique, and to better meet the challenges of our "impossible profession" (Freud 1923) by furthering dialogue among different psychoanalytic cultures—particularly given the somewhat neglected primacy of the Freudian unconscious—analysts are best sustained by maintaining confidence in analysis and its potential usefulness for each unique analytic dyad. Therefore, analysts need to recognize the significance of unconscious communication and to possess a clinical perspective grounded in theory both of unconscious mind and of analytic mind use in order to feel anchored across the spectrum of patients and situations.

The analyst's more relaxed capacity to traverse this expanse with its inherent dynamic tension necessitates a level of maturity on the analyst's part whereby analytic mind use can benefit the patient. In closing, I will quote William Wordsworth's (1807) lyrical words as aptly evocative of the essence of the analyst's developed mind use:

> More skilful in self-knowledge, even more pure,
> As tempted more; more able to endure,

As more exposed to suffering and distress;
Thence, also, more alive to tenderness. [pp. 320-321]

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COUNTERTRANSFERENCE IDENTIFICATION AND FANTASY IN PSYCHOANALYTIC PROCESS

BY WENDY W. KATZ

The development of more nuanced understandings of psychoanalytic process is among the primary tasks of contemporary psychoanalytic theorizing. One piece of this complex undertaking involves the examination of moments when the analyst's countertransference position changes. Shifts in the analyst's feelings and thoughts in relation to the patient are complex events in which experiences registered at many levels of organization and via many modes of perception combine to contribute to meaning-making and furthering of the treatment process. The author explores the role of fantasy in giving form and meaning to alterations experienced as a change of attitude or affect, through close examination of one such moment of shift.

INTRODUCTION

In a recent panel discussion on "stuck analyses" (Chaplan 2013), the presenters emphasized the obstacles to analytic process erected by their patients' unconscious clinging to maladaptive identifications with dead or destructive objects, and by the ways in which analysts were drawn to identify with the patient's helplessness or the object's destructiveness. As

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Chaplan points out, in such cases, change can occur only with the analyst's recognition that the "patient's stubborn negativity is also [or was at one time] a great strength" (p. 599). Beyond this, the panelists made it clear that analytic movement depended on the analyst's ability to convey this recognition with true sympathy and compassion.

But how does this kind of recognition and the communication of it occur? In one sense, it is easy for us as analysts to understand that the patient's character structure represents his best adaptation to the particular combination of internal and external contexts that he confronted at one time; our theory is in large part founded upon this idea. But while the analyst may easily achieve an intellectual understanding— a theory—about a patient's character and resistance, it is possible and even common for the analyst to understand and yet be "prevented . . . from reacting understandingly" (Racker 1953, p. 323). In fact, in certain cases, it is devilishly difficult for the analyst to achieve an empathic understanding, one based on what Racker (1957) called a *concordant identification.*

As shown in the analyses discussed in the panel summarized by Chaplan (2013), as well as in many cases reported by other analysts in our literature, it can be this elusive and often apparently mysterious sense of emotional identification with the patient that—enhancing understanding and adding resonance to communication—allows the analyst eventually to intervene in ways that break the fixed patterns of feeling and action that are clogging the gears of the analytic process. Symington (1983) sees these moments as emerging from internal *acts of freedom* in the analyst's thinking, but says less about what permits or facilitates such acts.

As psychoanalysis moves into its second century, a central theoretical task has become the construction of increasingly nuanced understandings of analytic process, no longer presumed to be uniform and straightforward. One thread of this highly complex undertaking involves the detailed examination of moments in which experience and understanding in the dyad undergo palpable change.

I will describe here one treatment in which the achievement of therapeutic recognition of the kind discussed earlier was extremely difficult, and I will attempt to look closely at such a moment in order to explore

some of this process. In this case, a shift in the countertransference identification was a significant element.

A CHALLENGING ANALYSIS

Analytic work with Ms. C proceeded almost imperceptibly for years, with scant phases of deepening and change punctuating longer periods of "stuckness." An attractive, single woman who sought help for chronic self-doubt, disappointment in her career trajectory, and difficulty becoming involved in a romantic relationship, Ms. C herself felt "stuck" in life and evinced eagerness for an analysis, which she believed would help her move forward. Nevertheless, her treatment, like many such "stuck" analyses, quickly became characterized by "relentless, prolonged . . . repetitive, 'signature' patterns of interaction . . . leading to the analyst's feeling at wit's end" (Chaplan 2013, p. 592).

Ms. C acknowledged early on her great desire to become "special" to the analyst, coupled with her firm understanding that this could never actually be the case. As the analysis unfolded, she seemed determined to prove her conviction true at the expense of any risky attempt to realize her wish.

While a certain *benign negative countertransference* (Smith 2000)—a mild irritation born of the analyst's role-determined, anti-resistance position—may be a ubiquitous element of the working analyst's fluctuating subjective experience, along with a corresponding availability of aggression for therapeutic use, the chronic frustration that I came to feel toward Ms. C seemed antithetical to the possibility of intervening helpfully. Indeed, despite Ms. C's own seeming lack of concern about the state of her analysis, this "wit's-end" feeling became more or less the baseline countertransference position against which a sudden, transient shift late in the analysis became of great interest.

In describing my experience with Ms. C,[1] I will focus as much as possible on the felt experience of the work, rather than on formulations of her character and conflicts. While a patient like Ms. C can be approached and understood from a number of psychoanalytic perspectives, my emphasis here is on factors in the analytic process, rather than

[1] This analysis was conducted on the couch at a frequency of four sessions per week.

those specific to a diagnostic group, that may be involved in the satisfactory experience of gaining and using psychoanalytic understanding.

Ms. C approached analysis as a necessary but unpleasant chore in which she could not expect much support or involvement from her analyst. While manifestly she accepted the conditions of the analytic frame, in actuality she seamlessly imposed her own frame (Bleger 1967) in which the time allotted to sessions and the fundamental rule of free association were not so much resisted as politely but necessarily altered. She attended every session, but always presented herself late—very often by as much as half an hour. Despite the unvarying regularity of this behavior, Ms. C appeared sheepish and surprised at herself every time. Initially hoping for my healing tolerance of her "inability" to be on time, eventually Ms. C allowed that, as with her chronic lateness for church as a child, there *might* be some meaning, if not motivation, in this pattern. But for a very long time this idea seemed to remain entirely hypothetical for her; she continued to regard her tendency to dawdle as a shameful "flaw."

Similarly, she lay on the couch and spoke, but openly selected her topics on the basis of what seemed to her significant or "profound." Ms. C assured me that she "knew" she was "supposed to" talk about "profound" things, produce wise insights, and thereby grow more "positive" and "healthy." She recounted anecdotes that seemed intended to create an impression of sensible, breezy amiability, musing at length on abstract topics in an intellectualized way. Ms. C's manner of speaking seemed to actualize her stated wish to "get rid of" all emotions that she deemed negative, such as anger and envy. She disregarded my comments conveying that we might learn something by instead paying attention to such feelings and to the thoughts that came spontaneously to mind. Unaware of any specific feelings about me, Ms. C staunchly maintained that to have such feelings would be "irrational" and was therefore unimaginable.

Over a long period, Ms. C remained impervious to my efforts to explore her rigid management of the analysis and our relationship. I began to think that, despite her initial presentation of motivation and moderate insight, she might after all be unanalyzable. She seemed to exhibit a disturbance in thinking that was subtle enough not to create blatant difficulties in her everyday life, yet presented a formidable ob-

stacle to engaging in an analytic process. Her rigid relation to ideas and the links between them created a kind of fortress between her mental experience and her awareness of her own emotions, such that only the most diluted emotional experiences seemed to make their way through the chinks. Despite chronic dissatisfaction associated with this state of self-alienation and with her corresponding incapacity for truly intimate exchanges with others, Ms. C so feared what she might learn or expose about herself that a deepening in the treatment was precluded.

Yet, interspersed with this dominantly shallow and concrete state of mind, Ms. C occasionally reported dreams and fleeting fantasies that seemed rich and imbued with affect, reviving my appreciation for her mind and my sense of hope that we might eventually access more authentic aspects of her experience. Although she presented these more spontaneous images with excitement, Ms. C would then immediately freeze, certain that they had an encoded meaning that I already knew. She sometimes coped with this anxiety by offering complete, stereotyped "interpretations" of her dreams in place of associations, while rebuffing my efforts to wonder about her fixed view of me as omniscient and judging.

Ms. C seemed in many ways to fit Joseph's (1975) description of a "patient who is difficult to reach":

> [With these patients] the part of the personality that is available is actually keeping another more needy or potentially responsive and receptive part split off. Sometimes the split takes the form of one part of the ego standing aside as if observing all that is going on between the analyst and the other part of the patient and destructively preventing real contact being made, using various methods of avoidance and evasion. Sometimes large parts of the ego temporarily seem to disappear in the analysis with resultant apathy or extreme passivity. [p. 75]

It was clear to me that Ms. C greatly feared a more authentic (and potentially painful) engagement, both with me and with herself. She employed an impressive array of defenses against such contact, offering instead an abstract and conventional discourse *about* authentic contact and her lifelong search for it. She felt both deprived—materially and emotionally—and shamefully preoccupied with her deprivation. I came

to understand that she consciously viewed analysis primarily as a form of self-discipline that would build up her responsibility for herself and bring her the rewards of this responsibility—including, most prominently, a relationship leading to marriage and children, as well as a more materially comfortable lifestyle.

But rather than eliciting my sympathy for her painfully constricted experience, Ms. C's distancing, affect-drained discourse, her provocative lateness, and her varied ways of dismissing my curiosity about what she was communicating led over time to a profoundly aversive feeling on my part. I felt chronically bored, annoyed, critical, unappreciated, and—like Ms. C—deprived. Numerous enactments involving my "forgetting" about Ms. C in one way or another hinted at something in my emotional reaction to her that I could not digest.[2]

This unusually static negative countertransference experience was extremely disturbing. I struggled to use the details of my discomfort to imagine what Ms. C needed to ward off and why, only to find repeatedly that any understanding I could glean and offer was itself apparently an unbearable threat. Alternating and mutually reinforcing phases of frustration and guilt seemed to be my lot to bear for long periods.

Still, Ms. C never spoke of ending the treatment. For my part, I felt that her fear of being dismissed or given up on was one thing she could not afford to have actualized. Unsurprisingly, I also felt that my failing to connect with her would confirm feared inadequacies and shameful character flaws in me.[3] So we continued amid considerable unease.

COUNTERTRANSFERENCE AND IDENTIFICATION

The literature on the role in psychoanalytic process of the analyst's subjectivity or countertransference is by now too vast and varied to summa-

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[2] I forgot basic details about Ms. C's family when writing up a report as a candidate; later I realized that I had forgotten to write a required interim report on her treatment; and still later I was dismayed to find that I *had* in fact written the report and had *subsequently forgotten having written it.* In each situation, disturbing feelings of distance, confusion, shame, and guilt were intermingled.

[3] Racker (1953) observed that, in countertransference associated with success or failure of the treatment, the analyst often believes the badness of himself that meshes with what the patient projects. A similar idea is the focus of Epstein's (1987) work on the *bad-analyst feeling.*

rize succinctly. As is well known, early controversies over the very defini-
tion and validity of countertransference have almost entirely given way
to more nuanced examinations of its contours and uses, as intellectual
and social developments within and outside psychoanalysis over the last
half century have dislodged earlier assumptions of the analyst's objec-
tivity. Across theoretical schools, the subjectivity of the analyst is now
acknowledged to be inevitably and even essentially involved in the ana-
lytic process, and countless authors have taken up the tasks of theorizing
about how and why this involvement occurs, and exploring what its many
causes, functions, hazards, and uses may be.

Common to most contemporary approaches is the assumption that
the analyst must be available for an authentic and spontaneous involve-
ment and must also be reliably able to perform the function of observing
and reflecting on this involvement, toward the overarching goal of un-
derstanding the patient. Various aspects of the analyst's subjective ex-
perience may then be emphasized as the object of this observation and
reflection. Since the early 1990s, many authors have focused on *enact-
ments,* in which the analyst's internal response to her patient pulls her
unwittingly to behave in particular ways (behavior broadly construed and
including the verbal), often counter to her habitual technique, gener-
ating "scenes" that actualize important unconscious fantasies.

Others, following Ogden's (1994) interpretation of Bion, focus on
the contents of the analyst's reverie—her private fantasy stimulated in
the context of work with the patient—and the usefulness of this parallel
associative material to understanding that of the patient. In one increas-
ingly influential strand of thought, derived from Bion's theory of con-
tainment and developed extensively in psychoanalytic field theory, the
analyst's subjective experience is understood in more functional terms:
her thinking, feeling, and imagining are construed as auxiliary mental
processes in which she digests and transforms the patient's raw experi-
ence, thereby stimulating the growth of the patient's capacity for psychic
processing.

These aspects of countertransference, distinguished conceptually in
the foregoing, are in actuality inseparable, since reverie is continuous
background mental activity; action—in its broadest sense—is inevitable;
and all interpretive work can be understood as effecting a transforma-

tion. Nevertheless, it seems that analysts are naturally drawn to attending to different aspects and functions of their own experience, according to theoretical preferences, the idiosyncrasies of their own personalities, the "chemistry" that occurs with any given patient (Goldberg and Grusky 2013), and undoubtedly a host of other individual, dyadic, and group variables. While many authors point us toward potential uses and expand the range of our attention, a full utilization in practice of the potential of the analyst's experience is almost certainly an ideal never actually reached. The unique flavor and pattern of the unfolding of each analysis must be in part determined by this inevitable selection from the full range of possible ingredients.

In his highly influential approach to this subject, Racker (1957) argued that countertransference, in its broadest sense of the totality of the analyst's experience in relation to the patient, must ultimately reflect an *identification,* since it can be only by identifications—by imaginatively putting ourselves in the place of the patient or a part of the patient's personality or object world—that we can come to know or understand the mind of another person. In this way of thinking, the multiple elements of countertransference discussed above might be thought of as *subsidiary experiences* involved in the construction of such transient identifications. That is, the countertransference at any given moment—which Racker construes as an identification—is a highly complex psychic structure built up of numerous conscious and unconscious components, and drawing from a deep and diverse wellspring of sources.

Racker usefully divided these complex identificatory experiences into two broad categories: *concordant* identifications, which are identifications with the patient's ego; and *complementary* identifications, which are those with one of the patient's internal objects. Commenting on Racker's idea, LaFarge (2007) offers a more experience-near way of grasping this distinction: *feeling with* versus *feeling toward* the patient.

Carveth (2012), troubled by the common tendency to equate concordant identification with empathy, emphasizes that, in fact, *both* kinds of identification offer the possibility of increased empathic understanding, but only if the analyst is able to move back and forth between experiencing them and reflecting on them. Conversely, he argues, both

types can equally endanger the analyst's ability to know the patient if they "capture" the analyst unconsciously.

In essence, concordant identification can be understood more specifically as the analyst identifying with what the *patient* is identifying with at the moment, while complementary identification would be the analyst identifying with what the patient is *disidentifying* with (or projecting, disavowing, etc.), *regardless* of whether the analyst's identification is conscious, and regardless of whether these objects of identification are thought of as internal objects, object representations, or parts of the personality. The degree of the analyst's awareness of the nature of her own identification then becomes the salient variable determining whether her experience—whether concordant or complementary—can be thought of as empathy.

Carveth (2012) essentially delineates another axis in the distinction proposed by Racker, and in so doing highlights the fact that the transiency of the identification is itself highly important. Transiency implies the analyst's ideally continuous process of alternating immersion in immediate experience with observation and reflection.

While these identificatory experiences in the analyst can be understood as products of the interacting defensive dynamics of the two participants, Wilson (2013) asks us to look at them as most proximately, and logically, conditioned by the analyst's desire, which he describes as "foundational" (p. 435) to it (as desire logically must be in relation to all emotional experience and defense).

Indeed, it might be that feeling *with* the patient (what we typically experience as empathy[4]) directly fulfills a very common desire of analysts, in that it yields a more satisfying and immediate feeling of contact and understanding. As LaFarge (2007) notes, in a concordant identification, "the analyst subjectively feels that he understands his patient" (p. 800). In such situations, the patient is felt to be intentionally communicating with the analyst and to be assuming some degree of *ownership* of his experience. While he may be communicating with the analyst as a transference object, in that moment, the analyst is not primarily iden-

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[4] I distinguish this from actual empathy, in recognition of Carveth's (2012) point.

tified with that object; rather, the analyst recognizes it and "gets" the patient's feelings toward it.

In contrast, a complementary identification occurs, according to Racker, when the patient is projecting unwanted parts of himself in such a way that the analyst responsively identifies with these parts. This is a potential result of the patient's use of projective identification, if our own conflicts are stirred by the patient's defensive efforts in such a way that we identify with the projected aspect. We then experience the feelings that belong to the patient's object or to a disowned part of his personality, and are most aware of feeling "toward" the patient. This tends to be a less "desirable," less comfortable, more ego-alien feeling—one that, in LaFarge's terms, is "louder" (2007, p. 800).

But the mechanism of projective identification means that, necessarily, most instances in which it is used by the patient will be associated with an experience of being implicitly treated as less than separate—as the patient not recognizing our "otherness," in Wilson's (2013, p. 460) phrasing; this situation induces in the analyst an additional negative experience associated with the frustration of a desire, irrespective of the specific qualities associated with the projected object with which the analyst is induced to identify.

Wilson emphasizes this dynamic in observing that in general, in interaction between persons, the frustration of an unacknowledged desire leads to disavowed pressure on the frustrating object (here, the patient) and/or retaliation against it. In analysis, Wilson tells us, this pressuring or retaliating action by the analyst may be extremely subtle and may be rationalized in terms of technique, but its unconscious meaning will nevertheless be apprehended unconsciously by the patient.

Other authors who conceptualize such situations differently, with less explicit focus upon the analyst's desire, nonetheless capture a similar experience in showing how the analyst can be drawn into enacting a dynamic that prolongs an impasse. Wilson highlights the danger posed by the analyst's narcissistic desires (e.g., to be affirmed and appreciated), among those especially likely to be conflictual and disavowed (Kravis [2013] implies something similar) and therefore to emerge in a reaction that stems from the analyst's frustration.

Undoubtedly, my own frustration with Ms. C, the patient described earlier with whom I felt neither efficacious nor important, sometimes led me to focus on interpretations of resistance with words or tones that implied her responsibility for that frustration, and in so doing intensified her need to rely on projective defenses, in a closed cycle similar to the ones that Wilson (2013) describes. For example, if I observed to Ms. C that she seemed to be avoiding a more upsetting feeling, it is very possible that a tone of real impatience—attenuated though it might be—provided fertile soil for a transference in which I was seen as wishing to control and change her, dangerously embodying her own disavowed sadistic impulses.

When countertransference remains predominantly in one or the other of the two positions for a long time, as it did in my work with Ms. C, a feeling of genuine movement in the analysis must cease or fail to begin at all. While impasses may arise from prolonged experiences of frustration (as well as in situations of chronic gratification), it is likely that a well-going analytic process creates a rhythm of regular oscillation between countertransference experiences of *feeling with* and *feeling toward,* each of which makes possible a way of knowing the patient that is not accessible in the other. Each type of *countertransference position,* as Racker also called these identifications, is built up not only of multiple microexperiences, but may also be thought of as the *affective setting* for the wide variety of more specific countertransference experiences that occur within it.

Being a complex compromise—like all identifications—each type of conscious identification and countertransference experience is inevitably associated with warded-off identifications of the other type, as Carveth (2012), LaFarge (2007), Smith (2000), and others describe. Such warded-off identifications lie on a spectrum with respect to awareness; some may emerge as flickering intrusions into *feeling with* or as momentary fadings away of *feeling toward,* for example, while others are held more rigidly apart from conscious experience and require more intense self-scrutiny and self-analysis to enter awareness.

Perhaps, as Baranger, Baranger, and Mom (1983) suggest in their writing on the concepts of the *bastion* and the *second look,* analytic process in general is usefully understood as a series of microimpasses, in that the

cycle of experiencing, identifying, and scrutinizing for what is left out must occur over and over in order for understanding, movement, and change to occur.[5]

COUNTERTRANSFERENCE POSITIONS AND ANALYTIC PROCESS

We know that the processes involved in perceiving, understanding, and communicating in the analytic situation are often extremely subtle and complex. In an adequate analysis, there must be a natural but perhaps not overly rapid movement of the analyst's awareness back and forth between each of the two types of countertransference as elements of the patient's inner world come to life, exert pressures on both parties, and are gradually and partially worked through, giving rise to and making room for other elements.

Ideally, the analyst is able to tolerate, and to become and remain moderately aware of—but not preoccupied with or focused on—both types of countertransference feeling for extended periods of time, while limiting but not suppressing entirely her actual interpersonal reacting. The analyst's control over her action is of course only partial; as Renik (1993) and many others have shown, it is often only by her reaction and her subsequent observation of it that she becomes aware of her feeling. But this only serves to emphasize that a high degree of tolerance for emotional tension is one of the most crucial and hard-won elements of an analyst's technical skill (Bolognini 2008). The analyst tries to be sufficiently aware of whatever she is feeling to be on the lookout for both the

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[5] Goldberg and Grusky (2013) write about a bad "chemistry" between the inner worlds of patient and analyst that is powerfully aversive for both parties. Goldberg and Grusky look at the specific phenomenon of chronic hopelessness about the work, which—because of its very unpleasantness—stimulates the analyst to self-analyze enough to generate a shift in the "chemistry." In contrast to the "stuckness" panelists (Chaplan 2013), Goldberg and Grusky imply that not only can stuck analyses become "unstuck," but the "stuckness" itself is actually a good thing per se, because it leads to an unsticking *process*. They view this process as valuable in its own right in providing the patient the opportunity to witness and identify with the analyst's struggle and growth. This may speak to the idea that every analysis is made up of microimpasses; in other words, some degree of tension and frustration creates desire; desire begets motivation; and nothing can happen without motivation.

reasons for this feeling, and for more subtle indicators of other, warded-off feelings.

In a state of optimal analytic functioning, our awareness of our own feeling state vis-à-vis the patient—*countertransference position*, in Racker's term—exists alongside other elements of our subjective experience. Observing and listening to the patient's presentation, associations, and actions, the analyst responds with ideas, questions, images, thoughts, wishes, emotions, memories, physical sensations, fantasies, and so forth—that are neither directly a *feeling with* nor a *feeling toward,* but are elements of our subjective experience of the patient. This is a different level of experience, one that leads to understanding something about the patient that may help us make sense of our countertransference position, to give it additional meaning, and vice versa. Once an aspect of our experience becomes the object of our direct attention and reflection, it is no longer exactly the same experience.

We are always trying to become more aware of these associations to the patient's material, some of which we experience *as if* they were direct reflections on the patient's material, but which must always be experienced through the filter of our own minds, even if sometimes mainly through a filter of our theoretical knowledge. The analyst keeps in the back of her mind that her ultimate goal is always to understand the patient as best as she can, but she knows that doing so may involve a highly circuitous route through understanding her own inevitable human tendency to *use* her relation to the patient for defensive and wish-fulfilling purposes.

Important in analytic work is our availability to have not only our mental *content* affected by the encounter with the patient, but our mental *functioning* as well. We are committed to observe and analyze, as best we can, our own processes of thinking, listening, reacting, and defending; we aim not simply to perform the automatic tasks of reestablishing equilibrium—tasks to which we have become accustomed by life as human beings—but to bear states of tension and disequilibrium long enough to examine them, and to retrospectively evaluate our psychic movements in order to see where and against what we have operated defensively. These goals, if achieved at all, are reached only partially, often with great effort,

and mostly with discomfort or even suffering, since they work against the natural self-protective actions of the psyche.

In his exploration of the narcissistic challenges that may cause the analyst to "hate" his job, Kravis (2013) notes among them this requirement for endless self-scrutiny, for constantly going against the mental grain, and suggests that what he calls a resulting "hidden sense of heroism" (p. 91) accompanies the masochistic gratification that analysts gain from doing work that is difficult in this way.

But my point here is not that the analyst is heroic for trying to do what the job requires but that, since these requirements are unnatural and difficult, it should not surprise us that the job is often not done successfully, and never completely. As I will further describe, my efforts to understand my reaction to Ms. C were certainly painful, but the process felt far from heroic. Indeed, it is increasingly believed that most analyses require of the analyst not only self-analysis, but also periodic consultation in order to achieve and repeatedly regain the necessary stance (Goldberg and Grusky 2013; Kantrowitz 2009).

A CHRONIC COMPLEMENTARY COUNTERTRANSFERENCE

Ms. C was so alienated from major parts of her own personality, so skittishly avoidant of any feeling—good or bad—that threatened to deepen, and so apparently unconscious even of the fear that kept her so constricted, that there seemed to be little with which to identify empathically. I felt trapped in a deeply unpleasant countertransference experience that seemed to blend two predominant identifications: one with a critical, demanding, dismissive, unloving maternal imago, and the other with a controlled, shameful, unappreciated, and furious child. In relation to me, Ms. C's feelings meanwhile remained, as she much later came to put it, safely "beige." A structure that was easy enough to see, it proved almost impossible to break into interpretively.

I often had the uncomfortable feeling of being very far ahead of Ms. C in understanding her. She seemed to share this view of me, and bolstered it by her presentation of material for interpretation but not for joint exploration. In these moments, I felt I was identified with a

projected superior, omniscient figure, which I believe represented a part of Ms. C that was guiltily mobilized to cope with her own painful longing toward her unavailable, shaming mother. Not surprisingly, this transference evoked what seemed to be an envious and covertly competitive reaction in her. If I saw something that she did not see, or had an idea that she did not immediately understand, it "made" her feel inadequate. She could not accept my ideas as contributions to be used and expanded on; instead, they were reminders of her inferiority and would lead to her going "blank."

Because there was this difficulty in accepting our two minds as working separately, it was hard for any real cooperative understanding to emerge. The development of a shared metaphorical language for describing Ms. C's mental processes—so important in an analysis as a concrete representation of the uniqueness and exclusivity of the dyad—was extremely slow, as it seemed that any intervention deviating from direct mirroring was intolerable to Ms. C and resulted in an intensification of her avoidance. My sense was that this very negative transference, split off from a manifest and superficial idealization, was dominating the analysis, and that Ms. C was unconsciously responding to it in a powerfully destructive way. Not only was her way of being in the analysis largely devoted to warding off an anticipated attack on her self-esteem; but in addition, maintaining her shallow conscious idealization actually required Ms. C to remain quite uninterested in me lest she notice anything particular. She reported having "intense" feelings about other people outside her sessions—mostly about her mother—but clung with impressive tenacity to the view that to experience any expectations of, or feeling about, me would be a childish and unrealistic hindrance to the treatment.

Interpretation of this transference was not productive. Ms. C acknowledged cringing when she heard me inhale before speaking, yet felt reproached by my observation that I must seem very critical and punitive to her. Then she would say that my tone showed I was not happy with her, and that if only I were simply supportive she would not be scared. Yet she could not acknowledge that this was a complaint about me; it was just an unfortunate but necessary thing about "psychoanalysis." It was maddening to come up against this defensive structure over and over again, and of course her fantasy was partially actualized in the counter-

transference in that I *did* quickly come to feel critical of her, and also intolerably controlled.

I could easily see that Ms. C must have felt some of this in her relationship with her mother, whom she portrayed as emotionally unavailable, self-righteous, resentful, and chronically burdened by the tasks of caring for her large family. But while the patient often complained of her mother's lack of interest in her as a person and of never having felt that she pleased her mother, my countertransference experience of hearing about these feelings and the anecdotes that illustrated them was more often one of impatience and annoyance rather than sympathy. The complaint seemed flat, canned, and offered as Ms. C's theory about herself, rather than as a genuine and painful experience.

I often felt guilty about my inner reaction and tried to understand it. I thought that perhaps Ms. C reminded me of certain members of my own family, or even of myself at times—adults preoccupied with lifelong grudges against aging parents. Yet wasn't Ms. C supposed to be talking about her childhood experience? Wasn't my goal to understand, rather than judge, her feelings? Didn't she have a right to feel wounded and deprived by these obviously painful experiences? Why did I feel so cold, so identified with this critical, self-righteous mother? What was wrong with me that I couldn't recognize this as a part of Ms. C's personality and help her come to terms with it?

I imagined myself as the mother whose love Ms. C claimed to want. It felt to me that Ms. C made no effort to win my love, even as she claimed to be trying so hard to "do this the right way." She seemed to have accepted a priori that she could not succeed and to be contenting herself with complaints instead of making real efforts. I reassured myself: I need not feel guilty because she made herself unlovable. But then, I asked myself, why should a child have to win a parent's love? Maybe this was how Ms. C's actual mother justified her lack of love—by saying her child was defective.

I observed that Ms. C never really seemed to be speaking to *me* as a particular person who might have an individual response to what she said. Any real longing for connection was so deeply buried that I could not feel it. Was this what she herself had experienced with her mother? Was my litany of silent reproaches a mirror of hers? And was hers in turn

a repetition of the reproaches she felt from her mother, going back as far as her earliest efforts to individuate? I heard myself thinking, "She never—, she always—, why can't she—? why doesn't she—? what's wrong with her?"[6]

I seemed to be caught in a trap—one that was interestingly replicated in the process of writing about it[7]—in which attempts at reflective thought inevitably deteriorated into repetition and evacuation. As illustrated in the preceding paragraphs, my mind would fill up with complaints that seemed intended to justify a feeling I could barely recognize as guilt, so entwined was it with frustration and anxiety about my own competence and goodness.

The stuck situation in Ms. C's analysis could perhaps be formulated in Racker's terms as an absence of forming or accessing consciously a concordant identification, from which interpreting "understandingly" might emerge. Since the patient's unconscious is attuned to the analyst's emotional state, it may be that interpretation *from within* the complementary countertransference position can logically only be experienced as an expression of that identification—for example, as a criticism, an attack, or perhaps a display of analytic incompetence.

In what follows, I will discuss a moment late in the analysis when a concordant identification did emerge, and I will examine the role of the analyst's fantasy in the shift from one countertransference position to another.

COUNTERTRANSFERENCE IDENTIFICATION IN A FANTASY

A Film

A few years into our work, Ms. C revealed a special interest in a scene from a popular contemporary film in which a self-destructive teenage girl

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[6] Racker's (1953) paper contains similar examples, and Goldberg's account of working with Ann (Goldberg and Grusky 2013) also has this quality.

[7] It is a rarely discussed fact that just as the patient ideally continues the analytic work in some mode of self-analysis after termination, the analyst, too, can continue to be stimulated to self-analysis and greater understanding of the patient long after the conclusion of a treatment. Writing is a powerful stimulus to this kind of work, as countertransferences are reevoked and continue to be worked through, yielding new understanding.

is held firmly—though struggling—in the arms of her mother, who has belatedly recognized the girl's suffering, finally prevented from hurting herself further. Aware of the compelling quality this scene held for her and of her identification with the girl, Ms. C was, however, unable to acknowledge or apparently to experience this longing to be passionately and redeemingly loved and held directly in the transference. Neither could she acknowledge the complex motives involved in the fictional girl's self-cutting, despite the fact that she herself frequently daydreamed about receiving the attention of her parents and others while recovering in the hospital after being injured while performing a heroic act.

Of the movie, Ms. C said, "What I remember most is that at the end, the mom has realized how hurt and struggling her daughter is; she sees the cutting marks on her arms and forces the sleeves up to look at them and kisses her arms, holding on to her. The girl tries to shrug her off, can't bear being held, but her mom doesn't let go, and they end up falling on the floor together." Ms. C became tearful, but I felt—as I often did with her—uncomfortably alone in my predominant awareness of the disavowed excitement and aggression in her account of the scene.

After a pause, she continued, "I get scared and pull away from people so often when I either realize or just fear that I'm not going to get *that.*"

I felt distant from Ms. C, despite the comprehensibility of the fear and pain she described. I could see that this scenario of provocative refusal, pain and bleeding, forcing and kissing reflected the basic "stuck" dynamic in the treatment and illustrated something of what Ms. C was stubbornly holding out for from me.

Listening to her recount the scene, I became increasingly aware that the mother's guilt was a necessary element of the drama, but as I pondered this, Ms. C quickly lowered the shade on this window into her desire with a rather typical remark: one in which an important truth was ingeniously masked by a clichéd, affectless version of itself. "I sometimes wonder if I've built those walls too high," she said, "and I won't let anyone come close enough to find out."

The dramatic scene as described, it seemed to me, captured and condensed much that was important in Ms. C's inner world. In the context of my ongoing subjectively painful experience with Ms. C, I felt that I was charged with containing the unbearable feelings associated with the

gradual elaboration in action of this fantasy, which Ms. C had made plain she could not yet represent or analyze directly. My frequent feelings of frustration with her, along with my guilt over these feelings, seemed to constitute an essential ingredient of this enactment.

Despite my overall difficulty with Ms. C, enough intermittent and moderate contact was made over several years that the analysis continued to progress slowly. A "playful" attitude (Coen 2005) in addressing her aggression and my own was crucial, as was a firm but matter-of-fact insistence on the existence of transference fantasy, which she so emphatically denied. I developed a rather routinized habit of asking, "Where am *I* in all this?" when I felt that Ms. C was drifting into abstract, unreachable territory. This intervention, which gained the feeling of a familiar and tolerable ritual, often helped her come closer to awareness of a real feeling in the moment, and perhaps served over time as a concrete sign of my steady refusal to accept her disengagement.

Ms. C gradually became incrementally more aware and accepting of aspects of her own wishes and feelings, in particular those involving envy and aggression; less focused on changing her mother in the present; more relaxed and open to relationships; and less easily ensnared in power struggles in her outside life.

Nevertheless, my own approaches felt somewhat contrived to me, as they were preceded not by the increased sense of empathy that Coen describes, but rather by a strained effort to imagine what I *would* say or do *if* I *felt with* Ms. C. And despite external evidence of a certain degree of change in her life, the analytic relationship continued to have overall the same limited tone; I felt frustrated, and Ms. C's most characteristic "signature" patterns of engagement with me went on unabated, signaling to me that significant splits in the transference—and, I surmised, in the countertransference—persisted.

A Book

In a session some time after she had first mentioned the film, I observed to Ms. C that a decision she was obsessing over (whether to attend an upcoming public event) seemed to be less a response to the conscious reason she offered (a wish to be more "engaged" with the world) than a reaction to the previous day's difficult session, in which she had

acknowledged thinking of me as a "boot camp instructor" whom she would escape for the two days of the contemplated trip.

Ms. C complained that my interpretation made her "get stuck" in her thinking, because she felt I was scolding her for not having made this link herself. She became tearful and said, "I'm supposed to do everything right."

I felt she was mobilizing a masochistic reaction as a way of rejecting my interpretation, and interpreted that when I observed something she herself had been unaware of, it made her feel competitive, and that she warded off the competitive feeling—which seemed dangerous to her—by returning to a more familiar feeling of aggrievedness and hurt. Although I believed this familiar interpretation was basically accurate, it felt perfunctory even as I delivered it.

On this occasion, Ms. C responded with intensity to my use of the word *competitive*. She said, "When I feel bad, *that's* what I'm feeling. That I should get past it because it's not right. It's hard to think more about it." She paused. "I'm having all these images and words and voices . . . being at home." It was a familiar memory of life with her chronically critical mother: "We [she and her several siblings] were measured by our behavior, her expectations—there was plenty of *competition* [she uttered the word bitterly] . . . in the *competition* to be the *best kid.*" She paused and became tearful. "I *never* was that, unless I did something specific to make my mom happy in the moment."

Although it seemed to me that this material continued in part to reflect the patient's tenacious effort to maintain a bearable experience of herself as mainly hurt by, rather than competitive with, her analyst, my subsequent association, as I will describe below, put this well-worn stance into a different context—one that seemed less contaminated by an implied demand for perverse compensations.

Upon hearing Ms. C say the words "the best kid," I was startled and almost painfully relieved to find that I felt *sadness and longing,* and my subjective experience was that I felt these emotions *with* Ms. C. My mind had jumped instantly to a book I had read in childhood and had recently reread aloud with my two young daughters: *From Anna* (Little 1972), by a gifted Canadian children's author. In this book, about another girl with many siblings, the well-meaning but traumatized mother is described as

occasionally singling out one or another of her children as "the dearest child," a phrase that echoed "the best kid" in Ms. C's associations. "Right now you are the dearest child," this mother says (Little 1972, p. 63), and the others look on jealously while the special child basks in maternal sunlight. Yet each child, with the exception of "Clumsy Anna," knows that sooner or later it will be his turn to be again the dearest child. Only Anna never manages to complete a task or display an achievement that will bring her this special moment. For her, mother seems to have only uncomprehending exasperation:

> She knew that then [when she was a baby] Mama had cuddled her and had sung to her. There were pictures of her on Mama's knee and Mama's smile at her was beautiful. Anna loved those pictures. But she could not remember, or only barely, a time when she was not a disappointment to her mother. [p. 23]

In my mind's eye, I saw a hard, closed, unattractive little girl—the Anna depicted in the book's original black-and-white illustrations by Joan Sandin—who despaired of ever, even for a moment, being mother's special one, a girl who refused to try; and—as the novel's vivid writing pulls one to do—I *felt with* this child.

At the climax of the book, Anna has finally found nurturing substitutes in a teacher and a doctor, benefactors who recognize what everyone else has missed—that she has a severe visual impairment—and who provide glasses that let her see the world clearly for the first time. Anna then accomplishes a task that finally attracts her mother's loving and approving attention: newly capable and newly recognized by others, her will to try is rekindled, and she proudly and with great effort and diligence makes her mother a simple woven basket for Christmas. At last, she hears the words "Tonight you are the dearest, dearest child," as her mother really "sees" her for the first time, expressing remorse for her years of misunderstanding:

> Mama whirled around and caught Anna to her so swiftly that the girl had no time to dodge . . . . She went on hugging Anna harder than ever, trying to put into the embrace all the other times when Anna had needed to be held and had been hurt instead. [Little 1972, p. 188]

This was a scene that had always brought tears to *my* eyes.

Thinking for a few moments of the book, I was silent, simply feeling this particular sadness—through Anna—for Ms. C, who had become tearful after uttering her bitter complaint. I felt it was important to convey my unusual state of mind to her, even though I did not immediately understand why at this moment I was able to feel her plight, to "see" her differently. I could not wait to think of the best way to use the feeling, lest the moment pass unmarked, so I simply said, "That's very sad," feeling my words at that moment to be beyond inadequate.

Yet however trite my words, Ms. C's engagement in the moment seemed to shift. After I spoke, she was at first silent and appeared to be struggling not to cry. Then she said, "I don't know what to say . . . . It doesn't . . . make any sense to me . . . . I don't think that I can know everything about me, but every time I . . . . Somehow *feeling* that, so uncertain . . . I end up very . . . *frozen* in my interpretation of how you respond to things I say. Either I did things right or wrong . . . ."

As the session went on, I said something about how she believed her thoughts and feelings were limited to being either wrong or right, and that my comments to her were really always judgments about which it was. I showed her that I, too, was consequently sharply constrained in what I could say to her, observing that being so restricted is painful and frustrating, that we were both experiencing this and perhaps we would learn something about what made that feeling so important.

In contrast to her usual pattern of becoming more confused and silent in response to this type of comment, Ms. C said, "What you were saying about . . . feeling like, by reacting to you, I'm swapping positions. *You* can only do one thing or other, right or wrong, it felt like exactly what I was hearing from M [her former boyfriend]! It's not the first time I've heard myself try to defend my way of being with people as being open and flexible and being told that's not how someone else feels it."

It was as though this idea had quite suddenly begun to make sense to her and could be connected with other, similar experiences in her life, and thus *I* could be connected with other loved, envied, and resented people in her life. Our mutual ability to observe and refer *together* to this dynamic that we had identified, and to others that came gradually into focus, seemed to shift at around this time. We began to develop a

shared set of metaphors and therein a needed sense of ourselves as a unique working unit.

Eventually, this sense enabled Ms. C to tolerate some exploration of other previously denied aspects of the transference. A number of important organizing fantasies became increasingly accessible due to an ongoing interaction between Ms. C's growing ability to speak openly and my own improving capacity to imagine her experience and identify with it.

It must be emphasized that, overall, Ms. C's engagement remained limited, and that periods of concordant identification accordingly continued to be unusually rare. Despite a tendency in clinical narratives to suggest otherwise, there are few if any moments so uniquely meaningful that they change everything in an analysis, and I do not mean to suggest that this interaction was transformative per se. I prefer to think of it as a modal moment, one with multiple determinants and multiple sequelae.

Although there was by no means a sharp turn in the direction of the process, the trajectory of Ms. C's analysis did perceptibly shift at around this point, and perhaps it was at least in part because, as Symington (1983) argues, "the sudden access of personal feeling in the analyst that breaks another bond of the illusory stranglehold in which both patient and analyst are held in thrall is *immediately experienced by the patient and exists prior to insight*" (p. 288, italics added).

I think that the gradual shift that subsequently occurred in Ms. C's capacity to take in, use, and contribute to my evolving understanding of her was likely influenced by a great many interacting factors, only one of which I am focusing on here: the sudden shift in the analyst's countertransference position. How can we make sense of this shift itself?

The Work of Echoing Fantasies

A scene came to my mind when Ms. C said, "the best kid," and, in keeping with the variety of approaches to countertransference discussed above, this scene could be thought of variously as heralding, giving form to, or even as evoking my sudden sense of *feeling with*. Whether the image crystallized or signaled a feeling that had been coming closer to awareness—a result of alpha function—or whether the image reflected a more spontaneous *verbal* association that provided a "switch point" for

association with a different set of feelings is hard to say, probably because in such a complex system as a two-person interaction, there must always be a confluence of factors.

My subjective experience was that in this case, I needed help from outside our tight, constricted dynamic to approach a real sense of *feeling with* Ms. C—help that had partially come at other times from consultation with other analysts—and at this moment an intersection of Ms. C's word choice with events in my life outside the sessions drew a helpful figure to mind.

What is interesting about the helpful imagined scene itself is that it was thematically and structurally very similar to the familiar scene from the film that the patient had brought up earlier but that was not manifestly in the material at that time: a girl feels unloved by her mother and needs more; the mother responds belatedly and guiltily with intense physical contact. Yet one story evoked a concordant identification and the other did not. There were important differences in the stories. The story of Anna is that of a preadolescent girl's yearning for recognition and approval, while the story in the movie is that of an adolescent; and yet the outcome—the yearned-for reconciliation with the mother—in the film is the more regressive. In that overtly sadomasochistic scene, mother and daughter end up with bodies tightly linked and recumbent, in an experience focused on the sensations of the body, the external world once again shut out as in earliest infancy.

In the book about Anna, the daughter is suddenly recognized by her mother as a creative, striving, and separate person who has something to give, both to her and to others. Whereas the film ends with mother and daughter alone entwined in bed, in *From Anna,* there is an entire family present, and after the hug, "she stood apart from Mama now, and faced her brothers and sisters" (Little 1972, p. 189).

Something in this moment, when in response to an interpretation about competitiveness, Ms. C uttered the phrase "the best kid," had stimulated a resonant fantasy of mine—accessed by the similar (but meaningfully distinct) phrase "the dearest child"—to intersect with and elaborate one of Ms. C's in such a way that a feeling of genuine connection was mobilized in me. A painful state of longing that had been defensively

coopted and distorted in Ms. C seemed to become newly accessible to me. How did this happen?

Although at the time I was conscious only of the unusual (for this treatment) sense of *feeling with* the patient, I now believe that, as my thoughts alighted on a book that I had *loved*—this particular book—I was brought in touch with several different threads of my experience of and with Ms. C, which had up until then remained inaccessible. The scene with Anna that came to mind was like a dream in its highly condensed quality: it mirrored and yet significantly transformed and "toned down" the primitive, aggression-infused scene of Ms. C's film/fantasy, while at the same time linking it with echoes of both long-ago and recent feelings experienced while reading and reading *to*.

Upon later, and much later, examination, I could see that not only were the similar manifest themes within the two similar stories evoked; but also that feelings and fantasies about myself as a mother, a daughter, and a woman—feelings that were highly significant for my experience of Ms. C—were embedded in this association, as I will discuss in what follows. Only much later did it occur to me as well that *From Anna* is about a person who literally cannot see, who does not even know what she is missing, and about both the joy and the mourning for missed experiences that must be borne when vision becomes possible.

In wondering why this particular book had affected *me* so much, I thought that behind the pressing desire to be singled out by mother (whether because of being especially troubled or especially talented) lay, among other things, the need to be assured in a vivid way of a depressed mother's basic engagement and of her desire and capacity to protect and nurture. I was certainly familiar with such a wish and some of its complex sources in myself, despite my different adaptation to it from Ms. C's. The story in *From Anna*—that of a family of refugees in an unfamiliar land—brought this damaged aspect of the mother vividly to the surface, where I could see it more clearly as an aspect of Ms. C's early maternal experience that was important and had not yet been well attended to by either of us.

But in my imagination, a scene from this book was condensed with associations to a recurrent, real-life domestic scene (an idealized

memory/image of myself reading with my children) in which some of my own satisfactions and successes as a woman—pleasures that made me feel guiltily more fortunate than Ms. C—were crystallized. In contemplating *this* scene, I suddenly had a concrete picture of myself as someone who could be the object of oedipal rivalry, a notion that—I began to see—I had (for my own reasons, unrelated to Ms. C) long defensively maintained as only theoretical, rather than really possible. This stark confrontation with my own real, conflictual successes made Ms. C's intense need to ward off her envy and inhibit her own competitiveness—and to do so in her own way—seem both more understandable and more poignant to me.

I wondered if this whole fantasy complex—the entire set of images and feelings associated with my thinking of the book—could be seen as an interpretation: a transformation of the regressive defense that I had dimly discerned and been put off by in Ms. C's enthusiasm for the film scene. Perhaps, as I had implied (albeit without real conviction) in my original interpretation of her feeling "hurt," the fantasy expressed in the film was a screen for more differentiated but also more threatening oedipal wishes—not just to be loved and repaired as an injured infant, but rather to experience herself, and to be seen, as a competent and sexual woman, and to be appreciated and even to compete as such with an intact mother. And perhaps it was this fact about the fantasy that had made it hard to *feel with* the patient, until her chance locution brought a different version to my mind. Or maybe the specific thought of wishing to be "the best kid" that came to Ms. C's mind at that moment was itself a product of a gradually increasing capacity to open herself more to being known, which included being seen as a competitor with, as well as for, mother.

What else was it about the scene that came to my mind that changed my experience at that moment? Further examination of the somewhat idealized mental image of myself reading with my children brought my attention to the physical contact that—in contrast to the pressured and guilt-ridden embraces depicted in both fictional scenarios—evoked calm, security, and perhaps even a specifically female closeness. The recalled warmth of the little girls leaning against my body evoked a desired sense

of myself as gladly providing, rather than as making guilty reparation. Perhaps the condensed fantasy—a scene within a scene—allowed me to cross over imaginatively to the other side of the split transference: while the mothers in the fictional stories had been neglectful, they were now linked up with the figure of a good-enough mother who, while giving love, was also—by identification—enjoying a child's feelings of being loved and cared for, important prerequisites to the risks of separating and competing.

Returning to the moment in which this imaginative help allowed me to participate in the fantasy and to respond more "understandingly," perhaps for Ms. C, I "was" transiently the belatedly loving and appreciating mother whom she wished for; while for me, Ms. C, through revealing herself a bit more, had made her own kind of "basket" and became for that moment the dearest child. The registration of this rare opportunity for each of us to experience, in the presence of the other, a self-representation as "good" (with its various connotations, including *loving* and *competent*), and therefore a feeling of mutual warmth, and its subsequent elaboration in fantasy for each of us, must also have played a salutary role in the way the process unfolded.

This may be the type of moment that, from a perspective influenced by infant observation and relational theory, the Boston Change Process Study Group calls a *moment of meeting* (Stern et al. 1998). They see a shift in the intersubjective environment to a *newly created dyadic state* as therapeutic in itself, whereas I would emphasize that what is therapeutic is that such a moment both facilitates greater communication and, most important, becomes an affective substrate for further organizing fantasy formation.

But these are questions and conjectures that cannot actually be answered or confirmed definitively. In analysis, we have to hope that our questions lead to more questions, to more ideas and feelings, to our awareness and acceptance of more layers of meaning. It is clear that even a single moment in an interaction contains a multitude of meanings—some private, others shared. In this case, a fantasy was triggered in the mind of the analyst that, in its mobilization of complex overlapping constellations of meaning that were only later examined and analyzed (and

even then only partially), evoked or signaled a shift in countertransference position that made possible greater contact with a difficult-to-reach patient.[8]

CONCLUSION

If a necessary part of an adequate analysis is the analyst's cycling not only through periods of immersion and periods of reflection, but also through periods of concordant and complementary countertransference identifications, then long stretches in which the countertransference position remains static even when subjected to scrutiny require special examination. Sometimes experience changes before understanding, and part of the work that the analyst does as she listens to and thinks about her patient involves catching her own experience—sometimes fleeting, sometimes consuming—in a mental net, and then imaginatively looking over the haul, trying to notice both what is there and what is missing. Ideally, she knows enough about herself to be able to use what is there as a rough guide in the search for what is missing, and she tries to remain open to learning more about herself as she strives to learn more about her patient.

The rich and varied literature exploring the analyst's subjectivity in its various forms and enumerating the many ways it can be conceptualized has over time greatly expanded our available models for becoming aware of, thinking about, and making use of our experience as part of the unique analytic process that unfolds with each patient. Here I have tried to explore an instance of this complex process in—and after—one challenging treatment.

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[8] While maternal transferences and fantasies were prominent in the series of moments I am describing, I do not mean to suggest that the "stuckness" in Ms. C's analysis did not reflect other important transference configurations as well. For example, a chronically shadowy quality to Ms. C's representations of her father eventually led us to important questions about authenticity and reality. This theme came increasingly to the fore closer to the end of the analysis, as we explored the "beige" aspect of Ms. C's experience of me and of the analysis. Although these themes were only partially worked through, Ms. C's alterations of the frame were eventually understood partly in relation to a need to divest the treatment of reality in order to live out a fantasy in which time did not pass.

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"THESE ANXIETIES ARE NOT MINE": ADOLESCENCE, THE OEDIPAL CONFIGURATION, AND TRANSGENERATIONAL FACTORS

BY VINCENZO BONAMINIO AND MARIASSUNTA DI RENZO

Part 1 of this paper draws on the film Back to the Future *(1985) to highlight various aspects of adolescence, the oedipal situation, and transgenerational factors. The authors then discuss the Oedipus myth and its themes of adolescence, narcissism, identity, acting out, repetition, aggression, and the parent–child relationship, among others. Comments drawn from Winnicott's writing on oedipal issues are discussed as well.*

As an illustration of some of these issues, in Part 2, the authors present the clinical case of Osvaldo, age sixteen. Transference-countertransference issues in this treatment are explored in depth.

Keywords: Adolescence, oedipal complex. Oedipus myth, transgenerational factors, D. W. Winnicott, ego formation, analytic process, parent–child relationships, sexuality, development, identification, transference-countertransference, anxiety.

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PART 1: BACK TO THE FUTURE

The scene opens with a running shot over the clocks that cram the room: they all tell the same time. The problem of time is thus immediately placed center stage, like the axis around which the entire plot of the story unfolds. The protagonist's ambiguous voyage in time, which is progressively transformed in a sort of spiral circularity—in which the present and the future retrospectively influence the past, as much as the past influences the present and the future—is in reality the meaningful synthesis for which the fiction of the plot offers an occasion for expression.

Of course, we are referring to the film *Back to the Future* (1985), whose structure draws on multiple and surprising narrative temporal mechanisms, like a complicated but fascinating timing device. To briefly summarize, as we can deduce from the film's presentation of the past history, Martin, the protagonist, is a typical American middle-adolescent boy of the mid-1980s, who unenthusiastically attends a small-town high school. He has formed a close and solid friendship with Doc, an archetypal bizarre scientist and genius, partly because of his unsatisfactory and disappointing relationship with his barely consequential parents; they are opaque, not very substantial, and appear to avoid idealization as much as is necessary to place them in differentiating opposition to Doc. With a brief synthesis, the director introduces us to Martin's family and school ambience and to the social milieu of which he is a part.

Summoned by Doc, who wants to show him his most astonishing and important invention, the time machine—a suitably modified DeLorean—Martin is a witness to the fact that Doc is killed (at least, it undoubtedly seems to be so to Martin and to the viewer) by Libyan terrorists, from whom the scientist has stolen plutonium, the essential ingredient of the fuel necessary for his invention to function. To escape the risk of being killed himself, Martin leaps to the wheel of the DeLorean. Pursued by the terrorists, Martin pushes the machine to the limit, forgetting in the heat of the moment that Doc had preset a special instrument with a certain date. The machine thus reaches the critical velocity of eighty-eight miles per hour, and Martin finds himself catapulted to thirty years earlier, in the same place.

Here it is interesting to note that the film's fundamental mechanism is a variation in the unity of time, while the unity of place and of the present narrative remain the same.

Martin thus finds himself in the past, before his birth, at the root of his own individual origins, and in his attempt to return to the future, he comes into contact with the adolescents who will become his parents, and thus with the "prehistory" of his nuclear family.

The plot of the film brings us directly inside the epistemological theme relative to Martin's origins. Visiting his own past makes it inevitable, as well as risky, that there will be interference with history as it has already happened, but this inevitable interference is resolved in a transformation of Martin's own past. *He actively contributes to the construction of a new history,* of a new narration.

That oedipal situation is the scenario that will be evoked as the model for transformation. The dangerous but sincere falling in love, revisited, for the adolescent girl who will become his mother, and the attempt at valorizing that timid and uncertain adolescent boy—with his own identity—who will become his father, lead Martin to the active creation and composition of an oedipal couple, to the configuration of a primal scene from which he can be *regenerated.*

In this oedipal scene in which cognitive relationships are interwoven with libidinal and aggressive object relationships, a new interplay of identifications and dis-identifications with primary objects is made possible. That is, in the movie as a metaphor of this process, Martin is capable of generating new, richer, and more articulated representations of internal objects, of the self, and of their interrelationships. Through this interpretive and imaginative re-inscription of his history, Martin's sense of self and identity that we find him with at the end of the film has been modified, broadened, enriched, and articulated.

In that moment of fleeting surprise and discovery in which we catch the protagonist returning to the future (that is, to the present), when he again comes into contact with the components of his family—i.e., his population of internal objects and their relationships, which is no longer the same population that he left—it is possible to see the development of those more authentic potentialities of the self that were earlier inactive, suspended. After the suspension, after the fracture of the present, subjective time has taken a new and different course.

The Visiting Ego and the Visitors to the Ego

The film appears to be an effective metaphor on many levels. Visualized as a passage in the course of life, it is evocative of those adolescent transformations that can be achieved when basic conditions exist for psychic development that can be taken for granted, given an environment that is—to say it in Winnicottian terms—*good enough.* Given the tradition of our clinical work, it is impossible for us to look at an individual per se without simultaneously looking at his environment, understood as a quality of *the contribution of the other* that the subject can enjoy and benefit from, and in which the individual becomes exactly that. It is only in this perspective that it is possible to think about adolescence as a phase of individuation leading to autonomy, the second separation-individuation, as discussed by Blos (1962). This vision, which can be defined as *binocular* in focusing on the-individual-and-the-environment, finds in the psychoanalytic situation, in its quality of a relationship between two persons, the central axis of therapeutic change.

If we explore the theme of the film more deeply, we will discover, too, a further evocation that it offers us on the same level. Martin's revisitation of his past, of his history, and his elaboration and transformation are rendered possible as well by the fact that his objects *let him visit.* Personifying the psychic scenario, one could say that there is an observing ego, *visiting,* and internal objects that welcome this visitation. In terms of deep emotional relationships inside the family, the adolescent also *calls on* his parents to reenter into contact with their own adolescence, to relive it, sometimes to live it for the first time—the transformative meaning. The result of that process of continuity and change in the construction of a real sense of identity, specific to the adolescent stage, is thus also dependent on parental availability.

We can imagine that, in the *other scene*—in the complementary one, that is—the parents whom Martin finds as adolescents are also the parents who refind their own adolescence through Martin. In analysis, this unavoidable "summons to adolescence" required of the parents by the adolescent analysand—i.e., the revisiting of the parents' own adolescence, if they are open-minded enough and not rigid—can be seen as one of the nodal points of the clinical process, or as one of its impedi-

ments or obstacles when missing. Certainly, one of the principal therapeutic factors of analysis with adolescents resides in working through the countertransference in relation to this specific challenge.

With Baranes (1991), we can state that adolescents are experts at not leaving the analyst the same—in forcing him to reopen the psychic "construction areas" that have remained closed up to that point. As a *new object* for the patient, the analyst finds himself in the impossible position of functioning as an intersection between past, present, and future. In offering himself as a dialectical pole through which the adolescent can historicize his own subjectivity, the analyst must tolerate the paradox of being the demonstrator of a historical period for the adolescent, who claims instead the absolute currency of his experience. "Time is on my side," sang Mick Jagger of the Rolling Stones in the mid-1960s, with unashamed adolescent omnipotence.

A further metaphorical level of this film, in our opinion, relates to a register along which the psychoanalytic process unfolds in situations where the analysand who hosts relatively unspoiled internal objects (through the therapeutic alliance, in the function represented by the character of Doc—that is, the analyst) is given the possibility of an experience of remetabolization, representation, and historicization of what has come to him from the contribution of primary parental objects.

We would agree, of course, with the observation that we are here describing the spiral circularity of this process too fluidly, in a way too simplified to take account of what happens in the psychoanalytic process. Nonetheless, the metaphor offered by the film lends itself to an emphasis on the contribution of *transgenerational factors*—virtually always present—to the transformative construction of individuality and identity, as elements that can be worked through and are worked through, elements not recorded as such but silently present as aspects of continuity of being in the patient's discourse.

In clinical psychoanalytic work, however, the transgenerational instead appears as a break or rupture, as the result of a failure in this working through, as an element or a tangle of unelaborated elements that shatter or break the continuity of individual discourse. The transgenerational then appears as an intruder, an alien, an uninvited guest, or a "cyst" that settles somewhere and whose effects can be discerned in the defensive system organized to delimit and circumscribe it.

If we imagine an ego that visits its internal objects, as occurs in "normal" and mildly disturbed patients, with very disturbed patients, it is instead the objects that become visitors to the ego. We are referring here to the concept elaborated by de Mijolla (1981)—*le visiteurs du Moi,* i.e., the visitors to the ego, to the self—who uses this very suggestive, figurative image to describe an intrusion into the subject of the parental objects. This is another way of portraying what some authors (e.g., Bollas 1989; Faimberg 1988a; Green 1992) define as *alienating identification.* These intrusive visitors to the ego claim collusive space or silence; they demand that a secret be guarded, and they expect that some working through that has been missed will now take place. And, paradoxically enough, they often demand that it *not* take place.

The powerfully alienating identification of these patients with these visitors to the ego—what we might call their personal and determinative contribution to their formation and their maintenance—constitutes the clinical and technical knot (not to mention the psychopathological one), the intricate tangle that we as analysts sometimes have to face in encountering transgenerational factors.

Severe pathology in adolescence, significantly linked to problems of identity—though we are also referring to the retrospective view of adolescence in adult patients in analysis—is the locus in which these transgenerational factors take on greater visibility in the analytic process. However, it is probably also the point at which they appear or are structured in a more organized fashion because of the undeniable, specific function of linkage between generations that adolescence performs in the life cycle.

The Oedipal Scene

We have considered that the oedipal scene may be a model of evolution and transformation, or, alternatively, of the arrest and distortion of the adolescent's psychic development.

Revisiting the myth of Oedipus (which for us, of course, is no longer a kind of psychic, oracular truth), assigning *metapsychological value* as much to the *oedipal subject* as to the *oedipal objects,* and keeping in mind the narcissistic dimension as well—as is suggested by the oedipal *concept of configuration,* brilliantly proposed by Faimberg (1993)—allows us to

redefine the psychic topic of a dual intrapsychic and intersubjective orientation. Faimberg reconsiders this configuration from an original, challenging point of view (narcissistic and object dimensions entangled with each other). Taking this perspective in revisiting the myth that Freud left us in legacy, so to speak, as a metaphor for the complex, central psychic experience in the development of our emotional and mental life reflects the evolution of (or at least a change in) vertexes from which we think about the experience that is generated and developed in the analytic encounter with the adolescent.

Among our patients, isn't it perhaps the adolescent who most challenges us to tolerate the subjective/intersubjective dialectic, the narcissistic dimension/object dimension, preoedipal experiences/oedipal experiences—a crucial and decisive dialectic for psychic change, for the evolution and construction of a sense of identity?

Isn't it perhaps an adolescent Oedipus who turns to the oracle of Delphi (on the front of which is written "Know thyself") and, in the moment in which he asks it of his future, enters into the paradox of having to discover and recover his past, in order for him to be able to developmentally proceed and undergo a personal process of becoming?

He is an adolescent Oedipus who, moved by a cognitive push and posing an interrogative about the future, puts forward an unexpressed question about his own identity, his own origins, his own destiny. In the question that Oedipus poses, there is an implicit dilemma about whether the future keeps the past for him—whether his future *is* his past, or whether, on the contrary, his future can be generated by his past as a process of integration and transformation.

Thinking of Oedipus as an adolescent—who follows his cognitive push in a discontinuous way due to interruptions brought about by his acting out—is suggested by the myth when we are told that the enigma he will confront and resolve is the one that the Sphinx poses precisely to adolescents at the doors of Thebes, in order, that is, to have access to the scenario of adult life, on pain of death if there is no resolution. If we consider that the enigma represents a condensation of some fundamental dimensions that characterize psychic development—identity with its dialectical aspects of continuity and change, the problem of birth and death, the vital cycle of the passage from dependence to autonomy and once again to dependence, generational time that involves its own place-

ment in subsequent generations—then adolescence becomes a crucial phase in the process of growth, as well as in the constitution of the sense of self, in the assumption of subjectivity. Adolescence as the period of reactivation of the oedipal configuration, as that of generational time, is the characteristic place and time of transmission between generations.

The encounter between Oedipus and his father, Laius, in the mountain pass epitomizes both the encounter and the clash between generations. As clearly explained by Baranes (1993), this encounter/clash has an inherent transformative potential, which positions the young Oedipus in his personal tragic history. However, at another level, we may also say that, conversely, it carries anti-evolutionary values and risks of stasis and repetition. In other words, on one side there is the subject's embodiment in the story (historicizing function), and on the other the risk of timeless repetition of oedipal links.

In the myth, it is in this encounter or clash in the adolescent moment that there is a *repetition* of Oedipus's long-ago wound, propagated by Laius (the wheel of Laius's chariot runs over Oedipus's foot,[1] already pierced at birth by the father who abandoned him on Mount Citerone), making it impossible to resignify and transform what has occurred through a historicizing process of *après-coup* (*Nachträglichkeit*).

If we consider that a myth is generated by other myths, and that in turn it generates further myths, then the myth of Oedipus—precisely because it concerns the issue of filicide and patricide—becomes more comprehensible if we appreciate its descent from the myth of Laius. Laius, considered the paradigm of the *narcissistic father* (Faimberg 1993), is perhaps not really such in view of the narcissistic injury and object loss that he himself experienced and transmitted to Oedipus—elements deposited like imprints of traumatic events registered in the self but not psychically worked through, not symbolized.

We can also conclude that the oracle who pronounces the prophecy (that Jocasta's son will kill his own father)—as a sort of delusional theory in Laius's internal world—induces him to attempt filicide, mutilating

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[1] We are referring here to the position of Faimberg (1993), who in her argument (with which we agree) draws on Graves (1955). It is important to point out that the original myth and the better-known Sophoclean tragedy are not identical. We are here referring to the original myth and not to the tragedy, as does Faimberg.

himself in the areas of generativity and creativity, as a continuation of his own childhood experience in which the premature death of Laius's father comes to correspond, in reality, to his unconscious fantasy of having killed him and of deserving the death of his own son in turn.[2] One could say that the body of Oedipus *knows* what his mind *doesn't know,* cannot think.

Oedipus *actualizes* the oracles' prophecies, causing his desires and anxieties to materialize in the present—the desires and anxieties of Laius (patricide and incest). He puts into action his own unconscious experiences, interwoven in an undifferentiated way with his father's unconscious experiences that have been transferred into him, those of a parent who has, with his son, reproposed his own boyhood events, which he could not work through and transform—the experience of the oedipal configuration, in its dual narcissistic and object dimension, which characterized his relationship with his own parents.

In this *repetition of relational patterns between generations,* a transmission takes place, not only of fears, fantasies, expectations, and desires, but also of defensive modalities implemented in the face of anxiety, the violence of emotions, and psychic suffering—operations like splits, expulsion, denial. How is it that a pronounced split exists between Oedipus's body and mind, a split also maintained by the experience of extraneousness of the adolescent body, while a split between the family in Thebes and the family in Corinth does not exist? Laius's experience with parenthood and with Oedipus's existence and subjectivity determines a destructive realization.

It happens that some parents actually do abandon their children, and as analysts and therapists we enter into contact with this abandonment in the treatment of some of our patients. What we would now like to propose here is a fuller explication of what can happen in the parents' internal world and in the quality of their relationship with the child.

The Oedipus who is adopted by Polybus and Merope is not only the rejected, wounded, expelled child, but he also concretizes Laius's

[2] Oedipus, bullied by a young Corinthian since he did not look like his supposed parents, went to the Delphi oracle to ask what destiny the future held for him. As Faimberg (1993) underlines, the Oracle replied, "You miserable one!" and told him with disgust to go away, as far as possible, since he was destined to kill his father and lie with his mother.

and Jocasta's rejection and expulsion of their individual aspects of terror and hate, which is not integrateable and cannot be metabolized. At the same time, the foster care of Oedipus implies fostering trust in those ideal aspects of the selves of the parents, who know nothing of the destructive aspects and raise their son in an idealized and idealizing way. If this foster care is maintained in an exclusive manner, totally, and prolonged beyond that necessitated by the developmental process, it does not permit anything other than a false reparation of the basic injury.

We think of Winnicott's (1949) statement that the mother hates the child before loving him, even before the child hates her and before the child can know that his mother hates him. For Winnicott, it is necessary that a mother tolerate hating her child without doing anything about it, without negating it, or, conversely, without acting on this affect that can be expressed and represented in the transitional space of lullabies, play, and fairy tales.

It is in the period of adolescence, in which a movement of de-idealization and disidentification in regard to the parents is activated (the inner voice that instigates Oedipus's doubt about not looking like his parents; see footnote 2), that Oedipus finds himself embroiled in the dual orientation of the developmental and transformative push of individuation, and of the maintenance of nonintegration and alienated identifications with split and negated aspects of the parents. It is that period of adolescence in which the son invites his parents to reenter into contact with their own adolescence, as mentioned.

We think of the image of Laius behaving so provocatively and aggressively toward Oedipus at the crossroads that he cannot give any recognition or space to the emergence of the adolescent son whom he perceives—precisely as an adolescent—as unknown and extraneous. This image stands in contrast to the one that Kohut (1977) proposes, of the parent in the oedipal situation who can hear and demonstrate "a sparkle of joy and pride" in the face of the son's steps toward conquest of a new and richer capacity for affects and assertiveness.

The assertiveness that we see in Oedipus is transformed into destructive aggression. Patricide, the murder of the symbolic function of the father, has incest as a consequence, which overturns all the usual generational relationships, and therefore all the logical relationships between

predecessor and successor, between cause and consequence (Green 1992).

If in regard to incest, we are led to consider Oedipus's psychic blindness, we cannot fail to think at the same time of his mother Jocasta's blindness: she is a woman cast as a mother who does not see, does not recognize Oedipus's scar as a sign of his identity, maintaining him in that way as an incestuous son, a son originally generated by her narcissistic need (Jocasta had conceived Oedipus through deceit—by making Laius drunk, as narrated in some but not all versions of the myth). The myth concentrates the essential power of its representation—as Green (1992) asserts—precisely on the transgression of the rule of rules, incest, with patricide. We think that, paradoxically, through its power of representation, the myth reveals the effects of nonrepresentation, of nonsymbolization.

The intergenerational modalities of splitting and denial contribute to determining those characteristics of ambiguity, of falsity, that are present in the characters of the myth. It is these modalities that impede the processes of integration of self and objects, which cannot be experienced, therefore, as internal and true, as authentic, and that obstruct the constitution of a potential space for the dream.

The Oedipus myth in fact brings us inside the paradox that, in the moment it describes what tragically and concretely happens—if the scene that unfolds in the scenario of the internal world is transferred into the scenario of reality—it simultaneously indicates what can be accomplished as a complex, organizing experience of the self only in oneiric space, in the psychic space of imagination, of fantasy and representation.

Analogously, adolescence, as a privileged time and place of the re-emergence of the oedipal and transgenerational configuration, brings us into contact with the critical equilibrium between reality and fantasy, action and thought, acting and dreaming, acting out as a dream not dreamed and the dream as a transformed acting out.

Winnicott (1988) maintains that in the oedipal complex, in order for it to be such, each component of the triangle must be an entire person, especially the child. In addition, in a section called "Reality and Fantasy" (1988, pp. 58-59), Winnicott describes the oedipal situation not only from the child's side, but also from that of the parents. While he considers that the healthy child becomes capable of having true dreams

of genital sexuality, and he describes this complex articulation, he states that:

> Parents who are otherwise satisfactory may easily fail in child care by being unable to distinguish clearly between the child's dream and fact. They may present an idea as a fact, or thoughtlessly react to an idea as if it had been an action. They may indeed be more frightened of ideas than of actions. Maturity means, among other things, a capacity for tolerating ideas. [p. 59]

In a fragment of the notes for his autobiography reported by his wife, Winnicott considers the "difficulty that a man has dying without a son to imaginatively kill him and to survive him—'to provide the only continuity men know. Women are continuous'" (C. Winnicott 1978, p. 20).

In now reconsidering the theme of *Back to the Future,* it is possible to see in the scene of Doc's death, from its oneiric quality, the oedipal representation of the killing of the father (projectively attributed to Libyan terrorists, who represent Martin's aggressive aspects). Through the fracturing of time, the death of Doc permits the beginning of a journey, a *subjectifying* trajectory of the adolescent protagonist.

Temporality and Trauma

In proposing the metaphor of the film *Back to the Future,* we introduced the image of a room full of clocks that tell the same time (which is behind the actual hour) in order to emphasize the centrality of the dimension of adolescent time. In fact, adolescence, as Baranes (1991) maintains, opens up a *new temporality* through bodily transformation, access to adult sexuality, and the discovery of genital love, and also through a series of mourning processes to be accomplished: loss of the illusions of childhood, renouncement of the omnipotent fantasy of the internal parents, abandonment of imaginary narcissistic bisexuality (which includes having to face incompleteness), and recognition of the difference and complementarity of the sexes.

Adolescent time encounters adult time, the parents' time, in a reciprocal process thrown into crisis that short-circuits the times and differences between generations (adolescents make their parents older), which includes the potential for change, but also the risks of stasis and

repetition. Points of alteration and of arrest on the parents' part—in the psychic inscription and symbolization of events and experiences relative to the complexity of the oedipal configuration—remain active and traumatic, leaving not processable and thus unworked-through *traces* that come back into adolescent psychic reality through the phenomena of repetition. In our opinion based on our clinical experience, a configuration of this type can be seen in certain forms of pathology that arise precisely in this phase of life.

In adolescent clinical disturbances (taking into account different degrees of seriousness), the problem of temporality is truly in the foreground. Adolescent pathology can indicate a delay in time, its arrest, and even its absence. In borderline states, and especially in psychoses, the time of differentiation is absent—that of individuation and personalization, of becoming and projecting with the perspective of the future. We think that the psychoanalytic experience can restabilize and again set in motion adolescent time through a *process of posteriority,* in which new meanings that are generated in the encounter between the adolescent patient and the analyst give meaning and representation, retrospectively, to the past, which can therefore be transformed (Baranger, Baranger, and Mom 1988).

We believe that the recognition and comprehension shared with the adolescent of past traumas can contribute to the activation of a process of *subjective reintegration* of the adolescent's own story. We refer to those events and experiences that have not been metabolized and integrated into the parental environment. Baranes (1993) noted that in the previous decade, the transgenerational had acquired the "right of citizenship" in the psychoanalytic field, and, on the other hand, he made reference to the risks of seeing a reemergence of—as part of the "transgenerational" topic—a double theme that is profoundly unanalytic: that of an *etiological linear causality* that assigns to a precise external origin certain impasses of symbolization in the treatment.

As Kaës (1993) notes, there is significance in Freud's passing reference to a line in Goethe's *Faust:* "What thou hast inherited from thy fathers, acquire it to make it thine" (Freud 1940, p. 80). Thus, Freud emphasized the complex idea that the individual, although subjected to a chain of generations functioning like a ring of transmission, must

in reality *actively acquire* (*erwerben*) what comes to be transmitted to him through psychic heredity.

Awareness of such phenomena has implications both for psychoanalytic epistemology and for the theory of technique. It promotes a new and profitable vertex of observation of the psychoanalytic process, to which both analysand and analyst contribute through their relationship—a relationship in which subjectivity and intersubjectivity are articulated. It can stimulate the identification of differences, as well as the comparison and eventually a possible integration of different conceptual models.

There are some nodal points at which consideration of the transgenerational seems applicable, albeit problematically, to the extension of theory and clinical practice that are part of current frontiers of development in psychoanalysis, although in different clinical and theoretical paradigms. One of these may be a more or less radical reconsideration of the genesis of individual pathology, seen not only in terms of intrapsychic conflict, but mainly in terms of the organization, development, and distortion of object relationships.[3]

Another frontier of current development in psychoanalysis is the progressive reconsideration of the centrality of projective processes in establishing the connotations and quality of internal objects, with the foreground dedicated to mutual cross-projective identification processes within the relationship. Independently of the specific paradigm of self psychology, which has contributed much in this sense, greater attention to narcissism and to the processes of forming an individual identity can be seen as a common trend in psychoanalytic research, and this, too, is linked to the transgenerational theme.

Finally, there is another cluster of development, which seems, by the way, the most specific to research on the transgenerational. It concerns

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[3] Of course, this has been the so-called *relational turn* in North American psychoanalysis, which significantly bridged the gap between the two rims of the Atlantic. From the European perspective, both in training and in clinical practice, the assumption that analysis is fundamentally a relational affair between two people talking in the analytic office is a long-established matter of fact. One of us has previously touched on this issue (Bonaminio 2008); there it was noted that, while this turn generated a school in the American psychoanalytic tradition that defines itself as *relational psychoanalysis,* the same has not occurred in Europe because the *relational* is integrated into the mainstream of European psychoanalysis, as indicated. This is the case even though certain psychotherapeutic and psychoanalytic societies in Italy have "imported" the adjective *relational* from the United States to distinguish and redefine themselves in a polemical strike against mainstream Italian psychoanalysis.

articulation of the process by which the *object* transmits unconscious fantasmatic reality, as distinct from the process by which the subject receives this, and the consequent identification of the forms of mechanisms and effects of those processes. In looking at the panorama of international literature on this subject, one can see that reference to the area that can be generically defined as transgenerational includes, in reality, differing conceptual and clinical accents.[4] These range from the purest and most extreme positions, which view the transgenerational as an embedded repetition in the individual of an unelaborated psychic scenario of earlier generations that can be reassumed (though it is somewhat refined by its ironic connotation, in the image proposed by Diatkine [1984] of a child inhabited like a castle of ghosts), to positions that emphasize what we have defined as *unelaborated elements* (see Bonaminio 1987; Bonaminio, Carratelli, and Giannotti 1989; Bonaminio, Di Renzo, and Giannotti 1993) that are transferred—and absorbed via identification processes—into the broader sphere of the contribution that the parents' inner world makes to the formation of the individual self.

We would like to emphasize that, independently of these different accents or meanings, what nonetheless appears to be invariably emphasized in regard to transgenerational factors is, on the one hand, the element of trauma inherent in unconscious transmission, and, on the other hand, the characteristic of extraneousness, of alienation that is generated in the patient's ego. In previous works cited in the foregoing, we have in particular emphasized the traumatic effects of the transmission of the object's fantasmatic unconscious reality in the organization of psychopathology in terms of ego-alien identifications, especially in reference to Winnicott's (1969) conception.

It is common in psychoanalysis when specific subjects are addressed in depth—as with the transgenerational, in this case—to experience the revelation that Freud *already talked about it,* so to speak. In fact, one can observe that the major portion of classical concepts in psychoanalysis revolve around the theme that today we call *transgenerational,* which by rights, then, forms a part of psychoanalytic doctrine and its develop-

[4] In this sphere of literature, we refer in particular to the works of Winnicott (1969), Khan (1972, 1983), Aulagnier (1975), Abraham and Torok (1978), de Mijolla (1981), Faimberg (1981, 1988a, 1988b, 2005), Bollas (1989), Lebovici (1989), Cahn (1991), Eiguer (1991), Baranes (1991), Kafka (1992), Fonagy et al. (1992), and Kaës (1993).

ment. Among the many relevant citations in Freud's writings, we choose in this context to mention the following reference to his theory of the process of identification—specifically, of the

> . . . origin of the ego ideal . . . for, behind it lies hidden an individual's first and most important identification, his identification with the father [or rather with the parents, as Freud adds in a footnote] in his own personal prehistory. [Freud 1923, p. 31]

PART 2: CLINICAL CASE PRESENTATION

We will now discuss the case of Osvaldo, who was treated by one of us (V. B.). Although some details of this case have been appropriately disguised for reasons of confidentiality, the clinical integrity of the case has been protected; it appears here more than a decade after it was presented for the first time.

In this clinical material, we will refer to the ideas of the particular conceptualization outlined in Part 1. This case exemplifies the intrusion of the parents' unworked-through, unconscious fantasy on the adolescent, in the very texture of the here-and-now clinical relationship between patient and analyst. We will deliberately keep our description on a clinical level, reducing our conceptual considerations that have been elaborated at length in Part 1.

My experience with Osvaldo[5] caused me to reflect on the nature of anxieties and persecutory defenses, and on their function of integration of the self, when threats of disintegration and annihilation do not find a more sophisticated way of being held back and contained. In other words, the acute sense of persecution—supported by environmental action as well—plays a role of "armament" of the self, indispensable for its psychic survival.

This consideration is tightly interwoven with two other clinical aims that underlie this presentation. First, we will try to show the *active expression of these persecutory anxieties in the texture of the transference* (and the countertransference, naturally)—that is, *inside* the analytic consulting room—through the use of projective identification and the effects it en-

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[5] As mentioned, one of us (V. B.) was the treating analyst of this patient, and therefore first-person singular pronouns are used where applicable to reflect the individual analyst's experience.

gendered in the analyst. We do not view projective identification as an early and ubiquitous, primitive mechanism, underlying all psychic functioning in the consulting room; in fact, we believe that the expansion of the concept that has found a place in certain areas of contemporary psychoanalysis may in effect dilute and water down its meaning. Rather, we are in favor of a more restricted and limited use of the concept, helpful in situations in which there is a predominance of powerful psychotic anxieties of disintegration and loss of identity.

Our second aim relates to psychoanalytic technique, and especially to the change in technique that is necessitated at a certain point as a result of the transformations that the powerful "bombardment" of this patient's identification brought about in the analyst's attitude, activating in him a different *comprehension* (both emotional and cognitive) of the patient's communication.

Background of the Case

Osvaldo began a three-times-weekly analysis at sixteen years of age. He was referred to me by a colleague who had an initial consultation with his parents. My colleague also met with Osvaldo on one occasion. He had always been a studious boy, with good scholastic results, "much to his parents' satisfaction," but his performance had gradually begun to slip recently. At the beginning of treatment, he was attending the next to last year of a private high school.

The parents were civil servants in their early fifties, his mother a math teacher and his father a senior administrative employee. The family, which included a daughter two years older than Osvaldo, had "always been very close-knit." But father's "important job" "forced" the family to move to another city every six or seven years. In fact, the father's move to the north of Italy, and Osvaldo moving with him to attend university there, caused the premature termination of his treatment after approximately four and a half years of analysis.

There was a prologue to this relational story with the boy. The first time that I spoke on the phone with the father, I noticed that he never directly mentioned the nature of Osvaldo's problem, although the reasons he had been recommended for analysis had been clearly stated by the psychoanalyst colleague who had referred him. The parents had consulted my colleague in the first place because the boy had broken down

in tears a few months earlier and "confessed" to his anxiety about being homosexual, causing the parents to feel "desperate and confused."

The analysis was to reveal that Osvaldo's anxiety about being gay was actually "an unthinkable thought" that had long been shared in the family. And the episode of his weeping was a kind of collusive "falsification" that generated the temporary revelation of a secret, one that was designated as Osvaldo's problem.

We will have more to say about this later; and we will try to show that the individual use the boy was to make of it was a way to stake out a private space for the self, a personal secret. In viewing the secret as a constructive process of the adolescent mind, it is helpful to consider the etymology of the word: it comes from the Latin *secernere,* "to sift or secrete," yielding something taken out and set aside, something distinct from a preexisting matrix (Novelletto, Bonaminio, and Tabanelli 1981).

Osvaldo felt threatened by anxieties regarding his sexual identity and by his unrelenting homosexual fantasies. These fantasies were obsessively focused on schoolmates who made fun of him, scornfully calling him "sissy" or "queer." He was anxious because he did not know whether his friends were looking "through" him and seeing that he was homosexual, or if he were homosexual only because they made him feel that way.

He had a limited group of friends consisting of a few former classmates from grammar school and two girls of his age who lived in different cities and with whom he e-mailed and texted. With these two girls, he felt at ease, believing that he understood them and they understood him. He felt strongly attracted to, but at the same time rejected and despised by, his schoolmates who bullied him.

In my countertransference attitude, in spite of Osvaldo's initial negativistic and persecutory attitude toward me, I felt very sympathetic with his passive suffering at the hands of these cruel bullies. He wanted to but could not share anything with them: afternoons at the disco, rides on a motorbike, clothing, sports.

After a few months of analysis, I could begin to picture some of the prevailing features of Osvaldo's social life. They were not recounted to me in terms of a consistent self-experience, in the way I am relating them now; rather, they were *discharged* into sessions as bits and pieces

of interactions, mixed and confused with chunks of the patient's fantasy life, his thoughts, and his anxieties.

I mention the way Osvaldo presented in the early stage of analysis in order to show how this mode made it gradually possible to single out some of the areas of the patient's functioning—and of the transference and countertransference—that were marked by what I consider *alienating identification* (Bollas 1989; Faimberg 1988a; Green 1992) with aspects of the primary objects that intruded on his self. This was a self organized chiefly around paranoid-schizoid anxieties and defenses.

Our First Meeting

My first meeting with Osvaldo occurred in the courtyard of my office complex. We had arranged the appointment by phone for a Wednesday afternoon at 1:30 P.M., but I was detained at the university clinic where I work in the mornings. Breathless, I arrive at the building with five minutes to spare; I am concerned that I will encounter my potential new patient outside. In fact, more precisely, I have the fleeting sensation of being watched, outside my awareness, from a hidden point near the building. By now on the home stretch, I notice from a short distance away a man in his fifties and a younger figure, of the same height, at his shoulders. It seems that both are examining the row of buttons below the intercom at the main door of the building.

As I reach them, the man asks me if I know "Professor" Bonaminio, with the rhetorical and falsely questioning tone of one who already knows who is before him. When I introduce myself, what I get instead of a greeting is the man's swift movement to his left, as if to clear the field, while his right arm, from around his son's shoulder, urges—almost shoves—the boy in my direction: "This is Osvaldo."

I see a tall boy, with harmonious build but hair waved in a manner that has nothing to do with any current fashion. The wavy hairdo frames a face almost as pale as wax—an ageless face, neither young nor old, neither male nor female, with an ineffable expression. He greets me with a kind of impenetrable grimace.

Once in the consulting room with me, Osvaldo remains immobile for an instant, almost paralyzed, seated in the armchair in front of me, his face ashen and his eyes fixed on me. I am about to formulate a fa-

cilitating comment, but before I can put it into words, there is a sudden change in the atmosphere. Osvaldo drops his inanimate silence and says: "I know what you are: a psychologist, a psychiatrist . . . *something* like that . . . but you can't help me."

I tell him that I understand he knows *what* I am, but maybe he is scared about not knowing *who* I am. "I didn't want to come here," he continues, "but it was my parents, my mother, who brought me first to another doctor, and he sent me here . . . . My mother couldn't come; she works at this hour . . . . My father had to come get me at school . . . . But do we always have to meet at this time? The other days I finish at 2:30 . . . . I can't be here at 1:30."

I tell him that he is also asking what I want from him, whether I will restrict him to coming at a time that is inconvenient for both him and his mother. Is this why he thinks that I cannot help him?

"You can't help me because my things are not psychological, and besides I can't come at this time—I will be at school or at lunch," he retorts.

"You are telling me," I say, "that you can't come at this time, which in effect is inconvenient for a student like you. But you are simultaneously making me understand that maybe you expected to be able to come at other times, more compatible with your schedule." His friends, he replies, would *suspect* if he always left school early, and he has no intention of letting them know that he goes to a psychologist; they would say he is really crazy . . . . Not even his sister knows that he came here today, and he does not want her to know that he goes to a psychologist either.

To myself, I think that this potential patient, who has suddenly reawakened from his cadaver-like immobility in which he appeared when I first saw him, is immediately almost forcing inside me the sensation of a contrast between external requests and his own needs, which he does not know how to distinguish from those of his parents, with whom he feels confused. But in my verbal comments, I limit myself to recognizing that, in effect, this hour is a little unusual, and that in fact I had thought of being able to see him later in the afternoon—assuming, of course, that he is available to come and to begin to talk to me about himself and the motives that induced him to accept his parents' proposal to consult a psychoanalyst.

He tells me that the other psychoanalyst was older and had a moustache, looked at him with a fixed gaze, and asked a ton of questions; Osvaldo told him everything—he "discharged" himself, and that was enough. ("Who knows whether the professor who referred me said all this to my parents?" Osvaldo added.) Of course, he will tell me everything, too, he says, and of course we will talk to each other. I am younger and maybe I would be able to understand more—or maybe not, on the contrary; who knows if I have ever seen cases like his?

I say that now he seems to begin to have an idea of who I am, and maybe he is less certain that I cannot help him. Perhaps—I tell him— one could take personal responsibility for seeing whether this seems possible, and I propose to him that we meet another one or two times, and then he can decide. (I explicitly add that I consider him my interlocutor, not his parents, and that if they want to, they can consult another psychoanalyst.) From him I learn that he, Osvaldo, is very worried and anxious about something pertaining to his sexuality, and it is for this reason that he was recommended for an analysis and referred to me.

Osvaldo flushes when I pronounce the word *sexuality:* he sits forward on the chair, more toward me, as though he wants to get up and leave, and at the same time to get closer to me. He also seems reassured by what I have said about his parents and what I know about the other analyst. His redness and his movement on the chair—strangely contradictory—express a marked contrast between trusting the object and running away in fear.

The patient tells me that the other psychoanalyst's office was full of books, like mine, but his building was nicer: from the main door, one entered immediately into his office, and there was no need to go through an office building as there was here. Everyone could have seen him from inside this building, from the windows, as he waited to come up. But if I opened the main door to him immediately, maybe they would think he was going to see a friend or an acquaintance, perhaps several times. I conclude the session, telling Osvaldo that it seems to me he is taking into consideration the possibility of assuming responsibility to come see me, but under certain conditions that I had better keep firmly in mind.

At the end of the consultation, I feel that during our first meeting something happened, yet I am not sure if he will come back. At the following meeting, scheduled at a later hour, he arrives on time and out

of breath (which also happens the following week). He says that he accepts therapy, "taking for granted" that this is his only course of action. Nevertheless, he often says that he "cannot be helped by words" or by "a psychological treatment" because his problems "are not psychological."

The First Phase of the Analysis

In retrospect, I can say that with these words Osvaldo was preannouncing to me his terror about his *physical* and *bodily* sensations, particularly in the perineal area. These sensations are related to his fantasy of having a vagina near his anus, "another hole" from which "warmth comes out." When he is excited, "a fluid" comes out. All of this makes him ashamed. He feels dirty and loathsome, different from others, and he does not "know" whether he is "male or female or homosexual." In that moment, there is only "this palpitating hole" and "excitation getting at his throat," followed by shame and loathing for himself, and the conviction that others "know" and "see" all that is occurring within him.

Some time will be necessary for Osvaldo to be able to put into words and thereby communicate his unnameable and unrepresentable physical sensations. I will need some time to create a facilitating environment in the sessions so that he can start giving form to these persecutory physical sensations. Such a forum will make it possible to name and recognize the sensations and relate them to a fantasy. At the beginning, these persecutory and foreign physical sensations could only be *discharged* by evacuation onto me.

In the first phase, in fact—approximately the first ten months of treatment—clinical communication between my patient and me was marked by what I would characterize in retrospect as a persistent emotional turbulence in my countertransference.

For example, during some sessions, I feel literally invaded by his dense, compact "machine-gun" way of talking. Often in the constant stream of talk, he chews his words. At times, the slight but automatic reaction on my face—a spontaneous expression of my emotions—clearly signals my struggle to catch his missing words. My facial expression then becomes the focus of his near-delusional attention: "What's wrong? What happened? Why do you look at me like that?"

At that point, Osvaldo's very bright and darting eyes—still keeping eye contact—start looking carefully at my whole body, at times looking

around it, until his gaze rests near my right hip but just outside my body. In this way, Osvaldo seems to try to block the *origin* of my emotional expression, which he feels as very persecutory.

The first time this happens, I look at the table on my right-hand side, as though I have left something embarrassing lying on it. Later, the inhibition of this micro-acting out, triggered by my observation of Osvaldo's eye movements, shifts this action to another level: the discharge now moves inside me, making me experience transient and fleeting sensations of alteration in my body structure. As though in a manifestation of depersonalization, I feel some kind of a growth—or, alternatively, a hole, a pit—in my right hip.

Quite often, aside from these episodes, where intrusion of the patient inside me actually alters my inner state, my countertransference is one of feeling examined, scrutinized, and controlled. At these moments, I realize that Osvaldo is making me feel exactly what he fears he will get from me: control, examination, and bodily inspection; and that, in the complex situation of transference-countertransference that is coming into play, there is a reversal of his relationship with the primary object, felt as an intrusive, penetrating disorganization with a traumatic quality. But in the beginning, this consideration is only a thought, a necessary clinging on my part to a clinical model—which does not, however, generate the calming, emotional resonance in me that knowledge sometimes brings with it, as constricted as I am by the concreteness that Osvaldo induces in me.

My verbal interpretations of this configuration in the here and now of the session do not seem to promote a feeling that might "loosen the grip of the vise," however. Rather, at first, the problem seems to be how to make my words reach the patient, how to find the space in which to position my speech, given his torrential, uninterrupted output. Nor are there any nonverbal signs indicating his availability to listen. When I do succeed in inserting myself into the dialogue, and in advancing an observation of mine on what in that moment seems to be happening between us, Osvaldo instantly walls himself off in silence, gazing fixedly in my direction, but in an empty and "watery" way—as though he were temporarily absent with his mind but present with his inert body. The image that arises in my mind has something mechanical about it.

In fact, the recurring image in my countertransference is of an inanimate mechanism that is set up in the session in order to keep me at bay. I realize that it is my attention to the quality of his communications, which I employ to remain *alive* and to survive his narrative flow, that makes my presence too "hot" for him, making it necessary for him to turn our relationship into something mechanical.

A vignette from a session in the seventh month of treatment illustrates this, as well as my beginning awareness of the need to change the orientation of my comments. Osvaldo arrives on time, rushing in like a runaway. He talks about a schoolmate who "whispered something" about him while he was walking through the classroom the preceding day. He adds that his grandmother criticizes his spending too much time watching television and thinks he should study more. She "doesn't mind her own fucking business," he complains. Last night he was up after everyone else had gone to sleep to watch late-night shows on television. He talked on the phone with Linda, who is already planning her eighteenth birthday party; he doesn't think about that at all.

The patient's way of piling story upon story gets faster and faster, so that I can hardly follow him. When I can get in a word, I tell him that today he seems to be saying he is worried about the thoughts induced by watching late-night television soft-porn shows, as he told me about in previous sessions. Maybe he is afraid I will criticize him, like his schoolmate or his grandmother. Perhaps he is also afraid I will not find his thoughts suitable for a 17-year-old. Osvaldo retorts that he is not worried at all and that my comment is irrelevant. Then he goes on as before.

He adds further tales and impressions: at school, everybody wears Levis jeans and bomber jackets, and he wonders what he would look like in them; maybe they would not look good on him. He should resume tennis training. On television, he saw tennis players training with a machine that "spits out" balls. (I think to myself that maybe he is scared by the lively way in which I put together bits of his speech, giving it a potentially dangerous meaning.)

I tell Osvaldo that he has let me know he does not agree with my way of combining the things he has told me. He seems not to take heed of my comment, but then he says that his mother "thinks she knows everything" about him: she watches how he eats, she knows how many phone calls he makes, she is just as worried when he goes out as when he stays in.

Which of the two of us, at this point, has dangerously reduced the distance between us? Me, with my comments and my recognition of connections? Or the patient, equating me *tout court* with his mother?

I understand at this point that if I were to make a transference interpretation here, I would immediately become the omniscient mother from whom the patient is trying to escape. Instead, in order to get a bit more distance between us, I decide to ask him what he means when he says that his mother thinks she knows everything about him; he replies that he feels pursued by her: "She is always on me." I suggest that this might be a reason why he watches television late at night when others sleep, in order to be on his own for a while. For a moment, he seems to feel relieved by this alternative view of the situation. "My mother," he says, "is eaten up by anxiety! This is why she is so skinny—my father says that, too. He is calmer, but he pretends . . ."

This passage from a session represents, albeit schematically, an initial *turning point* in the analysis. That is, I begin to direct my attention to listening to the content of the patient's accounts, to noticing his daily disagreements with his parents, the fights he has just had with his sister, his schoolmates' persecutions of him—*without relating these to the situation of the relationship between him and me.* Gradually, this causes a transformation, in the sense of a reduction of the pressure of projective identification, which modifies the atmosphere of the sessions. Osvaldo begins to show interest in expressing himself in a way that—without losing the characteristics of a river pouring forth, as described above—nevertheless assumes a more tolerable cadence, not only for me but also for Osvaldo himself.

The Penetrating Alien as an Unspeakable Secret

With this new climate established, Osvaldo can start to bring in feelings such as shame, the sensation of being loathsome, feeble, without boundaries—harboring a "horrible secret" about himself. Externalization through enactment of this horrible secret swiftly alternates with tales about it during this phase. Uncertainly presented at the beginning, these tales then become increasingly elaborated.

Two major themes emerge and are distinguishable only in retrospect: his masturbatory fantasy and the "unspeakable secret." I will start by outlining Osvaldo's primitive sexual fantasies, often accompanied by

masturbation, which takes two forms: one is explicitly anal and the other is a rhythmical movement of his legs until ejaculation occurs, which is experienced as a flow of disgusting and dirty fluid. It is possible to reconstruct a central fantasy from the bits and pieces that Osvaldo offers, which include slight varieties in content: the exciting sight of an erect penis followed by anal submission to it through sodomization. This is represented as a "pounding jackhammer," penetration with a mechanical and unceasing rhythm.

A long period of analytic work is necessary to reconstruct the narrative of this central fantasy and give it meaning. At first, Osvaldo brings with the feeling of shame the physical sensations that he experiences as external and overpowering: the impact of seeing the form of the penis, the thumping rhythm, the emergence of the penis tip (the "notch") to "fill" his anus, and so on. Only after the disconnected pieces are put together into a sequence—showing, for example, the relationship between the sight of the penis and subsequent sodomization—is it gradually possible to begin to propose a more articulated interpretation to Osvaldo.

I think that for him, the erotization of his bodily openings (anus, mouth, and even eyes) is a way to capture and control the object. For instance, the erect penis is threatening and exciting at the same time. Because of its intrusive quality, anal incorporation becomes the only way to control it from inside and to keep it at bay, making it his own. The diffuse sensuousness of various areas in his body and the erotization of partial objects are felt as the only way to cope with a sense of loss, waste, emptiness, and non-existence. The "palpitating hole" is the patient himself, his lonely and abandoned self.

The other theme in this phase of the analysis is the unspeakable secret. Physical sensations related to the masturbatory fantasy overpower Osvaldo and are felt as a shameful secret, which everybody knows or can come to know. A "transparent inside" is felt as available to anyone wishing to enter it with their penetrating gaze (as I would eventually interpret to him on more than one occasion). This secret cannot be protected by any barrier, despite the tall and constraining psychic fences that he erects in a vain attempt to hide it. Moreover, Osvaldo does not just talk about it as a personal problem; he wears his problem, as it were, in the transference relationship with the analyst—a problem that insinuates itself constantly in persecutory fashion in the very act of coming for analysis.

I realize after some time that the patient's gasping, machine-gun speech was not just a way of controlling me, tying my hands, keeping me at bay by pouring out onto me the most anxious things his mind could produce, after having avoided and hesitated for a time the "confession" of his articulated fantasies of being sodomized. It seems increasingly clear that his way of speaking was that of a person in flight, someone fleeing from something, or someone who wants to hide—a person who reveals his secret but without being able to say it all before it is too late. His way of speaking so hurriedly and insistently, and therefore at times incomprehensively, seems to me that of a person who speaks excitedly while perhaps running to catch a train that he is about to miss. Some of these images are gradually represented to the patient and contribute in some way to soothing the atmosphere that has been unceasingly breathless in sessions, making Osvaldo feel understood in his persecutory anxieties.

The configuration of the theme of the secret seems here to have a special quality of its own. The paradox in which Osvaldo is entangled is that coming to therapy means, both to him and to his oedipal objects, the revelation of a secret that should remain hidden. That links up—as a personal contribution to the paradox of his own identity—with the injunction to represent an aspect of parental identity that must be kept secret, but that is instead revealed by him. (See our use of the underlying metaphor in *Back to the Future* in Part 1 of this paper.) In other words, a split-off aspect of the object's psychic reality is transmitted and delivered with the request that it be kept secret. But this split-off and rejected aspect, this inadmissible, cast-off element, demands the existence it has been denied, in a kind of return of the repressed; it demands its rights of citizenship like someone under house arrest. Osvaldo is the location of this house arrest, and he is contaminated by it.

In a session during the second year of treatment, the patient comes in breathless and gasps out, almost unable to speak, "I got her! I didn't let her get me—sorry, but I don't want to—" At first I do not understand the meaning of his words, though I sense he is telling me he avoided someone or something. I say: "You seem happy about something that just happened, something you managed to avoid, but I don't know what. You talk as if I knew, as if I were always with you. But you have to explain to me what happened, otherwise I can't understand. Or perhaps you want me not to understand?"

The patient retorts angrily: "You always pull these psychological *jerks*!⁶ Too much is too much!" I say he cannot tolerate the smallest distance between himself and me; it is always too much. "Only if you feel I am *inside* you, or that you are *inside* me, do you feel sure to keep me at bay," I remark.

Osvaldo stops short for a moment, apparently under the effects of a "burst of heat"—some strong affect that I am not immediately able to identify. He looks at me, almost smiles, and then says: "No, nothing—the usual mental *jerks*. Something came to my mind . . . no . . . nothing." There is tension in the air. I silently make associations: mine are "psychological jerks," while his are "mental jerks." I think that his burst of affect expresses a sodomizing fantasy induced by my words "inside you." I feel crisscrossed by perverse fantasies.

Osvaldo tells me that, while he was about to press the doorbell of my office, he had turned around and seen that "she" was coming, motioning toward the door with his head. He meant my colleague—whom he had immediately recognized as female, since the beginning of analysis, because of her soft steps in the corridor, although he had never met her. "I was sure she would come in here, too, and in fact she inserted a key. But I didn't want her to see that I was coming here, to a psychoanalyst. I didn't want her to know I am your patient, because she might understand that I come here because I am a queer, because of my thoughts . . . . So I moved to one side and pretended I was combing my hair, using the glass door as though it were a mirror . . . ." When he shows me how he touched his hair, I notice he is moving in an effeminate way, like someone who is ridiculing gays, a behavior he does not usually show.

I tell him: "It must be a terrible sensation to be always on the verge of being discovered because you cannot be safe anywhere, safe from gazes that see inside you. But in order to mask what you don't want to be seen, you are forced to display it through a caricature of yourself." I am hinting at the fact that this caricature, which he wears like an outfit, at least provides him with boundaries, limits, and a certain identity.

When I say "see inside," he adds that he feels like "an open book." He says this with a feeling of surrender. But then, with triumph and revenge, he says that he also "figures it all out" himself.

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⁶ The Italian slang expressions are *pippe psicologiche, pippe mentali. Pippa* is the act of hand masturbation.

"So," I say, "you understood who that woman following you was. And you are just as sure that she understood you were going to a psychoanalyst because you are a homosexual." Angry, Osvaldo says that only women and queers go to psychoanalysts. The persecutory and intrusive quality of the emotions surrounding this episode, enacted on the doorstep, reveal his feeling of being a runaway who keeps a secret—or rather, that he himself is the secret that must be masked but in fact cannot be hidden.

An Early Hypothesis of the Psychological Meaning of the Patient's Strange Sensations

The end of high school is fantasized by Osvaldo as freedom from his schoolmates' persecutions. At college, he says, he will be a *new person*. He will be able to start all over again. Unfortunately, that is not the way it will turn out; those friends who so cruelly teased him at least gave him boundaries and identity, while the lack of them causes him to feel lost and confused. His new colleagues at the university are "faceless": they brush past him without seeing him, and for Osvaldo, feelings of desperate loneliness and sadness emerge.

The next session I will describe, occurring at the end of the patient's second year of analysis, reveals that the process of a gradual realization of his strange physical sensations related to his orifices. The sense of desperate abandonment and loneliness that could not otherwise be represented now makes an appearance in Osvaldo's transference relationship to me.

It is the first session after a weekend separation. Osvaldo says that during the weekend he was "at home alone"; he did not go out at all. He did not lunch in a restaurant with his parents. He did not even go for an outing with the Catholic youth group he sometimes joins, because an acquaintance, Carlotta, would have been there, and he feels she likes him. Last time, she was "too loving" with him, and he does not want to feel terror and disgust for himself as he did on that occasion. Carlotta started to hug him when they were alone; she took his hand and made him touch her breast. He understood that he "should do something," so he fondled her breasts a little, then moved his hand down, and Carlotta let him do it. He reached her pubis and felt a deep terror. Carlotta put her hand inside his trousers. He cannot say if his penis was erect; he only knew he was sweating "around there." He did not feel anything.

But this is not what he wants to tell me today. He wants to tell me that he had "a terrible thought during the weekend, which, if it were true, would be the end." The thought was that I could be included among the persons whom he fantasizes sodomizing him. It cannot be so, he says. It would mean that he has no restraint, and it would be a confirmation that he is "definitely a queer." In addition, he was disgusted with himself because he was contaminating me. He felt like shit. If this is the way things are, then it would be better to give up everything and let himself go.

This is the first time Osvaldo reports a fantasy and does not feel it arriving with the usual foreign and persecutory quality. I say that I do not really think this thought means he is "definitely a queer." I add that he has made me understand how lonely he felt during the weekend—alone with his feelings, thoughts, and fear of Carlotta, and also abandoned by me. To think of my body, my penis, including me among his sodomizers, was a way to feel less alone and abandoned, to feel he had some meaning and was not a "nothing."

"What do you mean, 'nothing'?" the patient asks, half-scared and half-curious. I say that at times, he feels he does not exist; he is *no-thing* and has no meaning. In incorporating my penis within himself, in his anus, he feels himself to be included in me. With his anus, like a mouth, he takes hold of me and does not let me go.

At first Osvaldo is perplexed by my words, and then he says that I have already said something similar. But it is not possible, he goes on, that he has these thoughts about me. And what if I get excited? The session would be . . . No! No! It is not possible. He is ashamed of coming here with such thoughts. Then he reflects: "I wish it were as you say— loneliness, abandonment, sadness . . . . It would be better for me. But the only truth is that I am a queer!"

I tell Osvaldo he is afraid of feelings like loneliness, abandonment, and sadness because these feelings cannot be controlled, while bodily sensations can be. It is clear that passive erotization and *the need to be intruded upon in order to be included* (Baranes 1991) are the modes used to recover a sense of existence in our relationship, following the sense of exclusion and evacuation, which is disorganizing for the self.

To come into contact with these experiences of abandonment and non-existence coincides in this phase of the analysis with a change in

Osvaldo's relationship with me. During the sessions, his persecutory fantasies are less strong, and the pressure is eased. It seems that things gradually open up after this crucial point, inaugurating a stage in which thoughts, memories, and fragments of current interactions are brought to the analysis—a period in which the image of passivity and homosexuality that was ascribed to the patient and made him anxious did not correspond at that particular moment with the experience the boy has of himself. And the quality of the transference also begins to change in this direction, in the sense that he seems more cohesive and less anxious, as if he is finally creating a sort of order in himself in a more constructive sense.

In a similar fashion, the quality of my countertransference improves: my emotional turbulence declines, and my listening gradually becomes calmer. There is more space for the privacy of my thoughts and emotions, and I have the sensation of having before me a very sad person who is certainly suffering—but not simply a patchwork heap of highly erotized fantasies as the only modality through which self and object can exist.

In this new climate, a distinction emerges for Osvaldo between his feelings and those of others, between the *me* and the *not me*. This is exemplified by a session in the third year of analysis. The patient brings in a memory that came to his mind after a fight with his father. For his seventh or eighth birthday, he was given a much desired tape-player. His father, commenting scornfully on his exultant joy and excitement, abruptly cut off his intense pleasure by saying that he was "acting like a girl," and that "he looked like a queer." Osvaldo remembers that he hid in the bathroom, felt humiliated, and reverted to an autistic-like ritual that he had used as a small child to calm himself: he rolled up a towel and twirled it rapidly in front of him.

More recently, during tennis practice, which his mother usually attended, Osvaldo had demonstrated a particular backhand shot to impress her. He told her it was "like Gabriela Sabatini's backhand." His mother's reaction, however, was to anxiously berate him: she said that Osvaldo would do better to compare himself to a male player, because the other boys or the tennis coach might hear him and, by inference, they would think badly of him for saying he was like a female player.

From that moment on, the boy said, he pretended to be a fan of several male tennis champions to please his mother and calm her anxieties. But inside he felt that his preference for female players grew paradoxically stronger, as a kind of silent but individualizing opposition to his mother. Osvaldo later related this relational dynamic to much earlier episodes, events, and sensations—for example, the humiliation he felt when he was in nursery school and was made to go to dance class with his sister at an all-girls' school.

Speaking of the patient's fight with his father, I tell Osvaldo that he is trying to understand which are his own feelings and which are his father's feelings—just as, in his memory, his overwhelming joy was different from the scorn he felt coming from his father. Of course, what is important in these accounts is not the factual reality (which I am inclined to believe), but rather the quality of subtle discrimination between the patient's own and his parents' feelings and experiences, as well as the subsequent process of giving new meaning to their mental contents in the direction of discrimination between *me* and *not me*. This sort of revision of self and objects evolves with the process of individualization appropriate to adolescence.

I then say to Osvaldo that perhaps he wonders what my feelings for him are. He replies that he has always "taken for granted" that I feel the same disgust and scorn for his fantasies that he himself feels. But now he thinks that, when I listen to him, maybe I am not doing it only for the money.

At this point, a certain potential objection does not escape me—which I, too, posed for myself at first, in hearing the account of these episodes and memories: that is, that I could be witnessing the boy's delusional interpretation, projected onto his parents, with the aim of arousing in the transference a sort of "collusive belief." An inclination of this type cannot be excluded, but it must be seen as a circularity of projections, in which the boy attributes disgraceful qualities and characteristics to the object in a mirroring reflection of the humiliating attributions of which he has been the recipient.

On the other hand, it also seems evident that being able to bring to the analysis memories and experiences such as those described, in which Osvaldo appears capable of exploring in a more articulated way

the image of himself that has been assigned to him, reciprocally allows him to begin to put forward his own experience during this phase of the analysis—his own vision of the parents' internal world, and in particular his father's, with some shades of the passive connotations attributed to him.

The entry into analysis of another memory image—which also has the features of a screen memory—offers a picture rich in articulated relational experience, no longer flat and one-directional. I consider it, in terms of the transference as well, a dream scene of the patient's inner world, one of the scenarios of "multi-entrances" that Laplanche and Pontalis (1964) speak of. In this image, Osvaldo remembers playing with his sister on the grass near the apartment building where he lived as a child, in a high-class complex of buildings that was nevertheless located near a rather poor neighborhood where buildings were slated to be destroyed. The two children were repeatedly bothered by a teenage bully from the slum nearby who stole their ball. The children called their father for help, but when he came out, the youth taunted him with name-calling and threats of a sexual nature. So the father "turned tail" with the children and went upstairs, after vainly seeking help from the janitor. The offensive young man rang their doorbell, continued to shout insults, and dared the father to come down.

The patient remembers the sense of undefended humiliation in that episode that becomes the prototype of other events in which it seems clear to him that his father's "passivity" (*Back to the Future*) is something he is tainted by. In a subsequent session, revisiting this episode and seeing it in relation to his current anxieties about his fantasies of being sodomized, Osvaldo comments that "these anxieties are not mine": they are "like ghosts," and perhaps they are "the same ghosts that my father had, when he was my age, and who knows—maybe my grandfather Osvaldo [for whom he was named] as well."

I think that the expression "these anxieties are not mine" is the culminating moment, so to speak, in which—in the intimacy of the analytic relationship—the beginnings of a discrimination between the patient's own emotions and those of the other can at last be achieved. His own internal world can be distinguished from that of the other—a discrimination that can be realized only in the analytic relationship because it can

be said to the analyst and felt in some way as something outside the self. In addition, this distinction is meaningfully tied to the destruction of the secret, whose "end," so to speak, had been announced when Osvaldo— in crisis—revealed that, if the thought were expressed that his analyst could become one of the objects of his fantasies of being sodomized, then that would be "the end."

CONCLUDING REMARKS

In selecting this clinical material for presentation, we realize that we have not done full justice to the richness of the psychoanalytic process and its multiple facets. Our aim has been to show some aspects of a patient's fight to begin to integrate foreign sensations and alien affects, and to reach his first realization of the distinction between *me* and *not me;* we have also explored the analyst's struggle in the countertransference.

Osvaldo's analysis continued for one more year, but it was the work in the first three years that was crucial in allowing him to make these early integrations. We are aware that the premature termination of treatment mentioned earlier was due not only to the external factor of the family's move to another city.

In reflecting on the course and outcome of this analysis, a statement by Winnicott (1962) on the aim of psychoanalytic treatment is relevant. He observes that in psychoanalysis with some patients, one has to ask not only *how much* one can be allowed to do, but also "*how little* need be done?" (p. 166, italics added).

We began Part 2 of this paper by describing the analyst's countertransference experience and the dynamic of the clinical relationship with Osvaldo in order to convey the traumatic quality of the experience of an object that intrudes, penetrates, disorganizes, evacuates, and deposits split-off parts that the subject is then forced, as it were, to deal with through pathological identification (alienating or ego-alien identification). We think that the quasi-persecutory countertransference feelings experienced with this patient, and the concrete, albeit transitory changes in the analyst's bodily sensations, portray the way in which unworked-through parental objects may be reproduced in the analytic scenario—as veritable foreign bodies that must somehow be circumscribed and/or absorbed.

Moreover, in complex and serious situations such as this one, episodes of acting out have emotions and relational configurations crystallized within them that cannot be thought or represented, and only through acting out can they be communicated to the analyst until the time is ripe for them to be represented and transformed. The therapist's function should be to take in these emotions and relational configurations, to think about them and transform them, even if the technical challenge—which is the analyst's, not the patient's—is how not to retreat defensively from them, and at the same time not to collude and reproduce the acting out by intruding on and usurping a private space.

Postscript to Osvaldo's Treatment

We will end by describing a subsequent episode that reveals the concrete way in which parental objects intruded on Osvaldo's clinical setting by way of acting out, an unexpected and unforeseeable enactment that raised technical problems for the analyst. We would like to make it clear that we do not ascribe a wholly factual meaning to the account that was related in this episode; rather, we tend to see it as the performance and intrusion of an emotional construct of which Osvaldo was a part, as both recipient and contributor.

This was the episode—the analyst's single additional, brief encounter with Osvaldo's parents (or rather, the encounter that was forced on the analyst). Significantly, it took the form of a veritable intrusion on the setting established for Osvaldo, at a session when Osvaldo did not come. For a moment, the parents took his place and invaded his space.

Osvaldo was to attend his last two sessions before leaving for a study trip in the UK. When the analyst hears a knock at the door, he is convinced he will open it to find Osvaldo, but is surprised to see both Osvaldo's parents, who ask timidly if they can enter and explain something. The analyst's concern, beyond his surprise, is to preserve Osvaldo's setting and, at the same time, not to mortify the parents.

So, in a clumsy and uneasy way, the analyst says, "Please enter, but only for a few moments because this is Osvaldo's space, as you know. I will tell him that I met with you." They reply that there was a sudden change in Osvaldo's study trip, such that he had to leave immediately;

instead of calling me to explain this, they thought it would be better to come and say it directly. They also wanted to meet their son's therapist. The analyst understands that this is clearly a quasi-conscious enactment; however, he decides to let them enter without further comment.

A brief exchange of remarks with the parents comes to an end after the analyst has made some suggestions about the meaning that their intrusion might have for the boy and their relationship with him. At that point, the father makes room for himself, as it were, and launches a new piece of data and a question at me—an intrusion of his unconscious— just as he did at our first meeting when he physically shoved Osvaldo at me.

"This has nothing to do with Osvaldo," the father blurts out, "but I was wondering . . . . You're an expert . . . . I read in the papers that a 50-year-old man with a wife and two children discovered he was . . . homosexual! He left his family and started a new life. Is something like that really possible? How is it possible not to realize sooner? *How could he have a wife and two children?"*

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THE BLOSSOMS OF LOSS: OVID'S FLORAL METAMORPHOSES AND POUSSIN'S *REALM OF FLORA*

BY ADELE TUTTER

Alluring and fertile, the flower connotes a locus of desire. *The floral metamorphic myths narrated in Ovid's* Metamorphoses *(AD 8a) thematize the* price *of desire—the shame, grief, and rage of rejection and rivalrous defeat—and symbolize the generative transformation that frustrated desire and competitive loss can promote. In the deceptively beautiful painting* Realm of Flora *of 1631, Nicolas Poussin enlists these myths as allegories of his own great creative leap, an aesthetic metamorphosis that followed shattering defeats. Extending the association between creativity and object loss to competitive loss, Poussin holds a mirror to our powerful drive to prevail and create anew from the ashes of loss.*

Keywords: Ovid, Poussin, Caravaggio, *Metamorphoses, Realm of Flora,* applied psychoanalysis, myth, metamorphosis, metaphor, allegory, mourning, loss, creativity.

> What need to tell of Crocus, and Attis . . . from whose
> wounds by my art doth beauty spring?
> —Ovid (AD 8b, 5.222)

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POUSSIN'S METAMORPHOSIS

In 1624, the painter Nicolas Poussin (1594–1665) left his native France and settled in Rome, where, despite intense local competition and his unfavorable status as a late-blooming *arriviste*—at thirty years old, no youngster—he achieved remarkable success. Perhaps at the urging of the minor mannerist painter Quentin Varin, who decorated the fine cathedral near his Norman hometown of Les Andelys, Poussin left home at the age of eighteen to study painting in Paris. There he was fortunate enough meet the poet Giambattista Marino, who thought enough of him to invite him to Rome, the epicenter of the Renaissance art world, where Marino introduced his new protégé to important patrons and connoisseurs and helped procure his first commissions.

Most of Poussin's earliest Roman work comprises crowd pleasers, as might be expected of a painter trying to establish himself in a competitive foreign market. Some of these canvases are explicitly erotic, such as the playful bacchanalia that feature beautiful goddesses and nymphs and voyeuristic fauns and satyrs, and that proved equally popular with the painter's clerical and secular clientele. In one infamous example from 1625, *Nymph and Satyrs,* a lovely nymph masturbates while a leering satyr tries to get a better look (Figure 1, p. 651).[1]

Such works adopt the licentious attitude and luminous modeling of the great master and Baroque standard setter, Michelangelo Merisi da Caravaggio (1571–1610), who shocked and seduced the refined late-Renaissance audience with his dissipated, blatantly sexual, often homo-erotic subjects, and whose death preceded Poussin's arrival in Rome by about fifteen years (Figure 2, p. 651). Caravaggio's influence is also visible in some of Poussin's early paintings on popular historical and biblical themes, executed in the late master's fashionable, dramatically lit style. See, for example, how Poussin's 1626 *Battle of Gideon Against the Midianites* (Figure 3, p. 652)—its composition densely packed with chaotic action, and with its striking palette, receding darkness, and dramatic perspectives of soldiers and horse—quotes Caravaggio's 1601 *Conversion of St. Paul* (Figure 4, p. 652).

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[1] For expanded captions of the figures in this article as well as their credits, see the Appendix, pp. 674-676.

Ovidian subjects round out much of the rest of Poussin's initial efforts, reflecting not only the classical preoccupations of the Renaissance, but also his personal predilections and those of Marino: as several preliminary sketches of myths of transformation suggest, one of Poussin's first commissions may have been the illustration of Marino's own poetic gloss of Ovid's *Metamorphoses* (AD 8a), a canonical text wildly popular at the time (Costello 1955; also see Tutter 2011a, Figure 2, p. 436).

But several years after Poussin established himself in Rome, his art underwent its own drastic transformation, remarkable for the rejection of the eroticism and other Baroque conventions that characterized his previous work. Capitalizing on his classicizing leanings, he formulated an iconoclastic, austere neoclassical style in a series of stunning masterpieces that went entirely against the grain of contemporary fashion, but instead reflect the influence of Domenico Zampieri (Domenichino), with whom Poussin is thought to have studied when he arrived in Rome, and whose classicism was at great odds with Caravaggio's new naturalism. Exemplifying this reactionary shift is Poussin's controversial 1631 *Realm of Flora,* a canvas long opaque to interpretation, in which the goddess Flora dances amidst the various figures whose mythical metamorphoses into flowers she oversees (Figure 5, p. 653).

What caused the remarkable transformation of a competent if derivative artist into a brilliantly original one? I suggest that Poussin left some clues in *Realm of Flora.* Contextualized by what we know of the painter's life and career, this canvas can be seen anew: as a work of art that illuminates the forces that powered the transformative development of the radical new signature style it exemplifies. In particular, I contend that Poussin enlists the floral metamorphic myths that he collects in *Realm of Flora* as allegories for his own metamorphosis—a great artistic blossoming.

Poussin asks a lot of his audience. In a letter to his patron Paul Fréart de Chantelou, the painter requests that he "read the story *and* the picture, in order to see whether each thing is appropriate to its subject" (Marin 1977, p. 30, italics added), an appeal that also ascribes the artist as an active interpreter of his textual sources. This remains a critical contemporary issue: bringing Poussin's request into the present, in this paper I attempt to ground my interpretation of his painting in *his* inter-

pretation of the myths it portrays, contextualized by close readings of the myth and of the painting. And by drawing on literary, biographical, and art-historical methodology, I hope to heed Rosenwald's (2012) warning to avoid the reductionism fostered by "interpretations that rely exclusively on [psycho]analytic concepts but ignore the essential contributions made by neighboring disciplines, such as history, to the elucidation of lives lived elsewhere or in the past" (p. 357).[2] In turn, the examination of Poussin's evolution as an artist expands the understanding of the relationship of creativity and the metabolism and mastery of loss.

THE BLOSSOMS OF LOSS

Myth is a uniquely evolved beast. By the time Ovid pieced together the myths of transformation into the *Metamorphoses* (AD 8a)—a seamless, epic masterpiece of intricate textual synthesis, ribald humor, and unparalleled wordplay—they were already ancient stories that had been revised and refined innumerable times, fabricated, filtered, and distilled over the preceding several millennia. Ovid organized them, gave them body and structure and texture, and added a few details of his own, but he was essentially working with well-wrought plot lines that had stood the test of time. They did so for a reason: part creation fable, part morality tale, the metamorphic myths are stories of *change*, elegant metaphors for the developmental transitions of life.

Since every change results in *loss*, the myths of metamorphosis are also superb allegorical vehicles for the processes of mourning that are an integral part of life. In my previous studies of aesthetic representations of the tree-metamorphic myths (Tutter 2011a, 2011b), exemplified by the story of Apollo and Daphne, metamorphosis is interpreted both as metaphor for the transitions of adolescence and as a means to undo the losses they incur: the relinquishment of the child's body, security, and dependency—let alone the great loves of childhood. Satisfying the regressive longings that oppose the pull of maturation, transformation

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[2] Biographical and historical data in this essay is drawn from Barker (2004), Bätschmann (1999), Blunt (1967, 1977), Carrier (1993), Christiansen (2008a), Costello (1955), Cropper (1991), Graham-Dixon (2012), Marandel (2012), Marin (1977), Simon (1978), and Unglaub (2006). Unless otherwise specified, the literary and art-historical analyses described are the author's own.

into a tree renders legible the grief and ambivalence that accompany the entrée into adulthood.

If every change results in loss, then loss also initiates change. In the words of Butler (2003), "one mourns when one accepts that by the loss one undergoes one will be changed, possibly forever. Perhaps mourning has to do with agreeing to undergo a transformation . . . [that] cannot be charted or planned" (p. 11). The unpredictable, unchartable aspect of personal change adds to its difficulty, complicating both mourning ("How can I survive?") and that other exemplar of personal change, psychoanalysis ("What will I become?").

Ferro (2009) conceptualizes analytic process as an oscillation between "*grasping* (in the sense of clinging to the known) and *casting* (in relation to what is as yet undefined but seeking representation and transformation)" (p. 209, italics added). This is an equally apt and beautiful description of mourning: as Freud observed in "Mourning and Melancholia" (1917), the acutely bereaved similarly oscillate between refusing and accepting the reality of their loss—between *grasping* for the past and *casting* a new, unexpected future. I have suggested that on at least some level, this oscillation continues far longer than Freud imagined—sometimes forever, especially as the reality of loss confronts us with the eventual loss of our own life (Tutter, in press, a). Knowing the endings of the myths of transformation may make the inevitability of our own transformations (far less dramatic but far more real)—and in particular, our own endings—less frightening.

It was Klein who first situated creative growth within a psychoanalytic model of the mourning of object loss. Taking up where Freud left off, she described how the devastated inner world is repaired and remodeled after object loss, and identified the creative impulse as a means of repairing the lost object (Klein 1940). This pioneering work and its subsequent elaborations allowed the recognition of the universal experience of the mourning of object loss as having great constructive and creative potential—a critical opportunity for intrapsychic change and personal growth.

While this literature centers around the loss of the beloved, usually through death (a short list of its contributors would include Chasseguet-Smirgel [1984], Greenacre [1963], Hägglund [1976], Kernberg

[2010], and Laplanche and Pontalis [1967]), other sorts of loss occur throughout the life cycle. Andreas-Salomé (1921) considered the shattering of the illusion of oneness with mother to be the first great loss, the primary psychic injury. Drawing on the work of Green, Kristeva (1987) contends that it is only after accepting this very injury—the reality of separateness—that a child can begin to love others as *others*. In her eyes, loss heralds the creation of a social being.

Loewald (1962) understood the formation of the superego after the relinquishment of the Oedipus conflict—itself a loss—as a creative act, a necessary preparation for mourning later in life. Importantly, for Loewald, mourning implicates a degree of emancipation from the pull to remain dependently connected. Ogden (2000) asserts that at its core, mourning involves an innate, creative impulse:

> Mourning is not simply a form of psychological work; it is a process centrally involving the experience of making something, creating something adequate to the experience of loss . . . an individual's effort to meet, to be equal to, to do justice to, the fullness and complexity of his or her relationship to what has been lost and to the experience of loss itself. [p. 66]

Here Ogden seems to imply that another aspect of mourning can also power creativity, in addition to the restitution and repair described by Klein (1940), Segal (1954), and Chasseguet-Smirgel (1984): that of dignifying commemoration.

The literature around creativity and mourning has thus far focused primarily on object loss. Far less attention has been paid to the mourning of more quotidian losses of adulthood: lost pleasures and hopes, competitions and opportunities; our homes when we leave them; our idols when they fail us; our ideals when we fail them. Many of us are initiated into the more unsavory vagaries of adulthood with the loss of our first (mature) love—learning firsthand that, as C. S. Lewis (1961) observed, *grief is the price of love.* The denial of desire—whether for power, talent, genius, home, adventure, fame, love, children, immortality, or simply happiness—opens wide the door to one of life's harsher lessons, the loss of treasured infantile illusions of omnipotence (Wurmser, in press).

Poussin had his share of denied desire. I will argue that critical aspects of the startling and productive shift that gave rise to *Realm of Flora*

specifically relate to the devastating professional losses that preceded it, thereby implicating these crises in Poussin's "artistic metamorphosis." This conclusion is consistent with the notion that, like object loss, the losses of competitive defeat and frustrated desire can power extraordinary creative growth, of which *Realm of Flora* is both emblem and evidence.

"FROM WHOSE WOUNDS BY MY ART DOTH BEAUTY SPRING"[3]

In 1628, just a few years after he arrived in Rome, Poussin won the prestigious commission to decorate the altar of the right *tribuna* in St. Peter's Basilica. *Martyrdom of St. Erasmus* (Figure 6, p. 654) was his first public commission, and from the Vatican at that—a matchless opportunity to gain the public acclaim upon which the commercial success of a painter rested in *Seicento* Rome.

Poussin's contribution was to be paired with a second commission, his fellow French expatriate Valentin de Boulogne's *Martyrdom of St. Processus and St. Martinian* (Figure 7, p. 654). While the composition of de Boulogne's canvas was modeled after Poussin's *St. Erasmus,* its style, execution, and certain of its formal elements are overwhelmingly indebted to the dark, dramatically lit paintings of Caravaggio. More specifically, its swooping boy angels and dense massing of obscured figures (including a corpse indicated only by its feet) directly reference Caravaggio's monumental *Seven Acts of Mercy,* a veritable sensation since its unveiling in Naples two decades prior (Figure 8, p. 654).[4]

At the turn of the *Cinquecento,* Caravaggio's radical street realism and enthralling *chiaroscuro* proved a highly successful challenge to prevailing Renaissance standards of idealized, harmonious beauty. Abandoning all decorum, he bestowed blatant eroticism on all subjects, from boy angels to the Madonna, and consorted with the criminals and prostitutes whom he scandalously employed as models for saints and divinity. Caravaggio was a street fighter; he carried a sword and a knife. He was forced to

[3] See this article's epigraph, p. 633.
[4] Note that one of the martyrs in *St. Processus and St. Martinian* (Figure 7, p. 654), like the corpse in *Seven Acts,* is identified only by the dirty soles of its bare feet.

flee Rome after he was convicted of the murder of his opponent in a duel—some say over a woman, some say over a game of tennis—which only enhanced his reputation as a genius miscreant.

Having received a papal pardon, Caravaggio was on his way back to Rome when, in 1610, he collapsed on a beach; dead at the age of thirty-nine, he left behind a mere eighty identified works. And yet by the time he died, his uniquely unvarnished manner and peerless sensuality formed a central aspect of the new Baroque idiom, widely imitated by scores of emulators known as the *Caravaggisti*—Valentin de Boulogne among them (Marandel 2012).

Poussin, on the other hand, was by all accounts determinedly bourgeoisie: a pragmatic businessman, respectable husband, and member of Rome's intellectual circle, he fought with ideas, not his hands. He disliked the street and abandoned his traditional Norman costume only after he was accosted by a band of thugs; he would have disdained the seamy flamboyance with which the distinctly ungentlemanly Caravaggio lived his life—let alone the way he besmirched their profession by daring to paint the Virgin as a peasant, not a queen. And while some of the darkly dramatic canvases Poussin executed soon after arriving in Rome might be taken to suggest that he, too, had temporarily fallen under Caravaggio's spell (Figures 3 and 4, p. 652), it could also be argued that he had simply calibrated his work against current taste, at a point in his career when he could hardly afford not to.

But as Poussin matured as an artist and developed his own faithful clientele, he turned away from Baroque convention and toward a reactionary, classicizing aesthetic: one that looked back rather than forward, and that emphasized traditional Renaissance values of harmony, grace, and beauty. The beginnings of this shift were already in evidence in the brightly lit *Martyrdom of St. Erasmus* (Figure 6, p. 654), resplendent with the glowing primary colors that render beautiful the most gruesome— namely, the evisceration of its subject. In parallel, Poussin developed a marked antipathy toward Caravaggio, nowhere more explicit than in his notorious retort: "This man came into the world to *destroy painting*" (Marin 1977, p. 28). While this *aperçu* was meant to express Poussin's

disapproval of Caravaggio's threat to cherished Renaissance aesthetics, which held that art should ennoble rather than "copy" nature, it likely reflected more.

The fact is that while Poussin may have frowned on Caravaggio's art, he also had good reason to *envy* it—in particular, the latter's preternatural talent for psychological realism. Caravaggio's wild popularity alone would have been a ripe reason for resentment in any rival. And although Poussin greatly benefited from Giambattista Marino's promotion, I offer that the sardonic quip that Caravaggio's aim was "to *destroy* painting" was actually a bitter, jealous take on the famous epitaph that his benevolent sponsor Marino had penned for his friend Caravaggio two decades prior: "Nature conspired to kill Caravaggio . . . because she was conquered in every image that Caravaggio *created* rather than painted" (quoted in Cropper 1991, p. 204, italics added). Never had Marino adulated his French protégé in such a public, sensationalist way; in granting Caravaggio the power of creation, Marino might as well have named him a god.

Thus the stage was set for the unveiling of the two new Vatican commissions, which sparked a fierce debate in the cultivated, art-loving milieu of Rome, pitting those who favored the canvas by a member of the French *Caravaggisti,* de Boulogne—which adhered to prevailing conventions only recently considered unconventional—against those who preferred the canvas by the French *arriviste,* Poussin, which upended those new conventions. Able to make or break a painter, these opinions mattered; the painting's public reception would thus have necessarily impacted Poussin, professionally *and* personally. But the innovations that *St. Erasmus* heralds were not yet fully developed, and in any case were not as positively received as de Boulogne's standard rendition of prevailing Baroque taste. Both lay and learned judgment determined de Boulogne's the superior painting and de Boulogne the superior painter.

A second blow soon followed. Poussin entered a competition to decorate one of the chapels of the recently completed church of St. Luigi dei Francesi in Rome, dedicated to the patron saint of France. While this opportunity was not as visible as a Vatican commission, it would have been a choice honor for a native Frenchman to decorate the church built for

his expatriate French community. Still smarting from the Vatican fiasco, Poussin lost the St. Luigi competition to another Frenchman, Charles Mellin, who had also studied with Domenichino. Adding insult to injury, Domenichino, a member of the jury, cast his vote not for Poussin but for Mellin, whose rather forgettable winning entries still hang in St. Luigi today. Like Marino's admiration of Caravaggio, Domenichino's advocacy of Mellin would doubtless have exacerbated any frustrated transferential rivalry for the love and respect of the father (so to speak), thus intensifying Poussin's loss.

Even the normally circumspect Poussin scholar Anthony Blunt (1977) acknowledges the crippling injury of these defeats:

> [The St. Luigi] failure combined with the lack of enthusiasm for a painting [*St. Erasmus*] which was Poussin's great bid for popular recognition in Rome seems to have bitten deeply into the artist's soul, and from this time forward he retired from the field of monumental painting and devoted himself to small "Cabinet pictures" for a select body of appreciative connoisseurs. [p. 26]

Blunt does not specify that St. Luigi already boasted a set of important works by Caravaggio, the justly famed trio of paintings of St. Matthew in the "Contarelli" chapel, right next to the chapel that Mellin painted; moreover, Domenichino himself had contributed a fresco to a third chapel. Thus, in losing the St. Luigi commission, Poussin lost the chance to redeem his dignity after the Vatican fiasco, to rival Caravaggio's legacy of artistic primacy, and to carry on the tradition of his master, Domenichino, with his full blessing.

But Poussin did not concede to loss and instead undertook a process of self-reinvention. Breaking all professional conventions, he reentered the commercial arena of painting strictly on his own terms, withdrawing from all public competitions as well as any private bidding for smaller, clerical commissions (the bread and butter for most painters of the era), and, in a virtually unprecedented initiative, establishing himself as an easel painter working exclusively for paying patrons. Simultaneously, in a burst of creative growth, he unleashed his intellectual strengths and formulated the mature, neoclassical style so well exemplified by *Realm of Flora*. Let us return to the canvas.

REALM OF FLORA: POUSSIN'S *GIARDINO DI FIORI*

As we see in Figure 5, p. 653, the merry goddess Flora dances at center stage, scattering rose petals, ready to initiate the floral metamorphoses of (from left to right) Ajax; Clytie; Hyacinthus; Adonis; the lovers Crocus and Smilax; and finally, Narcissus, accompanied by Echo. Ringed by a pergola bedecked by flowers, a cliff-side, a herm of Priapus (male generative deity and partner to Flora), and several jolly putti, all are surmounted by Apollo, thundering across the empyrean in his chariot. The immediate feeling of this vibrant painting is lively and gay, a register broken only by the left-most character, Ajax, who impales himself upon his spear against a dark, rocky backdrop.

A few years after *Realm of Flora* was completed, Fabrizio Valguanera, who bought the painting from Poussin, was tried for laundering the proceeds of stolen diamonds by buying art, and Poussin was called to testify about the transaction in court. When asked about the painting's subject, he replied, with no little irony, that it was a *giardino di fiori* ("garden of flowers"). In keeping with its glowing tonality, traditional interpretations of *Realm of Flora* are essentially consistent with Poussin's circumspect description, and limit the canvas to a joyous paean to spring and to nature's inexorable cycle of death and regeneration. In contrast, in the proposition I offer, Poussin uses the canvas to allegorize his own troubles and their transcendence.[5]

Moreover, the notion that these troubles were *causally* associated with the artist's subsequent creative blossoming contradicts the enduring belief that his aesthetic concerns were largely cerebral and detached from his personal life. So, too, has Poussin's famous erudition and cerebrality discouraged curiosity about his emotional relationship to his paintings and the texts they interpret. Indeed, the formal reserve of his art seems

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[5] Worthen (1979), for example, emphasizes the painting's representation of flowers by their mythic human precursors, taking the *giardino di fiori* at face value: "*Realm of Flora* is primarily a description of a garden in the spring" (p. 585). Other scholars differ somewhat. Blunt (1967) posits that the canvas repurposes the pagan metamorphic myths as Christian allegories of resurrection, while Thomas (1986) maintains that it represents a meditation on *vanitas* and the linked tragedies of unhappy love and early death.

to itself express a guarded reticence, not unlike that with which Flora, in Ovid's *Fasti* (AD 8b)*,* introduces her garden: "What need to tell of Crocus, and Attis, and [Adonis], from whose wounds by my art doth beauty spring?" (5.222). Still—and despite the paucity of information about Poussin's more private life—I contend that, like other canvases (Tutter 2011a; in press, b), *Realm of Flora* suggests that his inner world did gain representation in his art, and that critical personal developments helped spark that art.

Consistent with the notion that Poussin's gathering of the floral metamorphic myths had personal meaning, this most unusual collection has no known aesthetic precedent. Neither are they collected within the *Metamorphoses*, but rather are dispersed throughout the text; nor has the art-historical discourse agreed on an alternative programmatic source, despite a most vigorous search of classical and Renaissance texts, including commentaries, translations, and poetic glosses (Thomas 1986; Unglaub 2006; Van Helsdingen 2002; Worthen 1979). Poussin, it seems, collected Ovid's floral metamorphic myths himself.

Compared to the energy invested in the search for the literary source of Poussin's grouping of the floral metamorphoses, little attention has been paid to the *group* of myths themselves, which over time have been "divested of their narrative contingencies and reduced to topoi" (Unglaub 2006, p. 145). Only Barolsky (1998) differs, observing that *Realm of Flora* tells "stories of vehement passions . . . stoically absorbed into the greater flux of nature" (p. 5). When looked at more closely, if the tree metamorphoses embody the relinquishment of *childhood* longings (Tutter 2011a), then *Realm of Flora*'s collection of the floral metamorphoses clarifies and crystallizes their commonality, the thematization of the brutal consequences of refused *adult* longings—whether for dynastic succession, sexual conquest, competitive triumph, and/or the reversal of past loss.

The sacrifice of humanity that metamorphosis entails achieves the detoxifying neutralization of the often-catastrophic consequences of man's "vehement passions"—from the unbearable frustration of longing, the shame and rage of rejection and defeat, to the murderous pull of jealousy and vengeance. Denied desire thus gives way to flowers, harmless things of beauty to be enjoyed and admired—much like great works

of art. As such, the floral metamorphic myths are ageless allegories of the transformative function of creativity.

Let us now return to *Realm of Flora* and its myths.

THE FLORAL METAMORPHIC MYTHS

Ajax

We start on the left of *Realm of Flora* (Figure 5, p. 653) with Ajax. He has just lost the debate with Ulysses that determined which of the two would rightfully inherit the legacy of Achilles, their esteemed leader in battle: his magnificent armor, signifier of the man whose "living glory fills the world" (Ovid AD 8a, 12.901).[6] Ajax made his arrogant claim with no little hubris, belying the pride that would render the heretofore-unbeaten man vulnerable to defeat:

> In truth, if I may say so, it's the prize
> that seeks association with my glory,
> and would be honored much more than would I—
> for it's the armor would be given Ajax,
> not Ajax the armor. [AD 8a, 13.134-138]

A bold and heroic soldier, Ajax was nevertheless surpassed in verbal combat by his opponent's dramatic flair and rhetorical skill. Thus,

> . . . the leadership was moved,
> and the outcome showed what eloquence could do;
> the skillful man bore off the hero's armor,
> while the other one . . .
> discovered a passion he could not withstand;
> the undefeated man was overcome
> by the anger that he turned against himself.
>   [AD 8a, 13.565-571]

This is a story about the intolerable pain and rage elicited when righteous grandiosity and brittle pride meet competitive defeat. Literally and metaphorically losing his symbolic father's potency and protection to his brother-in-battle, auto-penetration by his own weapon is a le-

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[6] References to Ovid's *Metamorphoses* (AD 8a) denote book and line(s). Charles Martin's 1994 translation was chosen because of its stringent fidelity to the original Latin.

thal realization of the homoerotic, paternal longing bound up in Ajax's strivings for power. Poussin specifies his proud military identity with his cuirass and shield, which also allude to the disputed armor and failed dynastic claim—a wished-for component of his idealized identity. Bereft of armor, his naked warrior's physique reflects his shame and exposed vulnerability; his grimace and the violent diagonal slant of his fall underscore his agony.

Only through suicide could Ajax preserve his *dignitas* and defuse the *"passion he could not withstand."* Poussin depicts with graphic violence how, "overcome by . . . anger," he turned that anger "against himself" and fell upon his sword—a pyrrhic victory, "lest anyone but Ajax conquer Ajax" (Ovid AD 8a, 13.570-579).

What Blunt (1977) politely termed Poussin's "retirement" from "the field of monumental painting" (p. 26), after Domenichino granted Mellin the St. Luigi commission, is akin to Ajax's response to losing Achilles's armor to Ulysses: just as Ajax would rather die, "lest anyone but Ajax conquer Ajax," so Poussin withdrew from all future contests, *lest anyone but Poussin defeat Poussin.* But the learned painter could also (and much more usefully) identify with Ulysses: it was rhetorical device, not brute power, that won Achilles's armor.

To note an example, the flower that springs from Ajax's sword is not the purple hyacinth flower specified by Ovid (AD 8a, 13.586), but a pale pink carnation: an anomalous and thus necessarily meaningful deviation from Poussin's scrupulous fidelity to the text, and one for which no satisfactory explanation has yet been given. I suggest that this flower is a recursive allusion to metamorphosis, as its Latin root, *carnis* ("flesh"), references its typical flesh-pink color. Literally *a flower from flesh*, the carnation represents the intersection of carnal and etymological metamorphoses, epitomizing an aspect of the artist's creative development and triumph: his intellectual force—disguised in an innocuous carnation, yet as sharp as Ajax's sword.

Clytie

Proceeding clockwise around Flora, we find Clytie, half concealed by Narcissus. She gazes longingly at Apollo, who returned her love—that is, until the fickle god discarded her for another, the comely virgin Leu-

cothoë. Clytie's jealousy of her unwitting competitor for Apollo's love reiterates Ajax's rivalry, if stated in more explicitly oedipal terms. Neither Ajax nor Clytie could tolerate defeat, a parallel visualized by their adjacent placement in Poussin's canvas. But Clytie's vengeful rage spurred not suicide, but homicide:

> Clytie, whose love for the Sun
> was boundless, raged with envy of her rival;
> she spread the story of [Leucothoë's] fall,
> and brought her ruined state to the attention
> of the girl's father. [Ovid AD 8a, 4.324-328]

Exposed, the despoiled Leucothoë was buried alive by her father—a singular punishment made all the more perverse by Apollo's manner of seduction, in the guise of her mother! This scenario, in which "mother" is the literal foil for the seductive "father," can be construed as a foil itself, screening the mother's betrayal of her daughter within the oedipal constellation (Elise 2012).

Yet even the murder of her rival by proxy brought vengeful Clytie no relief. Instead, her frustrated "passion turned into consuming madness" (Ovid AD 8a, 4.356) as she fixed her relentless gaze on her beloved

> . . . for nine days,
> subsisting on no more than dew and teardrops,
> in motion only when she turned her face
> to keep it always fixed upon her god. [AD 8a, 4.363-366]

Accordingly, Poussin paints Clytie shielding her eyes from Apollo's stupendous magnificence. She will become a *heliotrope* (sunflower), pictured in the basket behind her. Clytie is a metaphorical archetype for the rigid refusal to accept loss and thus to accept change; ironically, by perpetually turning its head toward the sun, the sunflower "preserves her changeless love" (Ovid AD 8a, 4.372).

Hyacinthus

To Flora's right stands the lissome Hyacinthus, another love of Apollo, lethally injured in an ostensibly friendly game of discus. The

> . . . imprudent youth, driven by love of the contest,

> had raced off ahead to capture [Apollo's] speeding discus,
> which, when it landed, bounced up again and spun back
> into your face, Hyacinthus. [Ovid AD 8a, 10.243-246]

On the surface, the story is one of a simple athletic game tragically awry. In common triadic versions of the myth, however, the jealous west wind Zephyr, lover of Hyacinthus (or sometimes Apollo) maliciously blows the discus off course, killing his unfaithful lover (or competitor). Closer in structure to the Clytie and Ajax myths, such variations were not lost on Ovid, who in the *Fasti* identifies Hyacinthus as "the love of Zephyr" (AD 8b, 5.223). Retained in *all* versions of the myth is the central plot device, the discus game—a residual symbol of deadly competitive envy.

In *Realm of Flora,* Hyacinthus nurses his injury, catching in his hand the hyacinths that bloom from his wound. True to the text, like a broken flower,

> . . . unable to hold itself up, with downcast demeanor,
> just so the dying boy's head, now lacking all vigor,
> unable to bear its own weight, lies flat on his shoulder.
>   [Ovid AD 8a, 10.255-257]

Although Ovid blames the "imprudent" Hyacinthus's fate on his "love of the contest" (AD 8a, 10.242), Apollo's rueful apology hints at some culpability:

> I alone am responsible for your destruction!
> But where did I err, unless our pleasure were error?
> Where was I wrong, unless it was wrong to have loved you?
>   [AD 8a, 10.262-264]

Thus Ovid implies that it is Apollo's *love* that led to Hyacinthus's downfall, as was the case with Clytie. Poussin links Hyacinthus with Clytie by positioning the two unfortunates on either side of the sun god's chariot and draping them in similar robes of yellow, the color of the sun (Worthen 1979); further, Hyacinthus shares Ajax's naked vulnerability. Poussin may thereby indicate the common status of these three figures—Hyacinthus, Clytie, and Ajax—as casualties of zealous, competitive love.

Adonis

Next is Adonis, a dashing figure with a spear, his hunting dogs at his side; as these attributes indicate, his death, like that of Hyacinthus, involved sport—in this case, the hunt.

Adonis lost his mother, Myrrha, who transformed into a myrrh tree as she gave birth to him, her punishment for the willful incestuous union with her father that begot her son. Adonis's beauty was so great that even Venus could not resist him; besotted, she ordered him not to pursue the hunt—not for his sake, but for hers:

> Spare me, dear boy, the risk involved in your course;
> don't rile the beasts that Nature has armed with sharp weapons,
> lest I should find the glory you gain much too costly!
> [Ovid AD 8a, 10.651-653]

Venus goes to ever-greater lengths to implore Adonis to obey her, even narrating the cautionary tale of two lovers, Atalanta and Hippomenes, whose disrespect Venus punished by transforming them into lions. But instead of becoming a dangerous beast, Adonis is killed by one: ignoring Venus's order, he is fatally gored in the thigh by the "pitiless boars" she warns him to avoid (AD 8a, 10.656).

This disobedience was not, I offer, a rash act for the sake of sport, but a calculated and passionate act of *revenge*, since Ovid pointedly holds Venus culpable for instilling Myrrha's desire for her father and appoints Adonis the "avenger of [those] passionate fires that brought his mother to ruin" (AD 8a, 10.624-625). As means of retaliation, Adonis commandeers and then surrenders to the symbol of the animal desires Venus so capriciously engenders—the wild beast; failing her directive to save his life, he fulfills his greater directive by sacrificing it. More gratified in death than Ajax, in *Realm of Flora*, Adonis smiles faintly as he turns to regard the anemones that trail from his lethal injury, stained by drops of his own blood. Now it is Venus who is punished: Adonis, deprived of his mother by Venus, now deprives Venus of himself.

Adonis's martyrdom may represent more than revenge. In the Mediterranean, the "wood-anemone" is found growing under trees, suggesting that Adonis also experienced a pull to reunite in transformation with the

mother he never had. So, too, does the unbroken narration of the tale of Myrrha, turned into a tree after consummating her oedipal love, and the tale of Adonis, turned into a flower after avenging *his* oedipal love, knit their respective myths tightly together, as if to compensate for father and daughter, mother and son, being torn apart. The primacy of oedipal love in both mother *and* son thus demonstrated, Ovid blurs the line between the failure to relinquish childhood passions, so prominent in the tree-metamorphoses, and the persistent remnants of those passions, which underlie and drive the crises that precipitate the flower-metamorphoses.

Traditionally, paintings of Venus and Adonis, such as the great Rubens in New York's Metropolitan Museum of Art—and even one of Poussin's earliest works, the Caen *Venus and Adonis*—depict a beautiful romance or its tragic end, eluding the darker undertones imbued by its crucial oedipal back story. The narrative bending that transforms a quasi-suicidal figure of revenge into a figure of idealized love recapitulates the myth's ending, when blood shed in retaliation transforms into an anemone reddened by blood. The aesthetic "metamorphosis" of the myth into works of art that evade or disavow their crueler realities reflects the success with which the floral metamorphoses neutralize and subdue their intrinsic violence.

Smilax and Crocus

Ovid only touches on the tale of Smilax and Crocus in the *Metamorphoses,* mentioning only that the two are turned into "tiny flowers" (AD 8a, 4.393). At the far right in *Realm of Flora,* Poussin's affectionate lovers are faithful to this glimpse, betraying no outward signs of discord: Crocus smiles at Smilax, who reclines in his embrace. The only omens of their imminent demise are the crown that Crocus wears, braided from his namesake, and the flower that Smilax places in his outstretched hand, the white morning glory she will become.

In other classical narratives, however, one of the lovers refuses the other: Ovid implicates Crocus as the victim in the *Fasti* (AD 8b, 5.222), but in Pliny's *Natural History,* Smilax is "slighted by the youth Crocus" (c. AD 77-79, 16.63). In any case, Poussin's erudite audience would have known that some sort of wounding rejection leads to their metamorphosis,

FIGURE 1. Poussin, *Nymph and Satyrs*, c. 1625.

FIGURE 2. Caravaggio, *Young Bacchus*, c. 1595–1597.

FIGURE 3 (above).
Poussin, *Battle of Gideon
Against the Midianites,*
c. 1626.

FIGURE 4 (left).
Caravaggio, *The
Conversion of St. Paul,*
1601.

FIGURE 5. Poussin, *Realm of Flora*, 1631.

FIGURE 6 (above, left).
Poussin,
Martyrdom of St. Erasmus,
1628–1629.

FIGURE 7 (above, right).
de Boulogne,
*Martyrdom of St. Processus
and St. Martinian,*
1628–1629.

FIGURE 8 (left).
Caravaggio,
Seven Acts of Mercy,
1607.

resounding with the theme of repudiated passion in the myths of *Realm of Flora,* including the last one.

Narcissus and Echo

Finally, we come to Echo, adorned by Flora's drifting flowers, and Narcissus, whom she loves. But he does not return her affection; many before her had been turned away. Ovid, largely credited with structuring the narrative of this important myth, explains that one such rejected suitor retaliated in fury, appealing to Nemesis to ensure that Narcissus, too, would know the pain of unattainable love. In *Realm of Flora,* the curse is in play: Narcissus has become captivated with his reflection in the overflowing urn that Echo holds between her legs. Increasingly frustrated by this elusive imago, he will "dissolve, wasted by his passion, slowly consumed by the fires deep within" (Ovid AD 8a, 3.633-634):

> For neither his hunger nor his need for rest
> can draw him off; prone on the shaded grass,
> his insatiate stare fixed on that false shape,
> he perishes by his own eyes. [AD 8a, 3.564-567]

Dying, Narcissus returns as his namesake, the narcissus flower, which in *Realm of Flora* already blooms around him. In Ovid, at least, his demise is a reprisal orchestrated by a rejected lover, and his "narcissistic" infatuation is less a mark of vanity than a consequence of his frustrating inability to love another.

The impetuous Echo also tried to proposition Narcissus, but all she could do was *echo* him: Juno deprived her of her own voice for helping Juno's husband, Jove, tryst with her fellow nymphs. Guilty of abetting Jove's lust, Echo's was denied; "spurned, shamefaced" (AD 8a, 3.506-509), still, her desire for Narcissus "endured, increased even, by feeding on her sorrow," until she withered away, reduced to "voice and bones only" (AD 8a, 3.512).[7]

Interwoven themes of unrequited love and jealous retribution thus link Narcissus and Echo to each other and to Clytie, Hyacinthus, and

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[7] This was a preoccupying theme for Poussin, who painted Narcissus with and without Echo four or more times. Elsewhere, I present more detailed analyses of the myth as represented in *Realm of Flora* and other canvases (Tutter 2012; Tutter, in press, d).

Adonis. Narcissus and Clytie are further similarly distinguished by their "insatiate," ultimately fatal gaze of longing, a commonality represented by their virtual superimposition. In an innuendo of connection, Narcissus's right arm could complete Clytie's.

Thus, taken together, the floral metamorphic myths reveal an array of shared thematic concerns—both more specific than the natural cycle of birth, death, and regeneration posited by most commentators, and less specific than E. Panofsky's (1936) oddly optimistic proposition of passionate, "unending love" (p. 244). Rather, their collective rhetoric speaks to the *disasters* of passion. While the tree-metamorphoses summon the regressive pull of childhood love, enduring as a tree and eternally reincarnated, the floral metamorphoses are cautionary tales of the dangers of adult love, ephemeral as a flower.

"AN ARTIST OF GREAT INGENUITY"[8]

Even when talented, a painter had to be hugely ambitious to succeed in the highly competitive art world of *Seicento* Rome. Poussin wanted to do more than that, his aspirations legible in the conversation between *Realm of Flora* and its best-known aesthetic precedents. For example, Sandro Botticelli's *Quattrocento* Flora reaches for rose, pink, and white flowers within the recesses of her dress (Figure 9, opposite page). Similarly, Titian's *Cinquecento* Flora offers the same colored blossoms in her outstretched hand (Figure 10, p. 658). In contrast, however, Poussin's *Seicento* Flora scatters their petals (Figure 11, p. 659).

Joining and completing this gestural sequence, Poussin thereby stakes his painter's claim as heir to his admired giants (especially Titian, whose influence on Poussin was profound; see Neer [2002]), in the same way that Ulysses won Achilles's inheritance—not by equaling or surpassing the other's native talent, but by developing an inventive armamentarium of textual and art-historical reference, brilliant aesthetic device, and metaphorical depth.

After his public failures, Poussin also worked hard to overcome his technical difficulties, including compositional problems with depth (see, for example, Figure 3, p. 652). Another weakness that had plagued

[8] See the quotation from Pliny in what follows.

FIGURE 9. Botticelli, *Primavera*, c. 1482. TOP: Detail of Flora (left),
Chloris, and Zephyr. BOTTOM: Detail of Flora's hands.

FIGURE 10. Top: Titian, *Flora,* c. 1515–1520.
Bottom: Detail of Flora's right hand.

FIGURE 11. Poussin, *Realm of Flora,* 1631. Top: Detail of Flora.
BOTTOM: Detail of Flora's right hand.

Poussin are the doll-like faces of his figures and their posed or wooden quality, the latter often attributed to his process of drawing from sculpted clay figurines—or, more critically, to his deficiencies as a draftsman. But Poussin learned to parlay these technical limitations in the service of a new hyperstylization, exploiting and even exaggerating his stiffly rendered human forms to achieve a more staged, theatrical effect. At the same time, he refined other characteristic features of his new, distinctly neoclassical style, including an austere, "dry" handling of paint and a lighter, brighter, and warmer palette (commonly referred to as "blonde") typified by *Realm of Flora*. Each of these developments can be fairly formulated as defined *against* Caravaggio's innovations and strengths, and each was every bit as radical in Poussin's time as Caravaggio's were in his.

Flaunting these achievements, Poussin's *Realm of Flora* issues a challenge to other Ovidian interpreters—including his friend Gian Lorenzo Bernini (1598–1680), genius sculptor of transformation, and his champion Giambattista Marino, author of poetic glosses of Ovid's *Metamorphoses* (AD 8a). But the prominence of one particular character in *Realm of Flora* hints that the principal contest that concerned its painter was conducted in the arena of *painting*. And that is *Ajax*, a critical subject in art history, since the battle for the arms of Achilles was the designated theme of *another* battle, staged in ancient Greece between two legendary painters: Timanthes and Parrhasios.

Pliny's (c. AD 77-79) description of the event, worth quoting at length, prefigures Poussin's rivalry with the legacy of Caravaggio:

> Parrhasios . . . was the first to give *liveliness to the face, elegance to the hair, and beauty to the mouth* . . . . He was supreme in painting contour lines . . . [and] *corporeal forms* . . . . No one ever made use of the fame of his art more insolently than he, for he even adopted certain surnames, calling himself . . . the "Prince of Painting". . . . And when . . . he was defeated at Samos by Timanthes in a competition [on the theme of] *Ajax and the Award of the Armor,* [Parrhasios] said in the name of [Ajax] that it was *a great vexation to him that he should have been defeated for a second time by an unworthy opponent.*
>
> As for Timanthes, he was an artist of great ingenuity. Particularly famous . . . is his *Iphigenia,* whom he depicted as she

was about to perish . . . . [Timanthes] has exhausted every ex-
pression of sadness and has veiled the face of her own father
[Agamemnon] whom *he could not represent adequately* . . . . More-
over, in the works of this artist alone, *more is suggested than is
actually painted,* and, although the art is of the highest quality,
nevertheless *the ingenuity is greater than the art.* [35:67-74, italics
added]

Fresco copies of a long-lost original painting, *The Sacrifice of Iphigenia*
(c. 406 BC), were unearthed in Pompeii (Figure 12, below)—cultural

FIGURE 12. *The Sacrifice of Iphigenia,* first-century AD copy recovered
from Pompeii, after a fourth-century painting by Timanthes.

forerunners of such popular images as Leonardo's much-copied *Last Supper* and testimony to the power of Timanthes's classic example of illustration via suggestion, *tristitia velatus* ("veiled grief"; see Moffit 2005). The notion that no matter how realistic, no direct portrayal could be adequate to Agamemnon's grief worked as well for Poussin as it did for Timanthes; he took Pliny to heart, exploiting *tristitia velatus* in works such as the celebrated *Death of Germanicus* (Figure 13, below).

Poussin understood that in order to hold his own among artists who, like Parrhasios and Caravaggio (an "insolent" "Prince of Painting," if ever there was one), enjoyed a superior ability to paint "corporeal forms," then, just as Parrhasios explicitly compared himself to the defeated Ajax,

FIGURE 13. Poussin, *Death of Germanicus,* 1628 (detail).

Poussin—like Timanthes—would need to play the role of Ulysses, for there is no arguing that Poussin was far less able than Caravaggio (and many others) to draw "corporeal forms," to "give liveliness to the face" and "beauty to the mouth." As with Timanthes, so, too, would Poussin's "ingenuity" need to be "greater than . . . [his] art." In a letter, he ably rationalized this, analogizing Caravaggio and his followers to animals and their talent to animal instinct:

> A painter is not a great painter if he does no more than copy what he sees . . . . Some are born with an instinct like that of animals which leads them to copy easily what they see . . . . But able artists must work with their *minds.* [Poussin quoted in Neer 2002, p. 274, italics added]

And work he did. In the learned milieu of *Seicento* Rome, the figure of Ajax in *Realm of Flora* would have immediately been associated with his defeat by Ulysses and understood as implicitly referencing its recursive historical parallel, the victory of Timanthes's cerebral ability over Parrhasios's technical power. Poussin's portrayal of Ajax doubly, "ingeniously" alludes to the triumph of mind over hand, while demonstrating his own artistic triumph by the same means.

Adding to this display of intellectual might, Poussin improvises clever visual metaphors of such abstract entities as time, sound, and change throughout *Realm of Flora.* Metaphors for metamorphosis, such as the etymological transformation specified by Ajax's carnation, include the figure of Flora herself: she was once the beautiful Chloris, a nymph associated with spring and new growth. In recompense for raping her, Zephyr, god of the west wind, married her and immortalized her as Flora, goddess of flowers, a story illustrated by Botticelli's *Primavera,* in which two adjacent figures represent the terrorized Chloris and the serene Flora whom she becomes (Figure 9, p. 657).

In Ovid's telling, Flora grew to appreciate her husband, coyly hinting, "in my marriage-bed I have naught to complain of" (AD 8b, 5.208). The poet makes further light of her violation rewarded by transformation by reducing it to a linguistic joke, explaining that a corrupting error of translation replaced the Greek *X* of Chloris with the Latin *F* of Flora (AD 8b, 5.195-197). Trivialized by Ovid's pun, Chloris's trauma is more substantially undone by her compensatory deification.

Similarly, most artists have neglected Flora's traumatic history. Joining Botticelli, Poussin is a notable exception: his Flora's robes are green, referencing one meaning of *Chloris* ("green"). Alluding to the forcible defloration that gave rise to great generative power, Poussin revives this ancient parable of the blossoming transfiguration of brutal loss.

That Flora's metamorphosis and Poussin's subtle reference to Chloris have not been part of the scholarly discourse around *Realm of Flora* is perhaps unsurprising, given the lack of attention given to its Ovidian narratives—not to mention the floral transformations that compete for attention with the painting's central figure. But the primary reason for this neglect may be the apparent ease with which Poussin's Flora has divested herself of her troubled past: as cheerful as in Ovid's *Fasti* (AD 8b), she invites us to celebrate her triumph.

The regular, dancing rhythm and sublime, honeyed glow that suffuse this exemplar of Poussin's "blonde" paintings do not turn a blind eye to Flora's violent prehistory, but speak to the conquering of the darker side of man's desires via Apollonian light—order, rationality, and art. Her golden hair lit by the sun, and clothed with the ghost of her older self, Flora extols painting as a transformative means of regeneration and repair. And as practically announced by the intricate device and synesthetic metaphor he flaunts in *Realm of Flora*—a canvas in which, in the words of Pliny, "more is suggested than is actually painted" (see earlier quotation, p. 661)—the painter transforms himself from a defeated Ajax into a victorious Ulysses.

Such dazzling syntheses of scholarly allusion and layered representation earned Poussin the favor of elite Baroque collectors and the admiration of his peers, who gave him the epithet *peintre-philosophe*. During a private showing of Poussin's *Seven Sacraments* cycle, his fellow artist and friend Bernini is said to have pointed to his head, exclaiming, "This painter works from up here" (Christiansen 2008b, p. 17). And yet despite his intellectual reputation, for the most part, Poussin has gotten scant credit for his collection of the floral metamorphic myths, as belied by the seemingly never-ending search for their textual source. If one proceeds under the presupposition that the grouping was in fact Poussin's, then the painting's overall fidelity to the narration of the individual myths in the *Metamorphoses* (Ovid AD 8a) is consistent with this text being its

primary source. Moreover, Poussin's meticulous consideration of *Realm of Flora*'s mythical figures and their attributes reveals a deep, synthetic interest in their intrinsic relationships and shared thematic concerns.

On the other hand, two seemingly unrelated texts might have indirectly helped inspire *Realm of Flora*. One is none other than the biblical Sermon on the Mount (Matthew 5-7), in which Jesus lists the seven acts of corporeal mercy (Figure 8, p. 654). Previous to Caravaggio's painting entitled *Seven Acts of Mercy,* a tour de force of compacted allegory, the seven acts were traditionally depicted in separate canvases. I propose to construe *Realm of Flora*, Poussin's own novel synthesis of six floral metamorphic myths (seven, if you count both Smilax *and* Crocus) as a competitive response to Caravaggio's masterpiece: *Seven Acts of Metamorphosis.* At the same time, *Realm of Flora* is a retort to another, particularly injurious painting, one that is highly derivative of *Seven Acts*—de Boulogne's *Martyrdom of St. Processus and St. Martinian* (Figure 7, p. 654).

Realm of Flora also paraphrases another classical text, the "Encyclopedia of Trees" (Ovid AD 8a, 10.123-151), a remarkable passage in the *Metamorphoses* that names or alludes to the tree metamorphic myths, which are, like the floral myths, scattered throughout the epic—that is, all except one. And that is the tale of Myrrha, the only myth in which transformation into a tree is a means of punishment rather than of escape; this omission thus distills the thematic commonalities between the myths Ovid did list in the "Encyclopedia of Trees." In a perfect parallel, and contrary to common presumption, Poussin does *not* gather all of Ovid's floral metamorphoses in *Realm of Flora*, but leaves out one of them: the only myth in the *Metamorphoses* in which transformation into a *flower* is a means of escape, making it thus more in keeping with the tree metamorphoses. And that is the tale of Lotis, who, in "fleeing from obscene Priapus, found a refuge as [the lotus flower], and kept her name" (AD 8a, 9.504-506). After Ovid, by omitting Lotis from his "Encyclopedia of Flowers," Poussin distills the thematic commonalities of the myths he chooses to narrate in his own poetic "text."

He all but spells it out: if we "read" the painting, as he literally instructs us to do (Marin 1977), then starting at the left as if reading a text, we begin with Ajax's explicit pain and gloomy setting; proceed to the more ambiguous central figures, partly shadowed and subsumed

under the arc of Apollo's ambivalent influence; and finally arrive at the transcendent happiness of the most brilliantly lit characters, Crocus and Smilax. Poussin "writes" an affective narrative of the transformation of bleakness, suffering, and defeat into an image of beauty, radiance, and love.[9] If Flora's conversion from traumatized nymph to rejuvenative goddess anticipates the mythic metamorphoses she will oversee, then *Realm of Flora* transforms these stories of madness, violence, and loss into a thing of beauty, a work of art that achieves the very sort of transformation of which it narrates—the thematic core of the floral metamorphoses.

Now, if we "read" *Realm of Flora* in a different, more personal way, we again start with Ajax—a representation of the bleak and darkened world of the defeated painter, perhaps tempted to give up his vocation (or his life?) altogether. There are two routes available to him: the path that circles behind Flora, where he encounters despairing Clytie, vulnerable Hyacinthus, and the quasi-suicidal Adonis; and the path that circles in front of Flora, where he meets Narcissus and Echo and the (erstwhile) happy pair, Crocus and Smilax. Poussin took the latter way.

As will be explained shortly, all painters of Poussin's day could identify with Narcissus; a stand-in for the generative artist, the Narcissus in *Realm of Flora* is accordingly blessed by Flora's rose petals. And as for ending with the transcendent lovers Crocus and Smilax, the great creative transformation that gave rise to *Realm of Flora* may have been aided by the love Poussin found with *his* life-giving Flora.

"A GREAT VEXATION"[10]

Poussin fought multiple battles in his lifetime; one came with a particularly painful cost, a high price for desire. Between 1628 and 1630, while occupied with the Vatican and St. Luigi competitions, he was also gravely ill with the syphilis he had contracted in the brothels of Rome. Jacques Dughet, a French cook, took him in and procured the best available medical attention for him; Dughet's daughter, Anna Marie, helped nurse him back to health. In 1630, Poussin married her; in 1631, he painted

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[9] Indeed, a docent leading a tour in the Staatliche Gemäldegalerie was recently overheard describing *Realm of Flora* as "the most beautiful painting in the room."

[10] See the earlier quotation from Pliny, p. 660.

Realm of Flora. One can easily imagine that the rejuvenative goddess Flora, dancing under the circle of the Zodiac—the cycle of life—personifies Anna Marie's central, life-giving role when Poussin faced the possibility of death. Flora's central position in the painting may well allude to his wife's central role in his emotional and physical recovery and in his subsequent achievements. The second path of *Realm of Flora* ends not with Adonis's regressive, ultimately lethal reunion with his mother, but with the Eros of adult love. In Poussin's eyes, it is *love,* ordained by the generative goddess Flora, that powers "creation"—not, as Marino would have it, Caravaggio.

While little is known about Poussin's marriage, what is clear is that the artist hated to be away from his wife, whom he extolled in letters and portrayed in loving female subjects throughout their life together. Moreover, their marriage is coincident with and marks Poussin's shift away from portraying transgressive lust and toward representations of dignified love (Tutter, in press, b). A growing literature on the artist's relationship to his or her Muse indicates that this relationship typically gratifies the artist's need for nourishing ego support, practical advice, and encouragement—the Muse often assuming a role at least as much caring as it is inspirational (Tutter, in press, c). To paraphrase Ferro (2009), perhaps the sustaining blessing of love helped Poussin stop *grasping* to win impossible battles, in favor of *casting* his lot in a different direction—one in which he could further grow and flourish (Zerbe 1992).

Both love *and* loss played a role in Poussin's artistic blossoming. The proposition that the defeats that caused him to withdraw from the world of monumental painting also promoted his tremendous artistic flowering and guided its creative direction is supported by the fact that by rejecting Caravaggio's aesthetic legacy, he also identified with and internalized Caravaggio's legendary iconoclasm and capacity for innovation. In making the best use of his prodigious intellectual gifts and technical limitations, and creating a mature signature style on his own aesthetic and professional terms—terms that diametrically opposed Caravaggio's—Poussin achieved mastery over the painful public losses that were in one way or another associated with his predecessor's monumental legacy, thereby symbolically conquering his rival and reversing his "great vexations." If Caravaggio, a painter who (as Marino claimed)

could "create" nature, pushed the limits of figurative realism, Poussin pushed the limits of painting *beyond* the figurative, prefiguring abstraction by visualizing metaphor and sound, time and text, and giving shape to change itself.

Like Caravaggio, Poussin was widely copied in his own time and eventually had many imitators (his rival Mellin among them). Moreover, his influence outlasted that of Caravaggio (who quickly became unfashionable and remained so until his relatively recent and well-deserved revival). Poussin's *oeuvre* laid the foundation of the French neoclassical school, anticipating the work of Camille Corot, Jean-Louis David, and Jean-Auguste-Dominique Ingres, among others, and paved the way for the aesthetic representation of the Enlightenment. And, only ten years after losing the chance to decorate the Roman church dedicated to Louis IX, Poussin was named *premier peintre du roi* to Louis XIII.

Against all odds, Poussin survived his beloved, much-younger wife. As she lay dying, he modeled a youthful Daphne after her in his last painting, the *Apollo and Daphne* of 1664. The painting's circular composition looks back three decades to *Realm of Flora,* but this Apollo no longer soars in the heavens and is brought down to earth, where he stands no chance with Daphne, safe in her father's embrace (Tutter 2011a). And Poussin placed this Daphne not in the center but in the perimeter, out of harm's way. He then laid down his brush and left the painting unfinished. Without the generative fulcrum at the heart of *Realm of Flora,* the middle of *Apollo and Daphne* is empty; the circle has lost its center.

THE "LANGUAGE OF FLOWERS"

Alluring and fertile, the flower connotes a locus of *desire*. The myths arrayed in *Realm of Flora* are sensitive, perceptive allegories for the costly *price* of desire. But myth forgives; the floral metamorphoses divest the transformed being not only of its human form, but of all human vulnerability, corporeal and emotional; transformed into a harmless, innocent flower, once-deadly passions and their terrible consequences become a signifier of that which was desired. The floral metamorphoses thereby symbolically satisfy the frustrations of desire and purify that desire of its carnality and violence, while neutralizing the actual loss of the desired.

These stories are examples *par excellence* of the metabolizing, sustaining function of symbolization: backbone of myth and vehicle of art—which is, after all, the creation of *new* forms.

As an adolescent, Freud understood "the language of flowers" as a natural, "coded disguise for fantasies of love, lust, and longing" (Rocah 2002, p. 377). The adult Freud (1899) theorized that in screen memories, the "coarsely sensual element" of fantasy "must be content to find its way allusively and under a flowery disguise" (p. 317), revealing an intuitive understanding of the ability of the "language of flowers" to symbolize primal human desires—and, when necessary, to screen, transmute, and defuse them. He knew this from experience. In an elegant explication of the dream of the botanical monograph, Leclaire (1969) compellingly traces Freud's myriad, intermingled associations of flowers and women with "blooming looks" with fantasies of desire, defloration, and destruction (p. 25).

Seen through the lens of fantasy, the floral metamorphic myths crystallize around the itemization, in specific detail, of the potential dangers of unsatisfied and otherwise destructive passions of adulthood—dangers that a child has reason to fear and that engender the flight from adulthood, as allegorized in the tree-metamorphic parables: better to be an impenetrable tree, sometimes, than a delicate flower. Such concerns are justified, even universal, for the ordinary changes of human development and subsequent adult demands can entail extraordinary sacrifice— *the losses caused by change.*

Cherished for its beauty and temporality, the flower dies and gives rise to fruit. Indeed, the renewal of spring and the blossoming of flowers are natural specifiers of the fruitful generativity stimulated by wounding injury and loss. As every gardener knows, pruning yields more fruit: the metaphorical language of flowers obligingly extends to and accommodates the generative response to loss. Poussin demonstrates how the floral metamorphoses clarify and manage the dynamics of desire: by turning ancient tales of passion, destruction, and loss into an extravagantly beautiful *giardino di fiori,* he enacts as well as illustrates the metabolizing transformation of *loss* into the *creative force.* The act of representation thus becomes inseparable from the representation itself, the artist inseparable from that which he paints. Adding his own story to the

ones he colors, Poussin encourages us to see the collected floral meta-
morphoses as allegories for the transformative, generative potential of
denied desire—the *changes caused by loss.*

Surely, the reworking process of symbolization involved in all works
of art is essential to metabolizing and containing the myriad feelings,
injuries, and challenges inherent in loss (e.g., Bernstein 2000; Ferro
2006). Ogden (2000) stresses that it is the *act* of creation that is crucial
in mourning, more so than what is actually created—even when creating
involves commemoration, even when what is created in not an ephem-
eral experience, but a product, a something, even a work of art: "What
one 'makes' in the process of mourning—whether it be a thought, a
feeling, a gesture, a perception, a poem, a response to a poem, a con-
versation—is far less important than the experience of making it" (p.
66). However, I will argue that for the creative artist, the *material* work of
art—especially if it is a memorial that, as Ogden describes, does justice,
so to speak, to the experience of loss itself—may be at least as enduringly
important to the process of mourning as the experience of the creation
of that work of art.

Merleau-Ponty (1993) posits that "things are an annex or prolon-
gation of [the body]; they are incrusted in its flesh, they are part of
its full definition; the world is made of the very stuff of the body" (p.
125). Pichon-Rivière, highly influenced by Merleau-Ponty, extends these
thoughts in *vínculo,* a construct that encompasses the totality of the re-
lationship of the self "with the *inanimate objects,* the habitat, and the cir-
cumstances that surround experience and nourish the construction of
the bodily scheme" (Bernardi and de León de Bernardi 2012, p. 537,
italics added). In accord, I have argued that the artist may experience his
creations as living, corporeal parts of the self—especially when the artist,
like Poussin, invests his work with himself (Tutter 2013). In support of
this proposition, I have been struck by the intense grief experienced by
creative persons in treatment when their works of art are mutilated or
destroyed—even when those works were no longer in their possession or
were otherwise physically inaccessible.[11]

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[11] See also Raymond Carver's use of metaphors of amputation and death in re-
sponse to his editor Gordon Lish's treatment of his texts (Tutter 2009).

In the personal experience of the world, physical substantiveness can evince and demonstrate the weight, the solidity, the substantiveness of loss *itself;* hence the need for mementos, memorials, and gravestones, which ensure that loss will not be minimized or forgotten (Homans 1989). Hence also the poetic transformation of mourners such as Phaeton's sisters (and their shed tears) not into flowers, but into enduringly solid substances—in their case, trees and their petrified products (Tutter 2011a): "And so, in myth, mourning becomes electrum; the sisters' tears are, now and forever, amber" (Ovid AD 8a, 2:494-495). In contrast to the ephemeral beauty of the flower, the act of visually representing an allegorical narrative of loss and its transcendence renders physical the *substantial experience* of loss and its transcendence. And of course, the artist's material embodiment of his experience in a work of art that will outlive him does more than simply transform loss into mastery; it also embodies a very real sort of immortality—a very different kind of flower.

"THE SURFACE OF THE POOL"

The Renaissance humanist Leon Battista Alberti made the celebrated, eccentric claim that:

> The inventor of Painting, according to the poets, was Narcissus, who was turned into a flower, [because] painting is the flower of all the arts . . . . What is painting but the act of embracing by means of art the surface of the pool? [Alberti 1436, p. 61]

In his *ekphrasis* of this effortlessly elegant metaphor, Caravaggio (the "creator" of nature) depicts Narcissus ("the inventor of Painting") conjoined with his reflection in the water, literally "embracing . . . the surface of the pool" (Figure 14, following page). Painted in contemporary dress, this Narcissus is a realistic individual, likely a self-portrait. Echo, in the meantime, is dispensed with altogether, of no importance to this exquisite showcase for the painter's power to mirror reality.

In contrast to the single figure in Caravaggio's tenebristic, Dionysian *Narcissus,* Poussin returns Echo to his vividly lit, Apollonian canvas. Stressing the mutual commonality of these two victims of frustrated love, he reunites Echo and Narcissus, joining them together to "embrace"
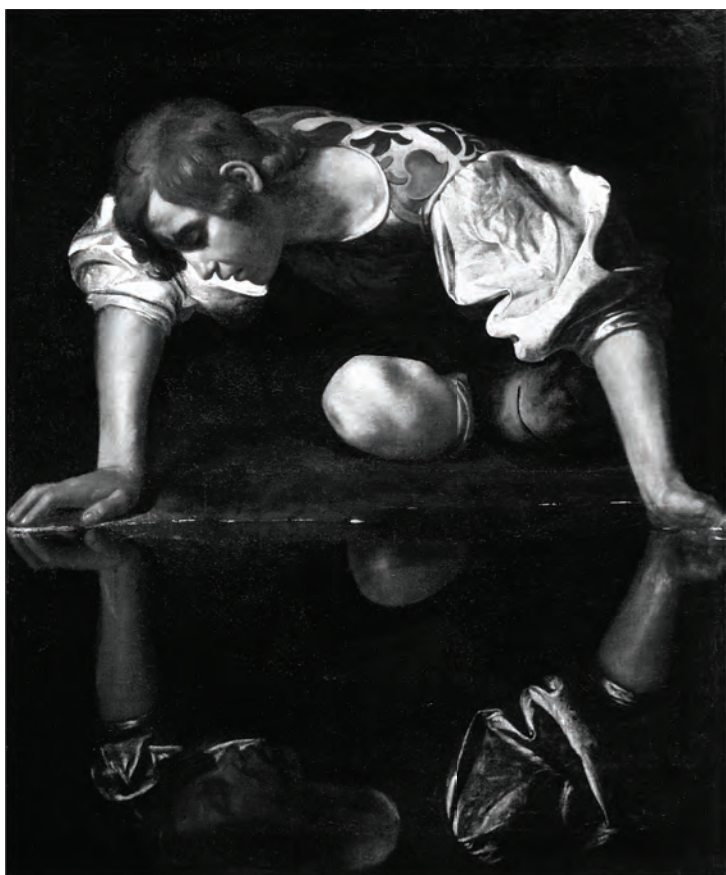
FIGURE 14. Caravaggio, *Narcissus*, c. 1596.

"the surface of the pool" (Figure 15, opposite page). Note that Poussin modeled his Narcissus after Caravaggio's, but "rationalized the pose [and] idealized the facial type" (D. Panofsky 1949, p. 116). Poussin thus appropriates Caravaggio's realistic Narcissus and remakes him according to his own classicizing liking: an idealized antiquarian figure that looks less like an actual *person* than a *statue* of a person.

Painting his classical subjects like actors on a stage—representations of representations—Poussin portrays universal aspects of human nature,

FIGURE 15. Poussin, *Realm of Flora,* 1631 (detail of Narcissus and Echo).

as personified in myth. Within this proposition, Caravaggio's portrayal of mythical figures as very realistic people, men and women whom one can choose to identify with or engage with as an other—would have been antithetical to Poussin's aims. What is commonly perceived as Poussin's "detachment" is, perhaps, an abdication of the delicious control that Caravaggio exerts over the viewer. If Caravaggio draws us in and seduces us with the beautiful verisimilitude of the surface of the pool—*enacting* the myth of Narcissus by *enchanting* us with his image of enchantment— then Poussin asks us to stand a little farther away, to study and contemplate the meaning of these myths and our relationship to them, to reflect rather than to swoon (Tutter, in press, d). This collaborative invitation, commensurate with the painter's strengths, is consistent with his view of the role of the artist—to interpret rather than to illustrate, to uncover rather than to mirror.

Three and a half centuries after Poussin's death, we are not likely to learn many more details about his reactions to personal and professional loss or the aspects of his childhood and adult life that factored into his experience. But perhaps *Realm of Flora* carries an echo, a memory, of this history. Despite its transcendent beauty, it beckons us to go below the "blonde" aesthetic costume of the "surface of the pool"; to read its stories of loss and redemption, manifest and encoded; to explore its competitive desire for language and text; to witness the agony of Ajax, the Chloris who begot Flora. When we do, we find that just below Poussin's *giardino di fiori* lies the carnage of desire—implicated in Ovid's epic interpretation of timeless myth and eloquently elaborated in paint on canvas. The surface of *our* pool, it holds a mirror to the powerful drive to prevail when dreams elude us and desires are refused, to create anew from the ashes of loss.

In Memoriam: Adele Marie Chambart Tutter.

APPENDIX

Expanded Captions and Credits of Figures

Figure 1: Poussin, *Satyrs Taking Venus by Surprise,* c. 1625, Kunsthaus Zürich; http://upload.wikimedia.org/wikipedia/commons/1/18/Poussin%2C_Nicolas_-_Schlafende_Venus%2C_von_Satyr_%C3%BCberrascht_-_1626.jpg.

Figure 2: Caravaggio, *Young Bacchus,* c. 1595–1597, Galleria degli Uffizi, Florence; http://en.wikipedia.org/wiki/File:Caravaggio_-_Bacco_adolescente_-_Google_Art_Project.jpg.

Figure 3: Poussin, *Battle of Gideon Against the Midianites,* c. 1626, Pinacoteca, Vatican City; http://uploads6.wikipaintings.org/images/nicolas-poussin/battle-of-gideon-against-the-midianites-1626%281%29.jpg.

Figure 4: Caravaggio, *The Conversion of St. Paul,* 1601, Odescalchi Balbi Collection, Rome; http://upload.wikimedia.org/wikipedia/commons/b/bb/The_Conversion_of_Saint_Paul-Caravaggio_%28c._1600-1%29.jpg.

Figure 5: Poussin, *Realm of Flora,* 1631, Staatliche Gemäldegalerie, Dresden; http://upload.wikimedia.org/wikipedia/commons/3/37/Nicolas_Poussin_-_The_Empire_of_Flora_%281631%29_-_Google_Art_Project.jpg.

Figure 6: Poussin, *Martyrdom of St. Erasmus,* 1628–1629, Pinacoteca, Vatican City; http://upload.wikimedia.org/wikipedia/commons/3/37/Nicolas_Poussin_010.jpg.

Figure 7: Valentin de Boulogne, *Martyrdom of St. Processus and St. Martinian,* 1628–1629, Pinacoteca, Vatican City; http://upload.wikimedia.org/wikipedia/en/3/3b/Stprocessusmartinian.jpg.

Figure 8: Caravaggio, *Seven Acts of Mercy,* 1607, Pio Monte della Misericordia, Naples; http://upload.wikimedia.org/wikipedia/commons/d/d7/Caravaggio_-_Sette_opere_di_Misericordia.jpg.

Figure 9: Details from Botticelli, *Primavera,* c. 1482, Galleria degli Uffizi, Florence; http://upload.wikimedia.org/wikipedia/commons/3/3c/Botticelli-primavera.jpg.

Figure 10: Titian, *Flora,* c. 1515–1520, Galleria degli Uffizi, Florence; detail from same. http://upload.wikimedia.org/wikipedia/commons/d/d5/Tiziano_-_Flora_-_Google_Art_Project.jpg.

Figure 11: Details from Poussin, *Realm of Flora,* 1631, Staatliche Gemäldegalerie, Dresden; http://upload.wikimedia.org/wikipedia/commons/3/37/Nicolas_Poussin_-_The_Empire_of_Flora_%281631%29_-_Google_Art_Project.jpg.

Figure 12: Anonymous, *The Sacrifice of Iphigenia,* first-century AD fresco copy, Pompeii, after a fourth-century BC painting by Timanthes, Museo Archeologico Nazionale, Naples; http://upload.wikimedia.org/wikipedia/commons/4/47/Fresco_Iphigeneia_MAN_Naples.jpg.

Figure 13: Poussin, *Death of Germanicus,* 1628, Minneapolis Institute of Arts, Minneapolis, MN; http://upload.wikimedia.org/wikipedia/commons/5/5a/Nicolas_Poussin_-_La_Mort_de_Germanicus.jpg.

Figure 14: Caravaggio, *Narcissus,* c. 1596, Galleria Nazionale d'Arte Antica, Rome; http://upload.wikimedia.org/wikipedia/commons/2/29/Narcissus-Caravaggio_%281594-96%29_edited.jpg.

Figure 15: Detail from Poussin, *Realm of Flora,* 1631, Staatliche Gemäldegalerie, Dresden; http://upload.wikimedia.org/wikipedia/commons/3/37/Nicolas_Poussin_-_The_Empire_of_Flora_%281631%29_-_Google_Art_Project.jpg.

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INVENTING ONESELF:
A NOTE ON THE EFFORT TOWARD
SELF-CURE IN A PSYCHOTIC WOMAN

BY LEE GROSSMAN

> **Keywords:** Self-cure, therapeutic interaction, choice of therapist, family relationships, introjects, ego, superego, memory, symptom relief, sexuality, repression, internalization, identification.

For the past sixteen years, I have sat with and largely failed to understand a very disturbed but very courageous woman who was struggling to free herself from terror and despair. Gradually, I have come to see how what she did in front of me (not so much *with* me) was an effort to design herself from the childhood ground up. I would like to describe the woman and the work as a reflection on how, in the absence of an effective capacity for repression or stable identifications, some people can use their conscious capacities in an attempt to replace or repair inadequate developmental processes.

YETTA

Yetta was a profoundly isolated, single woman who came to see me for therapy in her mid-fifties, about a year after the death of her previous therapist. She was the younger of two girls in a lower-middle-class, blue-collar family. She had no social contacts since she had retired from the waitressing job she had held for thirty years. She had intense feelings of despair, longed for love and marriage, but knew she could not sustain a relationship because she could not bear to be around other people.

Yetta had been happy with her last therapist, but his death interrupted the work after a few months. She had seen a number of therapists in her adult life, but only the first treatment had lasted over a year. That

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therapist was an alcoholic who kissed and fondled her. It is striking that she was able to say that what he did was wrong, "maybe even reportable to the psychiatric society," but that he was helpful to her until he lost his license. After we started, she had records sent to me; her previous therapists had diagnosed her as schizophrenic or schizoaffective.

In our first session, Yetta told me a dream and what she thought it meant. I then said, "I have some ideas about your dream, too. Would you like to hear them?" (In retrospect, I am struck by the way I put it, as a question; I must have had an inkling of what was to come.) She responded simply, "No."

In the year prior to seeing me, she had interviewed twelve other therapists and had felt "abused" by all of them. One woman kept nodding sympathetically; "Why did she have to do that?" she asked rhetorically, apparently thinking it self-evident that that was abuse. Other therapists kept insisting on interrupting her.

I somehow managed to avoid offending Yetta and I agreed to work with her, for reasons I continue to wonder about, but certainly including my competitiveness with other practitioners, my inflated assessment of my own abilities, and my sadism. I had three hours a week available, which she accepted with some disappointment that I did not have any more. By the time I did have more hours available several months later, I declined to offer them to her because I was not sure I could bear more contact with her, and so we have continued at three times a week.

We met face to face at first, but she was troubled when she could discern any reaction in my face, so she put herself on the couch. I tried to position myself so she could see me easily if she needed to (at the time, I had a mistaken impression that she would lose needed contact with me otherwise), but she soon insisted that I move out of sight. She brought a raggedy teddy bear with her to each meeting. She also brought her own couch napkin and Kleenex.

Most of the meetings were monologues in which Yetta would recount details of her parents' failures to love her (which for the most part seemed to be relatively ordinary selfishness, lapses of attention, or insensitivity) or her older sister's meanness. She would often speak in a babyish voice, which she described as "little me coming out." She would start to cry abruptly in mid-sentence, often for no discernible reason, and just as abruptly stop, without any acknowledgment.

She had the specific understanding that her job was to remember and report every instance of masturbation in her life, apparently to rid herself of any sexual excitement. I do not know where she got the idea; it may have come from the first therapist. At any rate, she was convinced of it. As to the masturbation itself, two features recurred frequently: painful rubbing, and placing small objects into her vagina.

Soon into the work, Yetta revealed her expectations for the treatment: to marry and settle down in a loving relationship, and to compose music like Mozart. With respect to the latter, she had taken piano lessons, and she figured she had at least another thirty-five years to live; Mozart had lived only thirty-five years, so if she started now she could do it. She attributed her inability to compose music to her mental illness.

She would often punctuate her narrative mid-sentence with statements in the form of "And I don't want anyone [or sometimes, "Dr. G"] to do anything to my genitals [or vulva or vagina or anus]." These remarks came up several times per session, sometimes as the first thing she said, but even then starting with the word *and*.

THE FIRST OF MANY TREATMENT CRISES

At some point early on, I asked Yetta to say more about something she was saying that I did not understand. She stopped, appeared agitated, and went into a tirade about my interrupting her and forcing her to think my thoughts instead of her own. I was silent for maybe a month after that, when I very tentatively asked her if it would be all right if I made a comment. She was just as disrupted by that remark as by the first. She made it clear that I was not to speak unless she invited me to. Every time I spoke, she would have an intensely negative reaction: specifically, she would feel "raped." As best as I could discern, she was referring to a physical sensation of being penetrated.

I learned much later that following such episodes, she would feel terrified and suicidal. It would take her up to three months to get over the feelings, during which time she would make frequent references to "Dr. G's inability to control himself."

Yetta always referred to me in the third person unless she was asking me a question; she did not talk to me, she talked in front of me. It seemed as if anything that came from me that was different from her

expectations would provoke this reaction. For example, she asked me if I had heard of a link between cancer and B vitamins. When I answered "It doesn't ring a bell" instead of saying no, she reacted with rage, shouting about how I always have to hurt her.

By the end of the second year, I had been restricted to speaking five words: "yes," "no," and "I don't know." Furthermore, for long stretches, the only time she allowed me to speak was in answer to a rhetorical question, the form of which was: "A mother shouldn't hate her daughter. Isn't that right, Dr. G?" It took me well into the third year to catch on to the literal extent that I was expected to adhere to these rules. Even so, twelve years after my last slip-up, she still refers to "Dr. G's inability to keep quiet" in the present tense.[1] She occasionally reminds me that she hates me for hurting her, and that she does not want to be like Dr. G.

Yetta sometimes described the goal of our work as "having all the parts of myself together." By "parts," she meant specifically the father part, the mother part, the older sister part, and the "little me" part. She referred to their voices in her head, and she would point to the part of her head where each voice resided. The last time I disrupted her by speaking, she told me heatedly to "shut up." Then she repeated it in a faux male voice: shut up. She told me subsequently that she had been using her father's anger.

These failures of my self-control convinced Yetta that it was not safe to work the way she wanted with me. Although she was not explicit about what that meant (and I was not about to ask), two changes emerged at that time. First, she stopped speaking in a baby voice for the next ten years or so (the voice has come back occasionally since). Second, she introduced a new rhetorical habit. She would limit her narrative to almost nothing but a detailed description of her day-to-day plans, activities, diet, and health, and her efforts to perfect them. She would follow stories of performing some household chore successfully with a statement that sounded like an implicit comparison of how she was acting contrasted with how her family members had failed to act, in the form of "If I had a daughter, I'd say, 'That's good that you keep your house clean, Yetta.'" (Note that she gave her "daughter" her own name.)

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[1] One of the consequences of the rule of silence was that even now I know precious little of Yetta's history.

In later years, these statements grew to "If I was a father and I had a daughter, or if I was a mother and I had a daughter, or if I was a big sister and I had a little sister, I'd say, 'That's good that you . . .'" She often jumbled up the nouns in a statement without noticing, e.g., "If I was a sister and I had a daughter . . ." Occasionally, she would add to the list, "Or if I was a psychiatrist and I had a patient . . ." I had the impression that she was trying to train her father/mother/sister parts.

Periodically, Yetta would tell me that she hated me for making her work "this way," which had to do with doing things "out of order." I believe her idea was that she was not being allowed to start as a child and grow up because I had made it unsafe for "little me" to emerge.

Occasionally, she would begin a session by saying that she had made a "mistake" in the previous hour, invariably having to do with one of those "If-I-had-a-daughter" statements. Upon further reflection, she had decided that what she would have said was not perfect, and she needed to correct it. For example, she announced that she had made a mistake by saying that if she had a daughter, she'd "give her a big hug and . . ." She was not so sure that giving her daughter a hug would be appropriate.

She was a perfectionist in many ways; in fact, she seemed to be trying to use the therapy as an effort to think perfectly—which meant purifying her thoughts, apparently including ridding herself of sexual and aggressive feelings. Every thought was a potential misstep. In her day-to-day life, she had to eat the perfect nutritional food (taste was not a consideration), take the perfect combination of vitamin supplements, walk 10,000 steps a day, and follow the perfect exercise regimen. If she had an ache or pain, she assumed she had done something wrong psychologically; she was convinced that perfect mental health warded off all illness and aging.

TWO CHARGED MEMORIES

Yetta had many early memories that came up repeatedly, invariably as indictments of her parents or her sister, of which I will mention two. The first was a toilet-training memory from her third year of life, reported with tears and barely controlled outrage. Her mother had put her on the potty and then turned the water on in the sink. It took several retellings

of the incident before I understood that her perception of the event was that her mother was actually controlling her body with the water tap.

The second memory may have been from age four or so, when she was bathing with her mother. She noticed her mother's pubic hair and asked her what it was. Her mother answered, "That means you're too old to be sharing a bath with me"—which she never did again. She added, "If I had a daughter, I'd say, 'Yetta, that's something you'll get when you're older.' I wouldn't punish her for being curious. I'd encourage her."

I have sat silently with this woman three days a week for sixteen years. During the monologues, I occasionally formulate to myself what I would tell her if I were allowed to tell her anything. For long stretches of time, I alternated between feeling that I was chained to my chair as she tortured me, and enjoying daydreams of her being killed in a traffic accident.

Despite the fact that I felt I could easily have been replaced by a spool on a string, she had tremendous difficulty tolerating weekends or interruptions in our meetings. She was very explicit in saying so, sometimes describing it as another way "Dr. G" was injuring her, although she never expected or asked for any different arrangement.

After seven or eight years, Yetta began to improve symptomatically, to the point that she eventually developed a circle of casual friends and could find some simple pleasures in her life. She also developed some capacity for self-observation; she was eventually able to tell me that her intolerance of my speaking to her ("raping" her) had to do with the feeling that allowing another person's thoughts in her head meant being taken over by the speaker.

Recently, thinking about how much she hates it when a therapist talks, she said, "If he talks, I'm afraid I'll lose myself." When recently she discovered that my office building was being sold, she wanted to have another therapist lined up for when I retire or die. It turned out that she had ruled out women therapists because she feared she would become a lesbian.

She has never let me off the hook for speaking, but she has begun to think of this vulnerability as her problem, and to hope she could advance to a point where she could tolerate other people's ideas.

DISCUSSION

It is easily observed that in the course of normal development, a pre-school child will be relatively free with libidinal wishes and deeds, mas-turbating unashamedly and announcing his or her intention to marry both parents. Aggressive urges are also demonstrably at the forefront of his or her mental experience, e.g., in avowed intention and efforts to get rid of a younger sibling. The objects of his or her desire or destructive-ness are family members above and before all others.

It is also generally taken for granted (and in fact institutionalized by the educational system) that by the age of six or seven, the preoccupa-tion with sex and violence will have largely disappeared from awareness, and the child will be able to direct his or her attention away from his family drama and onto the larger world. Freud (1923) described this as a movement from the phallic-oedipal phase to the latency period. In a relatively brief period of time, what was available to the child's conscious-ness is rendered unconscious and kept that way. In the adult, a marker of this process having successfully taken place is infantile amnesia—the remarkable fact that in relatively healthy adults, memories are more or less continuous going back to around age five or six, but prior to that are only sporadic and typically function as screen memories.

Freud (1923) identified two aspects of the process by which major constituents of mental life are rapidly rendered unconscious: a massive repression and an identification with the parents, the latter being the major contributor to the formation of the superego.

One of the features of Yetta's case was that there was no obvious infantile amnesia. As far as I could tell, her memories were more or less continuous, going back at least to toilet training. It seems that the earlier memories were less journalistically accurate, but there was no discernible break in her recollections. It is also apparent in her adult life that her preoccupation with family dramas of sex and violence has either con-tinued or reemerged since childhood. She deals with frequent sexual thoughts by making statements that repudiate them ("And I don't want anyone to do anything to my genitals"). We can infer that she is not very good at maintaining repression.

Another feature of her case is the form in which she has taken in aspects of her family members—as actual presences in her head (in Schafer's [1968] use of the term, as introjects rather than as personal traits), which she can localize in space. This points to the nature and extent of her superego formation—as a committee of family members, rather than a personally owned capacity to judge (recall her using her father's voice to tell me to shut up). It also suggests why she has a sense of herself as an assortment of parts that need to be gathered together; as Freud (1923) pointed out, the ego as well as the superego is the "precipitate of abandoned object-cathexes" (p. 29). Her ego and superego are not "identifications" in the sense of taking on the traits of others and making them her own; but her "If-I-had-a-daughter" approach may be evidence of that work in progress.

Yetta is terrified of the influence of others, which she experiences as their literally getting inside her head and changing or replacing her selected parts. At the same time, she has a quasi-psychoanalytic developmental theory: that the route to change is to pick carefully the people (therapists) whom she spends time with, because (unless she fights them off) she will end up being like them.

Loewald (1952) made the observation that the consequences of repression and those of internalization (e.g., the identificatory contributions to ego and superego formation) are very different. Repression locks down the wishes and fears of the moment in a way that fixes them, foreclosing any further maturation, whereas internalization ("structure building") processes are fluid, ongoing, and potentially creative. Of course, the virtue of repression is the vacation from conscious preoccupation with one's impulses and the consequent availability of conscious processes for other tasks. It contributes to a mental "stimulus barrier." In Yetta's case, the inadequacy of repression leaves her with the requirement that she consciously repudiate every impulse that she finds threatening.

THE EFFORT TO INVENT ONESELF

The observation I am making here is that, absent effective repression and stable identifications, Yetta finds herself in the position of trying to

do defensive, adaptive, and developmental work with thoughts and feelings that she cannot keep out of her mind. This means that conscious judgment and the deployment of attention have to do the work that happens more or less automatically in normal childhood development. So her energies are devoted to the conscious invention of herself, on the model of being first her own mother, and subsequently her own father, older sister—and psychiatrist. I believe that for the first few years of our meetings, at least, I interfered with that project; it is only now that I am beginning to get a glimmer of what she is doing.

Ideally, perhaps I should have been saying the kind of things she now says to herself (following her implicit supervision of my work when she says, "If I was a psychiatrist . . ."). But I am not sure that would have been received any better than the things I did say, those that felt to her as if I were forcing myself into her head. Recently, she was able to say specifically what she wanted from a therapist: "To listen in compassionate silence."

WHAT AM I, CHOPPED LIVER?

I now need to recant the feeling I had earlier in the treatment, that I could have been replaced by a spool on a string.[2] Although I cannot say exactly how, I am now convinced that my presence is and has been a vital part of her improvement. Words like *witnessing* (Poland 2000), *container/contained* (Bion 1959), and *holding environment* (Winnicott 1960) seem apt, but to me they are more descriptive than explanatory. Winnicott (1962) once wrote that as an analyst he aimed at keeping alive, keeping well, and keeping awake (p. 166). I stayed alive and well, which was more than her last therapist could say. Staying awake has been more of a challenge at times, but I have managed.

Yetta has put me to some use. The least I can say about it is that she benefitted from my ratifying her rhetorical questions ("Isn't that right, Dr. G?"). In retrospect, they were not exactly rhetorical after all. It seems that she granted me a temporary license to be a parent with whom she could then be a child. It was something akin to a situation I found my-

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[2] Many readers will recognize my reference here to the *fort-da* game (Freud 1920, p. 15).

self in when my wife was in labor. I had left the room briefly, and when I returned she was agitated. I did not know what to do until she said, "Tell me to relax!" I jumped right in and did so, and she relaxed—but at the time, she needed me to be the one with the voice of authority.

These thoughts about the process of change are very preliminary and very tentative. Certainly, they raise more questions than they answer. I do know that I have changed with Yetta; I notice a softer and more tolerant attitude in myself, along with an increasing respect for her courage. I think these changes mark a reduction in my own terror when confronted by the demons with which she lives.

Yetta continues to improve. Her perfectionism in her self-invention is still fierce, but recently she has begun to entertain a more nuanced view of the world: "If I had a mother [etc.], I'd say, 'People aren't perfect, they are all a mix of good and bad, and you can get along with the good and ignore the bad'" (so far, that applies only to others). Her newest reported discovery is that there are degrees of badness: "Murder is very bad, and lying is bad, but not as bad as murder, and hurting someone's feelings through insensitivity isn't as bad. Isn't that right, Dr. G?"

Yes.

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WHEN THEORY MEETS PRACTICE: THE VALUE AND LIMITATIONS OF THE CONCEPT OF PROJECTIVE IDENTIFICATION

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Projective Identification: The Fate of a Concept.
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Before the corporate entity of A T & T was broken up so that hungry predators could sweep up the fragments and take over the telecommunications industry, it was affectionately known as "Ma Bell." I recall as a youngster hearing its radio advertisement that told us, over and over, "we're all connected." And indeed we *are* all connected. No one exists in isolation. We start out in life developing inside another person, to whom we are connected by an umbilical cord as our lifeline. And that is only the beginning.

When we emerge into the world, in a physically helpless but mentally active, secondarily altricial state, we continue to be connected to a mothering caregiver who among other things is indeed our Ma Bell. We are in continual and, in a sense, continuous communication with her as we use our *mindbrain*—the felicitous term employed by Damasio (2010) and Panksepp (2012)—to learn how to affectively regulate ourselves and

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how to define who we are and who others are. In the process of carrying out these twin activities, we make use of our Ma Bell connection for the multiple, vital purposes for which the connection aptly lends itself.

A crying baby is not merely making neurophysiological expression of the discomfort he is feeling for whatever reason at that moment. He is engaging in an action that is being registered in the nascent mental mapping that—as Damasio depicts it—is defining ongoing perception of the internal and external worlds that impinge upon all of us, as well as ongoing perception of the more or less successful responses we ought to make in order to obtain the best possible physical and emotional equilibration that will help us deal with our needs and interact successfully with the external environment within which we live. The crying baby also seems to be attempting to rid himself of the internal distress that arouses him out of sleep or out of peaceful repose. At the same time, he is communicating his distress, his needs, and his desires to that very other to whom it used to be physically connected and to whom he is increasingly psychologically connected.

That Other (or, to employ the kind of wordplay favored by Lacan, that *mOther*) is no longer providing for the baby's needs via the umbilical cord and placenta that for nine months had connected her with her baby, physically and emotionally. She is primed, however, by that experience and by millions of years of evolutionary history, to hear and understand what her baby is communicating to her about what he is experiencing.[1] With varying accuracy, she is able to read her child's needs and respond accordingly. She is able to relieve hunger by feeding the baby,

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[1] A very unhappy, very angry young man came for assistance because he was acting very destructively toward himself and toward women. His mother had become pregnant with him during her honeymoon, and she never seemed to have forgiven him for it. After a long and at times tumultuous course of treatment, he became a very different kind of person. He was able to establish a rather successful business that he enjoyed, and he married a woman whom he loved and whom he treated well. He was overjoyed when their daughter was born, but at first he was afraid of taking care of her out of fear that he had not learned how to take good care of a baby. He finally summoned up the courage to do so. He beamed as he told me about it. "I noticed something," he said. "Babies have different cries. They cry one way when they're hungry, another way when they're in pain or have a wet diaper, and still another way when they just want attention or want company. It's amazing!" The session ended and, as he left, he turned back to me and said: "You know what *my* problem was? My mother couldn't tell the difference!"

able to accept and tolerate the baby's demands and his expressions of rage and distress, and able to soothe and comfort the child.

Also, in general, the mother not only listens to her baby but also speaks to him, in a voice that soothes and pacifies as well as gives verbal form to the baby's experience. And it is apparent that babies rapidly grasp the meaning of those words, as Vivona (2012) recently described. This is the beginning of the acquisition of language as an invaluable tool of mastery.

Babies are natural scientists from the beginning, examining and learning about themselves and the world around them. They recognize quickly that they can spit out foods that do not appeal to them and take in the foods that do appeal to them and that relieve the distress that accompanies signals of hunger. On a largely sensorimotor level (Silverman 1971), they establish mental registrations of such expulsive bodily functions as sneezing, burping, regurgitating, urinating, and defecating, and of taking in things that taste good and that relieve their hunger and thirst. The registrations of taking in good and throwing out bad inevitably become associated with sensory registrations of interaction with the mothering person with whom most of their highly charged experiences predominate in the earliest months of life and even later.

It is but a single further step to mentally associate the idea of obtaining good things with receiving them from the mother—or, in fact, with ingesting the mother, and to associate ridding oneself of bad things by giving them to or putting them into the mother.[2] This begins to occur well before the distinction between inside and outside, self and other, me and you has become relatively clear.

[2] I recall feeding lunch to my oldest child when she was four and a half months old. We both enjoyed the experience thoroughly. Along the way, she pushed the spoon a few times toward *my* mouth. I wound up the feeding by giving her strained peaches, her favorite food. She looked up at me, her eyes bright, and smiling warmly, opened her mouth and lunged toward my face, as though to swallow *me* down. At other times, when I found myself unable to adequately relieve the discomfort she was feeling, she would not only writhe in distress but also push against me as though she were pushing me away. Shakespeare, an intuitive psychologist, understood that babies do not merely eat *from their mothers,* but *eat their mothers.* In *Pericles* (1609), for example, he has a princess begin a riddle that a suitor must solve in order to win her hand as follows: "I am no viper, yet I feed/On mother's flesh which did me breed" (p. 503).

Freud, who carried out his psychological investigations mainly with more or less neurotic adults, including himself, recognized that from birth onward children relate to their internal and external worlds largely around feeding experiences. However, he organized his clinical and theoretical approach around the triangular, competitive, oedipal conflicts that arise later in the course of development, rather than around the impact of the dyadic interaction that took place earlier between the infant and his caregiver(s). Freud also emphasized the importance of libidinal desires and urges, rather than aggressive inclinations, in shaping child development.

Crucial was Freud's increasing recognition that, in psychoanalytic treatment, the most important leverage for change derives from the tendency of analysands to transfer over to the analyst central aspects of their earlier relationships with the primary objects of their needs, wishes, urges, and desires—as well as the recognition that analysts bring their own conscious and unconscious issues into their interactions with patients. However, Freud also observed (e.g., in 1917) that all relationships are to a greater or lesser extent ambivalent, and that the developmental process proceeds largely via introjection, modeled on the physical experience of ingestion of alimentary nourishment, of what emanates from the primary others with whom the developing child interacts, with varying degrees of psychological absorption, digestion, incorporation, and transformation of external into internal form.

Klein did not engage in systematic infant observation, but she was a keen observer more generally, and she was one of the first psychoanalysts to work directly with children (Klein 1932). Just as Freud did with his daughter Anna, she attempted to analyze her own children. Her analytic work with young children, some of whom were quite disturbed, and her work with very disturbed, at times psychotic adults impressed her with the importance of considering the psychological consequences of very early object relations, and of recognizing the significance of aggressive and hostile urges and impulses in human psychological development. She most probably was influenced as well by having had a personal analysis with Karl Abraham, who himself was impressed with the importance of aggressive drive pressures.

In *Projective Identification: The Fate of a Concept,* editors Elizabeth Spillius and Edna O'Shaughnessy reprint Klein's seminal paper, "Notes on Some Schizoid Mechanisms," published initially in 1946, in which she described her ideas about the fantasies she posited to emerge in the infant out of the earliest extrauterine interactions with the mother; it was also in this paper that she introduced the concept of projective identification. To quote Klein:

> I have often expressed my view that object-relations exist from the beginning of life, the first object being the mother's breast which to the child becomes split into a good (gratifying) and bad (frustrating) breast; this splitting results in a severance of love and hate. I have further suggested that the relation to the first object implies its introjection and projection. [p. 20][3]

A bit further on, Klein states:

> Closely connected with projection and introjection are . . . splitting, idealization and denial . . . . In states of gratification, love-feelings turn toward the gratifying breast, while in states of frustration hatred and persecutory anxiety attach themselves to the frustrating breast. While idealization is thus the corollary of persecutory fear, it also springs from the power of the instinctual desires which aim at unlimited gratification and therefore create the picture of an inexhaustible and always bountiful breast . . . . The bad object is not only kept apart from the good one but its very existence is denied, as is the whole situation of frustration and the bad feelings (pain) to which frustration gives rise. This is bound up with denial of psychic reality . . . . The phantasied onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother of its good contents . . . . The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother . . . . These excrements and bad parts of the self are meant not only to injure but also to control and take possession of the object. In so far as the mother comes to contain the bad

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[3] Except where otherwise specified, page numbers refer to the subject book.

parts of the self, she is not felt to be a separate individual but is
felt to be the bad self . . . . I suggest for these processes the term
"projective identification." [pp. 26-27]

Klein also addressed the manner in which infants fortunate enough
to experience favorable early mother–child interaction are able to su-
persede the fragmented and violently ambivalent fantasies of the initial
paranoid-schizoid period so as to acquire relatively integrated and more
peaceful perceptions of self and other—although at a price. As she puts
it:

> I have described the anxieties, mechanisms and defenses which
> are characteristic of the first few months of life. With the intro-
> jection of the complete object in about the second quarter of
> the first year, marked steps in integration are made. This implies
> important changes in the relation to objects. The loved and
> hated aspects of the mother are no longer felt to be so widely
> separated, and the result is an increased fear of loss, states akin
> to mourning and a strong feeling of guilt, because the aggres-
> sive impulses are felt to be directed against the loved object. The
> depressive position has come to the fore. The very experience of
> depressive feelings in turn has the effect of further integrating
> the ego, because it makes for an increased understanding of psy-
> chic reality and better perception of the external world, as well
> as for a greater synthesis between inner and external situations.
> [p. 34]

Rosenfeld, in his 1971 paper, "Contribution to the Psychopathology
of Psychotic State[s?]," reprinted in the subject book as chapter 5, em-
phasizes that Klein, in her concept of projective identification, indicated
that:

> Not only bad, but also good parts of the ego are expelled and
> projected into external objects who become identified with the
> projected good parts of the self. She [Klein] regards this identi-
> fication as vital because it is essential for the infant's ability to de-
> velop good object relations. If this process is, however, excessive,
> good parts of the personality are felt to be lost to the self, which
> results in weakening and impoverishment of the ego. [p. 77]

Rosenfeld addresses at length the way in which psychotic patients try to control the analyst's body and mind by forcing themselves into the analyst so as to put the mad part of themselves into the analyst, who then is perceived as having become mad. The analyst now is feared because of the paradoxical expectation that the analyst will retaliate by forcing the madness back into the patient in order to produce a mental breakdown.

When psychotic patients live in such an extreme state of projective identification that they are fused with the analyst, Rosenfeld observes, they welcome the analyst's interventions as omniscient and omnipotent parts of themselves. When they begin to feel separate, however, there can be violently aggressive, destructive impulses toward the analyst out of envy of the analyst's ability to make interventions that demonstrate understanding. This is because such patients feel small and humiliated from being reminded that they need something they cannot provide for themselves. "In his envious anger," Rosenfeld states, "the patient tries to destroy and spoil the analyst's interpretations by ridiculing or making them meaningless" (p. 84). This can lead to the analyst having "the distinct experience in his countertransference that he is meant to feel that he is no good and has nothing of value to give to the patient" (p. 84).

It is necessary, then, for the analyst to be able to accept and work with this attempt at envious spoliation. "Rejection of the analyst's help can often be clearly understood," says Rosenfeld, "as a rejection of the mother's food and her care for the infant repeated in the analytic transference situation" (p. 84).

Betty Joseph and Michael Feldman contribute chapters to *Projective Identification: The Fate of a Concept* that are also replete with pearl-like clinical observations. Joseph describes the emergence during work with a borderline child of a dramatic example of projective identification. Toward the end of the last session of the week, the little girl wanted to make a candle. Joseph interpreted this as expressing the wish to take warmth from her analyst to hold on to during their weekend separation. Her young patient exploded in rage, ordered her analyst to take off her clothes, and shouted: "You are cold! I'm not cold!"

She also describes at some length her work with a man who repeatedly projected his grandiose, competitive envy into his students, his peers, and his analyst, whose interpretive efforts he either spoiled by

denigrating them or accepted only after he had modified and improved them via his own presumably superior intellectual powers. She contrasts these two patients with one whom she perceived as moving toward a depressive position. This third patient fluctuated between devaluing the analyst's efforts to help him and inducing her to experience despair over his future and over the future success of the analysis, on the one hand, and feeling bad about rejecting her assistance even as he felt grateful to her for offering it, on the other.

Feldman focuses in his chapter on the way in which the analyst's willingness to accept the patient's projective identifications, despite the challenges this can present, can contribute to an understanding of what takes place within the patient's unconscious internal object relations. He addresses the recent elaboration of a

> . . . concept of countertransference into . . . an interactive model of psychoanalysis, where the emphasis is on the significance of the analyst's own subjective experience and his understanding of and his method of responding to his patient . . . [as they] . . . engage in unconscious enactment, placing more or less subtle pressure on [each] other to relate . . . in terms of an unconscious fantasy. [p. 113]

That unconscious fantasy reflects important aspects of the patient's internal object relations. The analyst, Feldman observes,

> . . . may apparently be able to remain comfortable and secure in his role and functioning, involved in empathic observation and understanding, recognizing the forces he is being subjected to, and with some ideas about their origins and purpose. He may, on the other hand, be disturbed by the impingement and transformation in his mental and physical state, becoming sleepy, confused, anxious, or elated. Finally, it may become apparent to the analyst that he has unconsciously been drawn into a subtle and complex enactment that did not necessarily disturb him at first, but which can subsequently be recognized as the living out of important elements of the patient's internal object relationships. [p. 114]

Feldman beautifully describes ways in which an analyst can be lulled into a sense of calmness and security about understanding what is being projected into him that, although justified in one respect, also screens a lack of understanding of a hostile attack on the analyst that the analyst is not at the moment able to tolerate and therefore to discern. Feldman valorizes Money-Kyrle's observations about the way in which the analyst can experience difficulty when the patient's disowned and projected aspects of his unconscious conflicts correspond to unresolved issues within the analyst, or when the analyst's superego is too severe to allow him to accept and tolerate his own limitations. "If it is severe," he observes, "we may become conscious of a sense of failure as the expression of an unconscious persecutory or depressive guilt; or, as a defense against such feelings, we may blame the patient" (p. 121).

Feldman expresses concern about the tendency at times for the analyst to respond to the strain and anxiousness into which he is thrust by reassuring himself and the patient via an unconscious engagement in an enactment in which he is "striving to create a closer correspondence between a relatively comfortable or gratifying internal representation of himself and the way in which he experiences and interprets the external situation" (p. 121). The analyst, Feldman asserts, may need to be willing to be uncomfortable, confused, at sea, or even drowning in despair at times—perhaps for considerable lengths of time.

Feldman cites a paper by O'Shaughnessy (1992), which he views as especially clear and insightful about these matters. In it she describes how she gradually realized that she had been complying with a patient's initial need for a limited, controlled, and overly close relationship with her by offering undisturbing interpretations that, although reasonably linked with aspects of the patient's history, actually protected both of them from "either too intense erotic involvement or violence between them" (p. 123). After O'Shaughnessy came to recognize what was occurring and the reasons for it, she became able to think in a very different way and to work with her patient so as to reach deeper and much more important—albeit much more uncomfortable—issues in a manner that greatly furthered the analysis.

Feldman addresses the need for the analyst to "tolerate the uncertainty, anxiety, and guilt associated with the emergent phantasies of the

relationship as a frightening, disappointing, and destructive one," consequent to a shift by the analyst in the way she addresses the analysand that arouses envy, hatred, and "powerful attempts to restore the *status quo ante*" (p. 124). He notes that "we sometimes need the internal or external support of colleagues to sustain our belief in what we are attempting to do" (p. 124).

As co-editor of *Projective Identification: The Fate of a Concept,* O'Shaughnessy herself provides a chapter in which she extensively reviews the history of the concept of projective identification. She focuses in particular on its role in defining the disputes that have prevailed in Great Britain among the Contemporary Freudians, Independents, and Kleinians. She makes a strong attempt to correct what she perceives to be a popular misconception that Klein focused exclusively on expulsion of bad parts of the self and on aggressive attack on the object. She points out that Klein also emphasized projection and introjection of goodness as an essential aspect of the development of the mind. She quotes her as having indicated that:

> It is, however, not only the bad parts of the self which are expelled and projected, but also good parts of the self. Excrements then have the significance of gifts, and parts of the ego which, together with excrements, are expelled and projected into the other person represent the good, i.e., the loving parts of the self . . . . The projection of good feelings and good parts of the self into the mother is essential for the infant's ability to develop good object relations and to integrate the ego. [Klein quoted by O'Shaughnessy, pp. 160-161]

O'Shaughnessy cautions, however, that it is far from easy to detach a core concept from its integral place of origin and to transplant it elsewhere without doing damage to both the concept and one's basic frame of reference, with regard either to understanding development or to clinical practice. She provides interesting illustrations related to Winnicott's concept of transitional space and to the Contemporary Freudian concept of individuation. She defends the large extent to which the concept of projective identification plays a part in Kleinian analytic practice,

at the same time that she observes that "we have also to remember that any concepts and any techniques can be poorly used" (p. 163).

O'Shaughnessy decries rivalry among adherents to the various schools of psychoanalytic thought for preeminence instead of an effort to learn from one another, and states:

> We harm ourselves if acceptance of Kleinian ideas is seen as and/or becomes a Kleinian triumph rather than a contribution to a shared Freudian enquiry . . . though who knows when— or whether—we shall eventually arrive at universal language for psychoanalysis. [p. 166]

I am fully in agreement with her, although I wonder whether the contributors to this very useful book have sufficiently considered the way in which understanding and use of the concept of projective identification and related aspects of Kleinian thinking might apply quite differently to working with patients who are in very different categories of illness from one another. The concept of projective identification does appear to be a very useful one in helping us understand and visualize such fundamental issues as the body–mind relationship, the origins and vicissitudes of object relations, empathy, and symbolization/development of thought, but our consideration of these dimensions of human emotional functioning will vary widely as we think about patients who suffer from very severe or from much less severe forms of illness.

At the risk of oversimplifying something that is actually quite complex, I suggest that there may be validity in noting the possibility of dividing patients into three groups: (1) extremely disturbed patients who are so developmentally stunted and so embedded in a paranoid-schizoid position that they can only be approached via technique that centers around the concept of projective identification; (2) moderately disturbed patients who require such an approach for a considerable length of time before they become able to make use of Contemporary Freudian and ego psychological, interpretive technique; and (3) much less disturbed, largely neurotic patients who can be approached mainly via the latter point of view.

In chapter 8 of the book, for example, Ignês Sodré, in a reprinted 2004 paper, titled "Who's Who? Notes on Pathological Identifications,"

provides two illustrative clinical vignettes that richly describe the treat-
ment of two very different patients. In work with a patient viewed as
"borderline" because of identity diffusion and fluidity, there was limited,
partial, temporary, clinically manageable focus on a projective identifi-
cation process. With a narcissistically highly vulnerable patient, on the
other hand, who exhibited a character structure that was rigidly fixed,
although brittle and defensively vigilant to the point of near-paranoia,
Sodré and the patient focused persistently on a much more extreme,
intense, rigid, severe, insistently adhesive process of projective identifi-
cation. The reader will be amply rewarded for going through the de-
tails of these two clinical presentations, as well as of those presented by
O'Shaughnessy and others within the pages of this book.

Klein did not view her concept of projective identification as repre-
senting a monumental contribution to psychoanalytic theory, but it even-
tually became so elevated in importance that it emerged as a lynchpin
of the structure of Kleinian analysis. Analytic thinkers who have followed
in her footsteps have to a significant extent organized their clinical and
theoretical views around the concept of projective identification, in con-
nection with their ideas not only about psychopathology, but also about
drive and ego development in general.

As observed by the book's editors, Spillius and O'Shaughnessy,
Bion was a foremost contributor in this regard. In his paper "Attacks on
Linking" (1959), which is reprinted in *Projective Identification: The Fate
of a Concept,* he distinguishes between *normal* and *pathological* projective
identification. The former, he indicates, simply represents a kind of non-
verbal communication of need in which babies, who do not yet possess
the capacity to tolerate and manage their mental and emotional con-
tents at times of stress, express this by crying (out) that they are in dis-
tress. When the mothering person responds by receiving and accepting
the message and then providing calming, soothing relief, the baby expe-
riences this as his having expelled the overwhelming mental-emotional
contents into the mother (or, in the case of a patient, into the analyst)
in the expectation (accruing from repeated experience) that these con-
tents will be allowed to repose there long enough to undergo modifica-
tion by her so that they can be safely reintrojected by the infant (or the
patient). This is Bion's concept of *container-contained.*

When this process of projection-detoxification-reintrojection is inadequate or even fails, pathological projection-introjection develops between infant and mothering person—or between analysand and analyst—in the form of desperate, insistent, intense projection of negative, destructive emotional contents into the other. This contributes to the intense splitting, denial, terror, disruption of the link to the object, and abject aloneness and loneliness that characterize consignment to an endless paranoid-schizoid state from which there is no egress.

Bion elaborated his ideas at length elsewhere (1962a, 1962b, 1963).[4] For example, he distinguished in detail between normal projective identification that facilitates a healthy kind of relating between baby and mothering person, and what he terms *pathological* (or what Klein referred to as *excessive*) projective identification (Bion 1962a). In the former, there is a shared, temporary, and evanescent fantasy of infantile omnipotence that permits the emergence of the beginnings of thought, as the infant gradually learns that there is an external other that is providing for him.

The capacity to reasonably tolerate frustration and distress is fundamental to the infant's ability to use communicative projective identification constructively in order to increasingly recognize the existence of self and other as separate but nevertheless usefully connected, so that realistic object relations can be established. When an infant, for whatever combination of internal and external factors, cannot sufficiently tolerate frustration and distress, Bion theorizes, he destructively attacks the link to the "bad" object via intense, violent, unremitting projective identification that blurs the distinction between self and other and consigns the child to overwhelming anxiety. The infant experiences shapeless and formless *nameless dread;* utter aloneness and loneliness; and an inability to adequately construct the kind of mental apparatus that it needs for sufficient advance from being enslaved to primitive, emotional functioning (according to the pleasure-unpleasure principle) to the ability to function in relation to the world (according to the reality principle).

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[4] *The Psychoanalytic Quarterly* recently published special sections that specifically focus on Bion's contributions. See Vol. 80, No. 2 (2011), pp. 475-517, and Vol. 82, No. 2 (2013), pp. 271-433.

Such an infant has been drained of the sense of life. A frantically crying baby is a dying baby, Bion points out, and the mother has to know this and to feel it so that she can relieve the baby. A baby can only "project" his anguish into a welcoming, accepting receiver of it. Projective identification is neither unidirectional nor the action of one person; it is co-created.

The implications for psychoanalytic treatment are very clear. In fortuitous circumstances, Bion asserts, it is the mother's, and the analyst's, containing and detoxifying function that can make the unbearable thinkable and thereby facilitate the emotional development that is so vitally necessary for it to cease being unbearable.

The last 200 pages of *Projective Identification: The Fate of a Concept* are devoted to examining the way in which the concept has been accepted, utilized, and transformed in various parts of the world since its introduction. Chapter 10, a reprint of Joseph Sandler's 1987 paper, "The Concept of Projective Identification," contains his struggle to understand and make use of it. He emphasizes the fact that his "own frame of reference [was] in significant respects different from that of the Kleinians," and that the concept by then had

> . . . shift[ed] its meaning according to the context in which it [was] being used . . . as a result [of which] it acquired a certain mystique, with the unfortunate consequence that it is sometimes either dismissed entirely or thought to be understandable only with special "inside knowledge." [p. 168]

He tries mightily to understand it to his satisfaction. He traces the concept's evolution through a succession of three stages, beginning with Klein's formulations about the infant's fantasies of splitting off and extruding unwanted elements into an external object, for developmental as well as defensive purposes.

Sandler notes that projective identification proceeded through a stage of widening of the concept to object relations in general and to transference-countertransference interaction in particular. He cites Heimann's (1950) emphasis on the analyst's countertransference experience as an avenue toward understanding the analysand; he also finds particularly significant Racker's (1957) distinction between *concordant*

identifications with the analysand's current self-representations and *complementary identifications* with the analysand's internal object representations.

The third stage, Sandler asserts, is epitomized by Bion's functional extension of the concept into the realm of infant–mother (and analysand–analyst) interaction that makes overwhelming affects bearable and contributes to the beginnings of thought and language (Bion's ideas about container-contained and the object's alpha function), although he also makes some reference to Winnicott's emphasis on the *holding function* of the *good enough mother*.

In his commentary, Sandler indicates that the concept of projective identification does not necessarily have to be accepted in its entirety. He emphasizes the role of metaphor in the concept as he attempts to dispel confusion created by the tendency by some to view P. I. in concrete terms, rather than regarding it as pertaining to a "mechanism involving shifts and displacements in mental representations or in fantasy" (p. 171). He makes the significant observation that:

> Projective identification has given an added dimension to what we understand by transference in that transference need not now be regarded simply as a repetition of the past. It can also be a reflection of fantasies about the relation to the analyst created in the present by P. I. and allied mechanisms. [p. 174]

Sandler finds himself in agreement with the stress placed by Kleinians on the element in projective identification of *control of the objects*, in order to create "the unconscious illusion that one is controlling the unwanted and projected aspect of the self" (p. 174), which is dramatically observable in intensely guilt-ridden patients who find themselves "attacked by an internal persecutor." He distinguishes between *developmental* use of P. I. *to establish* representational self-object boundaries, and *defensive* use of it that requires that such boundaries already exist—including efforts to evoke a countertransference response from the analyst so as to create the illusion of actualizing an unconscious fantasy that can then be experienced as real. He observes in this regard that attempts to actualize unconscious fantasies are part of all object relationships.

Sandler emphasizes as well that self-object differentiation is never static but is subjected throughout life to repeated blurring and revision, as the result of interaction with meaningful others. Without this, there could be no personal growth and no capacity for change. The primary confusion between self and object representations is continually reactivated throughout the life span. (These ideas are quite similar to those of Loewald, to which I shall return later.)

Sections 2, 3, and 4 of *Projective Identification: The Fate of a Concept* focus on reaction to the concept in Continental Europe, the USA, and Latin America. Space does not permit more than a highlighting of some of the salient elements here. In the section on developments in Continental Europe, Helmut Hinz reports that acceptance of the Kleinian concept of projective identification was delayed in Germany because it was difficult to recognize the universality of destructive fantasies of burning, poisoning, gassing, and totally annihilating objects in a nation in which these horrors had become an objective reality. He describes the steps leading to the eventual acceptance of the concept in Germany, mainly involving analytic supervision with Rosenfeld, Feldman, and others based in London. Hinz places emphasis on "the important differentiation between normal and pathological P. I. . . . [and] between a purely communicative and an evacuative function of P. I. Spillius now speaks of evocatory and non-evocatory, and Britton of attributive and acquisitive forms" (p. 190).

Jorge Canestri, reporting on his survey of the Italian and Spanish psychoanalytic literature, expresses concern over a tendency to absorb Kleinian concepts into theoretical systems with which they are not truly compatible, or to insert ideas emanating from other systems into Kleinian concepts. He expresses fear that this "might lead to an increase in the babelization of psychoanalytic language and could put its theoretical coherence at risk" (p. 217).

Jean-Michel Quinodoz reports that Kleinian ideas, including that of projective identification, were slow to be accepted into the thinking of French-speaking analysts as well, with the possible exception of those working with children and psychotic adults. Like Canestri, Quinodoz is ill at ease with the Tower of Babel constructed by those who have developed their own related and pseudorelated concepts to which new termi-

nology is applied. He expresses distress, at the same time, about analysts who espouse antipathy to Kleinian ideas simply because they do not understand them.

Roy Schafer speaks to a

> . . . rising influence in the USA of such object relational thinkers as Klein, Winnicott, Bion, Fairbairn, Ferenczi, and Loewald and such interpersonal-relational thinkers as Harry Stack Sullivan, Stephen Mitchell, and Jay Greenberg. This change has been evidenced by widespread attention to the interplay of transference and countertransference. Sometimes P. I. is implied rather than stated in clinical interpretations and discussions. [p. 240]

Schafer states, furthermore, that the concepts of projective and of introjective identification tend to be distanced from their Kleinian roots, leading to a "gain in clinical effectiveness at the expense of conceptual rigor, technical consistency, and professional candor" (p. 241). He acknowledges the contributions of Grotstein and Kernberg, but expresses mixed feelings about Ogden's having exerted a widespread influence despite his having shifted from initially embracing projective identification as an important vehicle for defense and communication, to relegating it as merely "one aspect of what he [Ogden] designates as the intersubjective third" (p. 241).

Moreover, Schafer takes Ogden to task for what he sees as Ogden's eclectic interweaving of intrapsychic and interpersonal realms, which Schafer views as not truly conceptually reconcilable, contributing thereby to "theoretical disarray" (p. 241). Schafer closes his concise but forthrightly incisive remarks by wondering why more American analysts do not make an effort to understand the multiple uses of the concept of projective identification, rather than consigning it to the dustbin as incomprehensible.

Projective Identification: The Fate of a Concept co-editor Elizabeth Spillius, in a chapter titled "A Brief Review of Projective Identification in American Psychoanalytic Literature," elaborates on Schafer's tightly compacted set of observations. She addresses the American tendency to distinguish between "intrapersonal" projection outward (ejection) of unwanted mental contents, and "interpersonal" projective identification

that seeks to evoke a desired response, even though "the two types are much more difficult to distinguish in practice than in theory" (p. 247).

Spillius laments the failure of American analysts to appreciate the clinical usefulness of the distinction that Britton makes between "attributive" and "acquisitive" projective identification, or of Meltzer's ideas about "intrusive" projective identification. However, she applauds the increasing focus in the USA on countertransference as a co-created phenomenon, while nevertheless regretting the extent to which American analysts who have written about projective identification have been merely either "partial adopters" or "definers and doubters" (p. 249).

Arthur Malin and James Grotstein, in their 1966 paper "Projective Identification in the Therapeutic Process," here reprinted as chapter 16, waver between a (not entirely successful) attempt to fold the concept into Freudian concepts (especially involving transference) and an attempt to modify it so as to render it less foreign to American analysts. They make the prescient observation that "this method of projecting one's inner psychic contents into external objects and reintrojecting the response on a new level of integration is the way in which the human organism grows psychically" (p. 269).

Malin and Grotstein provide an interesting example of this: namely, an analyst's acceptance of extremely hostile projections from a borderline, schizoid patient who was then able to process the analyst's responses because they were cast in terms he could reabsorb and reintegrate in a more constructive form. Unfortunately, the treatment is described in such a general and theory-bound manner that neither the patient nor the therapist truly comes to life.

A long chapter by Thomas Ogden—a reprint of a paper published in 1979—presents the views he held thirty-five years ago. Here he attempts to introduce the uninitiated to the concept of projective identification. Although one might question his understanding of what was occurring in the clinical examples he adduces, and one might also question his assertion that the concept can be understood apart from the totality of Klein's writings, this chapter provides a very clear presentation of his grasp of the concept during that early phase of his attention to it. Ogden is prolific enough that anyone interested in the subsequent evolution of

his ideas from Kleinian-Bionian to intersubjective will have no difficulty following his path (for example, see Ogden 1997, 2004a, 2004b).

Albert Mason, who trained in London but has long practiced in California, provides a wonderful, freshly written chapter that contains a host of convincing clinical vignettes that are models of clarity and parsimony. It is written in an admirably collegial, conversational, matter-of-fact tone that makes it eminently reader-friendly. It is chock full of clinical gems that deserve reading, rereading, and discussion.

The book's final section covers the fate of the concept of projective identification in Latin America. Reading through it is an epistemological (or perhaps an epigenetic) adventure. Kleinian analysis, as a result of emigration and intercontinental travel for supervision, has had considerable impact in Central and South America—but it has not lingered there unchanged. Gustavo Jarast reports on the work of creative Argentine analysts, especially Racker, Grinberg, Baranger and Baranger, Liberman, Bleger, and others. He indicates that, although Racker did not explicitly use the term *projective identification,* he implicitly drew upon the concept as he elaborated his highly influential concept of concordant and complementary countertransference, which derives from counteridentification with the patient's self-representations and with the patient's internal objects, respectively—with far-reaching clinical and technical implications (Racker 1957).

According to Jarast, Grinberg "coined the term 'projective counteridentification' in 1956 to refer to a kind of countertransferential reaction brought about when a patient makes particularly *intense* use of the mechanism of projective identification" (p. 330, italics in original). Grinberg attributed this intensity to the effect of highly traumatic childhood experience that generates such violent intrusion into the analyst's emotional being that the analyst is hard pressed to tolerate, understand, or deal with it, even though he must accept and contain it.

Grinberg differentiated projective counteridentification from what Racker described, in terms of the patient projecting powerful, violent contents into the analyst with such ferocity that the impact on the analyst emanates from that experience alone—rather than from the kind of ordinary co-creation that results from an analysand extruding mental contents into the analyst in a process to which every analyst can be expected

to react in terms of his own internal, infantile neurotic remnants. Jarast reproduces a richly detailed, lengthy clinical vignette of Grinberg's from 1979 to illustrate his thesis.

Jarast also addresses the exciting contribution made by Baranger and Baranger when they introduced their ideas about psychoanalytic field theory, which more recently has been drawing considerable international attention. He provides a compact précis of the Barangers' ideas about the way in which mutual projective identification between analysand and analyst creates a new and unique dynamic between them and a jointly created unconscious fantasy; this fantasy must be recognized, analyzed, and understood if the analysis is not to become stalled, paralyzed, and mired in the kind of joint enactment to which they apply the term *bastion.*

Brazil, unlike Argentina, was not gifted with a good number of émigré psychoanalysts bringing their Kleinian training with them. In her chapter, Marina Massi briefly alludes to Brazilian writers who have drawn inspiration form Klein and Bion, providing merely a taste to whet the appetite. Nevertheless, what she offers is stimulating and thought-provoking. Trinca, for example, has written about his interest in the formation of the structure of the psychic apparatus that constitutes the *self.* He made what appears to be a unique and novel application of the concept of projective identification to interactions that take place not only between self and other, but also between various constituents of the self.

Filho integrated the concept of projective identification (apparently filtered largely through Grotstein) with Lacanian, Winnicottian, and Bionian ideas about mirroring, Massi notes. He developed an interesting set of ideas about mirroring and reflection back and forth between infant and parent ("specular identification"), creating "the constitutive dynamic between the ideal I and the I's ideal" (p. 349). Elizabeth and Elias Rocha Barros have studied the way in which the concept of projective identification might help elucidate the origins of empathy and symbol formation, Massi continues. Massi closes her chapter by referring briefly to the work of Cassorla, whose concept of "crossed projective identification" leading to co-created "acute enactment" (pp. 350-351), is reminiscent of the Barangers' ideas about the analytic field of operation.

In his chapter, Juan Francisco Jordan-Moore laments the relative paucity of Chilean papers centering around the concept of projective identification. He cites several efforts to make clinical use of the concept, however. I found the emphasis made by Jimenez (1992) on the analyst's contribution to be quite interesting. According to Jordan-Moore, Jimenez

> . . . makes the point that the communicative or evacuative and destructive intention of projective identification is a meaning that depends on the analyst's capacity to contain the patient's projections. If the analyst fails, projection is signified as destructive; if he succeeds, projection is connoted as communicative. [p. 356]

This is reminiscent of the all-too-common practice of labeling a patient as "borderline" when a therapist or analyst is not achieving success in carrying out a treatment. Jimenez expresses understandable skepticism about undue readiness among therapists to utilize Grinberg's ideas about the extreme form of intense projective identification to rationalize treatment failure.

Jordan-Moore also refers to other Chilean authors who are interested in projective-introjective interaction between analysand and analyst, and he indicates that there is a current interest, drawing in part from Ogden's writings on the intersubjective aspect of the analytic encounter. He articulates this as follows:

> This kind of experience can be expressed succinctly as *I am* yourself; *you are* myself; *we are* together . . . . Projective identification can function, in a given interaction, as a self-regulating phantasy in a subject that experiences himself as emotionally isolated, expecting to trust someone and, thus, to use the opportunity for successful mutual regulation at the expense of frail mutual regulation . . . . An untimely isolation of the self, a solipsistic subject, deprived of emotional contact with another subject . . . can precipitate the need and desire to invade another in search of the intersubjective experience that has been denied. The phantasy of projective identification can be understood as emerging *a posteriori* from failure in the mutuality of affect regulation. [pp. 361-362, italics in original]

This is a good deal removed from Klein's original set of ideas, but not entirely so.

Before winding up my review of *Projective Identification: The Fate of a Concept*, in fact, I should like to comment briefly on something that might represent an area of omission in the book. Although there is considerable difference in their views from those of the Kleinians, there are contributors to psychoanalytic theory and practice whose ideas are not completely different. The two most prominent of these who come to mind are Winnicott and Loewald (although McLaughlin [2005] might also fit in this category).

Winnicott, in a pair of seminal contributions (1953, 1969), observed that at birth babies are unaware of themselves or of others as entities, let alone as different entities. Mental representations of self and other arise out of repeated interaction with the outside world, largely in the course of the repeated experience of being awakened from sleep by the pressure of imperative needs that, because of the extremely helpless, altricial state of newborns, requires that those needs be met from outside.

At first, Winnicott points out, the baby appears to operate within the illusion that he creates the ministering other, which he gradually recognizes as existing, and he then destroys the other when he ceases to interact with it, closes his eyes, and goes back to sleep. The good enough mother, Winnicott observes, empathically accepts this without demurral, and only very gradually—and with sensitivity to the infant's need to maintain this illusion for some time—does she slowly disabuse her offspring of the illusion. She constitutes, as Winnicott puts it, a *facilitating environment* in which the infant's innate potential to develop his own independent and autonomous ability to care for himself is nurtured, supported, and provided with useful guidance.

It is only when the child reaches sufficient appreciation that he and the source of what he has been receiving exist as discrete entities that he becomes able to make use of that external object of his needs, wants, and desires. In a very real, psychological sense, he creates both himself and the other as mental representations of reality. As Winnicott observes, "this is part of the change to the reality principle" (1969, p. 713).

The growing recognition that he desires the presence and ministrations of the other, coupled with the illusion that he has the power

to create and destroy the other, fosters the infant's distress and anxiety about their separateness. This, in part, is alleviated by introjection of and identification with the other, modeled after oral incorporation of the aliment the other provides, in order to restore the crumbling illusion of oneness with it, on the one hand, and the invocation of transitional objects and phenomena, to create an intermediate zone of as-if connection with the object in its absence, on the other hand.

Rage at the object for allowing physical and emotional distress to be experienced in the first place and for disappointingly failing to relieve it satisfactorily—including by being not only separate, but also not always available when wanted and needed—adds to the inevitable ambivalence toward the needed other that presents the child with a daunting challenge. Winnicott puts it as follows:

> First there is object-relating, then in the end there is object use . . . . This thing that there is between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. [1969, p. 713]

He emphasizes, furthermore, that it is essential that the object, the mothering person, "*survives* destruction by the subject" (p. 713, italics in original)—that is, that it tolerates being destroyed and that it neither retaliates against nor abandons the subject for having destroyed it.

The clinical relevance of this, Winnicott observes, is that some people who come for assistance have not had the benefit of the kind of fortunate early and ongoing experience that would have enabled them to develop sufficient object constancy and resolution of primitive, intense ambivalence toward their primary objects. With these patients, a psychoanalyst or psychodynamically oriented psychotherapist would need to provide assistance that is not unlike that of a good enough mother with her child, in order to foster the kind of ego development that would help them reach the point at which they can use the analyst's or therapist's interpretive interventions to address and resolve neurotic conflicts.

Loewald took this even further. In the corpus of his work, and especially in two seminal papers (1960, 1962), he pointed out that the very

beginnings of drives, as the psychological expression of physical needs and urges, and of ego structure, as the psychological expression of the brain's executive apparatus, arise out of the experience of interaction with the environment. He emphasized that the id and the ego continue to change and develop throughout life as a result of ongoing interaction with the environment, in the course of which the internal and external worlds shape each other.

Loewald emphasized, in particular, that, at the same time that the child tries to force his parents to conform to his own images and ideas about them as objects of his wants and needs, he also continually internalizes and identifies with aspects of them in accordance with the need to accept external restraints, limitations, and guidelines if he is to survive and to thrive—and it is this that creates ongoing developmental progression.

In his paper on the therapeutic action of psychoanalysis, for example, Loewald stated:

> The child, by internalizing aspects of the parent, also internalizes the parent's image of the child . . . . Part of what is introjected is the image of the child as seen, smelt, felt, heard, touched by the mother . . . . The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating to him his identity, sameness, unity and individuality—shapes and moulds him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. [1960, pp. 229-230]

Loewald emphasized, as did Hartmann before him, that the id as well as the ego come into being as psychological structures as a result of interaction with the environment: "The id deals with and is a creature of 'adaptation' just as much as the ego—but on a very different level of organization" (Loewald 1960, p. 232). He cited Freud (1920) as indicating that:

> Instinct is . . . an expression of the function, the "urge" of the nervous apparatus to deal with the environment . . . . Instinc-

tual drives organize the environment and are organized by it no less than is true for the ego and its reality. It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable relatedness of "inner and outer worlds." [pp. 235-236]

The relevance of this mutual relationship between the internal world and the external world to psychoanalytic treatment is evident in Loewald's emphasis on the importance of the analysand's turning to the analyst as an object on whom the representations of old objects can be projected, at the same time that the analysand looks to the analyst to present new input—emotionally, cognitively, and *in ongoing interaction*—that can promote psychological revision and reorganization to afford more effective and successful adaptation to life within the environmental surround—just as the analysand's primary objects had done during his childhood and adolescence (Silverman 2007). (For child patients, of course, the analyst is an important *additional* external object.)

Loewald emphasized that "growth and development are at the center of all analytic concern" (1960, p. 230). As he put it: "If 'structural changes in the patient's personality' means anything, it must mean that ego development is resumed in the therapeutic process. And this resumption of ego development is contingent on the relationship with a new object, the analyst" (p. 221). Further on, he stated: "I am speaking of what I have earlier called integrative experiences in analysis. These are experiences of interaction, comparable in their structure and significance to the early understanding between mother and child" (p. 239), and "whether this mediation is successful or not depends, among other things, on the organizing strength of the patient's ego attained through earlier steps in ego integration, in previous phases of the analysis, and ultimately in his earlier life" (p. 240).

The concept of projective identification resides not only at the core of modern Kleinian psychoanalytic theory and practice, but is also of central importance in psychoanalytic thinking in general—both in its own right and in the generation of other important psychoanalytic concepts. It is a dense, abstruse, and complex concept, however. It is one of the most widely misunderstood and misused of all analytic concepts. It

is all too often transmogrified into such chimerical and fantastic beliefs as that whatever an analyst or therapist feels and thinks is a direct communication from the patient of what is taking place within the patient's internal world, or that an important goal of analytic work is to *transform* complementary countertransference into concordant countertransference, and so on.

Spillius and O'Shaughnessy have done yeoman service in providing a compilation of contributions that provides detailed clarification of what the concept of projective identification is all about, where it came from, and where it is going. *Projective Identification: The Fate of a Concept* is not light reading, but it amply repays the effort it requires.

Kleinian and Bionian psychoanalysis find themselves in quantum mechanical positions at present. They are powerful forces within a larger psychoanalytic community that honors and reveres them, has difficulty understanding them, often misunderstands them, at times opposes them as incomprehensible, and at other times waters them down or transforms them into things that Kleinians and Bionians themselves can hardly recognize. They are not schools of thought and practice that can be easily mastered. As Alexander Pope famously observed in 1711:

> A little learning is a dangerous thing;
> Drink deep, or taste not the Pierian spring. [p. 12]

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A PASSIONATE PSYCHOANALYTIC ODYSSEY

BY MICHAEL ROBBINS

Century of Insight: The Twentieth Century Enlightenment of the Mind.
By Derry Macdiarmid; edited by Sue Macdiarmid.
London: Karnac, 2013. 338 pp.

Keywords: Jung, Fairbairn, love, dreaming, analytic theory, religion, Freud, Klein, analytic relationship.

Derry Macdiarmid died in 2006 after a long struggle with cancer, while in the process of transforming into a book the years of lectures he had given to psychiatrists in training at Guy's Hospital in London. The fact that this book was completed and published at all is a testimony to one of its major themes: the centrality of love, as this task was completed posthumously by his wife.

While the book is marketed as a monograph and not a series of essays, the unusual circumstances surrounding the completion and publication of *Century of Insight: The Twentieth Century Enlightenment of the Mind* are reflected in the fact that it is a kind of collage without internal structure and trajectory. It is at once the author's personalized history of psychoanalysis; a summary of the theories of persons the author believed were its major creators that includes information ranging from factual biography to psychobiography, to sometimes gossip-like judgments about their personalities; the author's religious beliefs; sections on dissociation and on dreaming; and even his own very personal self-revelations.

If I had to pick a single descriptor that unifies such a disparate collection, it would be its inspirational quality, bordering at times on evangelical. Two concluding statements characterize this quality: "Dreaming is about learning to love, just as life is about learning to love, and evolu-

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tion is about learning to love" (p. 304). And, on the very day before he died, Macdiarmid wrote:

> I have done my best to scare you with the appalling dangers presented by that great evolutionary enterprise of discovering or inventing love, while at the same time, I have hoped to lure you into making your dream life, and the use of your imagination, at least as important if not more important, than your rational life. [p. 318]

Macdiarmid's writing demonstrates his unusual gift for teaching and for simplifying and exemplifying complex concepts and theories, so as to make them down-to-earth understandable and even fascinating to people without much prior knowledge. The book has a chatty, conversational quality, and the author often uses colloquial language along with a charming wit and modesty. It is highly personal—both in the sense of presenting detailed and even opinionated commentary about the lives and problems of the various theorists whose work he describes, and in the ways in which he believes their personalities (and pathologies) determined their theoretical contributions, as well as in the inclusion of blunt and not always flattering vignettes about his own personal struggles.

As with the figure and ground reversals of an Escher drawing, the sophisticated psychoanalytic reader will discover that the strengths of this book are also its weaknesses. It is personalized, impressionistic, and phenomenological, rather than striving for objectivity and theoretical rigor.

Much of *Century of Insight* is devoted to the basic ideas of the people who most influenced the author's own development, with one or more chapters on Freud, Jung, Adler, Anna Freud, Klein, Balint, Fairbairn, Winnicott, Horney, Minuchin, Layard, Kierkegaard, and Nietzsche. Macdiarmid seems to have known a number of them personally, or at least to have had access to those who knew them. The theory of each person is portrayed in part as the consequence of elaborate projections of his or her particular personality and problems.

Although Macdiarmid provides a broad-brushstroke, general summary of each person's theories that I find for the most part accurate and certainly useful for beginners, I would not recommend this part of the book to anyone interested in a deep understanding of theory. For example, in describing Fairbairn, he writes:

So, the schizoid person keeps his love withheld inside him not only because it is too precious to part with, but also because it is too dangerous to let loose on others. That is the first great tragedy of the withdrawn person. The second tragedy is that, to be safe, he might even take pleasure in driving people away from him, making them hate him. The third tragedy is a combination of the first two, a feeling that since love is barred to him he might as well enjoy hating, and if to love is to destroy, it is better to destroy using hate than love. [p. 136]

While the biographical information the author presents will not be entirely new to the sophisticated analytic reader, his look into the bedrooms, so to speak, of our analytic forefathers borders on the thin edge separating interesting analytic speculation from opinionated gossip, and I suspect many readers may get a certain voyeuristic pleasure from it, as I must admit I did. He relates Freud's childhood as his mother's favorite and his competition with his father to his psychosexual and structural theory and his emphasis on the Oedipus complex, and to his professional development into the authoritarian leader of a big Jewish family movement who expelled anyone who disagreed with him.

Macdiarmid also describes how Adler's personal inferiority complex related to maternal rejection, and how his sickly childhood led not only to his particular theories that emphasized fear, rage, social status, and power, but also to a tendency to fight back, which in turn led to his clash with Freud as father. The conflicts between Jung and Freud are described in part as results of the clash between Jung's view of his psychotic and sexual self as his creative core, to be experienced, expressed, and understood, and Freud's authoritarian beliefs about the family, and his personal beliefs and theories about suppression of one's unconscious impulses by identification and compliance with authority.

Anna Freud's preoccupation with defense mechanisms is construed as projection of her efforts to deal with wishes that did not come true because she remained a loyal daughter, analysand, and follower. Klein is pithily described as "a strong challenger for the position of the most mentally disturbed of all the great psychoanalysts" (p. 114), someone who was not breast fed and who "made a diabolical mess of analyzing her own children and destroyed her own family happiness" (p. 128), but was endlessly tolerant, caring, and permissive toward her often sadistic, de-

structive child patients. In other words, her theory, however useful, was in part a projection of her own splitting and projective identification. The Controversial Discussions over Klein's work in the British Psychoanalytical Society are described as her hostile efforts to oust Anna Freud and take control of the British Society, and Anna's opposition as indicative of how personally threatened she must have felt by Klein's theory of the child's innate hatred of her parent.

Fairbairn and Winnicott are both seen as victims of maternal pathology—with Fairbairn's experience with a controlling, destructive mother reflected in his theory of the withdrawn schizoid personality whose rage is expressed internally, and Winnicott's theory of passive compliance and false self reflecting his way of coping with his mother's depression. Macdiarmid contrasts Fairbairn's and Winnicott's belief that maternal pathology is responsible for adult withdrawal and schizoid pathology with Klein's contrary belief, based on her inability to internalize her own rage as a mother: that the infant misperceives the mother (who is in fact good) as bad because of projective identification. He comments, "Believing that our children hate us when they do not is the most heartbreaking example of hate misattributed" (p. 124). Macdiarmid contrasts all this with Balint's conception of infancy as a blissful state to which we all long to return.

These biographically rooted theoretical vignettes highlight the distinction Wallerstein (1988) wrote about between the essential, "universal" elements of psychoanalytic theory—features such as unconscious motivation, transference, psychic conflict, and defense—and the specifically contextual elaborations and accretions based upon unconscious projections or overgeneralizations of the particular psychic organization and problems of the theorist, which may apply to some but not all analysands.

Another interesting conjecture to be gleaned from this part of the book is that persons with serious disturbances of personality and relationship were makers of important theory. Perhaps this is a plea for a measure of madness in a discipline that has institutionalized rigorous—and some would say orthodox—vetting requirements for those certified to analyze candidates and related requirements for such training analyses. Are we unwittingly destroying creativity, innovation, and the future of our field as a vital enterprise?

Like Fairbairn, Macdiarmid was the son of a Scotch minister and was raised in a rather repressive Protestant household. *Century of Insight*—especially (but not entirely) its middle chapters on Freud and Jung, subsequent chapters on Kierkegaard and Nietzsche, and ideas derived from Hume and William James—reflects his preoccupation with his relationship to religion, his conception of God, and the individual's relationship to the prescribed morality of the culture in which he lives. It is a statement of the author's personal theology.

Macdiarmid formulates his views in relation to the following: Freud's affirmation that religious belief is fundamentally neurotic and immature, related to repression of wishes and impulses, and that God is a projection of the human need for authority; Nietzsche's ideas about rebelling against such suppression and inhibition and replacing it with a health morality based on impulse gratification; and Jung's belief that religion is a fundamental expression of the mystical, creative aspect of humankind that resides in the archetypes of the collective unconscious, that God is an amalgam of good and evil, and that immersing oneself in one's inner feelings and fantasies, exploring and living them out, is the way to God.

Macdiarmid's idea of God and religion involves a "commandment" to follow one's instincts and passions as revealed in one's dreams and daydreams. He presents what he calls an Edinburgh model of religion, based on principles such as challenging authority and following one's passion even if it violates reason. He writes:

> I recommend not worrying about whether "God" exists or not [this seems to be a recommendation of the "do-as-I-say-not-as-I-do" type], and advise you that you just make practical use of whatever comes along in your dreams and fantasies that inspires or interests you. I also recommend disbelieving in the existence of any God that depresses you, or that someone is using to control you . . . . I have told you a bit about my own dream Gods, my disillusionment and release from an imperialistic Santa Claus God, and a similar release from the controlling dog-headed mother goddess. [pp. 308-309]

Chapters 21 and 22 address what was apparently one of his favorite psychological topics, dissociation—especially in its more extreme forms, such as multiple personality. Chapter 22 is a descriptive account of one of his patients who conceived of herself as multiple personalities. Although

he does not articulate the connection, his ideas seem like iterations of those of his fellow countryman Fairbairn about the schizoid mind that fails to integrate its subsidiary endopsychic structures, each consisting of part ego in relation to part object.

Chapters 26 and 27 are devoted to another of the author's favorite subjects, dreaming. He writes: "So, dreams are adventures, but, with our awareness of our real environment canceled, and our capacity to act disabled, the adventures remain purely imaginary" (p. 261). These chapters make interesting reading because they are phenomenological and anecdotal, but at the same time they are short on theory, do not address the big "how" and "why" questions, and some of the evidentiary reasoning process and conclusions reached, as I will illustrate, are questionable (see Robbins 2004 and in press). He seems to view dreams as does Jung: as a fundamental source of vitality and creativity, aspects of self to be actively engaged with—in opposition to what Macdiarmid believes was Freud's view of dreams as expressions of repressed vitality.

Macdiarmid begins his discussion of dreams with neurophysiology: the fact that REM sleep can be observed both in humans and animals, and the concomitant observation that in instances in which the motor paralysis that accompanies most dreaming is overridden, the person or animal appears to be enacting something. From this he makes a causal leap from body to mind and reaches the dubious conclusion that all animals dream and that dreaming dates back to the dawn of evolution. He uses this reasoning process to support Jung's theory of dream archetypes. In substantiation of his Jungian hypothesis of presupposition—that we all have basic innate templates, such as *breast,* for example—he asserts as fact something I believe is at best very controversial: that congenitally blind persons dream in images.

Macdiarmid's psychological perspective on dreams seems to include three incompatible viewpoints. The first is of dreams as paranormal phenomena, by definition inexplicable. He presents numerous interesting vignettes, including dreams that are prophetic or foretelling of the future, as solving problems or providing direction that the dreamer lacks in waking life. He sees these as telepathic encounters, as bearers of information that the dreamer could not otherwise possibly know about, as the quest for God, and more, but it is difficult to know what, beyond mystery, to make of this multiplicity, other than to be fascinated.

The implication that dreaming is a paranormal process might better have been substantiated had the author discussed and illustrated the different role dreaming plays in non-Western, tribal-spiritual cultures (see Robbins 2011). Interestingly, in his experience, dreams about God are very common, whereas in my own they are extremely rare. He discusses existential analyst Medard Boss's observation that some persons can direct their dream content while sleeping as though they are simultaneously awake, apparently without realizing that he is talking about the well-known phenomenon of lucid dreaming.

The second perspective Macdiarmid addresses, mostly following Jung, is that dreams are symbolic and have archetypal significance. His third idea is that the dream is nothing more than what it appears to be, a direct statement of the situation of the dreamer. He credits Boss for this, though the idea is also consistent with Fairbairn's belief that dreams are statements of the individual's endopsychic situation, and the various figures in the dream represent part ego-object configurations. It is noteworthy that his Jungian view does not entirely accord with the proposition that dreams are not symbolic, do not disguise unconscious meaning, and are to be "read" almost literally.

Macdiarmid writes at length about his use of dreams as a therapist, modeling himself after Boss and assuming that, when confronted with a direct account of the patient's psyche, the therapist, who is a reliable judge of what is normal and what is best for the patient, can and should intervene. "In dreams we behave much as we do in waking life, but it is more obvious [he means obvious to the therapist, not to the patient] when we are doing something wrong" (p. 284). From this literal and to my mind analytically naive base, the therapist should then adopt a benign but nonetheless authoritarian, constructive approach and instruct the dreamer to actively rework the dream scenario in the way the therapist believes to be more normal and constructive—usually by expressing suppressed rage or sexuality, as the circumstances seem to dictate. He comments: "In your dreams you must jolly well win, and if you do not, then re-write the dream in waking life" (p. 282).

Macdiarmid's observation that "Boss must have been that excessively rare phenomenon among therapists, a normal person" (p. 284) certainly calls into question the "therapist-knows-best" approach. Whether or not the therapist indeed knows best, and allowing for the fact that ap-

proaches based on suggestion sometimes seem pragmatically efficacious, such authoritarian educational interventions ignore the fundamental psychoanalytic concept of unconscious meaning, as well as the transference implications of such an approach. The examples the author provides are of short-term interventions by prominent therapists, while the long-term consequences are not clear.

I mentioned earlier that this is not the book to read if one is looking for depth and accuracy of theory. So it may be unfair to remark on that aspect. Nonetheless, there are a few things I would like to comment upon. Like Fairbairn and Ian Suttie (1935), Fairbairn's psychoanalytic forebear, and in contrast to Freud and most analysts, Macdiarmid unabashedly writes about love. However, much as he tries to distinguish his ideas from Freud's, his definition of love sometimes seems indistinguishable from sexual gratification. In this regard, his ideas about authoritarian society, sexual repression, and sexual freedom seem much like those of Wilhelm Reich, who is not mentioned as one of his ideational mentors. Macdiarmid's conception of unconscious mind, central to the book, is quite broad, unified by the idea that the unconscious is entirely defensive and seems to include unreality, false beliefs, deception, and suppression, among other elements.

In his discussion of dissociation, Macdiarmid does not distinguish this phenomenon from selective attention, or adaptive from defensive processes, primary from secondary unconscious mind, or defensive lack of integration from psychotic disintegration. There is no mention of the primary process, and this omission is especially glaring in view of the author's extensive discussion of dreaming. His concept of neurosis is certainly controversial; he sees it as a "socially transmitted disease consisting of unconscious fear of each other, causing partial abortion of normal growth and development" (p. 183).

It seems not only fair but honoring of an important aspect of Macdiarmid's contribution that I apply to him, based on the information he has provided, the hypothesis he has applied to the work of others: that the personality of the theorist is to a considerable extent determinative of the nature of his or her particular psychoanalytic interest and theory. And in light of his openness about himself, I do not think he would object. Not surprisingly, he identifies with Fairbairn, a fellow Scot from a similarly moralistic and repressive religious household.

At the same time, Macdiarmid seems to idealize or identify with Jung, who espoused honoring, studying, and expressing one's inner life of fantasy and impulse, both good and evil. Macdiarmid associates neurosis, conventional religious beliefs, and conceptions of God with cultural suppression of sexual and aggressive fantasy and expression; he views mental health and the quest for God as overthrowing the conformist yoke and embracing freedom of expression. He decries morality related to authoritarian constriction and inhibition of impulse based on engendering guilt.

And yet at the same time, as I noted in commenting on his therapeutic dream technique, Macdiarmid advocates an authoritarian, instructive, guidance approach with patients, modeled after Boss. And as I will discuss in what follows, in the course of his professional and personal maturation, he moved from the authoritarian structure of his Christian family to a master-compliance relationship with his mentor and personal analyst John Layard—a relationship in which the moral mantra was not suppression but open expression. In other words, in these aspects of Macdiarmid's personality formation, we might wonder about the seeds of his interest in dissociation and schizoid multiplicity of intrapsychic selves.

Based on his contributions to psychoanalysis, the Jungian analyst and anthropologist John Layard would not appear to merit a chapter of this book to himself, alongside major contributors to psychoanalysis and philosophy. However, he was Macdiarmid's mentor, his analyst, and subsequently Macdiarmid lived with him for a time and became his secretary and housekeeper. Layard appears to have been a remarkable and even strange man; for example, he actually shot himself in the head and survived.

Whether their relationship was in any accepted sense a psychoanalysis is not for me to judge; however, it sounds more like one of father and son, and in the context of the kind of Christian belief system in which Macdiarmid grew up, Layard sounds like something of a devil's disciple. For instance, he is described as someone who "could empathize with anything, sexual or violent, criminal or perverse" (p. 188). Layard taught his self-proclaimed disciple that in order to become mature, one must start by engaging in as much promiscuous sex as possible; rather open sexual behavior was apparently acceptable in his home. Thus, Layard seems to have encouraged Macdiarmid to rebel against his strict

background while simultaneously acting as a new and at times irascible and overbearing authority.

Macdiarmid credits this relationship with helping him develop the nonconformist philosophy that he preaches in *Century of Insight,* a philosophy that he describes as glorifying "the instincts within us, the 'wondrous id,' or God, or whatever you want to call it or him" (p. 304). Considering his relationship with Layard in light of his advocacy of an authoritarian, directive approach to the therapeutic use of his patients' dreams, one might speculate that he internalized Layard as a superego figure that was new in the sense of encouraging expression of id impulses, but familiar in the sense of its authoritarianism—an internalization that enabled Macdiarmid to convert or pervert, depending on how one looks at it, the conception of God and religion that he grew up with.

In summary, this book reminds me of others that inspired me to pursue a career in psychoanalysis—for example, *The Fifty-Minute Hour* (Lindner 1954) and *I Never Promised You a Rose Garden* (Greenberg 1964). It also calls to mind my mentor during my psychiatric residency, Elvin Semrad, who had a remarkable ability to "reduce" psychoanalysis to simple, common-sense language about living, working, and loving. *Century of Insight* might similarly inspire young people considering a career in the helping professions and might be of interest to lay persons curious about psychoanalysis as well. However, as with all things evangelical, it should be read and assimilated selectively and cautiously.

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BOOK REVIEWS

THE VIOLENCE OF EMOTIONS: BION AND POST-BIONIAN PSY-
CHOANALYSIS. By Giuseppe Civitarese. London/New York: Rout-
ledge, 2013. 217 pp.

It is hard to overestimate Bion's contributions to contemporary psycho-
analysis. At first seen as obscure and difficult to penetrate, his thinking
has nevertheless had extensive influence throughout the psychoanalytic
world and has penetrated into its many constituent communities. Bion's
writings have over time gradually earned him a place in the pantheon
of great analytic thinkers, along with Freud, Klein, Winnicott, and a few
others whose works always stimulate new ideas for the reader, regardless
of how often one returns to their texts.

In addition, Bion's recommendation that one ought to view his
books as a *stimulus to the reader*, rather than as dogma to be consumed,
has had a powerful heuristic effect on psychoanalytic theory and prac-
tice. Furthermore, different geographical regions have tended to em-
phasize certain themes inherent in Bion's writings. Thus, British col-
leagues tend to greatly value his earlier work on psychotic mechanisms
and the container-contained relationship, and are inclined to be more
skeptical of the "late" Bion contributions after *Learning from Experience*.[1]
Many North and South American authors, while valuing his earlier texts,
have expanded Bion's views of reverie and dreaming and the connection
of these concepts to psychic representation, as adumbrated in some of
his later works.[2]

A group of Italian analysts (among them Roberto Basile, Michele
Bezoari, Giuseppe Civitarese, Antonino Ferro, and Giovanni Foresti) has

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[1] Bion, W. R. (1962). *Learning from Experience.* London: Heinemann.

[2] See, for example, the following Bion books: (1965). *Transformations.* London:
Heinemann; (1970). *Attention and Interpretation.* London: Tavistock; and (1992).
Cogitations, ed. F. Bion. London: Karnac.

metabolized their Bion in creative ways that have combined his notions of *waking dream thought* and *transformations* with South American *field theory*.[3] The promulgation of field theory has unpacked and advanced the implied intersubjective themes in Bion's work and forms the bedrock for a model of *the analytic setting as a stage* upon which the drama of the analysis is played out. These analysts pay careful attention to the unfolding narrative in the here and now of the analytic encounter, viewing the *characters* that appear on the analytic stage (i.e., free associations) as manifestations of the dyad's active transformations of the affects that suffuse the shared field. Such transformations of affects into characters emerging in the narrative of the analysis are considered to reflect the unconscious work in which the linked alpha functions of patient and therapist are engaged.

Giuseppe Civitarese is one of the leaders of this group of Italian analysts, and over the last decade has significantly expanded our understanding of field theory, narrative transformations, reverie, and the clinical utility of these concepts. He brings to his writings a deep appreciation for the breadth and depth of psychoanalysis as a clinical technique and as a rich theory with application to many fields of study.

Civitarese's publications are filled with important insights into the analytic process culled from his clinical experience, as well as from his reflections on poetry (especially Italian poetry), philosophy, and aesthetics. He has brought his varied interests together in a series of papers published in major English- and Italian-language journals, as well as in a recent book.[4]

In *The Violence of Emotions,* Civitarese continues his explorations of the clinical and theoretical implications of Bion's ideas; however, in this volume we find a more sustained focus on the subject of affect. The "violence of emotions" refers to a baseline assumption that runs throughout this book: that primitive emotions are essentially violent because they are

[3] See, for example, the following article, originally published in Spanish in 1961–1962: Baranger, M. & Baranger, W. (2008). The analytic situation as a dynamic field, trans. S. Rogers & J. Churcher. *Int. J. Psychoanal.,* 89:795-826.

[4] Civitarese, G. (2010). *The Intimate Room: Theory and Technique of the Analytic Field,* trans. P. Slotkin. London: Routledge. (This book, like *The Violence of Emotions,* was published in the prestigious New Library for Psychoanalysis series.)

disruptive to the functioning of the psyche, and the mind must develop effective strategies to harness and transform such emotions into meaningful experiences capable of being communicated to another person.

This publication is *Bionian* in the sense that Bion's ideas are an essential foundation for understanding this book, and *post-Bionian* in that Civitarese elaborates Bion in many creative ways. The book is many things: an homage to Bion's genius; a continuation of the Italian analytic emphasis on field theory, narrative, and stagecraft; and, finally, a demonstration of Civitarese's important place in contemporary psychoanalysis.

The book is divided into eight chapters. Four of these have been previously published, of which three were in Italian; so all but one of the chapters appear here in English for the first time. The chapters run a gamut of topics, such as Civitarese's creative expansion of Bion's concept of *caesura,* hypochondria, characters in the field and the *casting* process, and the internal setting of the analyst. In addition, in the final chapter, the author relates Freud's discussion of the *mystic writing pad* to Bion's *alpha function.*

There are also two chapters dealing with aesthetics and the *aesthetic conflict* proposed by Donald Meltzer, which make for some difficult reading but are ultimately satisfying to the reader. Indeed, these two chapters are the most post-Bionian of all since they extend Bion's thoughts about aesthetics well beyond his original comments. In all, this is a well-organized book that touches on a variety of interrelated topics, all of which are brought together by the theme of the "violence of emotions."

I will discuss just four of the eight chapters in order to more clearly convey the depth of thinking characteristic of the volume as a whole. This is not to imply that other chapters are any less worthy, only that the ones I have selected particularly caught my notice.

In the first chapter, "'Caesura' as Bion's Discourse on Method," Civitarese demonstrates his ability to offer a unique elaboration on one of Bion's concepts, the *caesura.* Noting that an essential principle in Bion's psychoanalytic method is for the analyst to maintain systematic doubt, Civitarese observes that "the text in which Bion presents his rendering of radical doubt is *Caesura*" (p. 9).

Bion's use of the term *caesura* was based on a quote from Freud: "There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura of the act of birth would have us believe."[5] Bion interprets Freud's statement to suggest that in clinical psychoanalysis we observe the shifting between psychic states, i.e., from one set of thoughts to another, and that there is both continuity and discontinuity among these various states of mind. Civitarese asks, "How is it possible to transcend the caesura" (p. 19) between these apparently different psychic realms? The answer, according to Civitarese, is that the analyst must maintain the capacity for nonpathological splits: to be able to hold two seemingly disjunctive ideas in mind and to tolerate the doubt of not knowing which, if either, is the more accurate.

Most impressively, taking an intersubjective position, Civitarese asserts that the caesura between transference and countertransference may be more apparent than actual because both are frequently aspects of the shared analytic field. Thus, in this chapter we see Civitarese's masterful evolution of a concept of Bion's that is rooted in Freud's earlier ideas.

The third chapter, "The Burning Body: The Perception of Psychic Qualities," is an examination of the growth of psychic life from its somatopsychic origins, which may go awry; as Civitarese states, "the *burning body* seems to me to be a way of encapsulating violent emotions in a hypochondriac symptom"[6] (p. 58, italics added). Observing that for such patients there is a subjective sense of caesura between body and mind, Civitarese notes that "the conscious ego lives as if it were in exile and feels as though it were inhabiting a body it is impossible to decode, which is experienced as threatening, no longer transparent or natural" (p. 52). Thus, this disconnected body speaks a sort of oracular language of its own: not one comprised of symbols awaiting translation, but a "text written on the body, however opaque it might be" (p. 53).

Engaging these patients emotionally is a challenge for the analyst, and Civitarese counsels patience and tolerance of an absence of feeling in the analyst's countertransference, which may be experienced as bodily

[5] Freud, S. (1926). *Inhibitions, Symptoms and Anxiety. S. E.,* 20, p. 138.

[6] Here *hypochondria* is used in its more generic sense to refer to a variety of conditions in which concrete modes of thinking predominate, and emotions are experienced as raw somatosensory events with little or no representational value.

sensations rather than the usual flow of reveries and familiar cognitions. He also suggests that, with some patients, the analyst should "do some groundwork on the level of recognizing and naming emotions . . . like compiling a primer of feelings" (p. 58). After this preparatory work, treatment may evolve so that the analyst, having earned the analysand's trust, may then have the "freedom" to interpret the patient's references to his body as the appearance of a character in the field, thereby transforming hypochondria into "a disease of the relationship, not of the body" (p. 53).

In chapters 5 ("The Equation of Analysis/Painting and the Aesthetics of the Real") and 6 ("Aesthetic Conflicts and the Alpha Function"), which make up a sizable portion of this book, Civitarese offers the reader a sustained and scholarly examination of the subject of aesthetics and of Meltzer's concept of *aesthetic conflict*. This part of the book makes for some challenging reading; it is a deeply thoughtful reflection on the nature of art and its connection to "the violence of emotions." The study of aesthetic conflict is "the *encounter/collision with the real*, reflected in the vicissitudes of the emotions and feelings that echo it" (p. 112, italics in original).

If I understand him accurately, Civitarese, like many authors before him, locates the experience of art at the intersection of the viewer's subjective experience and the actual qualities of the particular work of art, which he calls the *real*. However, the "real" is not some fixed characteristic of the artistic work, but rather is best captured by Bion's concept of O, which is the ultimate reality or the essence of the thing itself. O can never be fully understood, but can be approximated through the artist's imagination and intuition; thus, the painter, regardless of how accurately he depicts his subject, is nevertheless rendering a version or *representation* of the scene.

The *aesthetic object* aims to evoke an emotional experience in the onlooker that, according to Meltzer, devolves from one's earliest relationship to the idealized visible beauty of the mother; however, there is also an unsatisfied hunger to know the unseen inner maternal world. It is this powerful desire to fantasize the mother's inner contents that drives what Meltzer calls the *apprehension of beauty*, and that underlies the artist's search to represent the essentially unknowable essence (Bion's O) of the

object he is creating. However, just as the infant may imagine his mother filled with sadism and cruelty, so the artist may similarly be moved by the destructiveness inherent at the core of his subject.

The *aesthetic conflict*, therefore, refers to the collision of intense feelings of adoration, awe, and beauty with hatred, fear, and destructive intent toward the object of desire. Civitarese builds on Meltzer's ideas about aesthetic conflict and addresses the role of art in integrating the more primitive levels of the personality with higher ones:

> *One might say that art is attuned to the more primitive levels of psychosomatic integration*, and that it is a way of satisfying the need to *restore the body to the mind* . . . to put emotions once again at the center of life and thought, even the most abstract thought. [p. 148, italics in original]

Civitarese offers numerous clinical vignettes to illustrate the application of these ideas to the clinical situation. These are interesting and relevant brief accounts, but I find the longer case example in chapter 6, which covers a week's analytic sessions, to be the most richly detailed. In this vignette, Civitarese's patient, Luca, worships his mother, with whom there is a relationship of fusion. He also has an Internet and telephone romance with a girl who is dying of cancer and who is "nothing more than a voice at the other end of the phone and a collection of (beautiful) photographs" (p. 126). This leaves Luca feeling that he, too, is dying. He vacillates between states of ecstasy and abjection, which are the hallmark affects of the aesthetic conflict.

In a lovely passage, Civitarese describes an interpretation he offered to Luca that was off the mark. He then realizes "that I have said something insensitive, perhaps merely the product of my intellectual sensibility" (p. 128), to which Luca responds by talking about his wish to "heal" his girlfriend. Listening from the perspective of field theory, Civitarese takes note of Luca's "wish to heal me of my transitional state of emotional closure towards him" (p. 129). The week's remaining hours with this patient are presented to demonstrate Civitarese's attunement with his countertransference reveries and his skillful self-reflection, which he uses to overcome resistances, and ultimately to initiate the working through of Luca's (and Civitarese's own) aesthetic conflict.

I have devoted more of this review to explicating the themes of chapters 5 and 6 because these are where the various threads of Civitarese's arguments come together. Additionally, they are the two most challenging chapters, but also the ones that yield some of the most important insights of this important book.

In summary, this is a richly layered book that has much to recommend it. The clinical vignettes are clearly illustrative of the theoretical ideas that Civitarese develops. The book as a whole consistently focuses on the problems challenging analysts confronted by the violence of emotions, whether in their analysands or in themselves.

LAWRENCE J. BROWN (NEWTON CENTRE, MA)

THE UNCONSCIOUS IN SHAKESPEARE'S PLAYS. By Martin S. Bergmann. London: Karnac, 2013. 256 pp.

It was an enormous loss to psychoanalysis when the eminent and beloved Martin S. Bergmann died at the age of 100 on January 23, 2014. Fortunately, he left us a great deal of inspired and inspiring writing, including the present book. It began as a seminar of the same title. Bergmann writes generously of his students that their contributions to the topic became the foundation of his book, and he says that "they convinced me that reading Shakespeare's plays contributes depth to a therapist's psychoanalytic education" (p. xi). The few readers who may not be familiar with this remarkable author should know that he finished writing this book when he was ninety-seven, having written several other books since 1976, and having been honored with the prestigious Sigourney Award in 1997.

Bergmann, along with his son Michael, also wrote a fine book on Shakespeare's sonnets.[1] In it they courageously venture beyond where previous scholars have gone in looking for Shakespeare's unconscious feelings as reflected in these stunning poems. That earlier book makes an important claim for the use of clinical psychoanalytic expertise in

[1] Bergmann, M. S. & Bergmann, M. (2008). *What Silent Love Hath Writ: A Psychoanalytic Exploration of Shakespeare's Sonnets.* New York: Gotschna Ventures.

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studying poetry. Since it is highly relevant to the "poetry" of Shakespeare's plays, I will quote it:

> The poet even more than the prose writer—because he or she wishes both to reveal and conceal, often in metaphor—says more than he or she intended to say consciously, and . . . what has been hinted at can be reconstructed, enriching our experience of the poem. [2008, p. 11]

The organizing principle of the present book is that psychoanalysis offers a way of understanding unconscious motivation in Shakespeare's work that was not available before Freud's discoveries. One of Bergmann's core assumptions is that great artists "know how to communicate unconscious knowledge in such a way that it becomes 'almost' conscious, but without becoming so conscious that it evokes anxiety in the author or audience" (p. 235).[2] In some ways, this book is Bergmann's refutation of Harold Bloom's hyperbolic accusation that Freud simply plagiarized Shakespeare and discovered nothing new on his own.

In his "special psychoanalytic detective work" (p. 224), Bergmann's professional expertise sometimes trumps his deep respect for Shakespeare scholars. For example, he parts company with Marjorie Garber's brilliant work on Shakespeare's plays when she accepts Coleridge's famous description of Iago as illustrating "motiveless malignity" (p. 199). Bergmann finds such a conclusion inconsistent with psychic determinism. So he instead accepts Martin Wangh's formulation that Iago is conflicted about his latent homosexual feelings toward Othello.

Bergmann follows Freud in assuming that even great creative writers remain unaware of important aspects of their creativity. At the same time, Bergmann acknowledges that Shakespeare was enormously insightful about human psychology, even if he did not use psychoanalytic language to convey those insights. I agree with Bergmann that Shakespeare often communicates with the unconscious of his audience. I am less certain than Bergmann that Shakespeare was sometimes unconscious of the pro-

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[2] See also: Waugaman, R. M. (2007). Unconscious communication in Shakespeare: "Et tu, Brute?" echoes "Eloi, Eloi, Lama Sabbachthani?" *Psychiatry*, 70:52-58.

found psychological insights that enrich his plays. It is always hazardous to underestimate Shakespeare's mind.

Bergmann believes that a psychoanalytic interpretation of a Shakespeare play aims to "arrive at a unifying theme that governs the work" (p. xxiii).[3] His approach is productive in illuminating such unifying themes. But, just as in clinical work, there is an unavoidable tension between emphasizing a single, core unconscious conflict, on the one hand, while also being fully attentive to material that does not so easily fall within this overarching theme, on the other. The bottom line is that the bottom line is usually an oversimplification.

This book is chock full of perceptive observations about Shakespeare. Bergmann approaches Shakespeare, as he does all literature, with the premise that creative writers "have the need to both reveal and conceal their own inner conflicts in their works" (p. xvi). He believes the best writers "weave together a number of unconscious conflicts" (p. xviii) into a single creative work, increasing the complexity of a full interpretation of that work.

For example: "Shakespeare knew that when one is conveying a message that is difficult to accept it is better to say it with a metaphor" (p. 23). This insight comes in the context of Bergmann's discussion of writers such as T. S. Eliot who have "disdain for making the unconscious conscious" (p. 23). Bergmann, like Shakespeare and Freud before him, strives to understand the complexity of human conflict and motivation without being judgmental.

Naturally, Bergmann often acknowledges that he is speculating about Shakespeare's inner world—for example, when he conjectures that Shakespeare resolved his own suicidal feelings in writing about Gloucester's "mock suicide" at the "cliff" in *King Lear* (p. 163). One might extend such a speculation by asking if Hamlet projectively identi-

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[3] Norman Rabkin, by contrast, believes that psychoanalytic criticism should avoid the pitfall of looking for such a "theme," since "the eddying signals communicated by the play arouse a total and complex involvement of our intellect, our moral sensibility, our need to complete incomplete patterns and answer questions, our longing to judge, and that involvement is so incessantly in motion that to pin it down to a [single] meaning is to negate its very essence" (pp. 117-118). In *The Merchant of Venice: Critical Essays,* ed. T. Wheeler. New York: Garland, 1991.

fies his suicidality into Ophelia, and if this parallels the way some writers may projectively identify suicidal feelings into their readers.[4]

Bergmann plausibly speculates that Freud's understanding of *Julius Caesar* may have been limited by Freud's unresolved feelings about his younger brother Julius, who died when Freud was a toddler. Bergmann believes this coincidence of names increased Freud's identification with Brutus, the leader of the conspiracy against the Julius of Shakespeare's play. Bergmann cites with approval Freud's insights (borrowed from Shakespeare) about Macbeth and his wife being "like two disunited parts of a single psychical individuality" (p. 124). And, in writing about *Macbeth*, Bergmann uses Freud's oedipal theory to make a passing comment about Venus—in Shakespeare's first long poem, *Venus and Adonis*—being a mother figure who tries to seduce her "son" Adonis by stirring his competitive wishes against Mars, a father figure.

Bergmann does a splendid job of bringing to life many of Freud's ideas in his elucidation of core unconscious meanings in fifteen of Shakespeare's plays. Bergmann is deeply perceptive about the recurrent theme of homoeroticism in Shakespeare's plays and sonnets. Bergmann disagrees with Freud's belief that Shakespeare's works were probably written by the bisexual nobleman Edward de Vere. Bergmann calls Freud's theory "an obsession" (p. xxiv) and speculates that Freud may have been defending against his own homosexual anxiety that was stirred by his awe of Shakespeare. However, it is risky to pathologize a colleague's idea before objectively examining its merits. It is likely that Bergmann was influenced by the many Shakespeare scholars and psychoanalysts who have been similarly dismissive of Freud's opinion about Shakespeare's identity.

Bergmann may try too hard to demonstrate that psychoanalysis can go beyond Shakespeare's understanding of his characters: "Shakespeare discovered the power of the unconscious . . . but he did not name this power" (p. xxvi). Does it not seem presumptuous of us to claim superi-

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[4] Recall the epidemic of suicides in Germany after the publication of Goethe's autobiographical novel about a protagonist who commits suicide: Goethe, J. W. (1774). *The Sorrows of Young Werther,* ed. S. L. Rattiner. Newton Abbot, UK: Dover Publications, 2002.

ority to Shakespeare simply because we have our own professional jargon to name some of the psychological forces that Shakespeare "discovered"?

Bergmann quotes at length from a 1934 letter that Freud wrote about *King Lear*. Interestingly, Bergmann omits the central thesis of Freud's letter: that this play becomes more understandable once we consider the hypothesis that the works of "Shakespeare" were actually written by Edward de Vere, Earl of Oxford. Bergmann does quote Freud's observation that the play's failure even to mention Lear's wife "gives the tragedy a rather harsh note of inhumanity" (p. 169). But here is what immediately follows in the Freud quotation: "If Shakespeare was Lord Oxford the figure of the father who gave all he had to his children must have had for him a special compensatory attraction, since Edward de Vere was the exact opposite, an inadequate father who never did his duty by his children."[5] The same paragraph by Freud alludes to de Vere's unhappy marriage to Anne Cecil, then ends, "If he was Shakespeare he had himself experienced Othello's torments [of pathological jealousy]."[6]

This passage, omitted by Bergmann, is especially significant, as it adumbrates the psychoanalytic reexamination of Shakespeare's works that Freud called for, in light of revised information about the author's identity. This will do much to correct the flawed assumptions about the connections between a literary work and its author that have plagued modern literary theories.[7] Bergmann is himself clear that "to discuss any play from a psychoanalytic point of view assumes that every playwright's work is also an attempt to solve an inner conflict" (p. 169).

Bergmann credits Catherine Haran for introducing him to an astonishingly psychodynamic 19th-century book on Shakespeare's plays by John Charles Bucknill, a British psychiatrist.[8] Bucknill is among those

[5] Jones, E. (1957). *Sigmund Freud, Life and Work, Vol. 3: The Last Phase, 1919–1939*. London: Hogarth, p. 488.

[6] Jones, E., p. 458 (see footnote 5).

[7] In endorsing a book by Edward Mendelson, Thomas Mallon wrote: "Mendelson makes powerful progress toward repairing what academic criticism has done its best to put asunder—the connection between literature and life." (See Mendelson, E. [2006]. *The Things That Matter: What Seven Classic Novels Have to Say about the Stages of Life*. New York: Anchor Books, unpaginated front matter.)

[8] Bucknill, J. C. (1861). *The Mad Folk of Shakespeare: Psychological Essays*. Ithaca, NY: Cornell Univ. Library, 2009.

scholars who find Hamlet to be Shakespeare's most autobiographical character; Bergmann quotes his observation that "Never does Shakespeare seem to have found a character so suited to give noble utterance to his own most profound meditations as in Hamlet. It is on this account that we unconsciously personify Shakespeare in this character" (pp. 116-117).

Bergmann calls *Hamlet* "Shakespeare's deepest and psychologically most complex play . . . a milestone in the exploration of human interiority" (p. 15). He adds that "we never fully understand Hamlet" (p. 15). But we might understand Hamlet better if we adopt Bucknill's opinion that Hamlet represents the author more than do any of his other characters, and if we also adopt Freud's view that the author was Edward de Vere. There are numerous textual links between the character of Polonius in the play and the real-life Lord Burghley, de Vere's politically powerful former guardian and father-in-law. These connections were common knowledge for 19th-century Shakespeare scholars.

For example, Sidney Lee wrote of de Vere in 1899 that his guardian, Burghley, "found his perverse humor a source of grave embarrassment."[9] And, in Burghley's widely published "Precepts for His Son," he warned, "Jests when they savor too much of truth leave a bitterness in the mind of those that are touched."[10] We can scarcely avoid the surmise that Burghley, when he wrote this warning, was still smarting from being lampooned onstage as the buffoonish Polonius of *Hamlet* (whose name in the First Quarto was "Corambis," a Latin pun on Burghley's motto "Cor Unum").[11]

All psychoanalysts will profit greatly from reading Bergmann's excellent book. In addition, it is a fine introduction to the best of psychoanalytic thinking for readers who love Shakespeare as much as Bergmann did.

RICHARD M. WAUGAMAN (CHEVY CHASE, MD)

[9] Lee, S. (1899). *Dictionary of National Biography*. London: Smith, Elder & Co.; see: http://en.wikisource.org/wiki/Vere,_Edward_de_(DNB00).

[10] http://www.princehamlet.com/burghley.html.

[11] That is, *double-hearted* or duplicitous rather than *one heart*.

WINNICOTT'S BABIES AND WINNICOTT'S PATIENTS. By Margaret
    Boyle Spelman. London: Karnac, 2014. 189 pp.

The writings of Donald Winnicott have gained much attention of late,
particularly in the British Isles and in the world of object relations theory
in psychoanalysis. The present book, by its very title, gives evidence of
that growth as it seeks to demonstrate the application of his ideas both
to the study of infant development and behavior and to the analytic situ-
ation with adult patients. The author, a clinical psychologist in Ireland,
appears to have discovered Winnicott's writings in the course of her re-
cent experience as infant observer, and they clearly influenced that pro-
cedure as she describes in great detail the "fictionalized" version of one
such experience executed weekly over a year and a half.

The book begins, in fact, with an extended chapter in which the
author sets forth a rather naively compressed version of Freud's theories
of early development, followed by an even more constricted account of
Kleinian theory—all as backdrop for a more extended presentation of
Winnicott's professional development and the evolution of his thinking
about both infant development and the analytic treatment of adults. She
is at pains to define the ways in which Winnicott shared and differed
from classical Freudian and Kleinian views. "At the beginning for Freud
there is pleasure seeking, for Klein there is object relating and for Win-
nicott there is dependence" (p. 10).

The author goes on to offer her account of Winnicott's now-familiar
conception of the early mother–infant relationship, encapsulated in
his view of "absolute dependence"—"There is no such thing as a baby"
(p. 15). She details at some length the dangers resulting from failure
of a "good enough environment" (including, erroneously, "childhood
schizophrenia"), and then likens this state to the early phases of the
clinical situation with adults, where the "holding environment" must be
addressed to the patient's "absolute dependence"—whether or not ac-
knowledged—on the therapist.

In the subsequent chapter, Spelman progresses to the phase of "rela-
tive dependence" (p. 29), where, in both her observations of infant de-

velopment and psychotherapy, she introduces Winnicott's now-popular concept of transitional phenomena. Here, she suggests, emerge the earliest stages of self-differentiation; in Winnicott's words, psychotherapy "takes place in the overlap of two areas of playing, that of the patient and that of the therapist."[1] "The therapist," she says, must at this stage "maintain . . . both the boundary and the space between herself and the patient at the same time" (p. 48).

Finally, both baby and patient "move toward independence." Full independence is, of course, never achieved, but, she says, "Winnicott's model of the analytic situation accounts for all aspects of this complicated mother–daughter [!] relationship" (p. 57). She counters this against what she describes as Freud's "archeological dig result[ing] in an authoritarian handing down to the patient of an uncovered definitive truth by the analyst" (p. 55).

Spelman is clearly a devotee of Winnicott's wisdom, preferring it over all others. The longest chapter in her book—seventy pages—is devoted to a detailed account, session by session, of her baby observation experience. At first of interest, as she sets the stage and describes the players— a mother and her first three children dedicated to the nurturance of her fourth and last—the description then becomes, to this reader at least, endlessly repetitive and tedious as the author seeks to exemplify Winnicottian theory by her observations.

In her conclusion, Spelman acknowledges that the proposed parallel between infant development and adult therapy has limits; "in the first good enough situation the baby trusts; in the therapeutic situation holding may be needed for a very long time before a situation of trust is reached" (p. 154). She further admits to "underdeveloped areas in Winnicott's thinking," such as his "leaving the father's role unelaborated" and being "relatively mute on the subject of heredity"(p. 155). Still, his "thinking generally . . . is clinically useful and has taken many . . . a long way indeed" (p. 156). She offers a number of clinical vignettes, but her acknowledged "fictionalizing" leaves one somewhat uncertain about them.

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[1] Winnicott, D. W. (1971). Playing: a theoretical statement. In *Playing and Reality*. London: Tavistock, p. 38.

Certainly, Winnicott has taken Spelman a long way. Her scholarship in advancing her thesis is impressive, and for the psychoanalytically oriented therapist in search of widening clinical horizons, her brief merits respectful attention. The student of infant development will, however, gain more from her baby observation report in the relatively brief chapter 6 than from the day-to-day didacticism of earlier chapters.

Overall, *Winnicott's Babies and Winnicott's Patients* provides the reader with a serious, if effusive formulation of Winnicott's thought and some of its clinical applications—a primer, if you will, to the reading and critical appraisal of his actual work as laid out in its useful bibliography.

AARON H. ESMAN (NEW YORK)

EXPERIENCING ENDINGS AND BEGINNINGS. By Isca Salzberger-Wittenberg. London: Karnac, 2013. 195 pp.

This book presents a challenge to the reviewer: it is at once a memoir, a survey of phases in human development, an account of the clinical practice of a gifted psychotherapist who has served in a number of ways during a professional lifetime at the Tavistock Clinic, and a guide to others who seek to learn from her experience. As a memoir, it is a gripping account of a child in a German-Jewish family, their escape from Nazi terror, her mixed welcome in England, her supportive education in a Quaker school and at Birmingham University, and her "need to understand more about human nature," which ultimately "led me to psychoanalysis and to becoming an analytic psychotherapist hoping to bridge the gap between the broad-minded spiritual-religious orientation gained in childhood and psychoanalytic insights acquired in adulthood" (p. 11).

Isca (I will use her given name, as others do, because of the complexity of her surname) organizes her text around the human experience of transitions encountered in the process of growing up—"Endings and Beginnings." Following the views of Klein and strongly influenced by Bion, she begins with speculations about intrauterine experience and the "catastrophic anxiety (terror) at being separated from the mother's body" (p. 17). To Meltzer's description of the infant's "aesthetic experi-

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ence" in its contact with the mother's body, Isca adds a "spiritual con-
nectedness which enables him to sense her love, her faith in life's good-
ness" (p. 29).

In successive chapters, she addresses the early development of object
relations and the process of weaning, which, in conformity with Kleinian
precepts, she sees as potentially highly traumatic and ridden with infan-
tile fantasies "of mother keeping the breast to feed herself and/or giving
it to father or a baby/babies inside her" (p. 35). Clinical examples lend
support to Klein's view that "the way the early loss at being weaned is
managed sets the pattern for how later losses in life will be dealt with"
(p. 41). Little is said about the role of innate temperament in shaping
such outcomes. A subsequent chapter sensitively outlines the transition
from infant to young child, "from which the child emerges with a greater
awareness of his own identity, his place within the family, of himself as
one amongst a multitude of other people" (p. 54).

As the child progresses through nursery school, elementary and sec-
ondary education, emphasis continues on the problems aroused by tran-
sitions, each potentially rampant with anxieties—even school holidays.
Isca delineates ways and means by which these fears and feelings of loss
and separation can be dealt with, specifically within the framework of
the British educational system. Much the same is offered about "Tertiary
Education and the Beginnings of Work," where she touches on the very
actual problems of graduates with degrees in the humanities in finding
appropriate work and a professional identity in the current economy,
British as well as American.

So the book goes, through the stages of adult life up to and in-
cluding bereavement, retirement, growing old, and facing death, each
chapter marked with brief clinical illustrations that show Isca's sensitivity
and empathic responsiveness. If she fails to credit Erikson's work on the
stages of life, she conceives her own calendar out of her own life experi-
ence, as well as that of the patients she has seen at the Tavistock and,
now retired, in her own practice.

Altogether, this book would seem to be aimed at both a lay audience
and that of students in the mental health fields seeking to learn the skills
of a master psychotherapist. Like many writers in the Kleinian tradition,
the author refers exclusively to the work of British colleagues; the expe-

rienced psychoanalyst will miss reference to American and Continental contributors, particularly those with different views about early development. Still, the writing is engaging and skillful in integrating personal life experience with theory and clinical activity. It is a good read.

AARON H. ESMAN (NEW YORK)

INTRODUCTION TO CHILD, ADOLESCENT, AND ADULT DEVEL-
   OPMENT: A PSYCHOANALYTIC PERSPECTIVE FOR STUDENTS
   AND PROFESSIONALS. By Ivan Sherick. CreateSpace Independent
   Publishing Platform, 2012. 183 pp.

The task of describing psychoanalytic thinking to the broader professional and general audience is a crucial one, and never more so than in this day and age when psychoanalytic ideas have been increasingly devalued in the academic- and healthcare-financing spheres. One of the most central of psychoanalytic ideas is that human experience is made meaningful by its developmental context. Ivan Sherick's book, *Introduction to Child, Adolescent, and Adult Development: A Psychoanalytic Perspective for Students and Professionals*, brings this core perspective to bear on the development of the mind and psychological experience across the life span. In straightforward, everyday language, he describes both the typical psychosocial experiences and the related psychoanalytic theory for each familiar epoch of human experience from birth to old age. To the degree that he succeeds, Sherick is indeed a good ambassador for psychoanalytic thinking to a broader educated audience seeking accessible entree into this complex body of understanding.

Sherick is a clinical psychologist and psychoanalyst who has been teaching, supervising, and practicing in Ann Arbor, Michigan, for over forty years. He trained in child and adolescent psychoanalysis with Anna Freud at the Hampstead Clinic in London, and did his adult training at the Michigan Psychoanalytic Society. He has a number of prior publications in top-tier psychoanalytic journals on such varying topics of child development as normal envy and emerging sexual identity, the use of ego-strengthening therapy with children who have primary ego deficiencies, and adoption and disturbed narcissism.

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Sherick's most recent paper, on participation in athletics, proposes a developmental line for the changing role of the body in the development of the ego—from a source of pleasure to a source of primordial competence.[1] His consistent perspective throughout is grounded in Anna Freud's core concept of developmental lines: that the mind and experience are continually shaped by the interaction of the drives and the ego in their confrontation with the environment.[2] Sherick also acknowledges the work of Peter Blos Sr. and Peter Blos Jr. as important influences on his thinking. The dynamics of separation and individuation are another key aspect of his developmental and ego psychological perspective.

In this book, Sherick seems to be synthesizing his decades of work supervising young professionals, both within and outside psychoanalysis, as well as his work with patients of all ages. He does so with the seasoned and reassuring voice of an established senior colleague whose theoretical perspective has become so second nature that it informs and distills his take on a broad range of issues into simple, straightforward understanding and pragmatic advice.

The experience of reading this book is almost like listening to a congenial lecture series. There is theory as well as completely practical advice (what to tell a child about fairies and Santa Claus; allowing an adolescent to learn from staying up too late finishing homework delayed by too much time on the phone; the importance of financial saving for retirement by middle age). There are digressions from the main line of the discussion when another important issue has been touched on (for example, a digression to discuss discipline and punishment throughout early childhood following on from an introduction in the infancy chapter to the idea of promoting the ego capacity for self-regulation in the oral period). Most of all, there is the calm, wise tone of a first supervisor who has seen it all and has consistently thoughtful guidance to offer on just about everything. In keeping with this tone, Sherick provides a "Repre-

[1] Sherick, I. (2012). The emergence of athleticism and participation in athletics: a proposed line of development. *Psychoanal. Rev.,* 99:697-715.

[2] Freud, A. (1981). The concept of developmental lines—their diagnostic significance. *Psychoanal. Study Child,* 36:129-136.

sentative List of Topics Discussed in Each Chapter" in place of an index, and a list of recommended readings instead of references.

The book is divided into three parts: child and adolescent development, adult development, and a final chapter on advice for seeking professional help. Sherick begins at the very beginning: chapter one is "The Decision to Have a Child." Chapters on each developmental life stage are interspersed with chapters on specific topics related to that time period, such as "Infertility, Multiples, and Adoption"; "Day Care"; and "Divorce: Helping Children Cope."

Sherick has set himself a big task here. Even though he makes clear in his introduction (if not in his title) that he is primarily describing the arc of normal development and will discuss psychopathology only briefly and in relation to developmental lines, he is still covering an enormous amount of territory in a fairly short book. To address both changes in ego functioning and the development of the self, along with typical life stage concerns, he must survey a wide breadth of material and often depicts the issues in broad, generalized strokes. Similarly, with issues of pathology, he includes short, general descriptions of topics like ADHD and anxiety disorders. In this regard, this book serves to orient the reader toward a more in-depth study using the author's recommended readings.

The first part of the book is clearly the strongest. Sherick does a fine job translating the complexities of psychosexual development into simple, everyday language accessible to a new reader. He makes even the subphase patterning of the anal stage—from pleasure in anal expulsiveness to withholding—seem natural and comprehensible, helping the reader appreciate the myriad derivations of this basic dynamic in the young child's behavior and experience. He navigates sure-footedly through the loaded territory of ideas like penis envy, tempered by an appreciation of girls' valuing "the interior space that they have and boys do not" (p. 41).

Sherick devotes a chapter to "The Oedipal Years," setting the tone for his discussion of this concept—so caricatured to the general public—by saying:

> It is a time of *powerful* emotions for the child. It is also an opportunity, metaphorically, for the child to struggle with an internal

"beast," the slaying of which, or more accurately, the domestica-
tion or taming of (desire and murderous feelings), leads to the
early establishment of very significant internal regulatory struc-
tures in the mind of the child. [p. 61, emphasis in original]

Having located the basis of the concept in the original Oedipus
story, Sherick goes on to describe in plain language the family dynamics
that derive from the powerful urges of the drives, the ego's challenge
in containing and regulating them, the struggle of family members to
relate to each other within this mix, and the way in which the child re-
directs both aggression and libido from the parents to the self, forming
the capacity for guilt and the basis for a conscience.

Consistent with his ego psychological perspective, Sherick also
weaves another theme through his chapters on early child development:
the role of developing language in the growth of the mind and the ego's
increasing ability to manage strong feelings and urges. He provides a
highly accessible discussion of the child's early implicit knowledge
about her bodily experiences that supports the idea of oral- and anal-
stage functioning as more intuitively understandable. These early ways
of knowing establish memories for the child that are primarily somatic
and nonverbal in nature—an important and easily overlooked factor in
tuning in to the young child's experience. With the advent of language,
this increasingly shifts to more explicit ways of knowing, which the child
can then use to build verbal memories and the beginning of a narrative
(versus procedural) understanding of self.

Separation, individuation, and object constancy form another run-
ning theme. Sherick emphasizes at several different points the impor-
tance of the child's tolerance of a parent leaving (and later, her own
leaving the parent)—that is, the child's ability to sustain a stable mental
image of the parent that can withstand rage and anxiety about the ab-
sence. He notes that the parent's success in helping the preschool child
think about her thoughts and comprehend that she and others each
have their own private minds is "linked to an emotional acceptance by
both parties of the separateness of each from the other" (p. 48). The
author goes on to say that this capacity forms the basis not only for inti-
macy, but also for the realization that "having secrets is understood to be

like having power and control over people with whom silence is used like a weapon. Establishing intimacy for some people is fraught with anxiety" (p. 48).

Separation issues form the crux of Sherick's perspective on the "second individuation process" of preadolescence; early, middle, and late adolescence; and the bodily and psychic changes wrought by the child's contemporaneous burgeoning sexuality. Sherick provides a thoughtful (and, of course, accessible) discussion of object removal in adolescence in which the decathecting from internalized parental images can temporarily result in the experience of an inner void or a sense of emptiness and loneliness until the adolescent is able to find a new libidinal object to invest in. Much of adolescent behavior, then, is an attempt at restitution for this loss and the resultant painful void—more normative early on, but increasingly pathological as the adolescent ages but remains stuck and unable to navigate this important libidinal shift.

In the more psychosocially complex world of adult development, Sherick's descriptions become both more cursory and more generalized, making Part 2 the weaker segment of the book. He includes chapters on homosexuality, which addresses the changing thinking within psychoanalysis on this topic, and on grandparenthood. One wishes here for the continuing strong voice of his theoretical perspective, so that—in the vein of Erikson's sixth to eighth stages depicting the psychosocial tasks of early, middle, and older adulthood[3]—Sherick's discussion could also continue to show the insightfulness of his particular psychoanalytic view.

In his introduction, Sherick states that his aim is to introduce a view of life span development in language that is intelligible and "more comprehensible but still able to convey the nuances and complexity of the concept" (unnumbered page). For the novice professional reader, he hopes to foster an appreciation not only of the patient's mind and its genesis, but also of the reader's own.

> Having a theory is like providing you with a flashlight as you enter a dark cave in which are the most extraordinary paintings and carvings created by ancient people. The theory can help you know what to look for and how to understand what you see.

[3] Erikson, E. H. (1950). *Childhood and Society*. New York: Norton.

Development is complex, so rarely do simplistic linear formula-
tions suffice as causative explanations. Instead we think of out-
come as usually being multidetermined. [unnumbered page]

Much of Sherick's book could serve equally well in helping parents
understand their own experience in relation to their child's. For more
seasoned clinicians, his discussion is a helpful refresher and a good
model for translating our abstract theoretical formulating into language
that is accessible to families and parents. In short, Ivan Sherick has done
our field an important service by writing a book about a highly com-
plex subject that clearly demonstrates the value of a consistent, coherent
theoretical perspective and the depth of meaning psychoanalysis offers
to understanding a human life.

DEBRA ROELKE (MORRISTOWN, NJ)

SITES OF THE UNCONSCIOUS: HYPNOSIS AND THE EMERGENCE
    OF THE PSYCHOANALYTIC SETTING. By Andreas Mayer; trans-
    lated by Christopher Barber. Chicago, IL/London: University of Chi-
    cago Press, 2013. 256 pp.

With this book, author Andreas Mayer aims to "shift the focus from larger
cultural or social contexts and the work of classification to the concrete
sites of knowledge production," and "to elucidate how conflicts centered
on the theories and experimental techniques of hypnosis paved the way
for the familiar psychoanalytic setting established by Sigmund Freud in
Vienna around 1900" (p. 5).

In this context, *Sites of the Unconscious: Hypnosis and the Emergence of
the Psychoanalytic Setting* could be understood as origins—that is, as the
stories of the early practitioners who discovered and experimented with
the mind and its phenomena. Part 1 details the work of Freud, Charcot,
Bernheim, Liebeault, and many lesser-known experimenters. The enor-
mous literature produced by these early hypnotists about their theories
and clinical practice is discussed and illustrated by Mayer with great thor-
oughness. The conflict between various practitioners and their critics is
laid out in detail. Charcot and Bernheim, in particular, differed in their
views and argued vociferously about various aspects of hypnosis.

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laid out in detail. Charcot and Bernheim, in particular, differed in their
views and argued vociferously about various aspects of hypnosis.

Part 2 of this book is concerned with theories about the nature of the hypnotic state. Charcot aligned himself with theories of brain physiology and assigned human subjects a status equivalent to that of laboratory frogs. Bernheim related the phenomena to his subjects' ability to convert an idea into action. His theories seemed to consider the mind differently than Charcot's theories, which were purely mechanical. Charcot established a museum in which he collected brain specimens as examples of neurological disorders, mixed in with information about psychological phenomena and hardly differentiated one from the other.

There were many who maintained that hypnotism was purely acting or simulation, and Freud and Breuer attempted to dispel this criticism by employing a number of strategies. Some disbelievers, however, were never convinced.

Mayer's masterly collection and summarization of historical literature stands in contrast to the idea that this understanding in some way enriches our appreciation of psychoanalysis as it is practiced today. Perhaps Mayer is cautioning us by implying that if we do not understand the past and its errors, we will be condemned to repeat them. And perhaps he is saying that if we do not examine our work carefully, we may in fact be doing hypnosis when we think we are doing psychoanalysis.

Indeed, we can never remove the element of suggestion from whatever we practice, be it hypnosis or psychoanalysis. It is to be hoped that, as analysts, we understand this. When the patient idealizes the analyst and projects omnipotent fantasies into him, identifying with these idealized wishes, it is incumbent upon the analyst to ensure that this is analyzed. In a previous contribution, I demonstrated that the hypnotist himself could produce data that differed from those of independent observers.[1] Such data demonstrated better therapeutic outcomes, of course!

In Mayer's book, I missed what I felt to be a clear distinction between sleep and hypnosis. Many early practitioners of hypnosis seemed to take great care with the setting and technique so as to send the patient to sleep, as though that were the same as hypnosis, which it is not.

I also missed a clear differentiation between suggestion and hypnosis. Suggestion is a universal accompaniment of any therapeutic proce-

[1] Mason, A. A. (1994). A psychoanalyst looks at a hypnotist: a study of folie à deux. *Psychoanal. Q.,* 63:641-679.

dure and is due to the subject's unconscious phantasies being projected into the clinician or procedure. These unconscious phantasies can be hostile—producing paranoia—or idealizing and omnipotent—producing "gods." Hypnosis, in contrast, is a state produced by two or more individuals projecting similar phantasies of an omnipotent, magical, or delusional nature into each other and supporting these phantasies by mutual unconscious wishes. The process is similar, in fact, to a *folie à deux,* except that it is temporary and reversible, and it is probably the basis of "transference cures" and the placebo effect.

When I read Mayer's account of the hypnotists' descriptive attempts to validate their findings, I am reminded of another previous contribution.[2] In the research described in that article, my coauthor and I had the advantage of an apparatus that could detect and measure cortical evolved potentials. We could thus show how hypnotically produced anesthesia and deafness were entirely subjective and perceptual, even as the physiological response measured at the cortex was unchanged, and the pain impulses arriving at the cortex were also unchanged. The phenomena of the hypnotic state seemed in every way to resemble the phenomena of hysterical blindness or paralysis.

In summary, *Sites of the Unconscious* is a marvelous book for those who wish to read about the history of hypnosis and psychoanalysis. Although most psychoanalytic institutes have copious information available about Freud's cocaine use and the origins of hypnosis, it is rare to find the rich detail that Mayer provides. But whether or not this book will deeply interest the practitioners of psychoanalysis today is a different matter; the phenomena described are no longer particularly relevant to most of them, and the psychoanalytic literature about present-day theory and practice is so vast that I doubt whether many analysts will find the time to study a subject that they no longer practice.

ALBERT MASON (BEVERLY HILLS, CA)

[2] Halliday, A. M. & Mason, A. A. (1964). Cortical evoked responses during hypnotic anaesthesia. *J. Electroencephalography & Clin. Neurophysiol.,* 16:314-325.

ABSTRACTS

SELECTIONS FROM TWO GERMAN JOURNALS

Translated and Abstracted by Rita K. Teusch

ZEITSCHRIFT FÜR PSYCHOANALYTISCHE THEORIE UND PRAXIS

Volume 27, Number 2 – 2012

Freud's Briefe an seine Kinder [Freud's Letters to His Children]. By Margarete Berger, pp. 192-234.

This article summarizes a recent book,[1] which constitutes the first publication of 512 letters that Sigmund Freud wrote to five of his six adult children (excluding Anna Freud, who lived with him). Some of the children's letters in response are included. The author of this article, Margarete Berger, states that these letters allow us to gain some insight into questions such as: What was the emotional significance of his children for Freud? How did Freud react to their psychological crises? Did he share with his children his inner life and his thoughts about his work? How did his genius and his patriarchy overshadow the lives of his children?

In reading these letters, the reader witnesses the decades-long, meaningful togetherness of Freud and his children, beyond their time at 19 Berggasse in Vienna. Freud's children remained his children forever, even as adults—and sometimes they remained his problem children. An analogy to Freud's worry about his psychoanalytic extended family cannot be overlooked.

[1] Freud, S. (2010). *Unterdess halten wir zusammen. Briefe an die Kinder* [*Meanwhile We Stick Together: Letters to His Children*]*,* ed. M. Schröter, with I. Meyer-Palmedo & E. Falzeder. Berlin: Aufbau.

Freud wrote frequently to his children with a tone of genuine concern, deep respect, and an attempt at clarification of whatever issue was at hand. His own suffering and his professional limitations that arose from his illness stretching over two decades took a back seat to his children's problems. His relationship to his wife dissolved into the familial "we." There is an absence of his usual irony or sarcasm in these letters, and only occasional examples of his love for puns. There is little or no mention of his own father or their relationship, his own material or psychological difficulties, his professional isolation, or his revolutionary theoretical or practical work.

The title page of the book depicts Freud in 1919 with his daughter Sophie, who died at the age of twenty-seven during the infamous post-World War I influenza epidemic. The book's title is a quotation from a brief goodbye letter that Freud sent to his remarried son-in-law, Max Halberstadt (Sophie's widower, who was also the "official" Freud photographer) in May 1932, twelve years after Sophie's death and nine years after the death of his beloved grandchild Heinerle, Sophie's second son. "Meanwhile we stick together" attests to the unbreakable connection between Freud and this son-in-law, united by the memory of Sophie and also by the approaching catastrophic events that would characterize Nazism. *Meanwhile* is a rhetorical word found in many of Freud's and his contemporaries' letters, in relation to goodbyes as well as to greetings that connected the past with the hope of a better future.

Michael Schröter, co-editor of the Freud–Fliess correspondence and the Freud–Eitingon letters, is also the first editor of this book and wrote its introduction. He explains why it does not include more letters from the children or the voluminous correspondence between Freud's wife and the children. He writes that in that time, it was customary for the content of a letter to one parent to be shared with the other parent. Exceptions are letters concerning psychoanalytic matters written by Anna Freud to her father, previously collected and published in German.[2] Also excluded are Freud's travel letters to his children; these, too, are contained in a separate volume.[3]

[2] Meyer-Palmedo, I., ed. (2006). *Sigmund Freud–Anna Freud Briefwechsel, 1904–1938.* Frankfurt am Main, Germany: S. Fischer Verlag.
[3] Tögel, C., ed., with Molnar, M. (2002). *Unser Herz zeigt nach dem Süden: Reisebriefe*

In *Meanwhile We Stick Together,* letters are numbered and organized not chronologically by date but rather by child, starting with the oldest of his six offspring. Thus the first letters are to Mathilde (who was named after the wife of Breuer), followed by those to Martin (named after Charcot), Oliver (named after a hero of Freud's, Oliver Cromwell), Ernst (named after Freud's esteemed university professor Brücke), and Sophie. As mentioned earlier, Freud's correspondence with his youngest child, Anna, is contained in a separate volume.

The first letter in the book was written by Freud on November 6, 1898, to his then-11-year-old daughter, Mathilde. There are forty-one letters to her from Freud until the summer of 1935.

Next there are eighty-three letters to Martin, dating from the summer of 1910 to 1938. Some of these were also written to Martin's wife, Ernestine, and Martin's letters in response to his father are included.

Many of Freud's letters to his son Oliver and his wife, Henny, got lost during their chaotic escape from Nice to the United States; consequently, there are only nine letters to them from Freud in 1924–1925. In contrast, the book includes 190 letters from Freud to his son Ernst and his wife, Lucie, as well as letters to his grandchildren—the three archangels, as Freud called them: Gabriel, Michael, and Raphael. Furthermore, there are 189 letters from Freud between 1909 and 1935 to his daughter Sophie and her husband Max (who emigrated to South Africa in 1936 with a tourist visa, paid for by Freud).

Before presenting the letters themselves, Berger's summarizing article identifies some overarching themes that are characteristic of Freud's letters to his children. First, there is a deeply felt sense that it was absolutely important to maintain a continual, strong connection with his adult children (and his grandchildren), demonstrating his readiness to be an unfailingly responsible provider and protector to them, including offering financial support. The letters show that Freud, despite multiple professional commitments—which entailed maintaining a detailed and differentiated scientific and collegial professional correspondence—nevertheless evidenced a tenacious desire to be personally and individually connected on an ongoing basis to all his adult children.

1895–1923, Sigmund Freud [*Our Heart Points to the South: Travel Letters, 1895–1923*]. Berlin: Aufbau-Verlag.

Berger surmises that this wish did not stem from Freud's need to be infantilizing or controlling; rather, it was embedded in the Jewish culture and the sense that Jews were still in a foreign land in Austria. Thus, while Freud did not follow specific Jewish customs—i.e., he did not have his sons circumcised as his own father had done, and Christmas celebrations were part of the Freud holiday tradition—he was nevertheless deeply influenced by Jewish sentiment. He had written to Ferenczi (letter 409): "In order to live and to die, a Jewish father urgently needs to know that his children are cared for." Similarly, Freud's children chose Jewish partners and seem to have been aware of their Jewish identity—sometimes painfully so; certainly, their lives were endangered during the Nazi era.

Freud's need for continued connection can also be seen as another aspect of a particular patriarchal identity that asks the father to choose the first names of his children according to valued family members, friends, or idealized others—yet allows the children to choose their own spouses, and the sons their own careers. From a psychoanalytic perspective, Berger speculates, it is also possible that Freud's role of protector of his children, family of origin, friends, and colleagues was unconsciously reparative because his mother and sisters—as well as Freud himself—had suffered from a lack of financial support from his father over many years. In contrast, Freud had bank accounts for his family, both in Austria and abroad, to pay for birthday and Christmas presents, and he made his grandchildren his heirs; "You may choose the present, I want the recognition" (letter 262).

There are suggestions throughout the correspondence with his adult children that Freud continued to be financially generous; for example: "Don't be cold just because you don't want to spend the money" (letter 172) and "Do the kids need anything for the winter?" (letter 106).

On October 17, 1917, he writes to Sophie:

I only get pure joy these days from one thing: when I can give you or your mother or aunt some money. That alone makes the work bearable and helps me cope with the sorrows these years. By the way, my practice is very secure for these next months. [letter 387]

In 1918, he writes to Max Halberstadt, whom he supports financially for twelve years after Sophie's death:

> It is a pleasure for me that I can be of modest help to you during these unfairly difficult times and I hope that my ability to have a stable income will continue for the next few years. If you do no longer need my assistance, I know that there are many others who do, those who are returning from the war and whose development was interrupted just as your promising success was. [letter 392]

Another pervasive theme is Freud's continual worry about the physical health of his adult children, long before the death of his daughter Sophie or his own illness. Because of Freud's worry about their health, almost all his children were home-schooled during the first few school-age years. Several of them had serious medical conditions. Mathilde suffered from life-threatening diphtheria twice during her childhood. At age eighteen, she had an appendectomy during which a medical error occurred, leading to the need for a life-saving abortion at age twenty-five, as well as a subsequent inability to bear children and lifelong medical complications.

It is clear from these letters that Freud was not only the father of the unconscious and its original explorer, but also a medical doctor who relied on his medical colleagues for the care of his children, and who felt he needed to show sensitivity and tact to preserve his professional relationships with them, even in the face of medical mishaps.

The death from tuberculosis of his four-and-a-half-year-old grandson, Heinerle, in June 1923 grieved Freud deeply, and Jones writes that this was the only time when Freud was seen openly in tears.[4] The same year, Freud's cancer of the jaw was discovered, of which he would eventually die. It is interesting that there are hardly any references to his cancer and attendant suffering in the letters to his children. It seems that Freud wanted to protect them from this, and he felt more comfortable sharing his psychological distress with Lou Andreas Salomé.

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[4] Jones, E. (1957). *The Life and Work of Sigmund Freud, Vol 3.* New York: Basic Books, p. 92.

When his son Ernst fell ill with bronchial tuberculosis during his wife's first pregnancy, Freud urged him to seek treatment in a sanatorium. He also repeatedly sent his own wife, Martha, and her sister Minna to a spa, and he went there himself every year. In his letters to Max during Sophie's first pregnancy, Freud repeatedly urged him to make sure that Sophie was given regular urinalyses. And when his son-in-law suffered a gunshot injury to his head during the war, Freud corresponded with his doctor and sent comforting letters and books to Max. He tactfully did not share his observations on war neuroses with this doctor.

Still another major theme of these letters is the loving, joyful, and creative interest with which Freud related to his grandchildren. Furthermore, he provided psychoanalytic insights to their parents. It was based on the actions of Heinerle's older brother Ernst, at the time when the latter was getting used to having a little brother, that Freud, while babysitting, made his psychoanalytic observations about how small children, when they are beginning to symbolize, deal with separation anxiety.[5]

There is a letter to Sophie in which she describes her upset about her son Ernst's cannibalistic expressions during this time. Freud answers:

> What you write about Ernst I found of great interest, but it did not surprise me nor frighten me. It is connected with the birth of his brother and his reaction to it is intensified for two reasons: 1. Because you and Max don't forbid him to express himself in this way, and, 2. Because this boy missed out on the presence of his father during these decisive last two years and now the presence of his father feels intimidating to him. You are right that other children react the same way but usually people don't talk about it. It is normal, however, it shows that he is passionate and strong-willed. Don't be strict with him, continue to take notes and expect with certitude that his period of intense sexual interest will subside by the age of six when he enters school. [letter 398]

Later on, when Ernst continued to be a problem child, Freud and Anna Freud had many communications about his ongoing jealousy and sibling rivalry. After Sophie died, Ernst's father Max remarried and had

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[5] Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18, pp. 14ff.

another child, and the stepmother could not handle Ernst. Freud comments on Ernst's neurosis and asks that he come to live with him so that he and his family can do everything possible to help him, "because he is our only link to Sophie" (letter 481).

These letters reveal that Freud seems to have had highly individualized relationships to each of his children. His letters to his oldest daughter, Mathilde, show evidence of a natural familiarity and tenderness and a tactful, nonintrusive intimacy. When Mathilde, who always dressed fashionably, complained at the age of twenty-one about feeling unattractive and undesirable, Freud responded:

> I don't want to flatter you, not now or at a later time—because I know this would not be helpful. I actually consider flattery harmful because the knowledge that it is illusory prevents its enjoyment. And you also don't need it! [letter 7]

Freud told her in a couple of his letters about fantasies and infatuations that his young male patients had expressed about her, but he added that these fantasies stemmed from their "transferences" and were not "real." Freud must have assumed that she understood his comments because Mathilde and Anna attended his university lectures. The intelligent and interested Mathilde wrote about her regrets at not being able to help her father. She wanted to study medicine, but Freud was still too conventional then to support this.

At age twenty-two, Mathilde married a twelve-year-older, relatively poor Jewish businessman who does not seem to have been energetic. Freud expressed reservations about this marriage, but came around when he saw that his daughter was determined. He continued to support the couple financially for many years, until Mathilde became the owner of a successful fashion boutique, first in Vienna and later in London. Mathilde functioned as a substitute mother for little Ernst, her nephew, after Sophie's death, and she and Freud showed great empathy for each other in sharing their worries about little Anna's development. Mathilde, despite her tendency to be ill, lived until age ninety-one, the longest of all the Freud children.

Berger points out that there are twice as many Freud letters to his oldest son, Martin. Freud seems to have been worried about Martin from

early on, but his letters to him appear more emotionally distant and conventional than those to his other children. Martin initially felt called upon to become a poet, and then began to pursue sports ruthlessly. With his father's approval, he joined a violent Jewish student organization, and later he volunteered to join the army and go to the front in World War I.

Four months after his return from having been a prisoner of war, Martin married Ernestine ("Esti"), the daughter of a Jewish lawyer, with whom he had two children. The marriage seems to have been unhappy; Ernestine was said to have outbursts of rage, and Martin seems to have been habitually unfaithful to her. In fact, he appears to have been unhappy for most of his life and had difficulties succeeding professionally; nevertheless, he received a doctorate in law and eventually assisted Freud with all his formal financial and confidential business, including his will.

Martin lived in Vienna, financially supported by Freud until he, Martin, emigrated to England in 1938. A letter from Freud to his son Ernst expresses his concerns about Martin:

> He [Martin] hopes—and we all hope with him—that this will be the end of his unhappy marriage. She not only is malicious and *meschugge,* but also psychotic in the clinical sense. But what will he do in England? He does not seem to be able to live without women, but the liberties he took here won't be acceptable there. [letter 322]

A little later, when he was deathly ill, Freud tried to be supportive of his former daughter-in-law Ernestine as well; she was beginning studies to become a speech therapist. He tells her that she still has a "historical right to receive a birthday endowment" (letter 121), and continues:

> I would like to take this opportunity to tell you that I never had any doubts about your skills and ability to achieve things . . . . If I may say so, I just have always regretted that, because of your tendency to judge people too quickly and your misguided expression of your temperament you have missed so many chances to be happier in life. [letter 121]

Many of Freud's letters to Martin during World War I reveal that he worried about him and tried to support him as much as he could. He

visited Martin in the barracks in Innsbruck and arranged to meet him on an early January morning when his military transport passed through Vienna.

Martin had decided to fight in the war because he felt patriotic and would be able to enter Russia as a Jewish soldier, when normally Jews needed special permission to go there. Berger notes, however, that there may have been mutual disappointment between Freud and Martin; the latter wrote to his father repeatedly about degrading comments he suffered from his military superiors, and Berger surmises that Martin would have welcomed an expression of empathy and solidarity from his father. Freud's letters do not show a specific response to these anti-Semitic slurs, except to encourage his son to hang in there and to keep him informed (letters 75 and 81). Perhaps it was too painful for Freud to acknowledge his son's suffering. Furthermore, Freud believed in the necessity of standing up to anti-Semitism, which was not possible for Martin in that situation.

Ultimately, Martin ran a kiosk at the British Museum in London from 1950 onward, and later received a pension from the New York Freud Archives in exchange for releasing the letters published in this volume.

It is rather difficult to gain insight into Freud's relationship with his son Oliver from the few preserved letters. An especially intelligent boy, Oliver was shy and pedantic compared to his 12-month-younger brother, Ernst. Oliver was always a stellar student, but his studies to become an engineer were interrupted by the war.

In 1915, at age twenty-three, he married a Jewish medical student. She had an abortion in 1919 and sought a separation from Oliver; Freud undertook a difficult trip to the Carpathian Mountains, where his son was working as an engineer during the war, to bring him this "good news." Freud urged Oliver to finish his studies after the war was over, which he did, but he was unable to find suitable employment and was financially supported by Freud.

When in 1921 Oliver proposed marriage to Henny Fuchs, an artist in Berlin, she reportedly turned him down because of his mental health issues. Oliver then agreed to undergo a psychoanalysis with Franz Alexander in Berlin, and two years later, he and Henny were married, eventually becoming the parents of a daughter. Freud had diagnosed Oliver as

suffering from an anal-masochistic psychic organization, and had asked his friends and colleagues for advice about Oliver, which the latter experienced as intrusive. In letter 125 (1924), Freud wrote: "We are mindful of your disinclination towards protection . . . but we only wish that our dear Henny can have it as easy as possible during her difficult time."

A little later (letter 126), Freud shared with some amusement the news that on the occasion of his sixty-eighth birthday, the Social Democratic party had appointed him "Citizen of Vienna." He added, "Oli knows that I am not very ambitious, but perhaps Henny does not know how ambitious your mother is."

Oliver and his family felt forced to immigrate to France in 1933, and Freud again supported his son because he could not find work as an engineer there. Subsequently, Oliver changed professions and became an industry photographer, which afforded him a good income.

Berger points out that Freud seems to have had a difficult time showing a neutral attitude (as he recommended that an analyst have with patients) when it came to the emotional and psychological difficulties of his own family members. Instead, he appears to have been pessimistic at times and easily disappointed. However, Oliver's letter from France to Freud on the occasion of his eightieth birthday showed that Oliver had by then come to have a reasonably warm relationship with his father. He reminded his father of the latter's birthday celebrations of a decade earlier, including the detail that at Berggasse 19, even the dogs presented congratulations to Freud on his birthday—by entering the room with scraps of paper in their mouths that bore poems written by Martin or Anna.

In 1943, Oliver moved with his wife to the United States and became a professor of mathematics, the only Freud son who achieved this title. Sadly, their daughter, who stayed in France, died of an abortion a year later.

Freud's letters to his youngest son, Ernst, reveal a special closeness and affection, perhaps surpassed only by Freud's deep love for his grandson Heinerle (his daughter Sophie's second child). Berger states that Ernst seems to have been an easygoing, carefree, outgoing, and self-confident man who responded to his father's arguments with ease and humorous disagreement. He married Lucie Brasch, a woman from

a wealthy Jewish family who was loved almost immediately by the entire Freud family. Shortly after Sophie's death, Freud wrote sympathetically to Lucie even before meeting her:

> Just as you have recently lost your beloved father, I lost my daughter. I am feeling so wounded that I don't dare believe in happiness again. But then, it seems possible after all, that it is you who brings us happiness. [letter 162]

Freud's letter to Ernst on the occasion of his engagement reads like this:

> I wish you a life full of sun just as you have always desired. From the time of your earliest childhood you have attracted the sunny, warmth, and beauty . . . . You have formed your own destiny more independently than your older brothers, always to our satisfaction and with success for yourself. I hope the privilege you have enjoyed so far will remain with you in the future. [letter 160]

For Ernst's wedding, Freud wrote:

> I cannot be joyful right now but the general enthusiasm about Lucie has felt really soothing. You know that it is also so important for your mother because she has not been excited about an in-law so far, she is only now slowly getting used to Max . . . . I feel I did not give you kids as much as I had wanted. It feels so good to know that you are happy and secure. [letter 163]

When Lucie had the couple's first child, Freud congratulated her warmly and signed the letter with "I heartily greet and kiss you, grandpa" (letter 181).

Ernst was the son with whom Freud sometimes shared intimate aspects of himself, such as his vulnerability—i.e., he mentioned a memory of his own father, his feelings about an award, and that he was working on a book. Freud sent Ernst a copy of *Moses and Monotheism* (1939, *S. E.*, 23) with the comment that "the scientific critiques have not been very friendly and the Jews are offended" (letter 318). In his next letter, Freud praised his daughter Anna's scientific work and her abilities, adding, "if only she were more ambitious, but perhaps this way it is better for her future life" (letter 319).

Ernst had three sons, the middle of whom became the world-famous painter Lucien Michael Freud (who died in London in July 2011). Ernst and his family often helped Freud with practical matters, such as when Freud came to Berlin for a new prosthesis, and they assisted him with monetary investments. In 1933, Ernst fled to London and Freud wrote to his grandson, "I was pleased to hear that you have become an Englishman! It is funny, I also wanted to become an Englishman when I was your age, and study in Manchester. I only had to wait for two generations" (letter 318).

Freud's letters to his daughter Sophie and her husband Max show again his wish to relate to the couple honestly and supportively. He seems to have had an astonishingly emancipated relationship with Sophie. Three weeks before her death, she wrote to him that she was upset by her unwanted pregnancy (she already had two sons); Freud expressed his concern about her and comforted her by saying that "I am looking forward to perhaps having a female grandchild without whom I do not want to leave this earth." He also stated that "your mother lived under much more difficult circumstances and she came to accept one child after the other without too much opposition."

At this point Freud repeated an earlier, specific suggestion that Sophie use an intrauterine device, which she had not done. Two weeks after her death, he wrote to her internist, who had told her that her health and her immune system were deeply compromised by this latest pregnancy: "In the face of the inhuman and unreasonable law that forces an unwilling mother to continue her pregnancy, it becomes the duty of her doctor to help women prevent unwanted marital pregnancies." Freud acknowledged that, although he had written about birth control as a cause of neuroses, the suffering of "this young couple because of the pregnancy was very severe," and he hoped "experiences like this will increase the gynecologists' awareness to perform their duty." (Incidentally, there is unelaborated evidence in these letters, as well as in the biographical addendum by the editors, of a disconcerting frequency of medically induced abortions in Freud's extended family.)

Sophie had secretly become engaged at age nineteen in Hamburg to her future husband, Mark, who was a photographer and a Jewish relative of the Bernays family. Freud, who felt that his girls should wait until

they were twenty-four before they got married, was upset and wrote to his future son-in-law:

> We understand that we have been declared superfluous and are now only expected to provide the formality of our blessing . . . but we are nevertheless parents, and with all the illusions that come with that status we feel obliged to assert our importance, and we wish to lay our eyes upon the energetic young man whose determination has sprung over to our daughter, only then will we be moved to say "yes" and "Amen." [letter 329]

The fascination of this book lies in hearing the lively voice of Freud, the father who enjoyed writing letters to his children even after a telephone had been installed in Berggasse 19 in 1895. Berger concludes that reading these letters creates a feeling of admiration for Freud. Despite being a world-renowned scientist and severely ill with cancer for sixteen of the twenty-five years that the letters cover, he nevertheless made every effort to be a true supporter of and partner to each of his adult children. Berger thinks it likely that, in his relationships with his adult children, Freud tried to set aside his own genius and international status, as well as his knowledge of the psychodynamics of mental functioning, since these factors could have had an alienating and distancing effect on these relationships.

Volume 28, Number 1 – 2013

Trauma als nonverbale Mitteilung [Nonverbal Communication of Trauma]. By Sverre Vavrin, pp. 114-130.

The author defines traumatic experiences as situations during which the ego or the self is helpless and overwhelmed, and cognitive functions—i.e., symbolization, thinking, and integration—are compromised or suspended. He maintains that traumatic memories are not rigid, photographic images in the brain, but that the trauma is preserved in the form of archaic fantasy structures, which become established during or soon after the traumatic experience.[6]

[6] Rosenbaum, B. & Vavrin, S. (2007). The influence of extreme traumatization on the body, mind and social relations. *Int. J. Psychoanal.,* 88:1527-1542.

These fantasy structures involve a fragmentation or loss of self (including the body) and object, and function to assign meaning to the traumatic experience. They also form an organizing reference point in identifying potentially dangerous elements in new experiences by uniting them in *anxiety scenes* or *danger scenes.* Thus, such fantasy structures influence subsequent behavior by forming the basis on which new situations are interpreted.

Vavrin writes that, although their function is to protect the individual from automatic anxiety and to prevent retraumatization, the fantasy structures generated by trauma actually serve to keep the patient in a victim position—one in which either flight or paralysis is the most likely reaction, with constructive solutions being much more rare. This is an ongoing, active mental process similar to that of traumatic dreams, which attempt to bring order to a chaotic experience.

The treatment goal with such persons is to help the patient become aware of her archaic traumatic fantasy structures and to reestablish her cognitive functions of symbolizing, thinking, and integrating in relation to the traumatic situation.[7] This is possible only when the patient is helped to gradually give up her position of inner isolation and to feel validated by an empathic other who can bear the trauma with her and can contextualize it. Once a patient feels safe enough with the analyst, the defense of dissociation—which rescued a part of the self from the trauma—becomes less necessary over time. The whole self can eventually become available again to the patient as the trauma becomes integrated.

Vavrin highlights that, because cognitive functions have been impaired in this way following the trauma, the patient is more often than not unable to verbalize its full cognitive and emotional meaning. Instead, archaic fantasy structures associated with the trauma are acted out nonverbally, and also in the relationship between patient and analyst. The following relationship scenarios are indicative of past trauma in the patient:

1. Under the influence of a powerful repetition compulsion, the patient may remain in a negative transference for a

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[7] Vavrin, S. (2003). *Mental Survival Strategies After Extreme Traumatization.* Copenhagen, Denmark: Multivers.

prolonged period of time—a transference that tends to be highly painful for the patient, and in fact is more difficult for him to tolerate than for the analyst. The patient secretly continues to hope for a positive outcome to counteract his traumatic expectation.

2. Traumatized patients function on both a symbolic level and a subsymbolic, nonverbal, representational one. Repressed or dissociated emotional experiences are often expressed in the form of bodily pains, gestures, facial expressions, or tones of voice. The patient may show fragmented and distorted perceptions of the analyst; behaviorally, there is often extreme cautiousness, hypervigilance, or withdrawal. The relationship can feel heavy, even dead, as a result of the traumatic projection.

3. Traumatized patients exhibit a relational style that is the result of their pretraumatic, traumatic, and post-traumatic experiences, conveying information about what kind of object is being addressed by the patient, according to Vavrin.

The following treatment issues are especially important:

1. These patients can and should be treated with standard analytic technique. However, the analyst must be flexible and sensitive to how the patient structures the analytic situation. The analyst needs to maintain neutrality, which the author defines not as emotional distance, but as an open and searching interest in knowing more and understanding the patient in relation to her trauma. The traumatized patient is attuned to the emotional quality of the analyst's presence, which determines how the analyst's communications are understood and received. Enactments in which the analyst comes to represent the passive bystander or the unempathic, abusive other are inevitable; however, the mental and emotional quality with which these enactments are processed becomes crucial. Such a patient is exquisitely sensitive to the analyst's inner image of her and to the analyst's beliefs regarding her emotional state of mind.

2. The analyst must be able to bear the badness of the trauma and must also be empathic with the "badness" of the pa-

tient, knowing that the patient's badness makes it difficult for the patient to be empathic with himself, Vavrin states. Traumatized patients are liable to participate in shameful actions and scenes. They often let others down, suffer overwhelming guilt and shame, and feel awful and worthless. They cannot show empathy toward themselves, even though they long for it. Statements by the analyst such as "You are projecting onto me" or "You are treating me as if . . ." are signals to the patient that the analyst is unable or unwilling to be the container of the patient's badness. At worst, such statements have the effect of returning the patient's projections without metabolizing them, thus increasing his despair.

3. "Did it really happen?" And "What exactly did happen?" These are important questions for a patient with trauma. The author suggests that the historical dimension has to be taken into account. An exclusive focus on the transference to the neglect of the patient's actual experiences leaves the patient in a vacuum. The author makes it clear that the question is not one of determining a historical truth in the positivistic sense; rather, it is important that the patient is helped to understand what happened to her through constructions and reconstructions and through an examination of external evidence, if available.

4. Is insight important with traumatized patients? Vavrin believes that this depends on the nature of the trauma and the patient's mental functioning. He gives an extensive case example of a woman who was sexually abused by her stepfather as a child. This patient was eventually able to be aware of and to understand that all her subsequent relationships had been formed according to the prototype of her abusive history. Another case example was that of a woman who had been traumatized in a war-torn country many years before her analysis; this patient was less able to see the deep connections between her current persistent anxieties and difficulties in relationships, on the one hand, and her past traumatic experiences, on the other.

5. Traumatized patients tend to experience the uncanny. This implies that they may feel a fundamental insecurity about

their existence and about the right to have a life and emotions pertaining to the reality of their perceptions. Their inner connection to an empathic other has been damaged or even destroyed. In such an emotional context, the most important interventions are of an affirmative character. Often, the analyst needs to be more active with these patients in the sense of affirming the patient's right to express, to discover, and to feel her own emotions, Vavrin notes.

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PSYCHE ZEITSCHRIFT FÜR PSYCHOANALYSE UND IHRE ANWENDUNGEN

Volume 67, Number 2 – 2013

Die Konzeptualisierung der Spaltung [Conceptualizing Splitting]. By Rachel B. Blass, pp. 97-119.

The author states that, at first sight, the concept of splitting seems simple: under certain circumstances the mind splits into different parts—good and bad, acceptable and not acceptable—which has consequences for mental functioning. However, if one looks more closely, many questions arise: for example: how is splitting different from repression? After all, we use the concept of repression when we talk about splitting between ego and id. To say that splitting is an earlier process seems rather vague. Also, if we narrow the concept of splitting to the ego, what then is being split, and who or what carries out the splitting?

Rather than abandoning the concept of splitting, as has been suggested by Pruyser,[8] Blass discusses four different conceptualizations of splitting used in current psychoanalytic discourse that capture important assumptions about how the psyche functions, and that have different clinical implications:

1. Splitting as dissociation
2. Splitting as denial

[8] Pruyser, P. W. (1975). What splits in "splitting"? A scrutiny of the concept of splitting in psychoanalysis and psychiatry. *Bull. Menninger Clin.,* 39:1-46.

3. Splitting of ideas
4. Splitting of the mind (psyche)

These all go back to Freud and have been elaborated by later analysts; e.g., the dissociative form of splitting has been developed by Ferenczi and Kohut, splitting of ideas by Kernberg, and splitting of the mind by Klein.

Blass writes that splitting as dissociation goes back to Freud's early psychoanalytic work, such as *Studies on Hysteria* (with Breuer; 1895; *S. E.,* 2), in which he described a splitting of consciousness or a double consciousness associated with trauma. Freud saw trauma as the cause of internal conflict; furthermore, his concept of trauma was very broad, ranging from an experienced sexual, physical, or war-related trauma that any ego would be unable to handle, to an idea that is incompatible or unacceptable to the individual's normal consciousness.

Toward the end of his life, Freud returned to the connection between dissociative splitting and trauma:

> This latter illness may also be looked upon as an attempt at cure—as an effort once more to reconcile with the rest those portions of the ego that have been split off by the influence of the trauma and to unite them into a powerful whole vis-à-vis the external world. An attempt of this kind seldom succeeds . . . . It ends often enough in a complete devastation or fragmentation of the ego or in its being overwhelmed by the portion which was early split off and which is dominated by the trauma.[9]

Blass points out the importance of noting that dissociative splitting does not stand in opposition to repression, but rather comes about as a result of repression. (Early on, Freud did not use the word *repression,* but rather *disavowal* or the broader concept of *defense.*) Objectionable experiences or ideas have been pushed out—disavowed or defended against—of consciousness. Thus, this type of splitting indicates that some aspects of the mind are conscious, while other aspects have become unconscious or are conscious only at times.

Characteristic of this type of splitting is that the split-off part has become an organization or a part of the ego—it is not just an idea—

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[9] Freud, S. (1939). *Moses and Monotheism. S. E., 23,* pp. 77-78.

and as such, under certain circumstances, it is accessible to the rest of the ego. Ferenczi further elaborated this type of splitting and saw it as typical in cases of childhood sexual abuse, an extreme form being multiple personality disorder. Kohut proposed a vertical split in a vulnerable narcissistic self, in which two separate self-organizations (grandiose and devalued) exist side by side, often without the individual being conscious of them.

Splitting as a manifestation or a consequence of denial was described by Freud in the 1920s, and was further elaborated in *An Outline of Psycho-Analysis* (1940; *S. E., 23*) and "Splitting of the Ego in the Process of Defence" (1940; *S. E., 23*). The ego becomes aware of a piece of reality that is too threatening, and therefore the perception is denied or disavowed; the result is that two beliefs exist side by side, often without influencing each other.

Freud's main example is that of the boy who perceives the lack of a penis in the girl and then becomes afraid for his own penis. He creates a fetish to substitute for the lost penis. From then on, he has two attitudes toward reality: one is normal, and the other denies both the absence of the penis in women and the associated threat to his own penis.

Throughout his work, Freud discussed the internalization of objects. For example, in "Mourning and Melancholia" (1917; *S. E., 14*), the ego was described as identifying with and internalizing an ambivalently loved and hated object, which results in an ego split. Freud thought that this process resulted in a kind of internal representation of the object. Generally, Freud saw the ego as built up of different identifications that could be in conflict with each other.

Kernberg elaborated on this view of splitting with regard to severely narcissistic and borderline-personality-disordered patients, who evidence a primitive splitting into good and bad objects and self-representations. He discussed the consequences of this splitting for the patient's functioning and for the treatment—i.e., when the ego remains unable to integrate different self-representations and object representations, and a chaotic treatment and life situation ensues.

Klein proposed that it is the self or the object that is split and not their representations. While she stated that splitting is a fantasy, she nevertheless emphasized that it has real consequences for the person's self-

feeling and perception of objects. Splitting occurs because the infant wants to avoid his inner destructiveness, and this becomes possible if the bad parts are projected into the object and the object is split. However, there is a fear that what is good in the object has also been destroyed, which creates increased anxiety and a sense of guilt.

According to Klein, splitting of the object always involves a splitting of the self as well, because development occurs as a result of the processes of projection and introjection. If the object is split excessively and felt to be in pieces, the ego comes to feel itself to be in pieces also, because a damaged and fragmented object is introjected. In its most extreme form, parts of the self and the object have been destroyed (in fantasy) and cease to exist.

Klein was explicit that she sought to further develop Freud's ideas. Freud's notions of the expulsion or projection of the bad, and his ideas of an ego split with the result of a superego controlling the ego, formed the basis of her work.

Blass hopes that describing these different ways of conceptualizing and understanding the process of splitting will lead the clinician to think carefully about different clinical situations. We may ask ourselves: Does the patient split her reality to avoid repression, or does she destroy something within herself in order to save the object? Is the patient's blindness the result of her denial, or is it the result of her having destroyed a part of herself to which she no longer has access? And does she no longer have access to it because she has dissociated this part of her personality—or is this a consequence of her inner destructiveness?

Furthermore, these different conceptualizations of splitting point to different understandings of the mind, and also to a different understanding of aggression. Splitting as dissociation assumes that the normal mind is unitary, and that it is external reality (traumatic aggression) that causes the split. Splitting as denial implies that the individual is unable to handle reality as it is and therefore must actively alter a piece of reality. Splitting of representations and splitting of the psyche assume that the mind is not unitary, and that it is ourselves who engage in the splitting— partly to avoid our inner aggression and partly to preserve the good object. Thus, especially in the splitting of the psyche, it is the combination of love and aggression that creates our inner disunity.

Volume 67, Number 4 – 2013

Die Bedeutung des negativen Oedipuskomplexes für die Perversion der Frau ["The First Cut Is the Deepest": The Significance of the Negative Oedipus Complex in Female Perversion]. By Sabine Cassel-Bähr, pp. 330-358.

The author notes that the clinical entity of perversion has historically been discussed from a male perspective, with the result that sexual perversion appears to be much less frequent in women than in men. She asks whether we tend to define what is sexual predominantly from a male perspective, thus leaving out differences in psychological and bodily experiences between men and women.

Until the late 1990s, manifest sexually perverse women did not seem to exist in the analytic literature, notes Cassel-Bähr. Exceptions were reports by Chasseguet-Smirgel[10] and McDougall,[11] who had extended the notion of perversion to include perverse relationships. The women they described appeared to be inhibited in their genital sexuality.

Estela Welldon, an Australian psychologist who worked with women who had a criminal history or a background of prostitution, significantly enriched our understanding of perversion in both men and women.[12] According to her, a characteristic of perversion is a special form of splitting between genital sexuality and pregenital sexuality. She maintains that perversity develops as a result of childhood trauma, especially traumatic experiences that attack the narcissistic integrity and gender of the child. Such a formulation is consistent with other contemporary theories of perversion.

Welldon furthermore submits that the aim of the perverse act is to undo the trauma. The perversion is both an attempt at mastery and the enactment of a revenge fantasy. For Welldon, the use of one's own body or the use of the body of the other in a fetishistic way is central to

[10] Chasseguet-Smirgel, J. (1984). *Creativity and Perversion.* New York: Norton.
[11] McDougall, J. (1989). *Theaters of the Body: A Psychoanalytic Approach to Psychosomatic Illness.* New York: Norton.
[12] Welldon. E. (2011). *Playing with Dynamite: A Personal Approach to the Psychoanalytic Understanding of Perversions, Violence, and Criminality.* London: Karnac.

perversion in both sexes. Male perversion primarily involves the phallic function, whereas women fetishize the reproductive functions and the reproductive organs, which she calls the *perversion of maternality.*

Cassel-Bähr states that Welldon describes three types of perversion of maternality[13]:

1. Fetishization of the uterus as the central organ of reproduction. She cites perverse pregnancy fantasies and/or self-destructive enactments of pregnancies and the seeking of abortions, as well as permanent but questionable gynecological surgeries, often carried out in collusion with male surgeons who have perverse tendencies.

2. Fetishization of the child as a partial object that can be manipulated; this occurs in mothers who physically or emotionally neglect or abuse their children, including by creating situations of sexual overstimulation and sexual exploitation. The perverse mother prevents her child's normal separation and individuation because she needs the child to reenact again and again a passively experienced trauma, now putting herself in the active role.

3. Fetishization of the whole female body, as is the case of prostitution. According to Welldon, Cassel-Bähr writes, the reproductive function is experienced by women as less focused and more diffuse and generalized than by men. She also includes forms of biological and hormonal disturbances and bodily self-mutilation in this category, such as anorexia nervosa, bulimia, and various forms of cutting, which have also been recognized by others as equivalents of perversion.[14]

Cassel-Bähr then poses some questions: Why is the development of perversion so different in men and women—to such an extent that we ultimately cannot even be certain we are talking about the same phenomenon? Why do women who possess genital sexuality and have orgasms not pervert them? Welldon explains this by citing anatomical dif-

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[13] Welldon, E. (1988). *Mother, Madonna, Whore: The Idealization and Denigration of Motherhood.* London: Karnac.

[14] Kaplan, L. J. (1997). *Female Perversions.* Northvale, NJ: Jason Aronson.

ferences between the sexes: women fetishize the reproductive functions because they are in possession of them and because the reproductive organs are central to the female body.

Cassel-Bähr notes that translation into the psychic realm of such explanations based on biological and anatomical gender differences is somewhat limited. She proposes to investigate early female development, especially Freud's later writings on femininity, to find a comprehensive psychoanalytic explanation.

Cassel-Bähr acknowledges that approaching the topic of sexuality from a gender-specific perspective entails the danger of engaging in an unhelpful comparison, and it is this danger that has brought about a trend to deconstruct gender and to view it as exclusively socially constructed. She thinks that the latter strategy comes close to throwing out the baby with the bath water. She suggests that psychoanalysis, with its focus on the interrelationship of body and mind (conscious and unconscious), and on the pervasive influence of the interpersonal dimension from the baby's earliest beginnings, is in a privileged position to describe how gender-specific differences of bodily experiences are inscribed symbolically.

Cassel-Bähr reviews Freud's writings on gender-specific developmental stages of human sexuality. She reminds us that, for Freud, the individual's constitution and bodily experiences with his significant others and/or an "other," including what transpires in the case of sexual abuse, are always also psychological experiences, and as such are crucial to the adult's ultimate sexuality.

With regard to female sexuality, Freud showed us in his later works "Female Sexuality" (1931; *S. E.,* 21) and "Femininity" (1933; *S. E.,* 22) that the girl reaches the positive oedipal situation only after she has overcome the negative (same-sex) oedipal phase. Thus, for the girl, the first love object is a homosexual one, and the girl, in contrast to the boy, will not "refind" the body and gender of her first love object in the positive oedipal situation, but rather is left with the sense that she has the "wrong body and the wrong gender." Cassel-Bähr claims that this makes the girl highly vulnerable to intense narcissistic disappointment with the mother.

Like the boy, the girl has to come to terms with the fact that the mother is not the sexual partner of the child, but rather it is the father,

and that she is excluded from parental sexuality. Additionally, however, unlike the boy, the girl must accept the homosexuality taboo, which prohibits future female sexual partners. This may be experienced as a devaluing rejection and betrayal of her body and self, and even an annihilation of herself (depending on the severity of the trauma), which makes the girl retreat to a depressive narcissistic position.

Seen in this light, female perversion becomes the way in which the girl expresses a traumatic negative-oedipal disappointment with the mother and her sense that she is of the wrong gender. This is a specifically female form of fixation and/or regression. The more traumatic and frustrating the girl's early relationship to the mother, the less the girl will be able to cope with the oedipal realization that the mother desires the male body. The girl will develop hate, rage, and jealousy toward the mother in connection with her fantasies of the privileged position of the father.

The girl's awareness that the mother is not under her omnipotent control and that the mother desires the other can create overwhelming feelings of helplessness and unbearable feelings of being at the mercy of a mother who does not love or desire her. A distorted sense of reality comes about, and splitting and projective defense mechanisms become prevalent, as well as a "bad-mother" or part-object introject (rather than a positive identification). The latter will be felt as the girl's own maternality, which becomes perverted, as described by Welldon.

Cassel-Bähr describes yet another developmental line for female perversion: if the girl experiences maternal traumatization before her awareness of gender differences, the fantasy of the omnipotent mother may be displaced onto the man, with the result that the oedipal father is even more powerful in the girl's fantasy than her introject of a powerful mother. Such a girl may offer herself as his part object in order to participate in his power, or she may try to jealously rob him of his privilege. Such sadomasochistic, dependent relationships appear to be typical of women in prostitution.

The author ends by suggesting that our sociocultural expectations of rigid heterosexuality and rejection of homosexuality contribute to the devaluation of the girl's sense of body and self. She suggests that it is important for the girl's normal and healthy sexual development that the

mother is able to lovingly respond to her daughter's homosexual striv-ings toward her, while at the same time setting a boundary. The mother must be able to tolerate the girl's jealous impulses to rob her, and to survive as a good enough, whole object for the girl.

Furthermore, if the girl is exposed to two significant objects who can both tolerate good and bad attributions, an increased integration becomes possible, and the girl will learn that it is not only she and her mother, but also the male and the mother who have to separate—i.e., that the privilege of motherly love and motherly desire is not naturally exclusive of the male gender, despite the anatomical difference between the sexes.

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Ringen um Psychoanalytische Haltung [The Struggle to Achieve an Analytic Attitude]. By Elfriede Löchel, pp. 1167-1190.

The author starts with a brief review of the (ideal) classical concep-tion of the analytic attitude of evenly hovering attention and free asso-ciation. The classical conception focuses on the patient who, because of his internal conflicts, resists and attacks the analytic frame. The analyst is called upon to analyze the disruptions brought about by the patient and, if done correctly, this makes possible a reestablishment of the analytic attitude.[15]

In recent decades, there has been a tendency to view the analytic atti-tude as a co-creation between analyst and patient. Now the assumption is that the analysis of the co-created transference and countertransference dynamic allows some form of reestablishment of an analytic attitude.[16]

Löchel proceeds to describe her own understanding of the analytic attitude, which she calls *beyond co-creation*. She defines an analytic atti-tude as a place for the analyst to reflect on her own contributions and as an invitation to self-analysis and self-reflection. She prefers to focus on countertransference as not simply a reaction to the patient's transfer-ence, but rather as raising questions for the analyst and reaching into

[15] Schafer, R. (1983). *The Analytic Attitude.* London: Karnac.
[16] Parsons, M. (2006). The analyst's countertransference to the psychoanalytic pro-cess. *Int. J. Psychoanal.,* 87:1183-1198.

her private sphere. Rather than engaging in public discourse about this countertransference, the author recommends that each analyst engage in an internal communication with herself to understand what it is that is being touched on or repeated, or that causes her to feel pain. She maintains that this is not a technical issue in the narrow sense, but rather one that merits discussion under the rubric of the analytic attitude.

In addition to the analyst's anxiety aroused by the patient's unconscious conflicts, Löchel maintains that anxiety can also be provoked simply by the maintenance of an analytic attitude—anxiety not only in the analyst, that is, but also in the patient. Löchel views the analytic attitude as having a fundamentally deconstructive and dissociative character. She notes that analysis is often compared to real-life relationships, such as the view of the analyst as providing a maternal or transformative function (containing).

While containing is clearly very important, the author finds it essential to keep in mind that conducting an analysis is fundamentally unlike any other interpersonal relationship, and that maintaining an analytic attitude—i.e., approaching patients with evenly hovering attention and allowing them to free-associate without directing them—presents a great challenge, as this method lets anxieties come to the surface not only in the patient, but in the analyst as well. She states that there is a spontaneous temptation to flee and to avoid grappling with one's own anxiety. As a result, some may engage in the rationalization that maintaining an analytic attitude is not an important technical directive.

Löchel states that doing analysis is always an ambivalent activity, and facing our own conflicts, anxieties, and resistances to the analytic method is an essential dynamic of any analytic process. This is not a bothersome byproduct of the work, but rather necessary for a beneficial analytic process. The author believes that the analyst's interventions arising from her own internal work are the ones that truly affect and benefit the patient.

In this sense, the analytic attitude is not an instrument or method that is always readily available, to be taken for granted; rather, it is one that must be struggled with, regained after being lost, and achieved yet again when deviations or interruptions have occurred, sometimes as a result of crisis. Ultimately, the analytic attitude is the ethical responsibility of the analyst.

The author gives an illustrative example from a difficult session with a patient who had significant early attachment issues. The analyst had felt very sleepy and suddenly heard the patient's voice saying, "I don't understand the meaning of what you just said." The analyst became highly anxious, confused, and self-conscious; she thought she had not said anything, but because she felt so sleepy, she was unsure and thought she might have missed something. Perhaps she *had* uttered a remark without being aware of it—or was this an enactment of some sort?

The analyst felt an urgent impulse to defend herself and to assert her own reality, and to say to the patient that she was not aware of having spoken. However, she hesitated because the patient had earlier in the session complained about her mother, who did not take the patient's reality into account and had made her feel stupid over and over again.

The analyst struggled with herself about how to respond and finally managed to ask the patient, "What did you hear me say?" When the patient replied that she had heard a critical statement from the analyst, the analyst became sure that she had not made such a remark, and then felt freer to explore with the patient her hurt at the analyst's critical comment. Had the analyst responded defensively and insisted on her own reality, she would have confirmed the patient's worst fear that her own reality was not valid.

Afterward, the analyst tried to figure out what had happened and what the pull toward the enactment had been. The patient may have experienced the analyst's sleepiness as an emotional abandonment that then led to angry feelings, which the patient projected onto the analyst in perceiving her as making a critical statement.