MOURNING IN THE PSYCHOANALYTIC SITUATION AND IN SHAKESPEARE'S *THE TEMPEST*

BY SYBIL HOULDING

Recognizing that mourning builds psychic structure, the author highlights the ubiquitous and essential nature of mourning in the psychoanalytic situation. Reality testing is intimately connected to mourning and is the warp on which psychic structure is woven in the analytic situation. Reality testing necessarily involves opportunities for mourning and thus will be present in every analytic hour. The confrontation with reality is the basis for all processes of mourning, or for creating defenses against this painful experience. The author views mourning as fundamentally a transformational process, and Shakespeare's The Tempest *is used to illustrate this aspect of mourning.*

Keywords: Mourning, *The Tempest,* reality testing, Freud, Shakespeare, separation, loss, forgiveness, melancholia, reconciliation, *fort-da,* ego formation, revenge.

INTRODUCTION

In this essay, I call attention to the ubiquity of mourning in the psychoanalytic situation. I explore one aspect of mourning, the work of reality testing in the psychoanalytic situation, and I use Shakespeare's *The Tempest* (1610) as my primary "clinical" material. I speak of mourning as including not only grief for the actual death of a loved one, but also the many forms of mourning with which the ego must contend.

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I view reality testing as the fundamental basis of all mourning. Reality testing is intimately connected to mourning and is the warp on which psychic structure is woven. Opportunities for mourning will be present in every analytic hour, and the analytic situation itself, through its very structure—the frame and the transference—lends itself to mourning and thus to the ongoing development of psychic structure.

MOURNING AND REALITY TESTING

It is not unusual for patients to come to analysis in order to mourn an earlier loss, often unaware that this is part of the unconscious motivation for analytic work. Frequently, the work involves converting melancholia to mourning. Freud supplied us with this vocabulary and these concepts in "Mourning and Melancholia" (1917), in aphoristic, poetic, and sometimes dense language. Phrases and concepts from this paper resonate throughout our literature, giving us a new way of thinking.

What is the work that mourning performs? Freud answers:

> Reality testing has shown that the love object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them. [1917, p. 244]

Reality testing has shown that the love object no longer exists.[1] Reality testing, I argue, is the foundation of the act of mourning. Reality testing is the infant's first confrontation with the other and the limit of his capacity to control his own experience. It is the beginning of the movement toward psychic structure.[2]

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[1] Laplanche and Pontalis (1973) define reality testing in mourning as "the fact that the subject faced with loss of a loved object learns to modify his personal world, his projects and his wishes in accordance with this real loss" (p. 385).

[2] Although throughout Freud's 1917 paper and in much of the subsequent literature, *reality testing* suggests a sharp demarcation between external and internal reality, it is perhaps worth noting that this is not a process that happens once and for all, but is an ongoing negotiation within the mind in its continuous struggle to accept or deny the intrusion or perception of unwanted knowledge.

Earlier, Freud (1911) made a clear statement of his views on reality testing. He stated that the starting point of mental processes is the older, primary mental process based on the pleasure principle. This internal state is interrupted by "the peremptory demands of internal needs" (p. 219). When a hallucinatory attempt to supply satisfaction failed to occur, the nascent psyche had to form some conception of the external world: "What was presented in the mind was no longer what was agreeable but was real, even if it happened to be disagreeable. This setting-up of the *reality principle* proved to be a momentous step" (p. 219, italics in original).[3] Freud's recognition of this momentous step is the basis for my argument: that what is presented to the mind is not always what is agreeable, but what is real, and that the capacity to face and accept this disagreeable reality in myriad situations is one definition of a successful analysis.

Mourning the loss of a loved one involves a loss of interest in the world and a sad preoccupation in the subject, which no one would consider pathological. The length of time required to mourn is accounted for by the slow detachment of each of the memories bound up with the lost object. Each memory and expectation must submit to reality testing. (When this fails entirely, we can expect psychosis.)

We have all had the experience of forgetting that a loved one is actually dead. Ms. B consulted me for depression in the weeks after her sister's death: "I think about her every night when I go to sleep, and when I wake up I have to remember again that she is gone." This is a psychic experience of repeated death and resurrection. In this we are like Penelope, who weaves a shroud for Odysseus, undoing a little each night in order to keep her suitors at bay. Her action also preserves him internally as a living being. In sleep, we may also undo our knowledge of loss, only to reweave that knowledge each morning.

Six months later, Ms. B reported, "I'm sad, but I'm no longer depressed." The experience of her sister's death reminded her of her mother's death when she was thirteen. At that time, her father collapsed into alcoholism, and there was no sympathetic adult to whom she could

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[3] In his own footnote to this paper, Freud notes that the infant's original solipsistic state includes the mother's presence, anticipating Winnicott's (1960) notion that there is no infant without a mother (Freud 1911, p. 219, note 4).

turn. In the therapeutic situation, she was able to make contact with the earlier loss, even as she mourned the death of her sister.

Ms. B's sister had an adolescent daughter. Seeing this niece lose her mother was the trigger for revived mourning for her own mother. The presence of the analyst allowed grief to surface—grief for her mother as well as grief for herself. She also came to know about her rage at her father, who her neglected her and her siblings, and her envy of her niece for having a loving parent available after her mother's death. The reality of Ms. B's severely neglectful father and his effect on her was confronted emotionally, and slowly she could take in *his* situation at the time and feel less angry. She was still sad and mourning continued, but her depression had lifted.

SEPARATION, LOSS, AND MOURNING IN PSYCHOANALYSIS

In the psychoanalytic situation, the reaction to separation from the analyst in the transference at the end of each hour, and the reunion at the next, is an occasion for mourning—one not always acknowledged. This repeated event allows for the development of psychic structure as the anxieties and defenses against this loss are gradually brought to awareness, understood, and lead to psychic change.

This process in the analytic situation mirrors Freud's (1920) discussion of *fort-da,* in which he describes the infant's repetition of throwing and retrieving a spool, accompanied by the words *gone* and *there.* This repeated act of loss and retrieval is seen as an attempt at mastery of loss and reunion with his mother. Freud conjectures that the child, who accepted his mother's coming and going gracefully and without protest, was internally attempting, through his play, to be the one who leaves rather than the one who is left. The adult who continues to expect to see the lost person will repeat this act of death and resurrection, of *gone/ there,* many times, until the ego finally accepts the loss of the object in the external world and has safely instantiated the object internally. Above all, this takes time.

"Oh, you're here!" Ms. A said with some relief in our first session after a summer holiday interruption. "Even though we went over this

a million times, I worried that I had the date wrong." This ordinary example of reality testing, so familiar to every analyst, will be repeated many times in different forms over the course of an analysis, allowing for exploration. In this session, Ms. A's associations included her mother's intense involvement with various projects that she would then suddenly abandon. Ms. A became aware that she had felt like a "dropped project" during our break, but had "tucked those feelings away" as they were too painful to acknowledge in my absence. Becoming conscious of these mental acts—the forgetting of disturbing feelings, and the repeated re-encounter with them in the analytic situation—leads to greater confidence that separations can be endured, and that painful disappointment can be tolerated.

Freud again: "Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect to it" (1917, p. 245). Freud suggests that the act of mourning will be completed when this work is finished. This last bit of theorizing—that mourning ends when the work of reality testing is finished—does not often match lived experience (see also Kernberg 2010). Earlier losses come alive in the face of life challenges, and losses are revived in the lived experience of the analytic situation. However, the failure to do the work that Freud outlines—the slow, painful reencounter with the loved one internally, while facing the absence of that loved one externally—leads to depression or to stalled development.

"In mourning, it is the world which has become poor and empty; in melancholia it is the ego itself" (Freud 1917, p. 246). According to Freud, the melancholic deals with his loss by identifying with the abandoning object, and, setting one part of the ego itself against the other, judges it critically and takes it as its object. "The shadow of the object fell upon the ego" (1917, p. 249). There is a substitution of identification with the lost object, now a part of the ego, for the work of mourning, which would involve acknowledging an unbearable loss. The object is retained at the price of a distortion in reality testing. This leads to both relief and torture, where loving hate and hateful love are preferred to no object relation at all (Ogden 2002).

The end of one analytic hour and the beginning of the next, in conjunction with weekend separations and interruptions, reinforces this experience of loss and reunion in anticipation of the termination phase of analysis. Loewald (1962) observes, "In fact the end-phase of an analysis may be described as a long-drawn-out leave-taking—too long and drawn out, it often seems, from the point of view of ordinary life" (p. 485).

Loewald notices the human tendency in ordinary life to either cut short a farewell, as though to deny its importance, or to prolong the farewell, denying that it must occur. Both strategies are an attempt to deny loss. Loewald concludes with the observation that the extended leave-taking of the end phase of analysis is a replica of the process of mourning.

The internal state of any analysand, and the particular moment in the analysis, will influence this experience. For a patient for whom separations are less highly charged, the experience might be more like Freud's young nephew and the game of *fort-da*. For a person with deeper anxieties about separation, the end of the hour—and even the termination—may resonate more with Klein's description of the infant who in fantasy destroys the mother and discovers that she survives.

Loewald is explicit, as Freud is not, about the pleasure of development that inevitably involves relinquishment and the transformation of an object relationship. Steiner (2005), writing about the conflict between mourning and melancholia in the analytic situation, echoes Loewald: "Change in psychoanalysis, like change in general, invariably exposes the patient to something new, unknown, and to a degree, frightening. It is therefore not surprising to find that, despite the suffering involved, many patients cling to what is familiar" (p. 83).

This desire for change comes into conflict with the wish to stay with the familiar. Steiner reminds us that letting go of the familiar is often the more difficult part of the work, as it involves relinquishing omnipotence and facing loss. *This is the parent I have. This is my life situation. No, I cannot undo that act. Yes, I am going to die.*

Writing about the termination of an analysis in which he and his analysand had to face disappointment, Steiner acknowledges that, while aware that much had been accomplished in the analysis, "I, too, had to face my disappointment, and I was helped when I was able to accept the

limitations of my work and of psychoanalysis in general" (2005, p. 102). Here Steiner reminds us that psychoanalysis has limitations.

This is not a brief for giving up prematurely on an apparently stalemated process, but a reminder that there is such a thing as a "good enough analysis," and in fact there must be. Without a good enough mother, Winnicott (1960) tells us, there will be no baby; without a good enough analysis, there will be no change. But the change analysis can effect—a transformation, if you will—is a changed inner world that leads to a more alive and engaged life, not to a changed external reality. "But will it make my hair grow?" one of my teachers, unhappy with his premature baldness, reported having once asked his analyst. He was exposing the secret wish of every analysand: that yes, analysis will "make one's hair grow"—a wish that will go unfulfilled, and one that must be faced and mourned.

As a result of our analytic work, which was infused with past experiences of abrupt separation and loss, Ms. D was able to form an intimate relationship that led to her becoming engaged and the decision to live with her fiancé, which involved a move to a city about two hours away. Earlier losses included her parents' divorce while she was still young and her subsequent decision to move and live with her father in a city several hours away, requiring that she commute between her parents each weekend. In addition, her father had a series of relationships during her sojourn with him, reinforcing the dangers of attachment and the pain of loss. Her solution as a child and adolescent was to emphasize her intellectual gifts, which ensured praise and attention at the expense of her emotional life.

What came painfully alive during Ms. D's analysis was the rage and desperation she could now fully feel and own at having to leave one person whom she loved and needed in order to be with another person she loved and needed. What was different, as a result of the work of mourning in analysis, was that, while prior to her analysis Ms. D was aware of "the facts" of what she had experienced as a child, she was unable then to make contact with her emotional life.

From the inception of the analysis, Ms. D was exceptionally sensitive to any disruption in our work, and to separations from the man who was to become her fiancé. This reliving in the analytic situation brought to

life feelings long unacknowledged and unmourned, and helped her to
make sense of these intense feelings. She became a knowing actor in her
own life as she faced the reality of her internal situation—in the past and
in the present—including the pain, the necessity, and, let me emphasize,
the *rewards* of facing the reality of her history with its scars and disap-
pointments.

In her indispensable contributions to our understanding of
mourning and its pervasiveness in mental life, Klein (1940) extended
Freud's thinking to parallels between normal mourning and early psychic
life. Klein argued that early experience of mourning is revived whenever
grief is experienced in later life. Her argument made mourning and re-
ality testing the basis for mental life over the lifetime. She wrote:

> The visible mother thus provides continuous proofs of what the
> "internal" mother is like, whether she is loving or angry, helpful
> or revengeful. The extent to which external reality is able to dis-
> prove anxieties and sorrow relating to the internal reality varies
> with each individual, but could be taken as one of the criteria
> for normality. [p. 128]

This situation is repeated in an analysis: the way in which the ana-
lyst survives destructive attacks or remains alive during separations, and
emerges and becomes manifest in the transference, where over time the
inner landscape is subject to modification and transformation.

Whatever theory of mind and technique the analyst chooses to
follow, the infant mind begins with the confrontation with reality. Re-
ality testing is the beginning of ego formation and organized psychic
life. Whether this is accomplished by the failure of a hallucinated wish,
or by individuation from a primary narcissistic union, or through intro-
jective and projective processes leading to the depressive position, the
confrontation with reality is the basis for all acts of mourning, or for
creating defenses against this painful experience. There is no *once and
for all*—either in mourning, in the achievement of the depressive posi-
tion, or in a resolution of the Oedipus complex; these achievements are
often revived or continually reassessed, creating new structure and new
possibilities in the mind.

Nowhere is this more likely to happen fruitfully than in the analytic
situation, with the analyst's attunement to and immersion in the pro-

cess. And this process is the basis of the formation of psychic structure, a mind more able to face disappointment and loss without resorting to distortion or primitive defenses—a mind that can bear what is real, even if disagreeable.

As Sprengnether (2012) stated:

> If indeed the ego is painfully constituted through loss, then it is also an open rather than a fixed structure—a loose scaffolding or fluid set of strategies by which we filter new experience and attempt to fit it into existing meaning schemes, as well as the means by which we admit and absorb that which is genuinely unfamiliar to us into our own being. Such an ego is continually under construction—made and remade through loss.

To which I would add that an ego continually under construction, through the mechanism of reality testing, is an apt description of an essential aspect of psychoanalysis.

Inevitably, the analyst's own losses will be revived in this process, providing new opportunities for mourning—or the failure to mourn. Before the digital age, the photographer immersed his film in a chemical bath to produce a legible picture. Our immersion in the revived mourning process in the psychoanalytic situation necessitates the ongoing work of clarifying our inner world on behalf of the work. We have the opportunity to develop a richer and more nuanced inner world, but our renewed reimmersion in painful experience can be draining, and at times of personal crisis, we, too, may defend against doing the necessary work.

Perhaps this is the moment to acknowledge the aggression necessary for successful mourning. Loewald (1979) wrote about parricide—the need to kill the internal parent—in the oedipal reworking of adolescence. At a more prosaic level, every time I pressed the delete key in writing this essay—and there were many—I was aware that I was eliminating—with reluctance—a cherished phrase or an idea of which I was fond, in an attempt to create a more accurate account of an ineffable process. And while there is a vast psychological distance between parricide and the decision to eliminate a poorly chosen word, both are mental acts that spring from the same source and rely on the aggression so necessary for mourning.

MOURNING AS TRANSFORMATION:
THE TEMPEST

As stated earlier, I view mourning as a transformational process. Shakespeare's *The Tempest* (1610), in my reading, depicts the essence of mourning as a form of transformation. Prospero moves in the course of the play from a reliance on magic and omnipotence to the resumption of interrupted mourning. This leads him to an embrace of human limitation and the possibility of love. In my reading, it replicates the work of a long analysis.

In the course of the play, Shakespeare depicts Prospero moving from an apparently unconflicted wish for revenge for the betrayal by his brother to the capacity for love and forgiveness, as he recognizes that he must provide for his daughter. As he recounts this history, he begins to make contact with the death of his wife, Miranda's mother, and this initiates a process of mourning and transformation that evolves during the course of the play.

Our literature contains several papers that explore aspects of *The Tempest*. Sharpe (1946), comparing this play to *King Lear* (Shakespeare 1608), finds evidence of the playwright's use of both plays to attain "a solution of, or respite from, inner conflict" (Sharpe, p. 19). She considers *The Tempest's* characters as "creations by projection from the poet" and proposes to "investigate psychological problems inherent in the dramatizations of a man of genius" (p. 19). Her thoughtful and insightful reading suggests that these two plays represent two poles of the author's working through of an infantile conflict at a mature level; she proposes that the crisis in his life occurred prior to his capacity to symbolize these experiences.

In *King Lear*, the playwright represents the inner storm created when, as a child, he is confronted with the primal scene, incestuous longings, and the displacement from his mother's exclusive attention. In *The Tempest,* Sharpe sees him emerging from the depressive position of a manic-depressive cycle: "What Prospero, through the poet, achieved in his re-emergence from depression was an omnipotent mastery of his infantile sexuality" (1946, p. 28).

Lansky (2001), writing about shame and the problem of forgiveness in *The Tempest,* regards Prospero's crisis as one between forgiveness and unforgiveness, caused by the betrayal by his brother. He notes, "Identification of the loving aspects of an object that has been controlled and possessed for a sufficient time, and then has been relinquished and mourned, makes this type of forgiveness possible" (p. 1005). Lansky is interested in using the play to illustrate his ideas about shame dynamics.

It is instructive to read Sharpe and Lansky serially; taken together, they highlight the different readings that a great work of art can generate and sustain. Yet it is also the case that certain concepts resonate within these different readings, including my use of the play as an illustration of one aspect of mourning. The resonances—an emphasis on omnipotence, reality testing, and the relinquishment of primitive defenses of splitting and the use of mourning to achieve the resolution to inner conflict, among others—provide some reassurance to me in my different reading of this magnificent play, which Kermode (2000) describes as *sui generis*.[4]

With this introduction to the literature, I will commence with my reading. Describing the play chronologically, we can say that Prospero, Duke of Milan, has neglected his kingdom and immersed himself in the study of magic. His neglect has made him vulnerable to political intrigue by his brother, Antonio, and his brother's co-conspirator, Alonso, King of Naples. Prospero has been banished with his then-three-year-old daughter, Miranda, on a leaky but well-provisioned boat, and lands on an island where they sojourn for twelve years with two other inhabitants: Caliban and Ariel. The conspirators sail near the island and Prospero conjures up the stormy tempest that shipwrecks them on the island.

In the first scene, we witness the storm unleashed by Prospero. On the ship are Antonio, Prospero's brother; Alonso, the King of Naples who conspired with Antonio against Prospero; Sebastian, Alonso's brother; Gonzalo, "an honest old Counsellor" (described as such in the cast of characters) who helped provision the boat on which Prospero

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[4] Waugaman (2009) also writes about *The Tempest* as part of his argument that Edward de Vere wrote under the pseudonym "William Shakespeare." His project is less germane to this paper, but will be of interest to those who agree with Waugaman—and with Freud—in the authorship debate.

and Miranda were abandoned; and Ferdinand, Alonso's son. There are also the minor figures of Trinculo, a jester, and Stephano, a drunken wine steward.

As the storm wrecks the boat, Gonzalo cries, "We split, we split, we split!" Antonio says, "Let's all sink wi' the King." Alonso replies, "Let's take leave of him" (1.1.58-60). Analysts may be inclined to hear the play's reference to *splitting* as a psychological act as well as a concrete one, which can end tragically with stalemated development or with integration and reconciliation.

Good and bad characters are paired throughout the play: Gonzalo, Miranda, Ferdinand, and Ariel are aligned with goodness, honesty, and innocence, and Antonio, Alonso, Sebastian, and Caliban with deceit, greed, and cunning. Prospero, whose character gives the play its grandeur, is a more ambiguous figure. (Bloom [2005] suggests that the play should have been called *Prospero*.) We know that his immersion in magic and the neglect of his kingdom led to his banishment, and that he was complicit in his own undoing through his neglect of his ducal duties. We see him throughout the play using his magic for revenge, but ultimately on behalf of his daughter's future. It is his actions throughout the play that capture our interest.

In Scene 2, after she has witnessed the storm, Miranda pleads with her father:

> If by your art, my dearest father, you have
> Put the wild waters in this roar, allay them . . . .
> O! I have suffer'd
> With those that I saw suffer: a brave vessel,
> Who had, no doubt, some noble creatures in her,
> Dash'd all to pieces.
>
> [1.2.1-2, 5-8]

Miranda's plea speaks to and elicits Prospero's latent capacity for care for his beloved daughter.

Prospero reassures her, "There's no harm done . . . . I have done nothing but in care of thee" (1.2.13, 16). He asks her if she can remember a time before they came to the island, and she answers, "'Tis far off; / And rather like a dream" (1.2.43-44). Miranda's plea and Pros-

pero's response might be the opening gambit of an analysis—that is to say, Prospero has chosen an action based on the wish for revenge, but in relation to another (his daughter), he has displayed the potential for a loving relationship rather than a hating one.

Prospero acknowledges to Miranda that his immersion in magic after the death of his wife, Miranda's mother,[5] led his brother to take over his duties as Duke of Milan. This acknowledgment of complicity would be a welcome sign in an analysis. In league with Alonso, King of Naples, Antonio banished Miranda and Prospero on a "rotten carcass" (1.2.143): a boat with no sails and no provisions. Gonzalo supplied them with water, "stuffs" (1.2.164), and Prospero's books.

While he tells Miranda this story, Prospero has removed his cloak, which confers magic. When the story ends, he dons the cloak again, signaling that his relations with Miranda are honest and he speaks the truth to her.

Prospero now calls Ariel, a spirit whom Prospero has released from imprisonment in a pine tree by the witch Sycorax. Prospero has promised Ariel his freedom if Ariel will serve him. Many years have passed since this promise, but during the play Prospero promises Ariel that he will be released in two days if he does Prospero's bidding. Ariel reports that he has rescued the ship's occupants and dispersed them on the island, as directed by Prospero.

We next meet Caliban, son of Sycorax the witch by her mating with the devil. Caliban is described as half man and half beast. He has taught Prospero about the island and helped him to survive. Prospero in return has given him speech. But, after Caliban tried to rape Miranda, he was cursed and confined to become Prospero's slave.

The first speech written in verse in this play belongs to Ariel, who has become invisible. He sings to Ferdinand:

> Full fathom five thy father lies;
> Of his bones are coral made.
> Those are pearls that were his eyes:
> Nothing of him that doth fade,

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[5] Miranda's mother is unnamed throughout the play, a further example of her complete erasure from Prospero's mind.

> But doth suffer a sea-change
> Into something rich and strange.
> Sea-nymphs hourly ring his knell.
>
> [1.2.396-402]

Ferdinand, astonished, says, "The ditty does remember my drown'd father" (1.2.405). It also inaugurates the theme of mourning as transformation, of bones and eyes transformed from a living presence into an enriched internal world—a lost presence now *re-membered.*

Miranda and Ferdinand encounter each other and are immediately smitten. Prospero sees that they have "changed eyes" (1.2.442), and he promises "Spirit, fine spirit! I'll free thee / Within two days for this" (1.2.423-424). Prospero again demonstrates that he has preserved the capacity for love of his daughter, and in his promise to Ariel shows a nascent capacity to be a moral person and to show gratitude. But he then announces he must disturb the happy scene and postpone the marriage.

Act 2 is dedicated to accounting for the shipwrecked company. There is misunderstanding, a foiled murder plot, some drunken confusion. At the beginning of Act 3, Caliban schemes with Trinculo and Stephano, two members of the party, to murder Prospero. He promises them that they will rule the island, and that Miranda will bear Stephano children if they kill Prospero, but that they must steal his books, for without them Prospero is "but a sot, as I am, nor hath not / One spirit to command" (3.2.87-88).

Meanwhile, on another part of the island, Sebastian and Antonio scheme to murder Alonso, who is convinced his son Ferdinand has drowned. In the midst of this, Miranda and Ferdinand pledge their troth.

A banquet appears magically to Antonio and Alfonso, as directed by Ariel at Prospero's bidding. Ariel appears to them disguised as a harpy. He accuses Antonio and Alfonso of the murder of Prospero, and announces their punishment.

> The powers, delaying, not forgetting, have
> Incens'd the seas and shores, yea, all the creatures,
> Against your peace. Thee of thy son, Alonso,
> They have bereft . . .
> Upon your heads,—is nothing but heart-sorrow.
>
> [3.3.73-76, 81]

This is Prospero's revenge. We, and he, know that Ferdinand is not dead, yet we grieve for Alonso and are struck by Prospero's cruelty. The hate is real, and despite—or because of—our knowledge that Ferdinand is alive, this speech is chilling. Prospero is determined to punish his brother (and Alonso) out of hate, but also to preserve out of love.

This state of mind is akin to melancholia as described by Freud: an awareness of the loved but hated object who cannot be relinquished. It is possible that Prospero's revenge is a necessary precondition for his transformation. The revenge he has chosen does not result in tragic death. The author has Prospero "stage," so to speak, his act of revenge. It is a cruel act, organized in the form of the talion principle, but perhaps a necessary one. It allows Prospero to express the rage he feels while preserving the actual object, as in the melancholic solution. It is also in keeping with Prospero's character as we have come to know him. If the beginning of the play is seen as the beginning of the analysis, the transformation from frozen rage and omnipotent defenses has been modified in the course of the treatment by the playwright, which allows for the comparison I have made to the movement that comes about in a good analysis.

At Prospero's command to Ariel, the banquet is removed. Suddenly, Prospero remembers that Caliban is plotting against his life with Trinculo and Stephano. He becomes disturbed and angry. Ferdinand observes this, and Miranda comments, "Never till this day / Saw I him touch'd with anger so distemper'd" (4.1.144-145).

Prospero reassures Ferdinand:

> Our revels now are ended. These our actors,
> As I foretold you, were all spirits and
> Are melted into air, into thin air . . . .
> We are such stuff
> As dreams are made on, and our little life
> Is rounded with a sleep.—Sir, I am vex'd;
> Bear with my weakness; my old brain is troubled.
>   [4.1.148-150, 156-159]

Prospero has acknowledged that despite his magic, he, too, is mortal. The recognition of his mortality and the concern for his daughter's future drive the play. This recognition prompts Prospero to face an un-

mourned loss—the death of his wife—and the consequences of his living a sequestered life on the island. Physical isolation is a concrete representation of Prospero's frozen emotional state, a psychic retreat constructed to avoid the work of mourning.

Prospero retires to a cell, to which Caliban guides Stephano and Trinculo. Against Caliban's counsel, they are deceived by enchanted garments, which lead them to believe they are royalty. Prospero, with Ariel's help, unleashes spirits in the shape of hounds to torture them. We are ready for the final act.

Prospero, wearing his magic robes, consults Ariel, who tells him that the King and his followers are in the lime grove, mourning—most especially Gonzalo, who helped rescue Miranda and Prospero at the beginning of the play. Prospero tells Ariel that his sole purpose in conjuring the storm and deceiving them has been to make them penitent. He has had his revenge. He calls on Ariel to release them from their confusion, "and they shall be themselves" (5.1.32).

And now Prospero makes the speech that is the climax of the play—the speech for which we have unknowingly been waiting. He proceeds to recount his powers:

> I have bedimm'd
> The noontide sun, call'd forth the mutinous winds,
> And 'twixt the green sea and the azur'd vault
> Set roaring war . . . .
> Graves at my command
> Have wak'd their sleepers, op'd, and let them forth
> By my so potent art. But this rough magic
> I here abjure; and, when I have requir'd
> Some heavenly music,—which even now I do,—
> To work mine end upon their senses that
> This airy charm is for, I'll break my staff,
> Bury it certain fathoms in the earth,
> And, deeper than did ever plummet sound
> I'll drown my book.
>
> [6.1.42-45, 49-58]

Why does this speech move us so? Little has prepared us for this magnificent renunciation. Throughout the play, Prospero has triumphed by

use of his magic. He has arranged for the marriage of his daughter, the punishment of his enemies, and the humiliation of Caliban. He will soon call together the shipwrecked party and reveal his own survival and the survival of Ferdinand to his father, Alonso, ensuring that the kingdom of Milan, via the union of Ferdinand and Miranda, will flourish in the next generation. In Prospero's renunciation of his magic, his omnipotence, and his acceptance of reality, which includes and is driven by his mortality, he has done the work of mourning, leading to psychic change: a transformation.

How has this sea change in Prospero occurred? We do not know how it came about, and yet we believe in it. This is Shakespeare's art. He has shown us that the acceptance of reality via the renunciation of power is moving because it is real, even if disagreeable. He has shown us that loss can be faced and borne—that to continue to cling through hate is deforming.

To Ariel, to whom he has just granted freedom, Prospero says, "Why, that's my dainty Ariel! I shall miss thee; / But yet thou shalt have freedom;—so, so, so" (5.1.95-96). The tenderness with which he speaks to Ariel is new, no longer in the language of threat; it has the air of a benediction.

Prospero has made a moral choice. After a lifetime of the practice of magic, he has chosen to recognize the subjectivity and goodness of the other. He has claimed his full humanity. How can we not be moved?

Shakespeare has shown us through his depiction of character the outcome of a process of change, hidden from our view yet revealed in these actions. This parallels mourning in an analysis. Psychic change often occurs when an apparently intractable attachment is relinquished or modified, or when a psychic retreat is abandoned, in what may appear to be a sudden or unheralded change. Kenneth Koch nicely captures this subterranean activity that spontaneously announces itself in his poem "The Boiled Water": "A serious moment for the water is when it boils" (1977, p. 40).

Koch elaborates on this amusing but trenchant observation: that the rearranging of molecules becomes serious and visible when the water boils. In an analysis, there may be long periods in which a patient is in a state of psychic retreat (on an island, if you will), apparently unavailable

for the work of mourning. Yet, prompted by greater recognition of external circumstances, including the passage of time and an awareness of mortality—or by the analytic work—a shift may occur, one that may have been silently "on the boil" during an apparent period of quiescence.

It is this uncertainty—*will* the analysis lead to psychic change?—that creates a process that will not yield to magic or manipulation, but requires the psychic work of facing reality. Both the play and the analytic situation depend on the uncertainty of outcome to keep the viewer or the analysand engaged; both require the capacity to embrace the *as-if* quality necessary for symbolization.

And what of Caliban? Might this character represent the death drive, expressed through the triumph of hate that repays the gift of speech with the attempted rape of Miranda and the attempt on Prospero's life? On Caliban's character, I give Bloom (2005) the last word:

> Caliban is uncanny to us, in precisely Freud's sense of "the uncanny." Something long estranged from us, yet still familiar, returns from repression in Caliban. We can be repelled by Caliban's degradation and by his deformity, but like Prospero we have to acknowledge that Caliban is somehow ours, not to be repudiated. [p. 115]

Prospero forgives Caliban the attempt on his life, and leaves him the island, along with Stephano and Trinculo. Caliban's final words are: "And I'll be wise hereafter, / And seek for grace" (5.1.294-295). The play ends with the fullness of reconciliation.

The resumption of mourning, initiated by his daughter Miranda's coming of age and the recognition of his own mortality, has spurred Prospero to do the difficult work of accepting reality, the reality of time and loss, and this recognition unleashes the wish for punishment of his enemies, but also repentance—for keeping his daughter safe, but in captivity, on the island. It is not only his beloved Ariel whom he has set free. In creating a new couple, Miranda and Ferdinand, Prospero has perhaps reached an oedipal resolution. In accepting reality and renouncing incestuous love, he has found the compensation that comes with mourning: psychic growth that allows for a more benign, less crippling relationship with self and other. Yet in arranging his daughter's marriage, he continues to display the pleasure of power and control.

CONCLUSION

I began this essay with the statement that reality testing is the basis for mourning, and that psychic life is inaugurated with the infant's ongoing confrontation with, and recognition of, external reality. I have argued that there is a connection between mourning following a death, which involves the repetitive confrontation with the knowledge that the beloved no longer exists, and the ongoing process in mental life of facing reality unacceptable to the psyche, also a form of mourning.

I have further argued that, in psychoanalysis, there is a possibility for mourning in every analytic hour, reinforced by the presence of the analyst in the context of the frame of the analytic situation and the unfolding transference. I regard mourning as a form of transformation—from a frozen inner world, a place of stalemated development or of mental torture—into a mind capable of a more accurate experience of itself and the world. I have used Shakespeare's *The Tempest* (1610) to illustrate this argument.

I have also emphasized that analysis is the ideal site for this transformation, with the analyst's alert attention to the possibilities for this work, and that the termination process of analysis, in which the opportunity to leave a significant relationship—which has come to stand for all relationships—without denial or collapse is a unique opportunity for growth and transformation.

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THE TEXTURE OF TRAUMATIC ATTACHMENT: PRESENCE AND GHOSTLY ABSENCE IN TRANSGENERATIONAL TRANSMISSION

BY JILL SALBERG

Work on the transgenerational transmission of trauma refers to unspoken stories across generations, but the actual mode of transmission has remained somewhat mysterious. Utilizing examples from her own life, the author illustrates how attachment patterns are a primary mode of transmission of trauma. When trauma revisits a person transgenerationally through dysregulated and disrupted attachment patterns, it is within the child's empathic attunement and search for a parental bond that the mode of transmission can be found. This will become the texture of traumatic attachment: *how it feels to this child to feel connected to the parent.*

Keywords: Transgenerational transmission, traumatic attachment, ghostly absence, dysregulated attachment, relational trauma, intergenerational transmission, trauma transmissions, dissociative attunement.

When I was five or six years old, I had a recurring dream, actually more a nightmare. I dreamt that I was with my parents and older sister in what looked like a smoke-filled saloon from a 1950s Hollywood Western. The atmosphere was tense and I was aware of a legend about a witch who had a brown paper bag filled with cancer. If she put it under your chair, you would die. The witch entered the saloon and placed the bag under my

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chair. I would wake up terrified, paralyzed with fear. I never understood why I kept dreaming this dream. In time it faded.

I was fortunate to know my grandparents as an adult. One day, in speaking with my mother's mother, she told me of a recent nightmare she had had. She said she dreamt it often. She dreamt that she would walk out of the subway in Brooklyn and not know where she was. She would feel terrified in the dream—not just lost, but terrorized by *lostness*. As she told me this dream, I could sense her real panic, her terror at being alone in the world. I was in my thirties and wanted to reassure my terrified, beloved grandmother; I tried, although I was not sure I could.

I did not yet know my grandmother's trauma—her own mother's death during childbirth when my grandmother was just four years old—or how to understand its entrance into my childhood and my dreamscape. It was only during a second analysis, one more open to the occurrence of transgenerational transmissions, that I came to know and understand that multiple generations and their trauma histories inhabited my world, my nightmare. It was only then that the witch with death in a paper bag stopped haunting me.

How does one explain the occurrence of anxieties, terrors, and nightmares that inhabit the children and grandchildren of trauma survivors (who have been called the second and third generation) when the content fits the actual experience of the first-person trauma survivor? The process, as discussed in the literature, sounds almost magical: passage from grandparent to parent to child, extruding unconscious toxic contents. It feels mystifying.

I propose that the mode of transmission is much more understandable if we utilize the lens of attachment theories and research as a through line to weave together multiple literatures. The intersection that I want to focus on is how a person carries within his or her mind and inscribed on his or her body numerous histories of experiences within the family's legacy of traumas and losses, along with the family's culture and external world. How do trauma survivors transmit these unspoken fragments to their children? Given my dream, this question was deeply

personal, a psychological imperative for me. However, I came to believe that it was also an imperative for psychoanalysis.

The growing literature on transgenerational transmission of trauma has begun to provide a much-needed expansion of the psychoanalytic field. Ogden (2008), in writing about Bion's ideas on cognition, suggests that one of Bion's central ideas was that "it requires two minds to think one's most disturbing thoughts" (p. 20). I would elaborate on this, drawing on Faimberg's (2005) idea that what occurs is a history of identifications, what she has termed a *telescoping of generations,* and I would suggest that it may take three generations to contain disturbing feelings and events. This has been a central feature in the concept of the transmission of traumatic experience from the first to the second or third generation: that parents extrude the traumatic contents of their minds into their children.

The work on transgenerational transmission of trauma often refers to these unspoken stories, but the mode of transmission has been shadowy and poorly defined. In proposing attachment as the mode of transmission, I hope to integrate theories and thus clarify our own and our patients' experiences. Understanding the role of attachment and the mutual regulation and/or dissociation of affects within human relationships opens the door to deepening our conception of how transmissions occur implicitly and explicitly. Parents and children form an attachment unit that allows for deep unconscious communication of fear and safety, of anxiety and security, of closeness and distance, love and hatred, and so much more. All of this is often transmitted through the registers of attunement and misattunement and the active processes of self-other regulation of affects.

Children are constantly observing their parents' gestures and affects, absorbing their parents' conscious and unconscious minds. In the shifting registers of attunement and misattunement, children adjust and adapt to the emotional presence and absence of their caregivers/parents, always searching for attachment. These searches begin at birth and occur before there are words, when there are gazes, stares, sounds, and touch—as well as the absence of these. This is how stories are told, even

when not spoken, in the nonverbal and preverbal affective realms—silent and vocal, yet played out in subtexts, often on the implicit level.[1]

My own thinking reflects a zeitgeist shift in the field from the nuclear orbit of the primal oedipal family—two parents and a child, in what I would term a *one-generation model*—to a broader view that incorporates the influences of disrupted attachment across multiple generations. Additionally, the burgeoning field of epigenetics, which looks at the "bidirectional interchange between heredity and environment" (Gottlieb 1991, p. 33) offers much-needed explanatory power as to how environmental factors and historical time may affect gene expression and possible inheritable aspects of these expressions. For example, recent research in neuroscience suggests that epigenetics may account for some of the findings of transgenerational transmission of stress as measured by increased cortisol levels. Lyons-Ruth (2002) writes that findings from the research literature on rats

> . . . converge with findings from human attachment studies that have also documented the link between disorganized attachment strategies and elevated Cortisol levels to stressors. In addition, human attachment studies have documented the intergenerational transmission of attachment strategies over two and three generations. [pp. 108-109]

Kohler (2012), in summarizing research findings on the effects of environment on epigenetics, writes:

> Some epigenetic "marks," i.e., specific chemical attachments such as a methyl group, can be transgenerationally transmitted . . . . In the context where epigenetic changes can be inherited and passed on to subsequent generations, the "nurture" of one generation contributes to the "nature" of subsequent generations.

In this way, I believe we must conceptualize transgenerational transmissions in multiply determined and nonlinear ways: transmissions are

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[1] A vast literature on this topic includes contributions by the following: Ainsworth (e.g., Ainsworth et al. 1978), Beebe and Lachmann (2013), The Boston Change Process Study Group (2010), Bowlby (e.g., 1958), Coates (2004a, 2004b, 2012, in press), Fonagy (1999), Hesse (1999), Lyons-Ruth (2002, 2003), Main and Solomon (1986), Seligman (2000), Slade (2014), and Tronick (1989).

always multigenerational and richly influenced by context, both historical and personal, and are carried in the mind and in the body. No one theory can begin to explain this, and for that reason we must draw from many sources and interweave various points of view to understand the complexity of experience.

TRACING HISTORY, EMERGING THEMES

I have come to realize that I think of psychoanalysis today—and what may someday be referred to as the *transgenerational turn*—as a kind of paradigm shift. Until recently, psychoanalytic focus had been on intrapsychic and interpersonal relationships, often evolving its ideas split off from the applied world of psychoanalysis—the world of cultural, political, historical, and trauma studies. Psychoanalysis has simultaneously addressed and denied the *wounds of history,* thereby enacting what Herman (1992) termed our "episodic amnesia" (p. 8) about trauma. We are now at a moment when theories of transgenerational transmission of traumas, formed through the epochs of great wars, famine, dislocation, the Shoah and other genocides, slavery, immigration, and now climate catastrophes, coincide with the volumes of scholarship within individual psychoanalysis, attachment research and theories of attachment disorders, and studies on the neurobiology of the mind–body experience, along with our contemporary understanding of dissociation and affect regulation.

Psychoanalysis has always been divided in conceptualizing the genesis of human suffering. I think of Charcot's work studying the enigma of hysteria and Freud's brief time studying in Paris before taking his ideas back to Vienna, first to Breuer, then Fliess—while Janet's work on dissociation remained separate, taken up again only recently (Davies 1996). There was Ferenczi's pioneering work on trauma and mutual analysis, and his prescient understanding of dissociative phenomena, all of which put him at great odds with Freud. His work clearly demonstrated that he understood a child has had to bear two traumas (Ferenczi 1932), the first of which is the pain of an actual reality event. Ferenczi's focus on real acts carried out by grown-ups put him in opposition to Freud's insistence on unconscious fantasy, as did his resolve about the harm caused by adults' disavowal and denial.

Ferenczi's focus on real events and the refusal of acknowledgment by those whose care matters the most to the child is what I would term a *failure of witnessing* and the serious damage that it causes. Freud's reaction against Ferenczi's ideas (and the forces that Ernest Jones would later bring to bear) allowed the suppression of Ferenczi's work for many decades after his death. This permitted psychoanalysis to develop without a recognition of the significance and reality of trauma, while trauma studies and the intergenerational transmission of trauma evolved as an isolated area of study outside the field of psychoanalysis. Imagine our historical course if Ferenczi's work had entered mainstream psychoanalysis in 1932.

The arrival of Bowlby's work (1958) stands as a watershed moment to many in the attachment field, with his understanding of the traumatic effects of children's enforced separations from their mothers during hospital stays. While in supervision with Klein, Bowlby became interested in a mother's extremely anxious state and its impact on the child. Despite Klein's absolute indifference to this, Bowlby forged ahead in exploring the "intergenerational transmission of attachment difficulties and how unresolved issues in one generation can be visited on the next" (Coates 2004a, p. 577). Nonetheless, a rift was apparent, and instead of allowing an interpenetration of ideas, the British Psychoanalytical Society alienated Bowlby, viewing his ideas as nonpsychoanalytic.

I imagine that Bowlby's rift with Klein was seen as a betrayal not only of Klein's ideas, but also of the entire psychoanalytic enterprise. Klein's dedication was to expanding Freud's intrapsychic developmental vision to early infancy. It is interesting to note that Klein's alignment with Freud in drive theory—specifically, the death instinct and internal phantasy over reality/trauma—was antithetical to the view of her first analyst, Ferenczi.[2] However, her persistence in disregarding the actual mother and the real environment were directly in opposition to Bowlby's experiences during the war years, when he helped evacuate children out of London. Anna Freud and Dorothy Burlingham were also part of this

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[2] Early deaths of siblings cast shadows over Klein's life, as was also the case for Freud. Although not within the purview of this paper, I wonder about how the disavowed traumatic losses in both Freud's and Klein's early lives may have contributed to a refusal to incorporate trauma into their theories.

group aiding children; they allowed for what Fonagy (1999) referred to as *multitrack* developmental networks.

Bowlby believed that there had been clear evidence that a singular focus on internal phantasy without regard for the mother or the context was misguided. Despite the lack of support from the British Society (Holmes suggests that Bowlby was "virtually airbrushed out of the psychoanalytic record," 1995, p. 20), Bowlby maintained that his work on attachment as a separate and primary motivational system was indeed psychoanalytic.

Concurrent with some of these developments in England was the work being done in the United States by Sullivan (1953), whose interest in cultural forces and the immediate interpersonal interaction held sway over the intrapsychic. The toxic effect of the mother's anxiety on the child was critical in the development of Sullivan's ideas about defensive operations—specifically, personifications of *good-me, not-me,* and *bad-me.* Although not a direct theory of multiple self-states or an explicit study of attachment, this conception of Sullivan's is a clear precursor to what we now call *relational trauma.*

Intersecting all these streams of thought were the great societal changes and historical upheavals of the twentieth century. It is undoubtedly an understatement to say that both World War I and World War II massively disrupted tens of thousands of lives. Psychoanalysis has been altered in ways that have taken decades for us to begin to comprehend. Prince (2009) believes that, here in the United States, "psychoanalysis is a survivor of the Holocaust" (p. 179), and that many of our analytic ideas reveal a delayed or incomplete mourning. Also in this vein, Kuriloff (2010) wrote about the silence that ensued after postwar analysts—many of whom were Jews who had been subjected to great hardship—fled Europe and immigrated to the Americas. She noted that our analytic theories show a lack of evidence of—or perhaps it is more appropriate to say a *missing presence* of—what had just transpired and been endured.

Aron and Starr (2013) also investigated the flight of Jewish analysts from Europe and the ensuing silence regarding the trauma they and their patients had endured. Aron and Starr extended Prince's (2009) idea of psychoanalysis itself as a trauma survivor, arguing that it was born out of trauma to begin with and grown during the developing seeds of

virulent anti-Semitism in a Europe pervaded by enduring racism, misogyny, and homophobia.

It is interesting to posit that, with any trauma, it often takes the passage of some time before processing can take place. Time was certainly needed for metabolizing the trauma of the Holocaust in order to be able to study it, and perhaps this further delayed a more generalized transgenerational transmission study of other historical traumas. Davoine (2007) believes that it takes half a century to process a war, suggesting an even longer gestational period of silence. Analysts did not start writing about the effects of World War II and Holocaust-related trauma on psychoanalytic theory and practice for quite some time—until, as Laub and Auerhahn (1993) suggest, subsequent analytic generations started to metabolize this wound of history. Bergmann and Jucovy (1982) located the earliest writings in psychoanalysis regarding the effects of the Holocaust on its survivors in the early 1960s and on the second generation several years later.

In 1967, the International Psychoanalytical Association held the first symposium on this topic, entitled "Psychic Traumatization through Social Catastrophe." Early contributors found common features in survivor families. Kestenberg (1972) investigated the effects of the Holocaust on the second generation and was instrumental in highlighting the idea that survivor-parents can transmit conflict and psychopathology to their offspring as a result of their own trauma incurred during the Holocaust. Kestenberg, along with Epstein (1979), initiated scholarship on the transgenerational transmission of Holocaust-related traumas to subsequent generations.

The focus of the early transgenerational literature was on the transmission of one person's experience to his or her child or grandchild, whether positive or negative. This process has felt static to me, limiting our view of the nuanced and fluid dance that actually occurs between parent and child. In moving to an attachment-based theory focusing on mutual affect regulation between mother and child, we can more easily recognize the constant interchange between parent and child around mood, affects, and their intensities. This process, and the ways in which it penetrates the clinical situation, have been explored by the Boston Change Process Study Group (2010).

THE IMPACT OF TRAUMA AND HISTORY

Laub (1998), director and primary investigator for the video testimony project at Yale University's Genocide Studies Program, coined the poignant phrase *the empty circle,* drawing on a dream element of one of his patients. The motif of *the empty circle* captured "the absence of representation, the rupture of the self, the erasure of memory, and the accompanying sense of void that are the core legacy of massive psychic trauma" (p. 507). Despite knowledge of their parents' trauma, the children of trauma survivors experience a hole, an absence, in their family member survivors, Laub found. I would add that this hole or absence is part of the traumatizing effect on the child. I wonder, what does it feel like for a child to attach to a parent with a hole, an *empty circle*? Laub's *empty circle* affectingly captures the oddness of these traumatic transmissions from parent to child. There is a strange amalgam here of absence—of a gap of knowledge and of emptiness, simultaneously mixed with over-fullness or an excess of certain affects: often fear, dread, and even terror.

What are the affective aspects and psychic consequences for the child of an emotionally absent or fragmentary parent? Green (1972) was the first to describe a version of this experience for the child. He termed this kind of absent parent a *dead mother*—someone alive but not present, once enlivened but now, due to depression, lost to the child in what must seem an inexplicable way. Does the child feel fear? Longing? Grief? Green terms this a *psychosis blanche*—a blank or white state, absent anxiety, or mourning. This state of blankness causes the child's premature disillusionment with the mother. In Winnicott's (e.g., 1953) terms, this is *the catastrophe,* while for Green it entailed a further loss of meaning. The child detaches from this *dead mother* while simultaneously identifying with her. In the unconscious psyche, deadness and the loss of meaning are now installed.

In the past ten to fifteen years, this scholarship has been extended to other political and social traumas and genocides, as evidenced by the work on war by Davoine and Gaudillière (2004). Apprey (1996, 2003) and Gump (2000, 2010) have specifically added a great deal to our understanding of the traumatic legacies of slavery for African Americans. Grand (2000) wrote movingly about the experience of trauma survivors,

enabling us to feel firsthand the moment of *dying without dying* that the survivor has felt and the awful sequelae of loneliness. She traced how trauma is then "reproduced" and visited on the next generation: "Evil is an attempt to answer the riddle of catastrophic loneliness. Unlike all other forms of human interaction, evil alone bears witness to the contradictory claims of solitude and mutuality that haunt traumatic memory" (p. 5). Grand helped us see how children become trapped in their parents' pain and trauma, endlessly seeking a parent who remains just out of reach.

Children are hungry for emotional/psychological contact with their parents, whether this is conceptualized as their being compelled to seek safety (Bowlby, e.g., 1958) or as their having a kind of attachment imperative (Bromberg 2011). In line with Grand, I believe the child will need to seek out even the parent's traumatized self. In this vein, Laub's *empty circle* can be seen as a form of Harlow's wire monkey (Harlow 1959). I believe that in the absence of a fully emotionally vital and present parent, the child nonetheless attaches not only to what is present, but also to what is absent—what is alive as well as what is deadened. This is Gerson's (2009) significant contribution: helping us understand that the imprint of absence on the child, the legacy of the trauma and loss without someone to empathically witness these experiences, becomes what Gerson termed—referencing Green (1972)—a *dead third*. He noted that the final experience for such a child is a "not-there-ness [that] constitutes both the 'gap' or absence as well as what fills the absence" (p. 1347).

While working in Israel, Gampel (1996) described losses that could not be symbolized and were not put into narrative form, becoming what she termed *psychic holes*. Perhaps even worse than Laub's *empty circle*, these empty internal spaces may then be filled with "only some radioactive remnants that can't be transformed into memory" (Gampel and Mazor 2004, p. 547). Given the lengthy half-life process for metabolizing trauma, likened to the time it would take for radioactive material to decay, we might expect that multiple generations will inevitably be exposed to some derivative of the trauma.

Faimberg (2005), in writing about this type of transmission, this *telescoping of generations* from parent to child, found in her patient Mario

someone absent from his own life and experience—while he was in fact present in the secret lives of his parents prior to his own birth. However, for Faimberg, the interior of the child of a trauma survivor is not so much empty as it is filled with a condensed history of the parent, causing an "alienated identification" in the child. She writes, "The identifications constitute a 'link between generations,' which are alienating and opposed to any psychic representation" (p. 15). Furthermore, Faimberg believes that the child inhabits an unacceptable part of the parent, an unconscious *not-me* experience.

This is quite close to what Bromberg (1994, 2006, 2011) explicates in his work on dissociative experience, attachment, and relational trauma. Both Faimberg and Bromberg utilize and extend Sullivan's (1953) early concept of *not-me* personifications to highlight and explain dissociative transmissions. Undergirding this is Sullivan's early focus on transmissions of anxiety through the mother–child bond, starting in infancy. Sullivan, in focusing on anxiety as a key stressor in the early bonds of childhood, asserted that anxiety was inevitably transmitted from mother to child and was the key disruptive force. I believe this occurs to an even greater degree if trauma underpins the anxiety and becomes part of the fabric of the mother–child attachment.

Trauma work continued to be split off from mainstream psychoanalysis for many decades and, as a result, the prevailing analytic model was a *one-generation* model. We are often taught to ask our patients about early experiences in growing up with their parents, but we are not necessarily encouraged to look further back than one generation, resulting in a kind of myopia that limits our field of vision. It is interesting to note that, even with the paradigm shift from a one-person to a two-person psychology/model of mind, our discipline did not make a naturally analogous shift to a multigenerational model. It is very possible that ideas about transgenerational transmission of trauma could not enter into psychoanalytic thought until the field became more expansive, embracing new configurations of family, cultural issues, and problems with attachment. Reis (2007) reminded us that "American analytic literature continues to fail to bear full witness to the gravity and meaning of catastrophic world history" (p. 623).

With this in mind, how are we to understand the kind of behavior exemplified by the individual who tattooed his upper arm with an image of the Armenian flag and the number of people killed in the Armenian genocide of the early twentieth century, or a young man in Israel tattooing his grandparent's number from Auschwitz on his wrist? Rudoren (2012) suggests, "The ten tattooed descendants interviewed for this article echoed one another's motivations: they wanted to be intimately, eternally bonded to their survivor-relative" (p. 1). How are we to think about a desire to be, as those interviewed reported, "eternally bonded" to a parent or grandparent, particularly when trauma is part of their lives? How can we begin to understand how a horrific trauma, one that for many could not be talked about yet was never forgotten, now appears in this form of remembrance—a kind of skin memorialization, a sign of attachment and love? Apprey (1996, 2003) has written extensively on the transformation of negative forms of degradation from African American slave generations (tattoos, piercings) into similar practices found in modern black ghetto culture.

I think that, for the most part, we now accept the notion of unconscious transmission of trauma, but how do we understand how trauma, once it has been transmitted to successive generations, can be transmuted into positive experiences grafted onto attachment phenomena? What happens transgenerationally to diffuse or transmute what once was horrific—concretely embodied on an arm by a number denoting how many died, or a concentration camp number—into something to be desired and perpetuated by a family member of a subsequent generation?

Young (1993) highlighted an important distinction between memorials and monuments: "We erect monuments so that we shall always remember and build memorials so that we shall never forget" (Danto quoted by Young, p. 3). Perhaps we can think of such a tattoo as a skin memorialization—one that, in never allowing us to forget, keeps in check the destructive aggression of the trauma, but additionally celebrates survival and even resilience.

Alternatively, Abraham and Torok (1975; see also Torok 1968) described a place of internal memorialization that they termed a *crypt,* inside of which is a beloved corpse. Although their work is not explicitly focused on attachment, the search for the lost bond is at its core. Might

this explain the new generation's tattoos as an externalization onto the skin, the body ego—like a carving on a headstone? Harris (2007) invokes Abraham and Torok (1975) in discussing Davoine's (2007) therapeutic work that tracks history, war, and multiple internal worlds. She writes:

> Once you begin to think this way about the shadowy line between the living and the dead, about the active absence and presence of spectral figures in our consulting rooms, in our dream lives, and in our lives, a rich experience of self and others opens up. [Harris 2007, p. 663]

GHOSTLY ATTACHMENTS: THE VEHICLE OF TRANSMISSION

I want to try to unpack how a child inevitably becomes intertwined with, and then comes to bear and live out, the family's trauma legacy. Bowlby's (1958) original work on attachment and the subsequent literature that elaborated his ideas have long shown the primary need for children to have a safe base in order to establish secure attachment, and how this underlies later social development. However, if a parent has self-states that are dysregulated or even dissociative, I think we can assume that he or she will be in some way emotionally compromised, and thus at times inaccessible to the child to help with self-regulation, self-soothing, and mentalization of feelings and thoughts.

As early as 1975, Fraiberg, Adelson, and Shapiro described trauma transmission in the attachment relationship between mothers and their children. These authors identified cases that included multigenerational trauma histories with dysregulated affect and problematic mother–infant attachments. In what I read as a description of the early treatment of transgenerational attachment trauma, Fraiberg, Adelson, and Shapiro offered the traumatized parent a deeply empathic witness in the form of a therapist who could allow the parent/patient to slowly come out of dissociation and become able to experience pain, grief, and terror for the first time. Furthermore, what was demonstrated was how this kind of therapeutic intervention around transgenerational transmission of attachment trauma allows for resilience to be fostered in the mothers.

More recently, Schore (2001) and Fonagy (1999) have written at great length regarding the necessary function that caregivers provide to

the emotional and cognitive growth of children. When there are absent parts of the parents that the child cannot emotionally touch, what might a child have to do to attach to the parent? Grand (2000) wrote about the child's craving to connect to the absent space in the traumatized parent, speaking explicitly to a nexus of attachment, absence, embodied transmission, and unconscious fantasy. She described the resultant holes in parental bonding and the second generation's search for the parents' traumatized and pretraumatized selves. As she put it:

> To search for one's parent and to find fear in a handful of dust: such a dilemma precipitates a hunger for visceral contact with the parent's traumatized self . . . . To bond with the survivor's state of infinite nullification, the child may attempt to meet his parent in the intimate specificity of bodily torment. [pp. 25-26]

Gerson's (2009) further elaboration and contribution to these ideas help us understand the nature of the imprint of absence on the child. How does this child find a way to attach and feel connected to the parent who has had to detach from his or her own experience and mind?

I propose that we turn to the knowledge gained from attachment theory and infant research (Beebe and Lachmann 2013; Coates 2004a, 2004b, 2012, in press; Lyons-Ruth 2002, 2003; Slade 2014; Steele and Steele 2008; and others) and our relatively new emphasis on empathic attunement (as described by the Boston Process Change Group 2010), as well as work on relational trauma (Bromberg 1994, 2006, 2011; Schore 2001). Absence, deadness, and dysregulated attachment are common features of survival, as discussed by Bergmann and Jucovy (1982), Faimberg (1996, 1998, 2005), Gampel (1996), Grand (2000), Davoine and Gaudillière (2004), and Laub (1998). We can now apprehend the dilemma of second and third generations who, from birth, have been cared for by parents with dysregulated affects and possibly dissociative self-states.

As a consequence of the unmetabolized trauma of actual events, attachment is inevitably affected, and what we have come to call *relational trauma* ensues (Coates 2004a, 2004b, 2012, in press; Fonagy 1999). In their primary attachment relationships, these children have had to manage fragmentation resulting from parental traumatization. (The ca-

veat here is that this is not true of *all* such children, since survival resilience can also be transmitted.)

In longitudinal work, Lyons-Ruth (2003) has researched and documented the effects of contradictory maternal behaviors with infants who show disorganized attachment behaviors. She has found that:

> To the extent that the parent cannot acknowledge and respond to affectively salient aspects of experience, and to the extent that those aspects cannot be integrated into a verbal and interactive exchange with the child, dissociative lack of integration will occur. [pp. 900-901]

Lyons-Ruth likens her findings to what Bromberg (1994) argued: that dissociative states are the result of the parent's nonrecognition of the child's feelings—what Bromberg, drawing on Sullivan, calls the *not-me*. It is this fragmentation directly resulting from the parent's incapacity that is transmitted to the child, who must not know what he/she actually does know.

Additionally, Slade (2014) argues that we need to rediscover Bowlby's clear emphasis on *fear* as the motivational basis for attachment and a significant factor in the organization of internal psychic experience. This is key, Slade believes, to understanding the biological underpinnings that Bowlby tried to integrate. It is *fearful arousal* that propels the child to seek the mother for safety, both physical and relational. Bowlby felt this was a reciprocal system: the complement to the child's need is the caregiver's response. When caregivers fail to soothe, do not reassure, or are in fact abandoning or in some way scary, the child's attachment suffers. Slade urges us to keep in mind that since fear is so primal in our evolutionary biological/social being, anything that increases fear is problematic. Trauma clearly complicates attachment, and when it is transmitted transgenerationally, the person of safety may also be the person to be feared.

Lieberman (2014) underscores this, writing:

> Dysregulated and traumatized parents can be very frightening to their children . . . . They transmit their internal disorganization to their children, not only by directing their anger, punitiveness, and unpredictability towards the child but also by exposing

them to a cacophony of daily, real-life situations that are help-lessly witnessed or experienced by the child. [p. 278]

Halasz (2011) utilized the techniques of infant–mother attachment research on himself and his mother. Using a split-screen format, he videotaped his own reactions while he watched his mother's Holocaust testimony. Tracking subtle changes in his facial expressions, gaze, voice, and breathing patterns, Halasz made evident the ongoing attachment mechanisms involved in trauma transmissions from parent to child. Drawing on the work of Bromberg and Schore, Halasz argued that the changes he saw in himself on video revealed his emotional movement from moments of matching his mother's affective states to moments of detaching from her states. He believes that his facial expressions were suggestive markers of his attunement and dissociation.

Harris (2014) incorporates Slade's underscoring of fear in attachment with Bromberg's development and elaboration on dissociative self-states. She writes, "The intergenerational transmission of trauma in which fear states linked often to unrecognized experiences of disrupted safety in one generation leak into and terrorize the next, often in nonverbal and early unmetabolized forms" (p. 270). Halasz's work demonstrates this so well.

When the traumatized parent remains resilient and alive, this state-shifting or fragmentation may be tolerable and fleeting for the child. I suggest that, in order to bond and attach in ever-more dysregulated circumstances, the child must attune to procedural communications about the trauma story, much as Halasz learned to do. The child must do this in order to have an attachment relationship, thereby becoming attached to a parent's presence and absence.

The matching and tuning "dance" done by the child is often what attachment researchers like Lyons-Ruth (2002, 2003) consider a form of role reversal—that is, the child is attempting to affectively regulate the parent in lieu of the parent regulating the child. I believe this is the child's ongoing attempt to repair the parent from the outside—a repair that can never be complete since the damage is actually on the inside. This will become the *texture of traumatic attachment*—how it feels to this child to feel connected to the parent. This textured affective experience

is one in which the child shapes him-/herself to fit a parent's wound of history, be it war, rape, slavery, death—the list goes on. This may also be the place in which the child grows a kind of resilience, since in role reversal, the child is called upon to grow up sooner and to be, in a precocious manner, the more affectively regulated one.

Fundamentally, attachment is the oxygen of our emotional lives, serving to create a feeling of safety and security, allowing us to learn how to be socially human and operationally teaching us how to self-regulate our affective lives. It is because of attachment's primal aspect in our psyches that trauma and its impact constitute massive disruption and disorganization of the parent–child bonding system. When trauma revisits us transgenerationally through disrupted attachment patterns, it is within the child's empathic attunement and bond that the mode of transmission can be found.

The parent's deep bond and affective intensity may be generated from within an unmetabolized trauma scene. As a consequence, the child—in order to attach to this parent and get this parent attached to her/him—will need to enter and become enmeshed in the trauma scene. Through empathic mirroring and what Hopenwasser (2008) called *dissociative attunement*, the parents' trauma story enters the child's cellular makeup before there are words, and thus before a narrative can be told.

Harris (2006), in writing about ghosts, captures the haunting quality of transgenerational transmissions and believes that ghosts always suggest where mourning has not occurred. Much in line with Harris, and with Coates (2012) and Fraiberg, Adelson, and Shapiro (1975), I believe that these transmissions, our "ghosts," will always involve textured attachment patterns that then encode the wound of history.

MY GHOSTS, MY STORY

I return now to my recurring nightmare from childhood. I am making this dream a focus now because it clearly haunted my childhood, was briefly discussed in a first analysis, and returned as material in my second analysis. My first analysis began in the mid-1970s and continued through the '80s as part of my analytic training. This analysis in many ways focused on classic oedipal themes, with this dream as one of many pieces

that my first analyst believed elucidated and gave form to the shape of oedipal dynamics in my family. Deep understanding led to many changes in my life, and by the end of that analysis, I hardly recalled the dream. It became more completely part of the past, belonging to childhood, as so many things do post-analysis. Or so I believed.

A decade and a half later, I decided to enter a second analysis, and my dream resurfaced and allowed me to see it as a focal point of transgenerational transmission work yet to be done. I can no longer recall the order in which I learned the following facts about my own birth and my grandmother's mother's death. I had known that my mother had hemorrhaged a great deal in giving birth to me. She was kept in the hospital for nine days, and once home she suffered from a serious postpartum depression. Within weeks of my birth, her parents—my grandparents—suggested that she go away with them on a vacation. She agreed and left me with a baby nurse, departing with her parents, my father, and my older sister. My father returned after two weeks, but my mother was probably away for a month during the first two months of my life.

These are details I have now been told, although on the implicit procedural level, I believe I had always experienced and known of this maternal abandonment and the difficulty my mother consequently had in attaching to me. (I have found it oddly interesting that my mother never spoke about this.) One way of my "knowing"—in Bollas's (1989) term, an *unthought known*—was an extremely unsettling, physically experienced anxiety that I have repeatedly felt around certain separations. The experience was so intense that at times it destabilized me, and I now more fully understand that these events specifically corresponded in some direct manner to my original abandonment and attachment trauma. The story continues.

My maternal grandmother, the person with whom I began this paper, was someone I often talked with when I was in my thirties. By this time, I had my own children, and I had learned from my grandmother that her own mother had died in childbirth when my grandmother was only four years old. (I also have found it oddly interesting that my mother never spoke about this.) The family lived in a *shtetl* outside Krakow, Poland. Since they were poor, I suspect their home was small, and my grandmother could have heard what was happening at this very young age; she

may even have suffered the shock of seeing her mother die. This would have been terrifying.

My grandmother's father was then in mourning and left with three daughters, ages four, three, and two. I do not know who helped care for my grandmother and her younger sisters until their father remarried. I do not know when he remarried, although I suspect that, given Eastern European *shtetl* life, it was sooner rather than later. I do know that my grandmother's stepmother would soon have five children of her own. Who could this four-year-old have turned to for comfort while grieving, for mothering and reparative soothing? Eventually, my grandmother came to the United States with her father, before World War I. Both she (who would have been between the ages of twelve and fourteen) and her father worked in garment-industry sweatshops, sending money back to the old country to bring the rest of the family over—a typical immigrant story.

My grandmother often awoke screaming from her dreams, I have been told, although she never recalled, or at least did not tell her children, what the nightmares were about. She did tell me a recurring dream from later in her life in which I sensed her panic and terror, as described earlier. I know that somehow I recognized a terror in it that I intimately knew as well. Bromberg (2013) believes that recurring dreams are less dreams in the sense we typically think of them than they are actual dissociated states of experience—that is, unmetabolized experiences of great fear, loss, or terror.

Richman (2006, 2009) movingly detailed how writing her memoir had helped transform her, restoring her voice by reclaiming what trauma had silenced. Writing my own memoir piece (Salberg 2005) had its own deeply therapeutic space in which the connection between my grandmother's anxiety dream and my own recurring nightmare has come more clearly into focus—that is, the link between her own mother's death, her experience of abandonment that deadened something in her, her decisive role in my mother's reenactment of maternal abandonment (these grandparents suggested and invited my mother to go away with my father and sister to "get over" postpartum depression), and my own childhood dream of death at the hands of a witch/mother.

The many levels of repetition and reliving of traumatic maternal loss are hard not to see in my personal history, and yet in my first analysis all this remained in the background. I have come to realize that there was a ghost in my primal life and attachment experience. I can see how my mother's abandonment of me as a newborn was a death within a family trauma story that was being relived in some compulsory way. I now believe that my early nightmare carried the trauma of my mother's postpartum depression (a deadened mother as witch) and her abandonment of me as an infant, along with her anxious attachment to her own traumatized mother, and, finally, my grandmother's early trauma of her own mother dying in childbirth along with a dead baby (death in a paper bag). Generations of death in a paper bag were delivered to me in my infancy.

I have been haunted by and have continued to live out a familial history of traumatic attachment and loss. If the primary evolutionary purpose of attachment is protection, my grandmother's early loss was traumatizing and violating of secure attachment, as was my own early experience of abandonment by my mother. Of significance is that my grandmother, whose own mother died when she was four years old—at an extremely young age, and in a world without resources to help her mourn this loss—then invited and became the agent of my mother's abandonment of her own newborn to effect her recovery. It is this kind of unconscious enactment of trauma that is reproduced across generations, often without reflection or questioning. Further, I have come to realize that the attachment/loss trauma in my family history has penetrated and altered what attachment feels like and how it was mediated in my family.

In this way, I believe that enacting trauma is less a discrete event and becomes more of what we refer to as relational trauma, and what I have been referring to as the *texture of traumatic attachment*. We can sometimes err on the side of believing that transgenerational transmission is a clear transmission of something, be it content or experience. Perhaps we need to think of it more as the sequelae of a traumatized person's fragmented states of mind, a person who is then parenting a child. It is the dysregulated affective states of the parent that infuse the child's attachment experience and can evoke fantasies of the parent's missing stories. There

are often missing pieces of the trauma: sometimes it is the narrative, sometimes the affect, and sometimes both.

This is for me the nexus of where trauma meets attachment theories. The child needs to feel that he or she has access to and can live inside the mind of the parent. If part of that mind is deadened, hidden, and/or dissociated, the search for the parent becomes dire. In many ways it is a search for a missing bond, an attachment to an absence (Gerson 2009; Grand 2000). Both my grandmother's and my own recurrent nightmares recall states of abandonment and early terror: a child searching for the absent or dead mother (Green 1972).

In preparing to write about the ghosts in my life, I asked my mother for more information from that time. What I learned was another story of trauma and ruptured attachment, but also a story of possible mutual repair. I was born in December 1952, and most likely my mother's month away took place in early January. In the summer of 1953, no longer as depressed as she had been, she moved upstate with my sister and me to spend the summer with her parents, my father commuting on weekends. She hired a nanny to help take care of me: a Polish woman in her early thirties, tall with blonde hair and not Jewish like my family. She had left Poland after the war to immigrate to the United States. During the war, she had been forced into a death march in an attempt to escape the Nazis, and her baby daughter died. One can only imagine the wound inside this woman.

The nanny spent four months caring for me, and I have recently learned that she then met and married the local baker; she stayed in this town and went on to have another child. All of this I have been told, none of which I can remember. However, I am left wondering if in some crucial way, the nanny found a baby to love and to come back to life with, and I found a maternal figure whom I could revive.

Did we heal each other? I cannot really say for sure or know how important an event this was for me. I would like to believe that this young woman's caretaking of me helped restore her so that she could now imagine loving, marrying, and having another child. Perhaps it altered something in me, left a seed or kernel of the capacity from which healing grows. I believe that disrupted attachment marked by loss and trauma needs to be healed through reparative actions and experiences,

through holding, witnessing, and recognizing attachments. I know that caring for someone or something restores all of us in untold ways.

We need to keep ourselves alert to how we can foster testimonies and narratives, as Laub (1998) has created, that will undo the silencing enforced by trauma. Psychoanalysis has begun to integrate trauma into its theories and methodologies. However, historical trauma—both outside and inside psychoanalysis—still needs to be witnessed so that we can move from absence into presence in our theories and praxis. In doing so, we will all be better equipped as witnesses for each other and our patients, nurturing seeds of resilience where we least expect to find them. Ultimately, we need each other to share, live out, and transform our stories.

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THE ELUSIVENESS OF MASCULINITY: PRIMORDIAL VULNERABILITY, LACK, AND THE CHALLENGES OF MALE DEVELOPMENT

BY MICHAEL J. DIAMOND

Reaching beyond the Oedipus prototype to address the unrepresentable vulnerability founded on the boy's infantile helplessness in contact with the mother's body, the author aims to identify the inherent tensions and enigmas of being male. He proposes that both the repudiation of femininity and the overvaluation of phallicity are unconsciously constructed to withstand the fundamental deficiency grounded in the asymmetry of the boy's prephallic *relation with his primary object. This bodily based* primordial vulnerability, *marked by absence and lack, remains elusive—an unsymbolizable experience that provides the archaic matrix for adaptive and defensive phallicism, the oedipal complex, and genital progression. A clinical vignette is presented to illustrate these concepts.*

There was no getting to his weakness.
In public . . . he wore big boots, . . . a band of steel reinforcing
    each heel . . .
And because to be invulnerable is to be alone, he was alone
    when he was with you.

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Then she came along, . . .
You could see his body soften, . . . when finally they were naked,
    she instinctively knew what to do . . .
—kiss his heel before kissing what he considered to be his
    power,
And so Achilles began to live differently.
. . . friends and enemies were astounded by his willingness to
    listen,
and hesitate before responding . . .
He wore sandals now because she liked him in sandals.
He never felt so exposed, or so open to the world.
You could see in his face something resembling terror,
But in fact it was love, for which he would die.
        —Stephen Dunn (2004), "Achilles in Love" [pp. 66-67]

This paper attempts to contribute to psychoanalytic treatment by considering new ways of thinking about males' unconscious gender-related conflicts and defenses against threatening aspects of psychic reality. I will argue that a fundamental loss and deficiency grounded in the asymmetry of the boy's *prephallic* relation with his primary object leads to both an unconscious repudiation of femininity and an overvaluation of phallicity. I hope to indicate how this primordial vulnerability serves as the archaic matrix for male phallic narcissism, oedipal conflict, and progression to the mature genital position. Thus, my perspective goes beyond the prototype of Oedipus to incorporate the primordial, bodily based vulnerability—suggested, perhaps, by the heel of Achilles in Greek mythology—that represents the largely unsymbolizable, obscure experience marked by infinite lack in underlying both phallic and genital masculinity.

My explication expands upon the male binary, phallic-based logic grounded in repudiation and penetration to include the male's receptivity, incorporation, and integrative functioning, as well as unconscious conflicts and resistances that interfere with a progressing yet enigmatic and forever elusive masculinity. I begin by noting current psychoanalytic thinking about gender and follow with a brief history of theorizing male gender identity to establish the context for my contribution in the remainder of this article.

A PSYCHOANALYTIC PERSPECTIVE ON GENDER

Whereas Freud did not use the terms *gender* and *gender identity* or explore such areas, several generations of psychoanalytic theorists have grappled with gender-related issues, as well as with questions raised by Freud's original ideas on psychosexual development. *Gender* and *gender identity* were introduced by the biologically oriented psychologist John Money (Money, Hampson, and Hampson 1955, 1957) and integrated into psychoanalytic thought by Stoller (1964, 1968). Freud did not have the words, since in the German language, *Geschlecht* means both *sex* and *gender.*

Nonetheless, the idea was not lacking for Freud, given his ongoing effort to resolve the riddle of masculinity/femininity, which he understood to be a mixture of the psychological, biological, and sociological (Laplanche 2007). He initially tackled these issues through his account of how the young child's discovery of the anatomical differences between the sexes, with the resulting castration anxiety or penis envy, influences male and female psychosexual development (Freud 1925).

Contemporary thinking about gender, as Kulish (2010) suggests, can be organized into five major interrelated areas: (1) the complexity and fluidity of gender; (2) the social construction of gender; (3) embodiment; (4) the separation of gender and object choice; and (5) normality versus marginality. In ascribing to the notion of gender assignment and a contemporary ("third-wave") sensibility that assumes gender precedes sex (Laplanche 2007), I will consider only the first three areas in this paper.

Psychoanalysis and gender represent a frontier where the interpersonal, interpsychic, and intrapsychic interface in an interrelated mosaic (Dahl 1988). *Gender identity* refers to internal conviction regarding one's gender classification, which I believe arises from sequences of unconscious messages, translations, internalizations, and identifications that intermingle the biological, social, and psychodynamic. Thus, a complex compromise formation is constructed that neither develops in a linear, continuous trajectory nor is superior when normative. Indeed, the ambi-

guities and perplexities of male gender are continually being reworked across differing developmental junctions (Diamond 2006, 2013).

Nonetheless, there is a developmental lag between gender theorizing and clinical approach (Marcus and McNamara 2013), which manifests as tension between the more abstract principles of *postmodern theory* ("theoretical gender"), in which the assertion of a stable, coherent identity is considered a defensive denial of gender fluidity and the inherent multiplicity in human subjectivity (e.g., Bassin 1996; Butler 1995; Chodorow 1996; Hansell 2011; Marcus and McNamara 2013), and psychoanalytically based, *clinical sensibility* ("clinical gender") that views a relatively stable and coherent, binary-based gender identity as essential to mental health.[1]

Bridging the polarities between social constructionism and biological essentialism makes possible a more complicated and ambiguous psychoanalytic understanding of gender identity. I believe that sophisticated psychoanalytic theory must be capable of going beyond simply deconstructing gender dichotomies or the gender binary. Instead, it must strive to sustain the necessary dialectical tension between the dichotomous (or fixed) aspects of gender experience and the more integrated experience of gender—between gender rigidity and fluidity, between body (sexuality) and psyche (desire), and between (core) gender identity and the gender plurality of the multigendered self.

I emphasize that gender identity is initially constructed out of early, preoedipal *identifications with* both parents, incorporating unconsciously transmitted, enigmatic messages and desires, as well as *identifications by* both parents (in addition to being influenced by biological, drive-based variables). A healthy sense of masculinity requires incorporating the multitude of these early (as well as subsequent) translations, representations, and identifications and inevitably demands an integrative, structuralizing psychic achievement across several realms of male intrapsychic experience.

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[1] Hansell (2011), for example, contends that four major dialectics that currently shape gender theory require attention: biological versus social influences; nomothetic versus ideographic approaches; facilitating and limiting aspects of the male-female gender binary; and the relationship between gender identity and desire.

The clinical aim of this paper is to enhance analysts' curiosity and understanding about their male patients' unconscious gender-related identifications, fantasies, and conflicts, as well as their own gender-related biases and countertransferences, and thereby attenuate the developmental lag between gender theory and application.

A HISTORICAL PERSPECTIVE ON MASCULINITY AND PSYCHOANALYSIS

In order to place my argument in historical context, I consider three main lines, or waves, of theorizing male psychic development initially founded upon Freud's phylogenetic, more phallocentric ideas. Each addresses previous problematics or omissions, and my contribution will expand upon *third-wave* theorizing by modifying the implications of the *second wave*.

Freud's Oedipal Theory: Symbolic Fathers and Sons

Until four or five decades ago, the psychoanalytic study of male development was essentially organized around Freud's oedipal theory and the implications of the oedipal experience, reflecting the idea that the boy wants to *have* his mother (Freud 1923, 1924, 1925). In this *first wave* of psychoanalytic gender theory with Oedipus as exemplar, it was assumed that, in order to overcome the castration anxieties aroused in competing with his father, the boy identifies with him and in turn constructs the sense of his own masculine identity.

It is noteworthy, however, that the frailty of masculinity that I emphasize is implicit in the oedipal myth in Oedipus's being abandoned by his father, Laius, to die on a hillside, along with Oedipus's wounded feet, blinding, and late-life dependence on his daughter, Antigone. However, oedipal theorizing centers on the boy's phylogenetically derived incestuous, competitive, and patricidal impulses accompanied by talionic castration anxieties, while essentially omitting the significance of the *primacy of the other* in the earliest, prephallic realm.

Freud (1905, 1923, 1937) described active and passive drive aims, which arguably become located in gendered terms during the phallic

stage (Freud 1905), later considered the infantile genital stage (Freud 1923; Roiphe 1968), when the child recognizes that he or she is missing an anatomical part. The boy's *active* infantile genital (drive) aim, then, is to do something with the object, to penetrate like a man, whereas his *passive* aim is to have something done to him, to be genitally penetrated like a woman.

However, by equating masculinity with activity and femininity with passivity, as exemplified in referring to the male's bedrock struggle "against his passive or feminine attitude toward another male" (Freud 1937, p. 250), as well as the boy's "*typically* masculine . . . special interest in his father" (Freud 1921, p. 105, italics added), both the neglect of prephallic vulnerability and the rejection of femininity were furthered. Moreover, Freud (1937) argued that the repudiation of femininity, the so-called masculine protest, reflects a "biological fact"—which, he added, is "nothing else than castration anxiety" (pp. 252-253). As a result, gender-related forms of distress were attributed to the male's failure to repudiate (Kubie 1974).

This confusion between receptivity and passivity, and between psychodynamics and biology, continues to collude with cultural assumptions and hinders theorizing about masculinity. To be sure, Freud left us with numerous "impossible tasks," one of which "has been the conceptualization of bedrock" (Moss 2012, p. 94)—namely, the male's conflict-laden *psychic bisexuality,* which reflects his disposition to seek out what Freud (1905) understood to be both active and passive drive aims.

Preoedipal Theorizing: Sons with Mothers and Actual Fathers

A transitional, *second wave* of male gender theorizing took hold during the last third of the twentieth century, particularly in North America. Initially stimulated by Klein's (1932) theories drawn from child analysis, as well as by Klein's and Horney's (1933) recognition of boys' envy of the breast and womb, the focus turned directly toward the male infant's and young boy's earliest experience with his mother (and, secondarily, his father). Accordingly, attention was redirected to the fact that, before the boy wants to *have* his mother, he wants to *be* his mother, or at least *be with* what his mother provides, i.e., her maternal nurturance.

This mother–infant focus implicitly addresses the child's inherent frailty, utter helplessness, or *hilflösigkeit* suggestive of primordial vulnerability that is captured by Freud's (1905) prototypical image to denote the defenseless child—entirely dependent on others for the satisfaction of his needs, sucking at the formidable mother's breast. This infant–mother fusional relationship—with the infant actively taking in as recipient—provides satiety and security that sets the stage for every male's *core complex* (Glasser 1985), embodying his vulnerability in yearning to return to, in order to receive from, his mother.

Freud's ideas concerning the complex identificatory mechanisms in establishing masculinity were accordingly extended to the boy's *preoedipal* relationship with his mother, as well as to the father's *actual* involvement in the early father–son dyad (e.g., Abelin 1975; Blos 1985; Chodorow 1978; Cath, Gurwitt, and Gunsburg 1989; Cath, Gurwitt, and Ross 1982; Fast 1984; Greenspan 1982). Simultaneously, North American analysts influenced by Mahler's (1963) separation-individuation theory (see also Mahler, Pine, and Bergman 1975) began to articulate a new way of understanding male psychology. Most significant were the contributions of Greenson (1968) and Stoller (1968), who formulated what became known as the *disidentification hypothesis,* claiming that in order to establish a normal, healthy sense of masculinity, the small boy must disidentify from his mother and counteridentify with his father. This separation-centered idea was taken as the benchmark to explain the male's struggle to experience his gendered identity as "masculine."

Such a repudiation-based theory of cross-gender identifications happens to be congruent with a dubious, widely held view in patriarchal cultures that masculinity is defined by its not being feminine. In other words, the most significant thing about being a man is not being a woman. This reductive and monolithic view has had unfortunate consequences for both sexes, but perhaps especially for men, since as long as gender identity is based on the disavowal of whatever is construed as *feminine* (which persists in being equated with passivity and conflated with receptivity), it remains a highly unstable psychological achievement. Moreover, such binary, either-or logic obfuscates the complex psychic constellations that characterize the psychic experiences of any individual man—the multiple, plural masculinities of hetero- and homosexual men

(Person 2006)—that appear in the unconscious conflicts, fears, fantasies, and resistances of our psychoanalytic patients.

While little boys do tend to move away physically from their mothers and toward their fathers (or surrogates) to establish themselves as "boys" among males (Abelin 1975; Mahler, Pine, and Bergman 1975; see also Freud 1921), there has nonetheless been a significant departure from Greenson's and Stoller's prevailing "proto-feminine" normative model (cf. Stoller 1976), in which infant boys develop in a feminine direction. Whereas Freud originally understood gender as stemming from the fact that masculinity was the natural state for both sexes—namely, *primary masculinity,* whereby girls retreat from masculinity into femininity upon discovering the lack of a penis—Greenson (1968) and Stoller (1968) proposed that boys are naturally proto-feminine and must learn to renounce their femininity in order to achieve healthy gender identity.

Today, we recognize that there is no evidence to support such proto-femininity (or primary masculinity), and neither masculinity nor femininity is considered phylogenetically innate, but rather as having preoedipal origins in the child's relation to the primacy of the other, which entails translations (Laplanche 1989, 1997; see also Lacan 1949), fantasies, and identifications (Brady 2006; Person 2006) that help form psychic structure, including gender identity. In contesting the model wherein boys must *disidentify with* their mothers, *repudiate* their feminine identifications, and *counteridentify* with their fathers, such forceful splitting is recognized as both theoretically and clinically problematic, as well as ultimately indicative of substantial psychopathology (Diamond 2004b, 2006; see also Axelrod 1997; Fast 1990).

Thus, in the *phallacy of binary reasoning* (Verhaeghe 2004), with its simple, reductive binary code of castration and *phallic logic* (Laplanche 2007), a narcissistic world of *more or less* (Figlio 2010) characterized by have/have not, presence/absence, and yes/no reasoning, a zero-sum game operates in which masculinity requires that femininity be repudiated. This is illustrated in my clinical example that follows, wherein *woman* signifies *less,* and *man, more.*

Engaging in denial and disavowal of maternal (and paternal) identifications, the young boy attempts to expel from consciousness early identifications typically grounded in pathological triangular relations

characteristic of families unable to help their sons develop sufficient psychic structure to successfully manage their desirous, incestuous, and murderous impulses. Under these circumstances, early gender identity development takes on the quality of more extreme conflict or struggle, and the mother's or father's often unconsciously contemptuous, devaluing attitude toward men and/or women is internalized. Thus, a narcissistically based failure to "disidentify" is more likely an *identification with* the mother's unconscious attitudes toward the father and men in general, which often results in a defensively based, pathological phallic rigidity, marked by phallic monism.

In short, today the repudiation of femininity is no longer taken as bedrock for the maintenance of erotic competence and sense of masculinity.

The Primacy of the Other—Symbolic and Actual Parents, Enigmatic Gendered Messages, and the Body: Sons with Mothers, Fathers, and the Parental Couple

A silently revolutionizing *third wave,* spanning psychoanalytic schools and geographical cultures, addresses the omission of the other's significance in gender structure formation, both in terms of the concrete, flesh-and-blood other and the culturally based, symbolic other. Theorizing beyond the male protest and psychic bisexuality favored in the first wave, and the second wave's privileging of disidentification and repudiation of the feminine, this line of thinking (greatly influenced by French and contemporary North American analysts) focuses more upon receptivity vis-à-vis the other's primacy, while seeking to encompass the male's essential lack, yearning, and dependency contextualized by the phenomenal experience of having a male body in relation to his maternal other (e.g., Cournut 1998; Diamond 2009, 2013; Fogel 2006; Hansell 1998; Laplanche 2007; Moss 2012).

Recognizing and including the place of the *feminine* and the *mother* in the male psyche—rather than their repudiation—has become a constant theme, together with *identification by* (in addition to *with*) the parental other within the fundamental triad. Hence, within triadic reality—particularly concerning the lifelong father–son vector—rivalry, desire, and aggression are played out in the sphere of phallic/genital, sexual,

and muscularly erotic life. According to this view, the binding together, linking forces of Eros and the coexisting, delinking, desexualizing destructive forces—the "aberrant" domain of the "demonic" repressed sexual unconscious (Laplanche 1989, 1997) and the upheaval caused by confronting the enigma of the other (Perelberg 2013)—become the object of focus.

This perspective recognizes that phallic and genital masculinity oscillate in the male psychic apparatus (Diamond 2006, 2009, 2013), whereas the unconscious impact of the male's unrepresentable infantile helplessness and dependency serves to connect gender and genitalia, reconfiguring the clear-cut biological/anatomical "destiny" of sex (Stein 2007). Hence, Freud's famous dictum that "anatomy is destiny" (Freud 1912, p. 189) is no longer the linchpin of psychoanalytic gender theorizing. Instead, with respect to biology, the destiny of a boy's masculinity is based on what he makes of the unconsciously transmitted messages pertaining to his anatomy.

Research on the masculinization of the brain demonstrates that several biological variables are related to male-specific gender-related traits, challenges, and intrapsychic conflicts, whereas hormonal influences on the fetal brain and genitalia indicate subtle rather than compelling gender differences (Baron-Cohen 2003; Martel et al. 2009; Panksepp 1998). Nonetheless, clinical evidence indicates that the biological givens in gender identity formation, particularly the moorings of the drives in the somatic (Freud 1915), are significantly counterbalanced by what psychoanalysis emphasizes: the early imprinting of the boy's actual, *bodily based interactions with,* and *unconsciously transmitted messages from,* his primary others or attachment figures. Also determinative are his internalized object relations; prevailing sociocultural factors; and, most important, his unique psychodynamically determined reactions to each of these influences. Particularly influential is the interplay between identifications, translations of desire, and reciprocal recognition and regulation in their interaction with his basic biological development (cf. Blos 1985; Stoller 1976; see also Corbett 2009; Diamond 2006, 2013; Laplanche 1997, 2007).

Regardless of how we define *masculine* and *feminine,* which remain "among the most confused [concepts] that occur in science" (Freud 1915,

p. 219n), what is most serviceable in psychoanalysis stems from clinical observations demonstrating that, as Freud (1905) noted:

> Pure masculinity or femininity is *not* to be found in either a psychological or a biological sense. Every individual on the contrary displays a mixture of the character-traits belonging to his own and to the opposite sex; and he shows a combination of activity and passivity whether or not these last character-traits tally with his biological ones. [p. 220n, italics added]

Given that we are cultural beings, it is not easy to contain the dialectical tension between biological givens and what is psychosocially created, particularly in terms of the masculine-versus-feminine gender binary that serves as an organizing and stabilizing structure during early development. Anthropologists, in fact, describe a ubiquitous sociocultural process that renders a splitting of gender traits so that aspects of human personality are distributed unequally between the sexes (Labouvie-Vief 1994; Young-Eisendrath 1997). In every culture, gender polarity is internalized, and each child is directed to develop qualities attributed to his/her own sex and, in some measure, to suppress or disavow qualities of the other—to keep the other gender's characteristics less developed within.

In brief, culture plays a pivotal role in interfacing with the psychodynamics of gender identity, though the internalization of cultural norms is neither a simple nor passive process. Each individual idiosyncratically employs—both in adaptive and defensive ways—the dominant cultural mores and interdictions. Consequently, there are a wide variety of masculinities that are *not* the exclusive province of heterosexual men (cf. Person 2006). Moreover, despite efforts to reduce gender splitting in Western societies, the underlying cultural images for masculinity generally continue to mean being rational, protective, aggressive, and dominating, while those for femininity mean being emotional, nurturing, receptive, and submissive (Benjamin 1988).

It appears that gender binaries are in fact essential in order for children to create a stable foundation for their core gender identity (Bassin 1996; Fast 1984, 1999; Hansell 1998). Owing to this early sense of security, the boy's losses in separating from his mother's orbit can give way

to more nuanced, flexible, and complex gender ideals throughout life (Diamond 2004a, 2009; Hansell 2011).

In underscoring inherent psychic bisexuality, Fogel (2006), like our Jungian colleagues, suggests that a dialectical balance between the *masculine principle* (characterized by boundaries, definitions, penetration, differentiation, and doing) and the contrasting *feminine* (represented by fluidity, receptivity, creativity, containment, integration, space, and being) is required for healthy maturation. Heenen-Wolff's (2011) careful reading of Freud's texts confirms that the "underlying bedrock" (Freud 1937, p. 252) is psychically structured bisexuality grounded in psychic identifications and distinguished from object choice (see also Freud 1920).[2]

As I will explicate next, I believe that this third wave leads back to Freud's fundamental ideas about psychic bisexuality and *hilflösigkeit* in the infant–mother dependency. In transcending the metaphorical phallus as the primary organizer of higher mental functioning—with its simplistic, binary logic that bifurcates receptivity and penetration, as well as passivity and activity—psychoanalysis is drawn back to the incomprehensible "lost feminine half" and "dark hole" in a man's inner genital position (Fogel 2006, pp. 1143-1144; see also Elise 2001).

Within this forever unattainable yet indispensable, receptive, and "lost feminine half," the missing infantile drive aims continue to operate in the little boy, often quite disruptively and in conflict-laden forms. Consequently, I propose that theorizing male gender-related pathologies requires incorporating not only ideas based simply on second-wave repudiation of cross-gender identifications, but also the third-wave sensibility that attends to translations arising in the originary, intersubjective dyad, as well as the subsequent internalizations and identifications—the *unconscious bisexualization process* marked by *absence* (David 1973)—that create lifelong unconscious conundrums, conflicts, and resistances.

In brief, the male's repressed wish for the missing genital structure and its associated *receptive* aims and desires sets the stage for highly con-

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[2] For instance, in an 1899 letter to Fliess, Freud stated that "the bisexual capacity—to desire, to love, to be able to be identified with both sexes without this first being the result of defensive processes—belongs entirely to . . . psychic life, in more or less unconscious fashion" (quoted in Heenen-Wolff 2011, p. 1212). In other words, "the unconscious is and remains bisexual" (p. 1217).

flicted psychic bisexuality, which as Freud (1937) suggests, opposes the work of psychoanalysis. Nonetheless, in order to contain and begin to symbolize the specific vulnerabilities and enigmas of gender difference, "everyone must reckon with their capacity for receptivity and thrust, accessibility and force, openness and backbone . . . the feminine and masculine within us all" (Celenza 2010, p. 202).

WHAT MEN DESIRE— MASCULINITY FORGED OUT OF PRIMORDIAL VULNERABILITY

Both psychoanalysis and prevailing cultural ideas about masculinity itself have developed substantially—almost in parallel fashion—over the past century. Each was constructed from and restricted by the masculine/feminine binary that led to a theory and practice centered on the idea that masculinity depends upon the overvaluation of phallicity built on successfully repudiating the feminine. However, such repudiation leads to psychic and material violence wherein the feminine is targeted both internally and externally. In contrast, I propose that *repudiation* no longer be conceived as the linchpin of the masculine, except in more pathological circumstances, and that, conversely, *receptivity* and *incorporation* are central to a stable yet flexible sense of maleness, and that unconscious, gender-related psychic conflict—an experienced reminder of *absence* and *incompleteness*—is fundamental.

My thesis rests upon recent theorizing that emphasizes how masculinity is forged from the boy's earliest wishes to be and to have *both* his mother and father, wherein his earliest identifications—including his translations and internalizations of unconsciously transmitted messages and desires—require adaptations and accommodations throughout life (Diamond 2004b, 2006). A boy's *differentiation from* his mother and his *identification with* and *by* both mother and father, including their unconscious, rather inexplicable sexualized messages pertaining to his "maleness"—sexualized in the Freudian infantile polymorphous, pregenital sense—profoundly influence his gendered ego ideals, while his gender ambiguities are continually being reworked (Corbett 2011; Diamond 2009; see also Laplanche 1997, 2007; McDougall 1989).

To paraphrase Freud, in order to truly understand "what men really want," we need to address the *prephallic* realm, wherein what I term *primordial vulnerability* resides. This requires appreciating the challenges in reworking the internal phallic and genital positions, characterized by dualities grounded in the male body accompanied by intrapsychic conflicts pertaining to penetration and receptivity, delinking and binding together, renunciation and incorporation. The *prephallic, phallic,* and *genital* features of a man's internal experience are best understood as co-existing positions in varying, discontinuous balances that shift as a man matures (much like the Kleinian notion of paranoid-schizoid and depressive positions), rather than as representing different developmental phases that supersede one another linearly.

Negotiating the oscillating passages between and among these positions requires accommodations to one's *primordial vulnerability* and incompleteness that present unique challenges entailing ongoing conflict, confusion, and psychic effort. Consequently, in expanding upon Freudian bedrock and preoedipal individuation, perhaps Achilles's powerless heel barring immortality might serve as prototype to better understand the formation of the originary, prephallic *allocation* (Laplanche 1992), as well as the preoedipal, narcissistic foundations of the structures of masculinity (Diamond 2004a; see also Klein 1945; Pick 1985).

I will clarify this next, along with the basis for terming the male's vulnerability *primordial.*

Prephallic Masculinity: The Originary Infant–Mother Situation

The distinctly bodily derived, psychosexual terms *phallic* and *genital* refer to specific, individually constructed mental orientations or positions creatively deployed and reworked within an individual. These positions are typically manifest in a cluster of traits, which originate from early libidinal development beginning in the *fundamental anthropological situation* (Laplanche 1989, 1997)—namely, the infant's prephallic helplessness and asymmetrical relation to the implantation of the mother's perplexing sexual messages that he is incapable of translating. This radical helplessness produces a "primordial discord" at the heart of the human infant (Lacan 1949) that I believe becomes the primal source of

defensive operations, as well as of "all moral motives" (Freud 1895, p. 318), and yet remains forever unrepresentable.

From the classical standpoint, the subsequent *phallic phase* refers to that infantile genital stage (prior to the genital phase itself) beginning at about two years of age that extends into the oedipal phase, during which the phallus is the primary erogenous zone. I propose, however, that what transpires *prior* to the phallic stage (i.e., during the oral and anal phases) reflects the primordial and determinative nature of male-specific vulnerability pertaining to subsequent gender-related structures. In fact, when more traumatic infant–mother relations are manifest, annihilation fears can be traced to prenatal patterns that continue throughout early childhood (Delia 2004). Phallic rigidities then often serve to stave off more primary, unrepresentable, and weakly contained terrors.

I have noted that the primordial and essential frailty of masculinity is inherent in Freud's (1905) image of the helpless, dependent child sucking at the mother's breast—which provides satiety and security that, once lost, is forever longed for and sought. This fact establishes the *core complex* for the male borne of woman, consisting of an ever-present, absolute vulnerability in the wish to return to her (in order to receive from her) and the accompanying terror of this longing in its unconscious association with being possessed by and annihilated by the omnipotent mother (Glasser 1985).

Nonetheless, during the subsequent infantile genital phases in the context of renunciating incest, possession of the mother, and merger, and thereby experiencing his inherent lack, deficiencies, terror of fusional longings, impossibility of total fulfillment, and the incompleteness of the human condition, the little boy wishes for wholeness and plenitude. Hence, in the phallic phase, he omnipotently forms the illusion of "the supremacy of his own masculine equipment" (Manninen 1992, p. 25; see also Birksted-Breen 1996; Lacan 1966; Perelberg 1998).

The Prephallic Body/Mind: Primordial Vulnerability, Lack, and the Impact of Unrepresentable Hilflösigkeit

Present long before words and symbolization are possible, the male infant's vulnerability is fundamentally unrepresentable and nonsymbol-

izable—a radical helplessness perhaps best captured by Bion's (1965) *formless infinite*. My use of the term *primordial* signifies this archaic, primitive form of the boy's vulnerability vis-à-vis his primary object in their archaic matrix. The French metapsychological tradition considers such primitiveness as belonging to the *other scene,* namely, the unconscious that remains atemporal by definition (Kristeva 2014). Attempts at representation are removed from the phenomenon itself and are never fully integrated, remaining inescapably elusive.

From the narcissistic point of view, both girls and boys feel painfully incomplete as a result of the helplessness (*hilflösigkeit*) built into their originary relationship. However, the powerful character of the primitive maternal imago—the mother as omnipotent, active, and phallic (Brunswick 1940)—has a particular impact on boys for several reasons stemming from both psychodynamics and biology. In the former, the stages of the boy's primary identification with the maternal feminine and the subsequent separation/individuation-based losses associated with his primary object become particularly traumatic.

Because the boy's unconscious identification with the lost maternal object is always with an object that is *different from* rather than *similar to*, the deferred action of *nachträglichkeit* (or *après-coup*) that begins to take hold during the separation phase is inevitably more disruptive for him than for the girl (whose discord is mitigated through her bodily identification with mother).[3] Nonetheless, primary repression renders the boy incapable of representing both the otherness and the terrifying anxieties in relation to the unrepresentable facets of maternity, namely, the *erotico-maternal feminine* (Cournut 1998). Soon enough, however, through the phallic order, these terrifying anxieties are sufficiently repressed and contained.

There does seem to be a male, gender-specific biological sensitivity to maternal caretaking and a vulnerability to maternal psychopathology. In general, recent neuroscience findings suggest that infant boys, in contrast to girls, suffer their incompleteness within the maternal dyad more

[3] In fearing narcissistic collapse into "abyssal opening [topographically] beneath castration anxiety" (Kristeva 2014, p. 80), males rely on being "big" to counter maternal dependence. Hence, it is no coincidence that the Narcissus myth depicts Narcissus to be of the male gender and to have distinctive narcissistic conflicts (cf. Teising 2007).

severely. The boy's frontal cortex and temporal lobe structuralization is slower, recovery from elevated cortisol levels more prolonged, and language development later (Baron-Cohen 2003; Martel et al. 2009). Perhaps due to the slower pace of neurobiological development resulting from greater testosterone exposure in utero, boys prior to age two require higher levels of parental input (Bertrand and Pan 2013).

In short, research suggests a psychophysiological component reflecting the infant male's *greater vulnerability to early neurobiological disruptions,* so that the need for a maternal object or caretaker to co-regulate, metabolize, and contain appears greater for boys than girls. Additional findings converge to suggest that zero-to-two-year-old boys suffering from psychosocial deprivation are more vulnerable to disruptions of attachment (Drury et al. 2012; Kochanska, Coy, and Murray 2001; Zeanah et al. 2009). For example, when their mothers withdraw, three-month-old and six-month-old infant boys become more agitated than girls, require more time to return to normal interaction, and are more vulnerable to, as well as less resilient to, maternal depression (Martel et al. 2009; Tronick and Weinberg 2000; Weinberg et al. 1999; Weinberg et al. 2006). These early difficulties are subsequently manifest in greater externalizing and harmful acting-out behaviors (Fearon et al. 2010; Sroufe et al. 2005).

Consistent with my postulation of heightened primordial vulnerability among males, it seems that infant boys have a more limited capacity for self-regulation, are more impacted by infant–mother attachment failures in containment and regulatory functioning, and require earlier maternal (and/or paternal) co-regulation than do girls.

Phallic Masculinity and Its Relationship to Primordial Vulnerability

Phallic narcissism begins as a natural, adaptive process to mitigate the small boy's experience of loss and envy (Freud 1905, 1923), as well as of incompleteness, lack, and deficiency (Chasseguet-Smirgel 1984, 1985; David 1973; Lacan 1966). Freud (1923) describes this "infantile" mental organization as reflecting "a primacy of the *phallus*" rather than of the genitals (p. 142, italics in original). The phase comprises two subphases: *phallic narcissism* (or *phallic exhibitionism*), characterized by self-satisfaction based on an overestimation of the penis, exhibition-

istic desires to gain attention, and the primacy of dyadic relations; and the later *phallic-oedipal phase proper,* notable for its triangular configuration, idealization of oedipal objects promoting phallic omnipotence, and heightened castration anxieties (Jones 1933; Schalin 1989).

The little boy, wishing to replicate the original experience of satisfaction at the mother's breast, relies on primary processing to mingle an unrepresentable primary experience and a nascent idea with a represented, visible, erectable, and comprehensible external part of his own body through which his desired object—namely, the lost breast, missing mother, or fusional *jouissance*—is imagined as attainable. In other words, the little boy's traumatic loss of the paradise of the originary, highly gratifying relationship with his mother predisposes him to create a phallic self-image to regain control of the object now experienced as quite separate from his ego (Chasseguet-Smirgel 1984, 1985, 1986; Manninen 1992).

Accordingly, the phallic image provides him with an illusory way to win his mother's love—a triumph apparently reflected by the gleam in his mother's eyes—and, as his mother's all-conquering hero, he becomes focused on activity and agency, the phallic conquest of the world, in order to stave off loss and chaos. Therefore, the phallus—based on the binary distinction between having and not having—partially represents the lost breast, while also signifying his *inherently unrepresentable vulnerability.* Phallic monism—the belief that the penis is *the* sexual organ—comes to guard against any recognition of lack or deficiency (Chasseguet-Smirgel 1976), defending against receptive dependence on good objects. Thus, the penis replaces the breast as the superior organ, and breast envy is relegated to the deeper unconscious (Lax 1997).

Such phallic monism, originally established during the anal-sadistic stage, results from the visibility of the penis (and its micturition), founded upon this stage's reliance on comparison, measurement, and the outward orientation of phallic sensations and discharges of male sexuality. Perhaps it is set in motion by virtue of the phylogenic fact that, in assuming the upright stance, humans lost a visual reference of the external feminine genital organs; thus, as Laplanche (2007) suggests through *phallic logic,* this visual inaccessibility has been elevated to the "major universal signifier of presence/absence" (p. 217). I suggest that the

male's frequent quasi-obsession with seeing female body parts, generally evident in the importance of *looking* to satisfy erotic as well as lascivious desires—and too easily pathologized simply as part-object relating—reflects the absence of early female genital sightedness.

By focusing on an external, visible organ, the penis—rather than coenesthetic sensations that produce more unsettling anxieties—the boy is helped along as he enters the phallic phase via the use of externalization and denial of the "insides" (Kestenberg 1968). Accordingly, he shifts from inside to outside, and his inner genital sensations are externalized upon the phallus to protect against archaically feared attacks and, as I submit, unrepresentable primordial anxieties.

The term *phallus*, signifying a false completeness (Lacan 1966) and narcissistic, illusory wholeness (Grunberger 1964), is thus initially employed to assuage differentiation anxieties and less accessible annihilation terrors. It becomes the symbol of invulnerability—a permanently erect monolith of masculine omnipotence (Ducat 2004)—manically defending against the depressive and persecutory dangers of experiencing the lack of an all-too-separate but still needed, desired, and all-satisfying maternal object to transform the discord of infantile helplessness.

In resisting fusion with the mother and the subsequent attraction of incest, albeit expressing what has been sacrificed (Birksted-Breen 1996; Perelberg 1998, 2009), the phallus in phallic-narcissistic psychic retreat comes to deny the so-called facts of life (Money-Kyrle 1968), particularly one's own mortality as signified for the phallic child by the experience of being different and therefore *incomplete*. The absolute, radical vulnerability in the male's helplessness—mortality as a fact of life—can thus be dissociated through the construction of the phallic inflation fantasy. Existing in the unconscious as a "basic position" representing an impenetrable state of completeness (Birksted-Breen 1996; Grunberger 1964), the phallus fuels the paradisaical fantasy of being "*beyond* the human condition . . . without need," which prevents experiencing the intrinsic lack that permits passage into the Symbolic order, wherein the paternal metaphor—the "Law of the father"—can endure (Lacan 1966, p. 650, italics added).

Against this backdrop, as observed in certain unreachable patients who rely on omnipotence, impenetrability, and massive projective iden-

tification, taking in good supplies from the analyst is prevented. In any case, the male's fantasized lack of vulnerability, as well as the illusory supremacy of his male endowment and frequent obsession with penis size—illustrated by the so-called little penis complex (Horney 1932), which is apparent in my case example that follows—is unconsciously linked with terrifying anxieties pertaining to this fundamental lack or absence. Projective mechanisms prevail whereby "the other lacks all, I lack nothing" (Moss 2012, p. 35).

Throughout the entire phallic phase, the high valuation of the penis is manifest in phallic pride with its associated desires and anxieties. The primacy of the body and manifestations of infantile sexuality (Freud 1905)—too often neglected by contemporary theorists—produce urges to penetrate and impose one's self into that which is other. Interestingly, Erikson (1950) observed that infantile genital development closely parallels the morphology of the sexual organs, wherein psychic experience is anchored in the "ground plan of the body" (p. 108). For instance, preadolescent sex differences in block use play indicate that for boys, height, downfall, and strong motion in constructing towers, buildings, and streets prevail along a high-low axis that is *intrusive* (rather than inclusive) in character.

For males, then, extending, thrusting, and penetrating—figuratively speaking—become paramount, along with the associated personality traits of assertiveness, aggression, strength, and potency in the realization of one's desire. Moreover, the boy's primordial vulnerability becomes anatomically anchored in his observable and erectable genital organ and accompanying testicles, which in their visible exposure are particularly vulnerable to attack from outside, and hence concretized in castration fears. Such castration anxieties, triggered by oedipal conflicts, often signify even more alarming fragmentation and annihilation terrors that derive from the boy's primordial vulnerability.

Phallic propensities, impulses, ambitions, and energies—characterized by part-object relating and accompanying paranoid-schizoid anxieties that frequently pertain to bodily loss and castration—are utilized, integrated, and transformed throughout a male's development. These phallic features of internal life will play an important role in the male's adaptive expression and experience of his masculinity. When sufficiently

integrated, these healthy phallic aspects are evident in his embrace of his desires and ambitions, pursuits, competitive yearnings, delights in bodily pleasures, and hierarchical relations, as well as in his capacities for achievement, penetration, and dominance.

In contrast, *defensive phallicity* frequently reflects more transitory regressive tendencies in an otherwise healthy personality, or, alternatively, may indicate more rigid characterological distortions based on primitive defensive operations employed to protect a fragile, inflexible masculine gender identity. The so-called phallic character is characterized by exhibitionistic self-display, haughty reserve, a regarding of the penis as an instrument of aggression (rather than love), recklessness, misogyny, and an excessive narcissistic need to display one's potency so that sexual relations are regarded as narcissistic reassurance rather than mutually valued object relations. Such phallic struggles for control and domination can manifest at varying developmental junctures, though they have been traditionally understood as regressively based on oedipal-phase anxieties (Jones 1933).

In functioning from the fanciful yet heroic position of the phallic ego ideal, there tends to be a confusion between the penis as an object of *phallic narcissism* and as an object of *Eros or relational connection* (Braunschweig and Fain 1978). The hazard of phallic masculinity in its forever unreachable demands is that a hypermasculine, illusory image of phallic manhood constitutes a narcissistic end in itself—for example, in the constant urge to assert oneself impressively—rather than serving more creative purposes that require integrating phallic and genital ego ideals.

Understanding and simply being (rather than doing) seem threatening, and as a result, compulsively driven, manic activity dominates, as illustrated by my case example. This is palpable in adult men who persist in defining themselves by conquest, imposition, sexual potency, and aggression when relational needs, a greater appreciation of otherness, and reflectivity might otherwise come to the fore. This reflects a masculine dilemma particularly evident in middle-aged men, such as the iconic character of Roger Sterling, the philandering, Don-Juanish, gray-haired corporate mentor to Don Draper in the award-winning television series *Mad Men.*

Genital Masculinity: Inner Genital Space and Eros Rising

The genital phase is considered the final stage in instinctual libidinal development, representing *genital primacy* (Freud 1905), wherein the *sensual* current and the *affectionate* current meet up (Freud 1912). The boy's evolution toward greater receptivity to alterity is outside of and beyond the phallic position, with its more conventional binary coding of have/have not. Relinquishing phallic omnipotence requires facing the loss of control over one's objects, as well as the realistic limitations of one's gender, objects, and self.

Adjacent to phallic demarcation and delinking, then, is an openness and receptivity to the other that the cultural world speciously circumscribes as the differentiated province of the female. The capacity for *binding together* and attaching equal importance to his own and his partner's satisfaction, both bodily and psychologically, reflects both whole-object relating and object concern indicative of the depressive position (with attendant anxieties pertaining to guilt for damaging the loved object). Thus, the penis contra the phallus in genital sexuality operates as an instrument of both eros and linkage—indicating a going *inside of* another (cf. Bion 1959). From the position of the genital ego ideal, the penis is primarily an object for relations and connection, wherein the "penis-as-link" promotes mental space and thinking. Thus, in its recognition of the parental couple and mental bisexuality, the penis has a structuring function, at least within Freudian dual-drive theorizing, as an instrument of Eros—in contrast to the phallus as an instrument of Thanatos, one that aims to destroy such linkings. Hence, "the *maternal function* of being with and the *paternal funcion* of . . . linking" are combined (Birksted-Breen 1996, p. 652, italics added).

Genital primacy, or *genital love,* a far more complicated notion than mere genital potency, combines genital satisfaction with pregenital tenderness (Balint 1948), a psychic feat permitting receptivity to otherness that requires the male to access his own vulnerability—his Achilles heel. Thus, becoming and being a man, in addition to *penetration* and *creativity*, is marked by *absence* and elements of *lack*, *loss,* and "an enduring experience of *deficiency*" (Moss 2012, p. 34, italics added). Achieving this ultimate genital organization in which inside and outside—body,

psyche, and external world—are linked in active relationship to one an-other is considered essential for a successful psychoanalysis (Balint 1950; see also Freud 1937).

The Missing Link: Interior Masculinity

In accessing the genital position (in oscillating fashion throughout psychic life), then, the male finds that his relational needs and abilities to achieve connection to, mutuality, and intimacy with others become more significant. This requires developing an interiorized, albeit cultur-ally minimized dimension of genital masculinity pertaining to the inner body and testicles initiated by spreading genital excitement from inside the body. This *inner genital space* reflects the more open, spatial, and receptive aspects of male psychic experience (e.g., Fogel 1998; Friedman 1996; Kestenberg 1968). Grounded in the inherent frailty of the infant's *sucking to take in* from the breast, however, visceral inner genital sensa-tions during the boy's initial gender crisis produce *overwhelming floods of excitation* that are inherently anxiety provoking, and consequently de-fensively externalized as the boy associates the inside of the body with femininity (Kestenberg 1968). These inner sensations bear directly on the primordial vulnerability at the heart of the male psyche as the boy's wishes to be penetrated are projected onto women and subsequently onto homosexual and "girlie" men.

In order for the boy to accept and reclaim his inner genital experi-ences during this phase, the link between his insides and his mother—and/or the feminine—must be attenuated. Once that occurs, the oft-neglected importance of the male's unconscious longing to embrace the receptivity, yielding, and surrender associated with the vagina and womb as an inner productive space to be penetrated and known—his desire for, as well as his envy of, the womb or vagina (cf. Boehm 1930; see also Elise 2001)—can take its rightful place alongside both "breast envy" and "penis envy" as fundamental organizing experiences in male psychic de-velopment, as the developing boy becomes better able to overcome his terrors of the inside as dangerous.

Besides reflecting receptivity and passivity, however, the inner genital also encompasses an active, aggressive component most evident in incor-

porative impulses, with their anal-sadistic features (Chasseguet-Smirgel 1964). In this respect, the ineradicable sexual binary of receptivity/ penetrability, as well as an unsealable psychic sexual opening in the male's mode of receptivity, can be articulated in terms other than of so-called *primary femininity* (Stoller 1976). In moving outside the spurious gender binary and the phallic world of quantity, there is an expansion of bodily sensual pleasure beyond the satisfactions associated with the penis, including the enjoyment of both a wider range of visceral excitation (Bordo 1999; Reis 2009) and the male's own seminal procreative space (Figlio 2010).[4]

Maturing, healthy genitality is characterized by the attenuation of anxieties pertaining both to masculine inner space and to non-penis-dominated sensuality, as well as the lessening of anxieties associated with their psychic sensibilities related to experiences of limitation and need. By conditionally accepting his insides, the male finds that a receptive mental space for "passive surrender" is provided, as well as the ability to identify with rather than repudiate the feminine (Kestenberg 1968). This postambivalent integration of phallic propensities in the service of reality, characterized by penetration and receptivity, is founded on Eros, which aims for connection. This is evident in my epigraph (Dunn 2004), wherein Achilles's lover kisses his heel before kissing his "power."

The term *genitality*, as I use it, involves adaptive assertion, aggression, and modulated phallicism, including delinking, in which penetration in the service of mastery, potency, and authority is largely integrated with needs for creativity, connection, and attachment. This intrapsychic achievement—an ideal, to be sure—signifies the male's partial success in transforming his experience of lack, vulnerability, and deficiency into want and desire by turning from maternally derived satisfaction to representations and the substitution of objects in the symbolic realm. In metapsychological terms, primary processes linked to the purified pleasure ego (Freud 1915) recede, secondary processes founded on the reality

[4] This is evident among *both* heterosexual and homosexual men who yearn not only for the pleasures of the penis-in-vagina and/or penis-in-anus, but also enjoy being penetrated, having the testicles or breasts stimulated, experiencing seminal ejaculation involving both retention and release, feeling pleasure through the use of the mouth, and fantasizing as well as engaging in a variety of sexual practices that are too easily societally pathologized (Figlio 2010; Reis 2009; see also Boehm 1930).

principle become more stabilized, and drive vicissitudes are integrated with object relational longings for tender, exciting contact. This involves "destruction" of the fantasy object so as to "use" the real other (Winnicott 1969).

In maturing genital countenance, aggression is put to the service of Eros, and close contact with the object is desired. Phallic urges are present and remain significant, but are transformed into more aim-inhibited and object-recognizing forms. In this respect, there is a strong resemblance between the analytic ideal of the genital character and both the Anglo-Saxon prototype of a *gentleman* and the Judeo-Hebraic exemplar of a *mensch.*

The maturing man's genital features, incorporating more receptive aims, modulate his ever-present and adaptively regressive, fusional desires, so that his sensuality becomes better integrated with sexuality. This helps him become oriented more toward making love in the genital context of psychic differentiation, uniting with his loved one in a "harmonious interpenetrating mix up" (Balint 1960, p. 42), rather than simply fucking—though of course the impulse to fuck remains an important dimension of his masculinity and his lovemaking, characterized by a necessary quota of aggression and destruction (particularly in the Winnicottian sense) in the service of connection and generativity.

Both the hierarchical (high/low, big/little) and the relational (linking) facets of maleness become part of a complex yet more flexible psychic structure, which no longer rigidly defends against emasculation by retreating from those aspects of psychic reality found most threatening, including what may well be the most durable characteristic of masculinity—namely, its containment of unsymbolizable, primordial vulnerability. Nonetheless, enduring unconscious resistances to giving over to something beyond oneself—necessitated in differentiating from the maternal object—often impede actual intercourse with a loved partner; for example, in the *Madonna-whore complex,* wherein the "affectionate" and "sensual" currents are kept apart (cf. Freud 1912). In contrast, when (seminal) linking does occur, a less conflicted, unconscious embracing of receptivity partially erases the gender binary for either the gay or straight man who, like his mother before him when suckling her infant, *gives to an other from within.* Notwithstanding, masculinity remains forever "the

unattainable . . . that enduringly resist[s] capture by reason" (Moss 2012, p. 6), an irreducible predicament that is never fully resolved.

CREATING PSYCHIC STRUCTURE FROM PRIMORDIAL VULNERABILITY, TRAUMA, AND SHAME: THE MALE'S GENDERED EGO IDEAL

To appreciate the male's lifelong intrapsychic challenges, it is necessary to understand the shaping of the boy's ego ideal along gendered lines, or to put it more colloquially, what makes the "male ego" so important for men? The gendered nature of the masculine ego ideal is arguably founded on the boy's distinctive struggles during the initial stages of gender differentiation—a struggle requiring him to adapt to a significant disruption in relation to his mother, the primary other, in sourcing his primordial vulnerability. This struggle becomes elaborated through private, unconscious fantasies stemming from both unconscious interpsychic transmissions in early childhood and universal fantasies represented in the Oedipus story, as well as components "in conscious public circulation" (Moss 2012, p. 18).

As I have noted, the boy's gendered, phallic ego ideal helps him heal what he experiences as an abrupt, rather traumatic sense of loss during his struggle to separate from his mother (Diamond 2006, 2009, 2013; see also Chasseguet-Smirgel 1985). Consequently, his phallic narcissism helps defend against the terrifying annihilation dangers associated with his unrepresentable, primal, bodily based vulnerability that, like Achilles's heel, signifies the fragility of mortality. These phallic and subsequent genital ego ideals reflect individually constructed fantasies that shape masculine gender identity in both healthy and pathological ways.

For clarification, I will develop a number of *second-wave* ideas within a *third-wave* sensibility that modifies their implications. Thus, I consider next the internalization processes stemming from primordial vulnerability that are vital during a boy's distinctive struggle to differentiate from his mother, and that prevail through both his desirous feelings and murderous ones toward his father, which profoundly impact his sense of himself as a male yet render the nature of masculinity so tenuous.

The Paradoxical Relationship with the Omnipotent Mother: Helplessness, Discord, and Difference

No mother (or father) can avert the child's primordial vulnerability resulting from the state of radical helplessness in which the dependent infant must receive from the mother who nurses his basic needs. Perhaps due to the human infant's "specific prematurity of birth" (Lacan 1949, p. 78), this asymmetrical dependency on the first woman and seductress in every man's life leaves an unconscious residue of primordial vulnerability and discord.

Though it remains a controversial concept, *primal repression* describes an archaic defense against the earliest impressions producing unnamable anxieties that are not registered at the time and cannot be recalled later in life (Freud 1900). The infant's radical helplessness is maintained and signified *in an archaic mode*—namely, in its original fragmented, iconic form that prevents further semiotic development (Salomonsson 2014). As I suggest, this produces a particularly terrifying charge for the infant male, who must rely on maternal regulatory functioning to an even greater extent than the female infant. When the distressed infant's originary anxieties *cannot* be contained and made tolerable (by the environmental mother), the terrors return in the form of *nameless dread* (Bion 1962), which requires the attacked yet fragile psyche to resort to drastic, autistic-like protective maneuvers (Tustin 1987) that may subsequently manifest in rigid phallicity.

The archaic mother reigning over the small boy becomes represented as the powerful, omnipotent figure whom he must be able to count on. The omnipotent mother imago, however, is also terrifying as a result of his infantile helplessness, dependency, and projected hostility—particularly when he begins to separate and subsequently during the phallic stage when the horror (*abscheu*) of genital differences and castration anxiety become conscious (Chasseguet-Smirgel 1964). Partly to cope with the oral-based dangers of being annihilated by his engulfing, omnipotent mother in the context of longing for the satiety and security attained through fusion with her, he develops the primal fantasy of abandoning himself in order to return to his mother's womb (Cournut 1998).

By means of deferred action (*après-coup*), the boy's terror of being completely possessed and thereby annihilated is further concretized. The male's normative *core complex* (Glasser 1985) reflects this irreconcilable conflict produced by his longing for the primal mother as the only object able to gratify all his (infant) needs in the context of his simultaneous terror of being invaded, taken over, and mutilated (castrated) by her. The desire to free himself from his formidable mother, apparent in the Genesis myth, expresses his "victory . . . over his mother and over women" (Chasseguet-Smirgel 1964, p. 133).

Because the first other is always a woman, the discordance is rendered more problematic for the boy than for the girl. For a girl and her mother, the separation process takes place within a relational matrix of bodily similarity that favors both representability and primary identification. In contrast, the paradox of the mother–son relationship lies in the fact that the closest and indispensable primary other is fundamentally different (i.e., lacking in the same sexual organs).

 Freud's pithy adage questioning "what does a woman want?" (1925, p. 244) probably conveys the male's ever-present difficulty with understanding the maternally based, erotic feminine. Moreover, because the object that he loses throughout his earliest months is always *different from* rather than *similar to,* maternity is rendered all the more unrepresentable in its mysterious distinctiveness, and accordingly, he is forever unable to understand his mother's maternal feminine dimension while subsequently experiencing her erotic femininity as a betrayal (Bollas 2000; Cournut 1998). In contrast, the girl's similarity to mother offers her a greater opportunity for retrieving something of the relationship with her lost primary object, including the mother's own unconscious link (i.e., the "shadow") of her lost primary maternal object. Boys, then, are forced to psychically work on—often through *après-coup*—both the distresses and the excitations caused by an inescapable acknowledgment of these differences (Courant 1998; David 1973).

The boy's need to turn to his father as an alternative object with whom he can achieve a bodily identification is what helps him pass through this phase in order to assert his separateness from the internal, omnipotent maternal object. At the same time, his self-preservative aggression toward his archaic maternal imago remains psychically present

and, if insufficiently sublimated, obstructs intimate relating and genital-phase progression.

The Boy's Initial Gender-Based Crisis: Separation "Trauma" and the Struggle to Differentiate

The boy's experience of separating from his mother's world in the second half of his second year (Roiphe and Galenson 1981; Stoller 1968) becomes his *initial gender-based crisis* or "trauma"—a veritable "traumatic discovery of otherness" (Ogden 1989, p. 148) and "painful narcissistic mortification" (Lax 1997, p. 118)—primarily because he must adapt to the loss just as he is realizing that he is sexually different from his mother; he can neither be her nor be of her gender. In other words, a boy is *other than* as well as *less than,* from early on (Chodorow 1978; see also Cournut 1998; Moss 2012).

Upon reaching the infantile genital stage, the little boy recognizes that he is missing an anatomical part—the vagina—to satisfy one component of his bisexual infantile drive wish (Freud 1923; Kubie 1974). Consequently, this *bedrock trauma* (Lax 1997) of loss and limitation, stemming from the missing contrasexual genital organ, activates his prephallic core complex and further establishes an ongoing tension between his desire for union with the feminine, maternal object and his desire to differentiate from it in order to develop his separate identity. This conflict—at times apparent in the male's "dread of women" (Horney 1932, p. 350)—further *genderizes* the masculine ego ideal while helping him heal his abrupt sense of loss.

The complexity in separating from the world of mother becomes more evident at around the age of two to three, when a momentous alteration is experienced that drives newly intense genital sensations, due to the male body's maturation. Sexuality's arrival is quite disruptive, partially because it represents the loss of innocence in relationship to mother—the so-called "death of infancy," wherein the "mother-as-comforter" becomes the "mother-as-sex-object" (Bollas 2000, p. 15); thus, castration anxieties are added to the mix of existing separation anxieties.

It is significant that the anatomically incomplete boy not only loses a large part of his primary dyadic connection, but is also pressured to repudiate what he has lost—both intrapsychically, due to unconscious

incestuous anxieties (the hallmark of Freudian sexuality), and intersubjectively, resulting from unconscious (and conscious) transmissions in familial and public domains. Normative socialization is particularly evident in sibling and peer relations that elaborate the lateral dimension of psychic life, especially in "boy culture," with its enforced male code encountered by every boy as he grows up, as well as the larger society that parses sexual mores and gender preconceptions.

This cultural domain colludes with intrapsychic dynamics to rely heavily on the aversive power of shame to shape acceptable male behavior, typically in three areas: (1) independence from mother; (2) adequate aggressiveness among other males; and (3) a sufficiently "male" bodily image. For example, little boys are pressured to renounce gender-inconsistent traits far more than young girls are (Fast 1984; Hansell 1998), and taboos against cross-gender behavior tend to be enforced much more brutally by parents, peers, and society in general when violated by boys (Maccoby 1998). Overall, boys are especially prone to experience shame, and therefore (phallic) defenses are typically relied upon against the emergence of neediness and/or gender-related bodily and aggressive "insufficiencies."

Such shame dynamics carry the sense of being exposed as weak should any needs become evident; these dynamics develop directly from the boy's abrupt sense of defectiveness during his preoedipal experience of separation, entailing feelings of helplessness, weakness, and vulnerability. The boy's repudiation of femininity—Freud's (1937) underlying bedrock—reflects his refusal of the primitive dependency on the mother, his primordial vulnerability to maternal care, producing the terrors of being engulfed by the archaic feminine (Chasseguet-Smirgel 1964; Cournut 1998; Green 1986). In trying to find a solution to his experience of lack, the phallic boy resorts to a denial of lack (Lacan 1962)—a "lack of lacking," rather than accepting it.

In discovering the difference between the sexes during separation from his formidable mother, the little boy is convinced that, in contrast to the penis, insides are dark and dangerous. Consequently, femininity becomes associated with bloody holes and masculinity with intactness. What has been termed *femiphobia* (Ducat 2004) often ensues—namely, an unconscious hatred and dread of the part of the self experienced as

feminine. The male's initial repudiation, or, more accurately, the repression as well as conscious disavowal of his "feminine" self—when fixated over time, depending on the father's paternal functioning—may signal a failure in optimum development that becomes evident in a defensive, shame-based phallic organization involving "action, destruction, power, and consequent guilt" (Lansky 2005, p. 887). Such a phallic organization denies a man's "procreative capacity and nurturing possibilities" (Fast 1984, p. 73).[5]

Often overlooked is the extent to which the boy's unconscious relationship to his masculinity is significantly impacted by both his *identification with* and the *identification by* his mother. Laplanche (1992, 1997, 2007), by contrast, in arguing that the child's unconscious is molded by the unarticulated desires of the adult other through generalized seduction, implies that gender-identity pathologies result from unconsciously transmitted, enigmatic messages imposed upon (assigned to) the developing child, mostly by the mother—much like "ghosts in the nursery" (Fraiberg, Edelson, and Shapiro 1975). The alterity of the mother as other, her inexplicable, polymorphously sexual, and gender-based messages of which she is mainly unaware, remain somewhat alien and disturbing yet formative of the boy's unconscious. The intromission, implantation, and inscription of these messages—communicated through the language of the body as well as social and linguistic language—require translation by the infant/child as a limited hermeneut inexorably inadequate in translating, thereby impacting his sense of masculinity in an ongoing way (Laplanche 2007; Stein 2007).

Accordingly, the mother's unconscious, often unknowable recognition and affirmation of her son's maleness—his *identification by* his mother and assignment to the male gender, facilitating his identification as male in both receptive and penetrating ways—can help him progressively differentiate from her rather than establish his masculinity in violent opposition to her femaleness. Laplanche (2007) refers to this as *identification by* rather than *identification with,* in order to emphasize

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[5] Perhaps Freud (1937) had something like this in mind, in terms of what today we refer to as *gender identities,* when he argued that a successful, "terminable" analysis can occur only when the male's bedrock struggle against his passive or feminine attitude is reached—namely, in moving beyond the illusory receptive/penetrative binary.

the primacy of the (m)other in the process. This entails her support for the son's journey toward the world of his father—the world of males. In reaching the period of early triangulation and the phallic stage, the mother's own separation anxieties and oedipal dynamics become crucial, for she must be able to modulate her competitive and envious impulses and contain her more evocatively sensual, erotic desires.

A son who is not supported by his mother when he is turning outward from her while reckoning with his own anatomical incompleteness, further signifying his primordial vulnerability, tends to internalize a particular identification with her—one that in effect opposes his "phallic" forays toward his father and the external world. This problematic identification, or "phallophobia" (Corbett 2009), operates to impede a boy's healthy aggression, competition, mastery, and authority—as if these qualities would themselves represent an attack on the mother.

In contrast, the mother's endorsement of her son as a male person tends to operate more unconsciously, and her son identifies with these unconscious attitudes—what Green (2004) takes up as the mother's paternal function and Ogden (1989) calls the paradox of "masculinity-in-femininity" (p. 154). This endorsement arises from the enigmatic, non-symbolizable messages originating in the mother's sexual unconscious (Laplanche 1997), especially her feelings and unconscious desires about the boy's physicality, sensuality, and temperament, as well as her expression of the thirdness present in their relationship and her likely endorsement of the father's paternal authority. Little boys lacking this recognition and modulated desire by a mother who retains her omnipotence through being either too restraining or frankly invasive establish a highly conflictual internalization of her. For these boys, particularly when their fathers are emotionally or physically absent, phallic narcissism becomes psychically urgent. As evident in my clinical example that follows, the "narcissistically valorized" penis (Braunschweig and Fain 1978) is used defensively to stave off shame, indignity, and humiliation, often featuring obsessive-compulsive masculinity (Jay 2007) or perverse sexuality (Herzog 2004).

The place of the father as *third* in the mother's mind, the other of the maternal object (Green 2004; Perelberg 2013), is often empty; in-

stead, the invincible, omnipotent mother seems to have devoured him and may act as if the father has little or no existence for the son (which some fathers buy into). Under these circumstances, the son's psyche is likely to be characterized by preneurotic, even psychotic structures omnipotently revolting against the maternal object at the root of a narcissistic mortification (Teising 2008; see also Green 2009). This often results from a crude intrusion on the mother's part (related to orality and anality)—a *perverse seduction* (Laplanche 1997)—in which a violent variant of mother's *implantation,* termed *intromission,* dominates, and the necessary separation between her sexuality (as lover) and the care of her child (as nurturer) fails due to the limited paternal function in her mind.

Consequently, rigid, shame-based phallic ideals and severe forms of gender splitting in the form of megalomaniacal fantasies and the illusion of superior male equipment are relied upon to manage the shameful, fragmenting anxieties arising in the spheres of sexuality and intimacy. In these circumstances, massive phallic-narcissistic defenses that conceal unrepresentable helplessness, unbinding, and the danger of psychic death (Green 1986) create significant hindrances that resist the integrative work of psychoanalysis.

My decision to present a less than "successful" analysis reflects my wish to illustrate the difficulties in working with an extremely phallic, narcissistic man governed by primitive, omnipotent manic defenses operating largely in presymbolic realms. These defenses kept him (and his analyst) trapped in a sadomasochistic web. It should be noted that Pick (1985) reported a limited analysis with a similar patient, though without conceptualizing the prephallic vulnerability that such phallic supremacy serves to stave off.

I offer this case, then—one in which concretized thinking and action continued to dominate—to further an understanding of the unrepresentable terrors and severe resistances associated with a male's primordial vulnerability. These resistances resulted in an ongoing struggle to remain engaged in analytic work. The clinical issue is how best to work in order to successfully advance an analysis given such primitive male pathology.

A Clinical Example: Brad

Brad, a patient in his early thirties, was an accidentally conceived only child who was born prematurely. He was forced to remain in an incubator for more than one week before returning home to his post-partum-depressed mother and his alcoholic, philandering, and generally absent father. In light of a markedly traumatic mother–infant relationship, Brad suffered extreme yet unrepresented annihilation fears; this was suggested by his aunt's informing him that, in addition to his having endured a very difficult birth process, he soon became a failure-to-thrive infant, inconsistently bottle-fed by his "unhappy" mother, who reportedly left him in his crib "crying for hours."

Brad's father abandoned the family for good when Brad was five, and he and his mother lived alone for several years until her boyfriend moved in and became physically abusive of him. Brad described his obese mother as both overly protective and "burdened" by his maleness, yet seductively seeming to valorize his genitals by often commenting on his "huge" penis. Her misandry was evident in her repeated berating of Brad's father and men in general, whom she described as "assholes with dicks."

In short, Brad's highly invasive mother seemed to carry a phallic mask; his father abdicated the paternal function; and Brad remained masochistically tied to and identified with a seemingly omnipotent mother with a penis. Consequently, he learned to "cut off" his feelings, particularly shame and guilt, and in alexithymic fashion, was unable to recall crying or ever feeling sad. Although he had scant memory of his early childhood, in a later screen memory he recalled being left alone in his room, unable to find his mother, who was apparently either locked in her room or outside the house altogether.

Brad was referred for analytic work when his wife of one year abruptly divorced him. He spoke of his "disappointment" in her and in women in general, whom he described as "not very smart." He portrayed a pattern of escaping from various disappointing relationships by using pot, alcohol, and prescription medications daily to numb himself and prevent being "overloaded."

Despite Brad's manic lifestyle, unpredictable work schedule, and dis-avowal of neediness, we were able to establish twice- and thrice-weekly

meetings. He initially spent months recounting his daily sexual con-
quests, while attributing his "successes" to his enormously sized penis
and gigantic, brilliant mind (though a college dropout, he was a proud
member of Mensa International).

He presented as a smooth-talking, tall, handsome, and fashionably
dressed man who made a considerable fortune in his business. Though
successful in drawing women to him, Brad lived alone in a huge house,
without furniture, while spending his money on clothes, technological
gadgets, excessive fitness activities, gambling, drugs, and prostitutes.
Living in a narcissistic psychic retreat, he had no close friends other than
those whom he "bought" to travel with him for Bacchanalia-driven week-
ends in Las Vegas.

Brad's prephallic vulnerability and shameful sense of inadequacy
were hidden behind a manic, phallic invincibility—an easily caricatured,
militant masculinity in which being "big" through action and power dom-
inated. He overvalued the illusory supremacy of his male endowment
while repudiating the feminine, evident in his locating lack in the other
and his aversion to "female" characteristics. He repeatedly proclaimed
that he did not want to "depend on anyone," and instead, objects (per-
sons and otherwise) were used addictively. The prevailing narcissistic
transference that kept the vulnerability of "incompleteness" located out-
side him initially required little from me; I was merely a eunuch-like,
mirroring presence. I eventually came to understand this as his way of
staving off an intolerable exposure to his immense vulnerability through
experiencing his originary neediness, helplessness, and terror of being
devoured and annihilated through unconsciously submitting to the (m)
other's desires.

For many months, most everything I considered saying or actually
said would somehow seem wrong. I was left not knowing what to do,
yet felt unable to bring my experience to life in analytic reality. Human
relatedness seemed too threatening, and neither the psychic reality of a
phallic dyad nor of triangular oedipal space could be settled into. Un-
able to mentalize Brad's weakly representable unconscious functioning,
I often found myself feeling bored, tired, irritated, or emotionally ab-
sent while watching the clock. For his part, Brad often came to sessions
high on pot, and he frequently cancelled sessions for meetings or social

engagements. As he aptly stated, "I don't attach to people—they don't, won't, or can't love or stay with me, so I won't let myself get too involved."

We were treading on thin ice to keep the analysis surviving. On one occasion, however, late in the year, Brad began to acknowledge compartmentalizing more threatening, receptive psychic aims that he believed would lead to his being betrayed because of his "gooey center inside needing love." I could interpret this in the transference, where he kept the "gooey" vulnerable part of him in polar opposition to his idealized penetrative impulses—a disembodied, manic phallus disconnected from love, used to defend against fragmentation anxieties that were galvanized by his glimpsing what was "missing" inside.

A brief but significant entree into the fortress of Brad's tenuous psychic reality appeared early in our second year when he noticed a slight tear in the sole of my shoe. He began to laugh and then mocked me, persisting for some time in this haughty, disdainful fashion by commenting negatively on my clothing, hair, age, intelligence, and profession. Anything other than sexual conquest and success seemed futile. Despite his attacks all-too-obviously aimed at reversing his underlying terror and deep sense of shame so as to evoke my feeling ashamed and defective, I nonetheless welcomed his nascent efforts to create an object relationship. Feeling hopeful that his psychic retreat was giving way to a sense of lack and incompleteness that could come alive in the negative transference, I felt neither angry nor bored. However, as he continued to rant, I soon recalled a childhood incident in which I had felt extremely vulnerable when bullied by three larger, physically tougher boys.

An analytic space had opened slightly in which, through evacuative means, Brad's internal objects came to life in the field between us. In this case, I was the shamefully, helplessly bullied and receptive, weak, and "feminine" part of him, while he played the role of the powerfully penetrating, omnipotent object—representative of his phallic, masculine ideal—and together we engaged in an ongoing sadomasochistic, persecutory dynamic.

A small foothold appeared as I began to use my countertransference to think about what Brad could not. Although his own psychic reality remained enormously threatening, interpretive work briefly helped him recognize the inner bully that was so filled with hatred toward whatever

was construed as weak and "womanly," producing a manic foreclosure of his inner life. For instance, I noted how difficult it was for him to tolerate any holes or gaps in himself, let alone in me—to bear weakness or vulnerability that he considered "feminine"—which made him fear my "penetrating" into his inner world to expose how vulnerable and easily wounded he felt. I added that perhaps he put his shame into me as a way to see if I could "suffer" it with or for him. Not surprisingly given the stakes, Brad scoffed at my "psychoanalytic babble" because I "had nothing real to offer." Once again, he began missing numerous sessions, explaining that he would do so to get "blow jobs that are more therapeutic than what we do here."

Brad's foreclosing was exacerbated when left unanesthetized by his addictive, externalizing behaviors, and any progress was unfailingly met with impenetrable "phallic" resistance that masked his shame and envy by eschewing an understanding that required daring to *take in* good supplies from me. After my summer holidays, despite my efforts to interpret my "abandoning" him while he experienced me as "aloof," he nonetheless hastily cut back from thrice-weekly to once-weekly sessions, took several unplanned vacations himself, and considered moving away from the area and relocating on the East Coast. Once again, interpretations seeking to represent Brad's fragile inner world, now alive in the transference, went for naught. For example, after discussing his inner bully and his tortuous master–slave psychic reality, he found a new psychopharmacologist, splitting the two of us while seeking to replace me, the inept analyst who only could "talk" rather than provide something "real" to make him "feel better."

This forward-backward tempo, marked by his repeated cancellations and increasing thoughts of relocating far away, went on for many months. However, short-lived analytic movement ensued when Brad found himself romantically involved with a transsexual—a woman with a penis (perhaps representing his longed-for phallic mother in tandem with his absent father, the "asshole with a dick"). His highly conflicted psychic bisexuality and wish *to have* and *to be* both sexes emerged, and he spoke of "wanting everything: a gorgeous, sex-crazed, six-foot stripper and 24/7 caretaker." Nonetheless, in feeling forcibly expelled from nar-

cissistic retreat and shamefully aware of exposing his defensively con-structed, tenuous masculinity—used to repudiate both his more ma-ternal, "feminine" longings and his paternal hunger for the love of a man—he began to feel the pain grounded in unrepresentable terror and narcissistic mortification.

Moreover, Brad began to glimpse his own disavowed identifications with his omnipotently sadistic, phallic mother's "destructive anal penis" (Chasseguet-Smirgel 1964). His experience in becoming somewhat con-scious of these identifications, desires, and fantasies felt intolerable, how-ever, and further exploration remained foreclosed. Flight from analysis seemed imminent, and once again, Brad sought to evacuate his need for analytic help through action, destruction, and delusion. He used his manic phallus to replace any perception of what was missing inside.

Brad soon broke up with his transsexual lover and yet courageously continued treatment for several more months, becoming conscious of a memory of having been molested by a female babysitter. He briefly began recounting fears of falling apart, providing a glimpse into his pri-mordial experiences of unintegrated states and annihilation anxieties that activated omnipotent defensive operations and subsequent phallic rigidities. For a short time, his impenetrable shell no longer fit so snugly as he spoke of the loneliness and self-loathing he had felt as a "fat, ugly child with a never-ending hole inside."

Not surprisingly, however—given his use of action as a powerful de-fense against psychic reality—yet rather sadly from my perspective, Brad resumed cancelling sessions while interviewing for jobs elsewhere. Sev-eral weeks later, he sold his home and took a position in New York, de-claring that, like Icarus, he was ready to "flap my wings and fly." I gave him the name of a New York analyst (whom he did not contact), and in our last meeting, he thanked me for helping him recognize what he "lacked," reassuring us both that he would try to be more constructive with his life and would keep in touch. I did not hear from him again, however, and was left pondering the extent to which his analysis had ad-vanced, and how one might better reach and sustain deeper contact with men whose fragile identity so strongly requires that their lack remain "lacking."

Boys and Their Fathers: Homoerotic Love and Melancholic Loss

The little boy's preoedipal, dyadic, son–father *homoerotic love* (Blos 1985; Diamond 1998)—his "typically masculine . . . special interest in his father" that has nothing to do with "a passive or feminine attitude towards . . . father (and . . . males in general)" (Freud 1921, p. 105), comparable to the boy's heteroerotic desires for his mother—is inherently problematic because it generates unconscious incestuous anxieties that accelerate the repudiation of his homoerotic love for the father. Hence, in combination with cultural mores, the boy's same-sex object desire often tends to be preemptively foreclosed (Jay 2007; see also Butler 1995; Moss 2012).

Discussing a son's desire for his father primarily in "negative" oedipal terms—specifically as the "negative," "inverted" oedipal constellation—is a regrettable interpretive stance toward Freud's position, which actually addressed the boy's early love for his father and the ubiquity of psychic bisexuality (see Freud 1925). Post-Freudians have incisively conceptualized a dyadic, affectionate father–son relationship within triangular dynamics, wherein both parents must contain and manage their own separation issues and competitive, envious feelings (e.g., Abelin 1975; Benjamin 1988; Blos 1985; Diamond 2007).

The young male's situation is made even more complex by the fact that, typically, boys do not grow up experiencing themselves as masculine by dint of being male, and thus masculinity must be repeatedly proven, even in non-Westernized cultures (Gilmore 1990). This effort to establish a sufficiently secure sense of masculinity results in an ongoing predicament that remains unfathomable for many if not most men. Lacking the capacity to legitimate itself, masculinity "always needs affirmation . . . no matter how complete, [it] suspects itself of pretending" (Moss 2012, p. 7). A male's gender-related issue of being independent from his mother—rather than a "mamma's boy," "tied to her apron strings," or a "pussy, queer, sissy, fruit, or faggot," let alone a "mother fucker" or "someone's bitch"—reinforces boys' need to conform by establishing the inner presence of an "absolute male" figure. Against this figure he judges his own masculinity, and the failure to measure up causes dejection and shame (Moss 2012).

Freudian theory addresses this conundrum by requiring that the boy's (oedipal) identification with the father supplant his more bodily based erotic desire, in order that he may become a protomember of the "men's group." Hence, the difficulties posed by what are spuriously deemed the boy's so-called passive or feminine attitudes are overcome (Moss 2012). Besides renouncing their initial maternal erotic attachment (Wrye and Welles 1994), boys are therefore also faced with greater prohibitions against early homoerotic attachments and homosexuality, particularly their father-directed erotic desires (Diamond 2009).

Consequently, a boy's love for other males—his forbidden love of boys (Moss 2012)—becomes foreclosed, producing a more conscious gender-refused, same-sex erotic love (Butler 1995; see also Jay 2007). However, no such foreclosure exists in the unconscious, so that the male typically utilizes phallic logic, renunciation of femininity, and heteromasculinity exemplified by a phallic ego ideal to manage homoerotic anxieties, rendering him vulnerable to *obsessive-compulsive masculinity* (Jay 2007). In short, a particularized gender "performativity" often manifests in a "masculine *masquerade* of 'having' *the* phallus" (Moss 2012, p. 38, italics added).

At the same time, the repudiation or foreclosure of the desire to be loved by other males can result in isolation and internalized homophobia that generates unbearable states of mind, including suicidal and homicidal despair (Moss 2012). Accordingly, late-adolescent boys hedge on showing affection and emotional intimacy with other boys (Way 2011), whereas adult males often suffer from inhibitions and frustrated longings that severely limit close friendships and intimate relations with other men (Kaftal 1991). This contrasts with the sublimated desires and Eros evident in such male groupings as the military, sports teams, and work and creative alliances; here the bonds are apparent between brothers, sons, and fathers, between close male friends and lovers, revealing male love for other males.[6]

To reiterate, owing to the drive to individuate and the incest taboo, combined with culturally enforced aspects of his separation from the

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[6] Such male-to-male desire, with its receptive aims and vulnerability, is evident in the Achilles myth, between Achilles and his lifelong, intimate companion, Patroclus. Achilles's loyalty and love for his dear friend lead him to ignore divine prophecy, and facing certain death, he nonetheless returns to the battlefield to avenge Patroclus's death.

maternal orbit, the young boy often experiences his need for and identification with his mother as shameful, while also likely disavowing or foreclosing his active albeit receptive, "typically masculine" desire for his father (and the male sex in general). This is evident in adult males' defensive efforts against neediness and in penetration anxieties equated with femininity that attempt to stave off shame states. We see this in Brad's case in the creation of narcissistic psychic retreats (Steiner 2011) and impenetrable citadels (Elise 2001) erected to fend off his essential incompleteness grounded in the complex relationship to his mother, and hence prevent his being seen as vulnerable and lacking. Other examples of male shame are to be found in melancholic states of loss associated with disavowed homoerotic love when males join together in unacknowledged loving (typically, heterosexual) bands, often sharing their internalized homophobia by repudiating the feminine (Corbett 2009; Moss 2012).

In serving as the earliest representative of the *nonmother* world (Abelin 1975), the actual father or surrogate—the *functional agent of separation* (Harris 2008; see also Kristeva 2014)—comes to represent *difference* and invariably carries a paternal quality as third (Green 1986, 2004), even in circumstances when the second parent is neither the biological father nor even male. The boy's turning toward his father helps serve as a differentiating factor—a "fortress that keeps the mother out" (Glasser 1985, p. 409)—as the father comes to represent an alternative libidinal object to be internalized. Consequently, an available, preoedipal father as *the second other* (Greenspan 1982) tempers the little boy's more defensive tendencies to disengage forcefully from his mother, while providing a conventional focus for masculine identification (Diamond 1998, 2004b).

Progressive differentiation, consequently, can predominate, rather than *opposition* in "disidentifying" from mother or repudiating feminine identifications. The presence of the father as both a symbolic and an actual devoted and attentive third helps the boy differentiate and separate from mother, his primary external object. His particular experience of loss actually facilitates his internalization of key aspects of his relationship with his mother. However, this is *not* the same as disidentifying from his *internal* maternal object because early identifications—especially

primary identifications with the mother—are never simply removed or repudiated in the unconscious once and for all. Rather, the boy's early identifications with his mother and father remain significant in his psychic structure; typically, they become more accessible—and thus subject to mutative influences—as he matures (Diamond 2004a, 2004b).

The inherent "drive to be both sexes" (Kubie 1974; see also David 1973) is rooted in the particulars of every parent–child relationship, given the multiple, inevitable *identifications with* (and I would add, *by*) parents of opposite sexes. Freud (1905, 1937) recognized these identificatory processes in using the term *bisexuality* to designate the psychic structuralization arising in part from repressed, highly conflictual cross-identifications. Contrary to Brad with his lack of a preoedipal, "genital" father, a boy who can achieve a reciprocal identification with an available, loving father who possesses a body and genitalia like his own—who is like the boy but who remains independent and outside the boy's control—is more likely to internalize a paternal imago (representing genital masculinity) in which the *active and penetrating* as well as the *receptive and caretaking* qualities of the father's parenting become a foundation for healthy gender identity.

As noted, the father's vital role is established initially within the early triadic relationship through the symbolic father function (Freud 1913, 1921) that cuts the symbiotic, regressive tie to the archaic mother, promotes shifting from an *imaginary* relationship with the mother, and encourages separateness (Freud 1923, 1939; Loewald 1951; McDougall 1989). Thus, the Symbolic order becomes primary through the Name of the Father or *Nom du Père* (Lacan 1953, 1966, 2005).

For Lacan in his extension of Freud's ideas, language as an internal possession aids the child in differentiating his/her body from the mother's body. The *symbolic father* as a function (concentrating in itself both *imaginary* and *real* relations) establishes the necessary internal representation signifying the Law. The father represents reality by standing in the way of primal fusion. Therefore, in order for thought to exist, integration of the father as the paternal function is essential; accordingly, when this is foreclosed due to the absence of the father's name as figure of the law (Lacan 1953), psychosis ensues because movement from the symbiotic maternal tie to the symbolic order cannot proceed.

Post-Lacanian Francophones, particularly Green (1986, 2004, 2009), McDougall (1989), and Laplanche (1989, 1997, 2007), elaborated the paternal function by focusing on the father's essential presence as third *in the mother's mind,* necessary to preclude entrapment in a dual relationship. Hence, masculinity is understood to emerge from the introduction of this third element that includes the subject, object, and other of the object in the mother's mind, particularly when augmented by the actual father's role as an agent of separation—decreeing prohibitions and offering himself as an object for identification, furthering healthy superego development.

These theoreticians writing in the French analytic tradition, in line with Freudian and post-Freudian theorists, address the father's place vis-à-vis the primary mother–child dual relationship. Though less developmentally oriented than their counterparts in the English-speaking realm (e.g., Blos 1985; Cath, Gurwitt, and Ross 1982; Diamond 1998; Greenspan 1982; Herzog 2004; Ross 1977), who focus largely on the actual father's impact upon his preoedipal, oedipal, and postoedipal child, psychoanalysts in France—including Lacan, Laplanche, Chasseguet-Smirgel, McDougall, Green, and Braunschweig and Fain, among others—have played a major role in illuminating the father function. Arguably, they have also been highly influential in recognizing the father as a primary object differentiated from the mother—an internalized *genital father* stimulating processes of creation, symbolization, and sublimation.

The paternal function remains a centerpiece of classical and contemporary theory and is understood to reflect a complex interaction among the father's *actual presence*, *symbolic functioning*, and *internal representation* in both the child's mind and the mother's mind. In short, the father serves as (1) a significant figure in his child's development (a real, external object); (2) a fundamental internal object or intrapsychic representation (internal father); and (3) a central figure in the mind's basic triadic and oedipal structure (a structuralizing third).

Boys in Triangular Space: The Parental Couple, Unconscious Linkages, and the Third

Every boy is born into a triangular structure that precedes him, and he will form his identifications in the context of that structure (Perel-

berg 2013). Consequently, internalizing a genital father imago also depends on the nature of the father's relationship to the mother, and hers with the father—largely resulting from the fact that the father is an ever-present *third* in the triangular form of the mother–child and father–child unconscious linkages.

Though I focus here on traditional heterosexual coupling, triadic parenting issues also pertain to homosexual couples, in which the adult representing the "second" other is called upon to draw the primary nurturer back into their sexual liaison. Both partners' identifications with their own feminine and masculine caretakers play a significant role, as evident in my discussion of the father's presence in the mother's mind and vice versa. (It is beyond the scope of this article to discuss homosexual and single parenting in more detail, however.)

It is well recognized that a crucial role in the child's developing identity is played by unconscious interpsychic communication, particularly the unconscious wishes and enigmatic inscriptions of gender assignment between the parents, as well as between parent and child (Laplanche 1997, 2007). Although this domain of the unconscious relations of parents to their children "has ultimately been very poorly explored" (Laplanche 2007, p. 215), the primacy of triadic interactions—the infant's *triangular competence*—has been extensively studied by Swiss researchers, who have demonstrated that an infant engaged with either parent spontaneously looks to the other in order to bring the missing one into the encounter (Fivaz-Depeursinge and Corboz-Warnevy 1999; Fivaz-Depeursinge, Lavanchy-Scaiola, and Favez 2010).

The father as third—the other than mother—often becomes more salient when the mother experiences dramatic shifts in her libidinal life that typically begin during pregnancy and continue when her attunement to her baby dominates (cf. Winnicott 1956). A father is therefore frequently called upon to invite his wife to return to their conjugal relationship to divide more of her focus between the maternal and spousal parts of herself—wherein through *la censure de l'amante*, the *mother of the day* is separated from the *lover of the night* (Braunschweig and Fain 1975). In using his libido to strengthen his spousal connection, he offers his son an object of identification that locates maleness within the matrix of an intimate relationship (Herzog 2005). By being both a caring father

to his son and an exciting lover to his wife, fathers help place the *primary couple* together in triangular space (Britton 1989; see also Bollas 2000; Klein 1945; Perelberg 2009), so that the parental sexual bond provides the child with "a rock to which he can cling and against which he can kick" (Winnicott 1964, p. 115).

This *genital father* effectively embodies the Law of the Father that includes the elements of absence, lack, and loss in pointing to something inherently unattainable (Lacan 1953, 1966, 2005; see also Perelberg 2013), yet offering both child and spouse a dyadic relationship with him that is parallel to and competing with the mother–son unit (Campbell 1995; Diamond 1998). Sons with coupled parents jointly regarding their child are more oriented toward the psyche's essential thirdness and are better able to represent the self in triadic relationship. This sets the course for a more favorable oedipal phase and healthy gender identity development (Herzog 2005; see also Britton 1989; McDougall 1989). When deficient, the boy's representation of himself becomes problematic—for example, in Brad's shame-based, obsessive, and perverse defensive configurations reflecting a very tenuous sense of masculinity shorn of triangular space.

FROM PREPHALLIC VULNERABILITY AND PHALLIC NARCISSISM TO MASCULINE PROGRESSION: TRANSFORMATIONS IN MASCULINITY

The seminal issue for most men is how prephallic, preoedipal, primordial vulnerability, phallic narcissism, and omnipotence become integrated into an evolving bodily/mental sense of masculinity. The masculine phallic ego ideal, initially based on the unconscious denial of differentiation and grandiose wish for maintaining an omnipotent, idealized union with his maternal object, sustains an *impossible illusion* (Figlio 2010). This so-called illusion defends against the narcissistic, mortifyingly shameful, and often fragmenting experiences associated with his primordial vulnerability, which is signified by being small, insufficient, lacking, and in need of the object.

Severe phallic narcissism—in contrast to more adaptive phallicity, with its appropriate penile pride that fuels creative, purposeful activity

in childhood, adolescence, and particularly in young adulthood—ultimately becomes a persistent obstacle to maturing adult development. This is evident both in fragmentation anxieties and in the sense of shame evoked whenever a stable masculine identity cannot be maintained. In the ongoing challenge of navigating the phallic-genital dialectic, many men experience a psychic, life-and-death struggle to close off the narcissistic gender wound so poignantly conveyed in my epigraph, "Achilles in Love" (2004), by Pulitzer-Prize-winning poet Stephen Dunn.

Moreover, with serious psychopathology—which unfortunately Brad's analysis could not successfully ameliorate—powerful, phallic-narcissistic defenses against psychic reality involve the repudiation of the other. Such repudiation is necessary to maintain a precariously gendered self, rigidly defending against homoerotics, psychic bisexuality, and thirdness, and is marked by absence, loss, and being *less than*.

The relationship is continually being reworked among masculinity's *prephallic*, *phallic*, and *genital* features, particularly vis-à-vis the actual and symbolic father, evoking distinct challenges at key developmental junctures (Diamond 2009, 2013). The achievement of a mature yet fluid (rather than fixed) masculinity reflects the lessening of both omnipotence and the fallacy of binary phallic logic, with its bifurcated distribution of receptive and penetrative properties. There is a necessity to *grow small* (Manninen 1992)—namely, less grandiose, omnipotent, phallic—in order to become "whole." When this is accomplished, the ability to bear limitations, absence, and shame is strengthened, and the capacity for linkage underpinning bisexual mental functioning and postoedipal development increases.

"Masculinity" nonetheless persists in remaining tenuous and does not simply progress in a linear way, nor does it necessarily manifest normativity. In short, masculinity always involves loss, lack, and lifelong conflicts, tensions, and challenges pertaining to gendered ego ideals. Instead of primarily resorting to foreclosing, evacuative, or idealizing means to deal with these tensions, masculine progression requires the capacity to hold and contain the inherent strain of the irreducible predicament and intangibility that emerge from a man's shifting, coexisting prephallic, phallic, and genital positions.

SUMMARY AND CONCLUSIONS

I have concentrated on six major themes in order to challenge and expand upon widely held psychoanalytic wisdom about masculinity, particularly ideas that reductively privilege phallic strength while obscuring the importance of the genital position and its prephallic foundations. These ideas include the binaries of penetration and receptivity, delinking and binding together, and repudiation and incorporation, as well as fundamental maternal and paternal desires and resistances.

First, I have argued against the tendency to *conflate passivity with receptivity*, which interferes with intrinsic psychic bisexuality, or what Freud (1920) viewed as the "full bisexual function" (p. 151). Second, I stressed the neglect and vital importance of the *male body*, particularly the inner body. Third, I emphasized the significance of unconscious, *enigmatic messages about maleness* transmitted to the boy by his parents, as well as the boy's *identifications with* and *by* both mother and father. Fourth, I have addressed the significance of the male's psychic *orientation to triadic reality* and the importance of the *paternal function* and *thirdness.* Next, I emphasized the position in the male psyche of the *feminine, the omnipotent maternal imago,* and the *mother* (rather than their repudiation), as well as accompanying shame dynamics. Lastly, I discussed the magnitude of terrifying anxieties within the male psyche stemming from his active and receptive love and *desire for the father and other males.*

Unrepresentable, prephallic anxieties founded upon primordial vulnerability serve as the archaic matrix for the male's adaptive and defensive phallicism, oedipal complex and conflict, and progression to maturing genitality. I have attempted to show how the underlying tensions persist in the male psyche; they can never be resolved or settled, only contained and managed through partial integration. Male identity will always crave certainty to contain the intangible, perplexing tensions of the man's gendered fate. My aim in exploring the vital facets of masculinity is to better understand, contain, and manage the tensions inherent in the irreducible predicament of being male—not as men should be, but rather vexed, as they often are.

The idea of masculinity surpassing the necessity of any repudiation or delinking, as well as overcoming constriction, inescapable confusion, and unsettling conflict, represents an impossible, fantastic vision of an idealized masculinity that does not in fact exist (Moss 2012). I propose that, due to its foundation in the boy's primordial vulnerability signified by lack, incompleteness, and being less than, masculinity always needs to be proven, requiring "affirmation." This results in both hetero- and homosexual males' lifelong task of looking in metaphoric mirrors— including the analyst's mirror—to determine if they are "men" (Moss 2012).

A man's primordial vulnerability, marked by absence and lack, structures his sense of masculinity, and as a necessary fact of life proves integral to a fluid yet sufficiently balanced phallic/genital progression. His relationship to this elusive and essentially enigmatic masculinity—the irreducible predicament of being male—with its primordial vulnerability, archaic anxieties, and psychic bisexuality, can be significantly impacted by a successful analytic process. In this respect, resumption of the unconscious bisexualization process represents a primary aim of psychoanalytic treatment.

In analysis, male patients delimited by the phallic, narcissistic polarity of penetrable/impenetrable ego ideals that precludes accepting the object dependence of human existence—a polarity originating in their primordial vulnerability—are forced to deal with disturbances accompanying the dismantling of male certitude, most forcibly in the arena of gender identity. However, the conundrum of masculinity can never be resolved or settled once and for all; rather it can only be contained through partial integration. Though it may seem implausible or even utopian, when successful, a new definition of what it means to be a man can be largely reconciled with the more rigid notion of masculinity formed early on (Diamond 2004a; see also Teising 2007). In tolerating and managing the enigmas and tensions of masculinity through the analytic process, the passage from pathological dependence and/or rigidly defensive independence can occur, so that man's fundamental relational nature may be fully embraced.

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MAX EITINGON'S RISE AND DECLINE: THE BERLIN YEARS

BY MICHAEL SCHRÖTER

Max Eitingon's main achievement was the foundation of the Berlin psychoanalytic Poliklinik *that served both as an out-patient center and a training institute. Another area of his responsibility was the* Verlag, *the International Psychoanalytic Press. By 1926, he occupied several leading positions, including presidency of the International Psychoanalytical Association and editorship of the major psychoanalytic journal of the time. The basis of his power was his personal relationship with Freud, as well as his monetary wealth, which he put into the service of the Freudian cause. By 1932, he had suffered an overall setback, however, with the Berlin Institute losing its best teachers, the* Verlag *barely escaping bankruptcy, and the journal's editorship returning to Vienna.*

Keywords: Berlin Psychoanalytic Institute, Eitingon, Freud, German Psychoanalytic Society, International Training Commission, International Psychoanalytical Association, *Internationaler Psychoanalytischer Verlag* (International Psychoanalytic Press), lay analysis, psychoanalytic training.

Max Eitingon was an elusive person. He published little and preferred to act from behind the scenes. As Hanns Sachs perceptively observed, while his nature was "noble and deep," he was so much "fenced in by inhibitions" that none of his colleagues could get close to him (Sachs 1928).

However, there is one major body of writing in which Eitingon speaks out loud and clear: in his correspondence with Freud, consisting of 821 letters written between 1906 and 1939. This correspondence, edited by me and published in a German-language book (Freud and Eitingon 2004), contains a wealth of information, but since there is no English translation, it has failed to receive much international attention except from a small circle of specialists.[1] Therefore, it may be useful to summarize some of its main contents, focusing on the period when Eitingon's influence in the psychoanalytic world reached its peak.

I.

In the fall of 1909, after having acquired his medical degree in Zurich where he had been caught up in the enthusiasm for Freud reigning at the Burghölzli clinic for some years, Eitingon went to Berlin for postgraduate training in neurology. Before that, he paid a visit to Vienna, where he presented a paper in Freud's university course. Recognizing Eitingon's expertise in art history, Freud read a draft of his study on Leonardo to him (Freud 1910). Twice a week, he allowed Eitingon to accompany him on an after-dinner walk, analyzing him. This was what has anachronistically been termed the "first training analysis"[2]; it consisted of some ten walks.

We know of two insights gained on this occasion: that in love and work, Eitingon hesitated to definitively commit himself (Freud and Eitingon 2004, pp. 67, 77); and that for him, love consisted in giving, helping, and making sacrifices (2004, pp. 273-274). The first of these traits was soon overcome, while the second continued to mark his personality until the end (although the unselfishness it seemed to imply was clearly mixed with more mundane motives as well).

Eitingon's stay in Berlin had been originally scheduled to last one year. In March 1910, he took part in the founding of the Berlin Psycho-

[1] Authors who have published works drawing on the Eitingon letters include: Fuechtner 2011; Lieberman and Kramer 2012; Rolnik 2012; and Wilmers 2009. In addition, a paper by Grubrich-Simitis (2005) originated as a review of Freud and Eitingon (2004), but the review section was deleted from the paper's English translation. An example of a work in which the letters were essentially neglected is Makari's (2008) book on the history of psychoanalysis.

[2] See Jones (1953–1957, Vol. II, p. 32), where the event is erroneously dated 1907.

analytic Society as a branch of the International Psychoanalytical Association (IPA). After a three-month journey to Palestine in the same year, he decided to settle in Berlin. Eitingon married in April 1913, and to his distress found he could not have children with his wife, Mirra (Freud and Eitingon 2004, p. 148).[3] So he divided his love between Mirra and psychoanalysis, arousing Freud's jealousy, as in the similar cases of Wilhelm Fliess and Otto Rank (to name at least two).[4]

In his early Berlin years Eitingon had no regular practice. His family—fur merchants doing business mainly from Leipzig, later from New York—was wealthy enough to permit him a carefree lifestyle. He did, however, start to conduct analyses. One of his first patients was the wife of a personal friend whom he sent to Freud in November 1911 after having begun the treatment, in Freud's words, "incredibly correctly" (Freud and Abraham 2002, p. 157). Karl Abraham, the leader of psychoanalysis in Berlin, who knew Eitingon from Zurich, counted him among the core members of his society, but complained that he was "purely receptive" (2002, pp. 143, 392).

Eitingon's commitment to psychoanalysis did not result in creative clinical or theoretical writing. Yet in early 1914, when the "committee" of Freud's closest followers prepared a series of critical reviews directed against Carl Jung, Eitingon joined them with a contribution of his own (Freud and Eitingon 2004, pp. 86-87). And when Jung, as a result of this attack, resigned from the IPA presidency and Abraham became his provisional successor, Eitingon offered to act as secretary (Freud and Abraham 2002, p. 236). Both episodes already show him as he emerged in later years: an administrator and functionary, helpful (or seizing his opportunities) in times of emergency, and a faithful follower of Freud.

Although Eitingon's family came from Russia, they had lived in Leipzig since the 1890s and had become legal Austrian citizens. So,

[3] For more information about Mirra Eitingon, see Ginor and Remez (2012)—a paper that unfortunately mixes solid and novel information about Mirra's life and family with ill-founded speculation about Eitingon's alleged connections with the Soviet secret service. For a discussion of the latter (which I continue to regard as a tenacious legend), see Schröter (1997).

[4] This pattern can be inferred from some strangely acrimonious remarks Freud made about Mirra Eitingon, as well as about Ida Fliess and Beata Rank (Freud and Eitingon 2004, p. 977; Freud and Abraham 2002, pp. 128, 389).

during the First World War, Eitingon served in Northern Hungary as an Austrian medical officer. This permitted him to visit Freud and his family in 1917 and 1918, when they spent their summer vacations in the Tatra Mountains. Eitingon was prominent among those friends and followers who shared with the Freuds the relative abundance of food existing in wartime Hungary. In fact, whereas previously Eitingon had been treated by Freud with aloof kindness, their special and intimate ties seem to have begun at this time.

II.

Immediately before and after the end of the war, the circle around Freud teemed with hopes and activities. At their hub was the Budapest brewer and philanthropist Anton von Freund, who intended to create a psychoanalytic *Poliklinik* (outpatient center) plus training institute in his home city, and who also provided money for a publishing house. At the IPA congress in Budapest in September 1918, Freud developed the vision of an analytic "psychotherapy for the people" (Freud 1919). But this "rosy morning" of psychoanalysis (Freud and Eitingon 2004, p. 151) perished in postwar upheavals and hardships. Von Freund died of cancer in January 1920. Only the psychoanalytic press came into being, and that on an inadequate financial basis.

In the midst of this disappointment, Eitingon wrote to Freud in July 1919 that he wanted "to report briefly on a small and yet perhaps not insignificant psychoanalytic event" (Freud and Eitingon 2004, p. 158). The Berlin Society, he explained, had just accepted his proposal to set up a *Poliklinik* directed by himself.[5] Thus, in Berlin, the very institution materialized that had earlier been conceived for Budapest, providing both free or affordable psychotherapeutic help for the indigent and a supply of cases for analysts in training. Without doubt, the foundation of the Berlin *Poliklinik,* which signified the beginning of psychoanalytic training as a formalized endeavor, was Eitingon's most momentous achievement.[6] Incidentally, it led to his cooptation into the "committee," the IPA's de facto executive body.

[5] The role of Ernst Simmel, mentioned in the same letter, was in fact secondary (see Schröter, in press).
[6] In the English-speaking world, the Berlin *Poliklinik* is best known through Danto's

Several reports submitted by Eitingon to IPA congresses prior to 1933 describe the nature, work, and development of the new institution. The first two of these reports (Eitingon 1922, 1924) are particularly extensive and represent his major contributions to psychoanalytic literature. At its opening in February 1920, three doctors worked at the *Poliklinik:* Eitingon; Ernst Simmel; and Anna Smeliansky, a student friend of Eitingon. The latter two received a salary, and by 1924, the salaried staff had increased to five people, remaining constant thereafter. It is well known that, financially, the *Poliklinik* never stood on its own feet; Eitingon took care of the unmet balance. Since most of the account sheets have survived, we can be specific that in 1923, Eitingon paid about one-third of the costs. From 1925 to 1927, his subsidy amounted to about two-thirds, but by 1929 it had dropped back to one-third and ceased altogether in 1932. In its heyday, 120 analyses were conducted simultaneously at the *Poliklinik.*[7]

In the early years, Eitingon held daily consultation hours; later he saw only those policlinic patients to whom psychoanalysis was allotted.[8] The final decision about a patient's acceptance and referral to a particular analyst remained his (Gesellschaft 1930, pp. 45-46).

Eitingon also performed part of the treatment routine: of his nine to ten working hours per day (as counted by Anna Freud in 1922 while she lived with the Eitingons during a visit to Berlin), three to four were devoted to the *Poliklinik* (S. Freud and A. Freud 2006, p. 399). Up to 1926, there is evidence that he conducted policlinic analyses (Freud and Eitingon 2004, p. 444). Later on, it is hardly conceivable that Eitingon's increasing obligations in the psychoanalytic movement left him much time for this work, not to mention his growing private practice, so that

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(2005) book—which, however, contains a number of factual errors, e.g., the statement that there had already been a psychoanalytic *Poliklinik* in Berlin founded by Eitingon in 1909 (p. 49).

[7] For a detailed account of staff members, patients, and Eitingon's subsidies, see Schröter, in press.

[8] The number of people asking for treatment tended to exceed available resources, so that many had to be sent away to seek other kinds of psychotherapeutic help. Temporarily, the *Poliklinik* offered hypnotic treatment for patients deemed to be unsuitable for psychoanalysis (Eitingon 1924, p. 231).

he may have restricted himself to the single unpaid case every member of the Berlin Society was obliged to treat.

From the very beginning, the *Poliklinik* also had a training function for analysts-to-be. In 1924, candidates undertook half the treatments (Schröter 2004b, p. 166). To minimize the risk for patients, candidates had to report regularly to the director of the *Poliklinik*. This guidance figured in the official program of courses under different titles, such as "Introduction to Psychoanalytic Therapy." This was the origin of the "control analysis" or supervision—a Berlin innovation that quickly emerged as the third pillar of standard psychoanalytic training, along with the personal analysis and lecture courses (Schröter 2002, p. 877). Up to 1933, Eitingon was responsible for these "practical exercises," but never gave any of the lectures that were offered at the *Poliklinik* from early on.

In 1923, the training activities of the *Poliklinik* were reorganized in the form of a Berlin Psychoanalytic Institute, with written regulations, a systematic program, and a special board in charge of all matters of training. This institute, representing what has aptly been termed the Eitingon model of psychoanalytic training, set the pattern for the IPA at large. Again, Eitingon was a major agent in its installation. He presided over the commission that set up the regulations, asking Freud for advice (Freud and Eitingon 2004, pp. 324-327), and presented those regulations at the Salzburg IPA congress in 1924 (Eitingon 1924, pp. 231-233). For the rest of his Berlin years, he remained director of the institute, which he tended to regard as his property.

III.

Another major field of Eitingon's activities was the International Psychoanalytic Press, the *Verlag*, founded in 1919 and directed first by Otto Rank, then by Adolf Josef Storfer (Marinelli 2009). It was a limited-liability company in which Freud held a portion of the shares. The *Verlag* was Freud's particular favorite and problem child; he called it "the most important institution of our movement, more important even than the policlinics" (Freud and Eitingon 2004, p. 311), because it safeguarded the independence of psychoanalysis in publishing terms.

Characteristically, Eitingon began his involvement in this field with financial support. On the 6th of May 1920, Freud's birthday, he presented Freud with a donation of $5,000.00, which came from the New York head of the Eitingon enterprise and was all the more valuable in view of Austrian and German postwar inflation (Freud and Eitingon 2004, p. 200). Since the *Verlag* constantly lost money, Eitingon continued to provide funds for it, especially by organizing collections prior to Freud's 70th and 75th birthdays. These contributions proved to be a mixed blessing because the individuals in charge of the publishing business grew to depend on them.

By 1921, Eitingon had already adopted a supervisory role at the *Verlag* (Jones 1953–1957, Vol. III, p. 30). This was formalized three years later when Rank resigned the directorship and Storfer took over. At this juncture, Eitingon was officially installed as a supervisor to whom Storfer was subordinate (Andreas-Salomé and A. Freud 2001, p. 374). He also took over some shares of the company, an arrangement that persisted until 1932. Eitingon's responsibility comprised all matters of importance, from the acceptance of book manuscripts to the selection of staff and negotiations about potential affiliation with a bigger publishing house. Consequently, he was held liable when the *Verlag* all but went bankrupt in 1932 (Freud and Eitingon 2004, p. 810). To Freud's disappointment, Eitingon was unable at that point to make up the losses by mustering his family's money (2004, p. 788).

IV.

Clearly, Eitingon owed much of his position in the world of psychoanalysis to his monetary wealth, which gave him the opportunity for sponsorship. In 1932, he wrote a letter to Freud outlining his financial situation: "The private money," he wrote, "of all members of our large family has been invested in our business," with the members receiving regular "personal benefits" (Freud and Eitingon 2004, pp. 812-813).

In fact, the Eitingons did business on a very large scale, mainly by importing furs from Russia. However, while in 1928 they reported a net profit of over $2,000,000.00, in 1929, there was a loss of an even greater amount. They never quite recovered from the impact of the Great De-

pression (for details, see Wilmers 2009). In consequence, Eitingon feared that his own "personal benefits" might cease, so that for the first time he would have to rely completely on his professional income.

This was at the beginning of the 1930s. In the preceding decade, however, particularly in the first half of it, Max and Mirra Eitingon kept a splendid house. The apartment near Tiergarten that they rented in 1921 was a two-story affair, with at least three bedrooms for guests on the upper floor (Andreas-Salomé and A. Freud 2001, pp. 90, 112). The Freuds called it "Hotel Eitingon," and even Alix Strachey, a snobbish Englishwoman, had the impression when there "of being in a *real* house for the first time in Berlin" (Meisel and Kendrick 1986, p. 144, italics in original). The Eitingons' "psychoanalytic salon," as it was called, saw moments of turbulence with a hustle and bustle of Russian exiles—philosophers, artists, actors, and singers—centering round Mirra (Etkind 1993, p. 96).

But again, these were the early 1920s, when in Germany inflation made anyone with foreign currency at his disposal excessively rich. After 1925, however, Eitingon's family income seems to have declined. He expanded his private practice at that time so that he could almost live on its returns (Freud and Eitingon 2004, p. 813). In 1928, he moved to a small villa on the outskirts of Berlin because he could no longer afford the city apartment (2004, p. 553). Although he had no "salon" there, Luigi Pirandello paid him a visit at least once during his two-year stay in Berlin (2004, p. 642).[9]

Many people who had known Eitingon stressed his interest in, and knowledge of, philosophy, religion, literature, and art. After his move to Jerusalem, his library was considered unique in the entire Middle East. His love of Dostoyevsky was instrumental in stimulating Freud to write a paper on this author (Freud and Eitingon 2004, pp. 479ff). If there was any individual whom he admired as much as Freud, it was the Jewish-Russian philosopher Lev Shestov, a professed opponent of systematic and rationalistic thought (2004, p. 600). And last but not least, Eitingon

[9] Recently, Eitingon's guest book (1922–1939) was put up for sale (www.bonhams.com/auctions/21421/lot/4110). Its eventual investigation can be expected to shed new light on the structure and development of his social network. (My thanks to Urban Zerfaß, who brought this sale by auction to my attention.)

had a vivid interest in Zionism, as evidenced by Albert Einstein's inviting him to private meetings he hosted in 1924 and 1925, where Kurt Blumenfeld was to talk about the Jewish "colonization" of Palestine and Chaim Weizmann about the Hebrew University of Jerusalem (Einstein, unpublished).

All this cultivation and luxury notwithstanding, there is evidence that Eitingon was a hardworking man. Still, he could afford to take long breaks, e.g., by spending several winter months in Italy. His liberty ended when he took over leadership of the IPA.

V.

The emotional basis of Eitingon's commitment to psychoanalysis was his personal relationship with Freud, which had a special hue. In January 1922, Freud wrote, in what may well have been his most intimate letter to Eitingon: "For many years I was aware of your efforts to come closer to me, and I kept you at bay" (Freud and Eitingon 2004, p. 273). The period referred to, in which Eitingon tried in vain to impose himself on Freud through visits, presents, and offers of help, lasted for about twelve years. Probably, the turning point took place in the Tatra Mountains in 1917 or 1918. Freud's letter goes on:

> Only after you had expressed in such affectionate terms the desire to belong to my family—in the closer sense—did I surrender to the easy trusting ways of my earlier years, accepted you and ever since have allowed you to render me every kind of service, imposed on you every kind of task. [Freud and Eitingon 2004, p. 273]

Here it is stated unequivocally: Eitingon wished to establish a kind of familial bond to Freud. This peculiar bonding manifested itself, among other things, in Eitingon's gift of money to Freud in hard currency when the postwar misery in Vienna was at its worst (Freud and Eitingon 2004, pp. 173-178) and in his providing him with quality cigars. More than other disciples, and from earlier on, Eitingon paid heed to Freud's birthday. He reported the successes or misfortunes of his family and invited Freud to do the same. The truth about Freud's cancer was revealed

to him by the doctor in charge when the patient was still kept in the dark (2004, pp. 328-329).

And Freud showed his gratitude: the ring of the "committee" that Eitingon received was Freud's own (Freud and Eitingon 2004, p. 200). The strongest indication of all was the fact that, in the summer of 1920, Freud started to address Eitingon by his first name, Max (while retaining the formal *Sie*)—a rare distinction among German-speaking adults of that time, which he otherwise granted only to women. In the January 1922 letter quoted in the foregoing, he defined their relationship as one "extending from friendship to sonship" (2004, p. 274).

"Sonship" implied that Freud's wife and children were included. Around 1921–1922, Eitingon accommodated them in his home, one after the other, so that Freud jokingly spoke of the "Berlin family branch" (Freud and Eitingon 2004, p. 245). Eitingon helped Freud's younger sons, Oliver and Ernst, find jobs in Berlin and supervised Oliver's analysis with Franz Alexander (2004, p. 270). Especially close was his relation to Anna, whom he supported in her career as a psychoanalyst, e.g., by proposing her appointment as secretary of the IPA in 1927 (alongside himself as president—2004, p. 524).

There was, however, a slackening of this familial closeness (as opposed to a close professional relationship, which continued) in the summer of 1923. Eitingon was at that time emotionally unable to cope with the unfortunate twists of fate experienced by Freud—his cancer, the loss of his favorite grandchild—and for months withdrew into silence, leaving the Freuds without any message of empathy (Andreas-Salomé and A. Freud 2001, pp. 309-310). Later, at the end of the 1920s, his frequent visits could be experienced by Freud as obtrusive (e.g., Freud 2012a, p. 85). Anna Freud, in particular, complained of Eitingon's lack of personal warmth, which left her with the feeling of being "in a desert where nothing could grow" (Heller 1992, p. 167), so that she abandoned writing personal letters to him around 1930.

VI.

In the early 1920s, Eitingon had little to do with the business of the psychoanalytic movement, apart from the Berlin Institute and the pub-

lishing house, the *Verlag*. This allowed him to mediate the growing conflict within the "committee," where Abraham and Jones were confronting Rank. When *The Trauma of Birth* (Rank 1924) and *The Development of Psychoanalysis* (Ferenczi and Rank 1925) appeared, Abraham was appalled. Eitingon, who was then abroad, sensed the danger immediately and asked Freud to intervene (Freud and Eitingon 2004, pp. 337-341). But the disruption of the "committee" was inevitable; contrary to earlier plans, Rank declined to serve as IPA secretary with Abraham as president. At the election of 1924, Eitingon replaced Rank (2004, p. 346).

The crisis smoldered on in the summer of 1924 when Rank was in New York, causing a sensation with his theoretical and technical innovations. An aggressive letter he wrote to Freud in August (Lieberman and Kramer 2012, pp. 209-211) brought tensions to a head. Freud rightly concluded that Rank was veering away from the organizational concerns of psychoanalysis in favor of his personal ambitions as therapist and author. This jeopardized the entire psychoanalytic enterprise, of which Rank had been a mainstay in his capacities as director of *Verlag*, editor of the main journal (*Internationale Zeitschrift für Psychoanalyse*), and executive president of the Viennese Psychoanalytic Society.

In this emergency, Freud forcefully took the reins (Freud and Eitingon 2004, pp. 359-360). When Rank's inclinations seemed clear at the end of September 1924, Freud needed no more than a month to effect a fundamental change, with Rank losing all his central functions. Storfer replaced him as director of the *Verlag*, Paul Federn as leader of the Viennese Society, and Eitingon—assisted by Sándor Radó—as editor of the *Zeitschrift* (plus *Imago*). The formal appointment of Eitingon as supervisor of the *Verlag* was also part of this re-launch. Four men, in other words, were required to make up for the one who had left. The most important of them was Eitingon, who shouldered the lion's share of the tasks dropped by Rank. Freud called him "the pillar in the new organization" (Freud and Jones 1993, p. 559).

This is the right moment to highlight a recurring pattern in Eitingon's career: he embarked on most of his leading positions, especially the major ones, not as the initiator or the number-one choice, but as successor or substitute, a reliable helper in a situation of need. In 1920, he trod in the footsteps of Anton von Freund when he founded the Berlin

Poliklinik, provided money for the *Verlag,* and joined the "committee." Two years later, he stepped in as secretary of the Berlin Psychoanalytic Society when the elected officer proved to be unequal to the job (Freud and Eitingon 2004, p. 238). In 1924, Eitingon replaced Rank as designated secretary of the IPA; and when Rank distanced himself from the psychoanalytic movement, he took over his responsibilities for the *Verlag* and the main psychoanalytic journal. Shortly afterward, he even succeeded Abraham as president of the IPA and (de facto) head of the Berlin Society.

It is not easy to gauge to what extent Eitingon's helpfulness was mixed with a striving for power. In fact, by offering his help whenever it was needed, he also seized chances to improve his position. As for the editorship of the *Zeitschrift,* Eitingon actively threw his hat into the ring (2004, pp. 363-368).

The last emergency in this succession of crises came at the end of 1925, when Abraham died. At that time, Eitingon was absent again, spending several months with Mirra in Florence and Sicily. Thus Ferenczi was supposed to replace Abraham as IPA president, if not as the main teacher of the Berlin Institute. But Eitingon thwarted these plans: as soon as he learned of Abraham's death, he took a train to Berlin, where he arrived just in time to join the discussions about pending organizational changes (Freud and Ferenczi 2000, p. 242). He claimed interim IPA presidency, which he was granted once he asserted that his wife was ready to put aside her rival demands on his attention. In the Berlin Society, he resisted the members' request that he should assume the local presidency as well, installing an executive of his own choice instead (Freud and Ferenczi 2000, p. 245; Freud and Eitingon 2004, p. 436). Henceforth, Eitingon was the uncontested leader of German psychoanalysis, even though he preferred to stay in the background.

Indeed, Eitingon was from now on, as Ferenczi put it (Freud and Ferenczi 2000, p. 242), "unifying all the important posts [of psychoanalysis] in his person: International [Association], Berlin [Society], *Verlag* [including the *Zeitschrift*], and the Polyclinic." In order to cope with his obligations, he needed support. It was Radó who became his right-hand man and who later boasted that "everything under the sun in Eitingon's name was done by myself" (Radó 1995, p. 74).

For Freud, this concentration of power was no problem since Eitingon was eager to run the business according to Freud's wishes. To facilitate this, he frequently traveled to Vienna. In a period when the psychoanalytic movement was evolving into a large scholarly, professional, and economic enterprise, the offspring of a family of high-flying merchants, who was used to handling money as well as supervising a staff of assistants, who had diplomatic skills and a feel for power, was the right man in the right place. The basis of his position was his personal devotion to Freud.

VII.

As IPA president, Eitingon had to decide whether a new group was to be proposed for admission: when the Swiss Society split in 1928, he disapproved of a second Swiss group limited to physicians (Freud and Eitingon 2004, pp. 959-960). Furthermore, it is little known that it was Eitingon who suggested that the American Psychoanalytic Association be restructured from a component society—on the same organizational level as, for example, the New York Society—to a higher-level federation of all such groups in the United States (2004, p. 800). His word had weight when it came to nominating IPA officials. Typical for Eitingon's mode of administration was his pursuit of integration and compromise, but this intention was put under considerable strain; indeed, the years of his presidency, 1926 to 1932, were marked by a conflict that threatened to disrupt the IPA (see Schröter 2002, 2010).

In 1925, at the Bad Homburg congress, Eitingon proposed to create an institution that was to become as closely associated with his name as the Berlin *Poliklinik* and Institute: the International Training Commission. It explicitly aimed at implementing and maintaining the Berlin regulations of psychoanalytic training throughout the IPA. Eitingon presided over this body from the start and continued to do so until his death. Clearly, the question of how to secure high, globally uniform standards of training was dear to his heart.

Jones called Eitingon "the representative of the idea of thorough training" (Wittenberger and Tögel 2006, p. 285). This goal came up against three obstacles, as follows.

1. Realization was dependent on the existence of psychoanalytic institutes—a requirement which up to 1925 was met only by Berlin, Vienna, and London;

2. The IPA had to determine what ought to be essential for future analysts: their special training in psychoanalysis or their medical qualification (the issue of lay analysis); and

3. There was a dispute as to whether the rules of admitting candidates and members should ultimately be defined by local or central (IPA) authorities (the issue of group autonomy).

After Bad Homburg, Eitingon had to maneuver between two extremes. On one side, there was Freud (with Ferenczi), whose absolute priority was the specificity of psychoanalytic training regardless of prior qualification. On the other side, there was the New York Society, which accepted only medically trained members. For tactical reasons, the Americans were supported by Jones, who was not opposed to lay analysis as such but was a fierce advocate of local autonomy. As for Eitingon, he favored the medical qualification of candidates without making it obligatory. But, as Jones put it (1953–1957, Vol. III), Eitingon could "nearly always be depended on to act in accordance with Freud's wishes" (p. 294).

These conflicting positions were expressed in Freud's pamphlet *The Question of Lay Analysis* (1926) and in the ensuing discussion that was published in both English and German. In his concluding contribution to this discussion, Eitingon formulated a resolution to be presented to the IPA congress at Innsbruck in 1927 (A. Freud 1928, p. 140). Here he asserted medical qualification to be the normal and desirable case, while nevertheless leaving the door open for nonmedical candidates as well. The resolution failed because of American opposition.

In consequence, a committee chaired by Eitingon was set up to elaborate uniform rules of training and admission for the IPA at large. It designed a policy reflecting the central European practice, which again provoked a blunt "no" from New York. Two years later, at the Oxford congress, the Eitingon committee resigned from its task.

At that time, Freud was ready to risk the splitting off of the American groups from the IPA due to the problem of lay analysis (e.g., Freud and Eitingon 2004, p. 632). His letters to Eitingon reveal his resentment

against Jones, whose behavior he felt to be determined by ambition and tactics. Eitingon, in contrast, steadily tried to mediate. In Oxford, just prior to the congress of 1929, he achieved an agreement with New York: the central Europeans would comply in the matter of group autonomy by undertaking that they would not train any foreign candidates without the permission of their native society; and the Americans would give assurance to allowing lay training "in principle." At the 1929 congress, a new committee was installed, this time headed by Jones, that was to resume attempts to establish common rules of training within the IPA.

After the Oxford agreement, which Eitingon considered the "greatest triumph of his diplomatic activity" (Fenichel 1998, p. 99), he was convinced that the lay problem had been defused. He believed that he had brought about "peace with America" (Freud and Eitingon 2004, p. 806), thus preventing the breakup of the IPA. The immediate future seemed to prove him right: the New York Society revised its statutes to include the option of admitting lay members. New institutes were founded in the United States to provide a psychoanalytic training proper.

On the other hand, the Jones committee produced a paper that conceded autonomy to local groups in the question of admission. It was accepted at the Wiesbaden congress in 1932, where Eitingon resigned from the IPA presidency. At that time, there was a widespread feeling that he had steered the association into calm waters so that he could safely pass the wheel to someone else (e.g., Freud and Eitingon 2004, p. 831).

However, this feeling was mistaken. When the next IPA congress gathered at Lucerne in 1934, New York had again blocked admission of nonmedical candidates, thereby provoking the central European societies to resume their practice of training foreign candidates. In short, the tense pre-Oxford situation was restored. It was the Nazi catastrophe, divesting Central Europe of psychoanalysts and massively enhancing the relative power of the American groups, that prevented the IPA from breaking up over the issue of lay analysis.

VIII.

After Abraham's death, Eitingon was the leader of the Berlin Society—behind the scenes. But the situation was unstable. Freud saw in Berlin

"no connection between old and young, no leader, for Eitingon is personally aloof and Simmel somehow incapable" (Freud 1929). There was a local crisis in 1929, apparently triggered by, among others, Sándor Radó, Karen Horney, Siegfried Bernfeld, and Otto Fenichel (Freud and Eitingon 2004, p. 662). Some leftist members plotted to bring about a "reform," aiming at greater emphasis on the application of psychoanalysis to other fields, such as education, instead of concentrating on the training of professional therapists. So Eitingon willy-nilly took over the presidency (Eitingon, unpublished). By 1932, the tensions had abated, but primarily because of the emigration of some of the main contestants, while there was new potential for discord after the arrival of Wilhelm Reich in October 1930. Among the IPA leadership, Berlin became at that time notorious for its internal quarrels (e.g., Freud and Jones 1993, p. 728).

Shortly after this crisis, the Berlin group, renamed the "German Psychoanalytic Society" in 1926, suffered other setbacks of a more vital kind. Due to the Great Depression, Eitingon's personal benefits from his family's enterprise diminished, so that he was no longer able to compensate for the yearly financial losses of the Institute/*Poliklinik* (Freud and Eitingon 2004, pp. 766-767). Instead, he formed a circle of "Friends of the Berlin Psychoanalytic Institute," who pledged themselves to provision of small, regular donations.

In addition, the institute experienced a marked brain drain starting in 1930, since four of its major teachers—Franz Alexander, Sándor Radó, Hanns Sachs, and Karen Horney—went overseas to help build psychoanalytic institutes in New York, Chicago, and Boston. This was a result of Eitingon's successful efforts to implement the Berlin standards of training throughout the IPA and particularly in the United States.

Radó's departure in the summer of 1931 must have been a particularly heavy blow for Eitingon, depriving him not only of a most proficient local teacher and training analyst, but also of the executive editor of the *Internationale Zeitschrift* (and the *Imago*). Freud was not satisfied with Fenichel, whom Eitingon appointed as proxy (Freud and Eitingon 2004, pp. 783-784). So, in early 1932, when it emerged that Radó would stay in New York, Freud once more took action and retrieved both journals for Vienna, where he entrusted their editorship to some of his prom-

ising young followers: Heinz Hartmann, Ernst Kris, and Robert Waelder. Eitingon raised a last-minute plea in favor of Fenichel, complaining: "Berlin is being robbed of too much" (2004, p. 806), but it was too late. Freud did not even concede that Eitingon nominally be kept among the editors (p. 809). On top of all this, the psychoanalytic publishing house (the *Verlag*) barely escaped bankruptcy at the same time, and was given a new structure under the directorship of Freud's son Martin, whereby Eitingon was again marginalized.

In sum, we cannot but note a dramatic decline at this point—both for the Berlin Institute, which forfeited its leading role in the psychoanalytic world, and for Eitingon personally. While he had intended to withdraw from the IPA presidency, the eventual extent of his loss of power and functions in 1932 certainly came as a surprise to him. The rise that led to his occupying all the central positions of the Freudian movement in the middle 1920s had been abrupt, and his descent was now equally so. What he retained was the chairmanship of the International Training Commission and his reduced Berlin stronghold—and the latter was also to be taken away from him soon.

To complete the picture, it should be mentioned that Eitingon had a physical breakdown in April 1932, suffering from a paresis of the left arm. Freud attributed this to his financial situation being threatened by the crisis of his family's enterprise (Freud 2012b, p. 101). When his father died at the end of 1932, Eitingon inherited half his fortune, but this may have been of dubious value because the estate was "overindebted" (Schröter 2004a, p. 25). It is difficult not to conclude that the upward and downward movements of Eitingon's influence between 1918 and 1933 corresponded to his shifting ability to put money into the service of the Freudian cause.

IX.

In January 1933, the Nazis came to power. The vast majority of psychoanalysts living in Germany were Jewish, and most of them left the country in the same year (the rest following in 1936). Eitingon was determined to stay in Berlin as long as possible. If forced to leave, he considered taking the institute with him, and he accepted only reluctantly Freud's

objection that the institute was not his private property but belonged to the German Psychoanalytic Society (Freud and Eitingon 2004, p. 846-850).

In the turmoil of the beginning Nazi regime, Eitingon stayed remarkably cool, traveling to the Riviera in April 1933, as had been scheduled earlier. For his Jewish colleagues who were intent on emigrating, he acted as a kind of "emigration office," distributing information about different countries and keeping records (2004, pp. 855, 859-860). In May there was an attempt in the German Psychoanalytic Society to remove him from the presidency because Jews had been prohibited from functioning as officials in professional organizations. The initiative failed, but in November, Eitingon stepped down, resigning from the Society as well.

By the end of June, Eitingon was determined to emigrate, too (Liebermann, in press). In September 1933, he set off for Jerusalem to investigate his prospects and prepare to settle there. During his two-month stay, he founded a Palestinian branch society of the IPA. His decision to move to a country so distant from the centers of psychoanalysis was met with criticism among his IPA colleagues, who would have preferred his settling in Vienna, Paris, or New York (Schröter 2004a, p. 27). But at this crossroads of his life, Eitingon gave priority to his identity as a Jew, not as a psychoanalyst.

On the 31st of December 1933, after having lived and worked in Berlin for twenty-four years (without obtaining German citizenship), he left Germany for good. Henceforth he sought to convey to the members of the new psychoanalytic society and institute he created in British Mandatory Palestine their identity as the true heirs of the glorious Berlin tradition.

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O'NEILL'S JOURNEY

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This paper considers some of the processes through which Eugene O'Neill (1888–1953) dramatically shaped his inner life and through which he created his plays. These processes at their finest are evident in his composition of Long Day's Journey into Night *(1941a). During its 21-month composition, the play went through three different versions, as evidenced by the playwright's handwritten and typed materials (O'Neill, unpublished, a, b, c, d). This paper posits that each version reflects O'Neill's changing state of mind as he began to master his instinctual life, developing increasingly rich characters and creating a painful, deeply tragic vision. Thus, this paper shows that O'Neill's great artistic achievement reflected a great psychological one.*

Keywords: Eugene O'Neill, *Long Day's Journey into Night,* process of writing, *Anna Christie,* melodrama, transcendence, personal tragedy, absent mother, drug addiction, dramatic characterization, compensatory fantasy, aggression, dramatic action.

INTRODUCTION

The idea that an artistic work spontaneously comes into being in an intense, creative burst does not apply to *Long Day's Journey into Night,*

Eugene O'Neill's masterpiece and arguably—as the playwright Sam Shepard noted—"the truly great American play" (quoted by Robinson 1989, p. 156). O'Neill began to compose the play with brief extant notes to himself on June 25, 1939, and finished proofreading the final draft on March 31, 1941. During the intervening twenty-one months, he worked from time to time on other projects, but he continued to create what we now know as *Long Day's Journey* through a series of documents that have been well examined by O'Neill scholars (Barlow 1985; Floyd 1981; Tinsley, unpublished).

O'Neill habitually composed his plays through a series of steps he had learned in a playwriting class he took in 1914 at Harvard University with George Pierce Baker, who published an extensive discussion of this process (Baker 1919). First, then, O'Neill incorporated the ideas in his early notes into the play's scenario, an abstract of *Long Day's Journey* as he initially envisioned it, which includes a list of the play's characters, its division into acts and scenes, and extensive dialogue and truncated dialogue for each scene.

Deviating considerably from what he had initially envisioned in his scenario, O'Neill next handwrote and then revised the complete play.[1] His wife, Carlotta Monterey, typed this manuscript, and he then made extensive revisions of—and on—the typescript; every page contains often significant changes. Finally, Carlotta typed a revised typescript, and this time he simply proofread and corrected the result.

Although O'Neill made several extant notes to himself as he worked on the play, the five essential documents of its 21-month composition are: (1) the initial notes (O'Neill, unpublished, a) and (2) the scenario (unpublished, b); (3) the manuscript (unpublished, c) and (4) the type-script (unpublished, d); and (5) the play text, which was the corrected second typescript based on the revised first one. Except for some minor

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[1] O'Neill at this point in his playwriting handwrote in pencil well over 1,000 words per (typewriter) page. The 8,000-word scenario (unpublished, b) covers six pages. In revising the handwritten manuscript, he often crossed out a line of text with a wavy line and wrote the new line above it. Except in rare cases, it is impossible to determine what the original line of text was. It should also be noted that O'Neill originally created *Long Day's Journey* as a five-act play, but then created a four-act play by combining acts 2 and 3 to form scenes 1 and 2 of act 2. The seemingly minor change makes the play more sprightly and modern in comparison to a more ponderous, old-fashioned five-act play.

emendations made by the play's editor for eventual publication, the play text is the one we now know as *Long Day's Journey into Night* (O'Neill 1941a).

Certain aspects of the play remained constant during its creation. Mirroring O'Neill's own family, the play always contained a mother, father, and two sons, and it always depicted both the mother's morphine addiction and the younger son's tuberculosis. It always took place in one day and was always set in the family's Connecticut home. The play also changed in fundamental ways, however, and the five documents just described embody three different versions of the play: the early version (unpublished, a, b); the middle version (unpublished, c, d); and the final one (1941a). I propose that these changing versions reflect changes in O'Neill's state of mind as he created *Long Day's Journey*.

O'Neill was initially open to instinctual processes, and his inner representations of the characters in the play were instinctual. In the play's early version, O'Neill dramatized the derivative of a fantasy in which he was his mother's darling; in the fantasy he and she were tightly attached, and she remained present for him even though she was often under the influence of morphine. At the same time, he divided his internal representation of his father into a *good* image and a *bad* image, investing them, respectively, with libido and aggression, with an enormous preponderance of the latter over the former. This intense aggression extended to O'Neill's internal representation of his older brother. In addition, he initially invested considerable narcissism in his self-representation.

Beginning with the play's middle version, O'Neill slowly mastered, or neutralized, this initial state. During this process, the play's characters were structured less as internal, need-satisfying objects not fully differentiated from O'Neill, and more as artistic constructs, both separate from him and radically different from the actual members of his family—characters whom he shaped for dramatic effect. More specifically, within the compositional process, O'Neill gradually—and apparently with great difficulty—severed the connection between himself and his mother, and only in the play's final version did he fully abandon the derivative of the fantasy that she had always been present for him.

In addition, he gradually—again, apparently with great difficulty—fused the good and bad images of his father, achieving complete fusion

only in the play's final version. The intense aggression he directed at his father and brother abated in the final version, as did much of O'Neill's initial self-directed narcissism. This increasing neutralization—in many ways, a process of artistic awakening—went hand in hand with the play's depiction of increasingly rich, three-dimensional characters, with its increasingly complex interactions and structure, and with its almost unbearably painful, deeply tragic vision.

O'Neill's great artistic achievement in *Long Day's Journey* rests to a large extent, in sum, on a great psychological one. I propose to examine the psychological and compositional processes that underpin *Long Day's Journey* and that allowed O'Neill not simply to present in veiled form his inner life, but also to transform and transcend it. I aim to do so by first examining an emblematic instance in an earlier O'Neill play in which such a process failed to take place.

THE PROBLEM

Having been born into the theater, having spent his adult life working in it, having already won three of his four Pulitzer Prizes, and having won the Nobel Prize in literature, O'Neill had a finely honed aesthetic sense about drama and well knew what he had achieved when he finished *Long Day's Journey into Night.* "[I] like this play better than any I have ever written," he wrote in his Work Diary on March 30, 1941; "[it] does the most with the least—a quiet play!—and a great one, I believe" (Floyd 1981, p. 296).

The nature of O'Neill's triumph in *Long Day's Journey* is made most clear, however, when viewed not in isolation but in relation to what he himself considered one of his greatest—perhaps greatest—artistic failures, since the nature of his failure helps clarify the nature of his success. The play to begin with, therefore, is *Anna Christie* (1920).

Although O'Neill won the second of his four Pulitzer Prizes for *Anna Christie*, he came to view it with enormous disdain. "The fact is *Anna Christie* is the stalest of all my plays," O'Neill wrote in a letter dated August 24, 1941. He described this play as

> . . . stale from much use, and stale because it is the most conventional playwriting of anything I've done . . . . You will note I

did not include it when picking representative plays for my *Nine Plays* book, despite its success . . . . *The Iceman* [*Cometh,* 1939] is worth a hundred *Anna Christies.* [O'Neill 1941b, p. 522]

One O'Neill scholar, after reviewing the extensive problems with the play—especially problems in the depiction of its eponymous central character—concurred with O'Neill's judgment of it, calling it "one of his most interesting failures" (Floyd 1981, p. 201). O'Neill had begun to write *Anna Christie* a day or two after the official wake for his recently deceased father, completing it in about a month, in September 1920 (Black 1999).

In *Anna Christie,* we learn that when Anna was five years old, her father, Chris, abandoned his family in Sweden to work at sea. Anna's mother eventually died after having moved her family to the United States, and Anna, left on her own, moved to a farm to stay with relatives, then left the farm to work as a governess. Eventually taken ill and having nowhere else to turn, she sought out Chris, her father, and now lives with him. He operates a barge at which Anna and a young sailor, Matt Burke, meet and fall in love.

Through the way in which Anna is dressed when she first enters the play, O'Neill telegraphs to the audience that, unbeknownst to her father, she is a member of "*the world's oldest profession*" (as O'Neill delicately notes in his italicized stage direction; 1920, p. 968). In a highly charged scene, infused with everyone's distinct accent and worth examining at length, Anna reveals her past to her father and Matt Burke:

ANNA. Damn it, shut up! Let me talk for a change.

BURKE. 'Tis quare, rough talk, that—for a dacent girl, the like of you!

ANNA. *(with a hard laugh)* Decent? Who told I was? *(Chris is sitting with bowed shoulders, his head in his hands. She leans over in exasperation and shakes him violently by the shoulder.)* Don't go to sleep, Old Man! Listen here, I'm talking to you now!

CHRIS. *(straightening up and looking about as if here seeking for a way to escape—with frightened foreboding in his voice)* Ay don't vant to hear it. You vas going out of head, Ay tank, Anna.

ANNA. *(violently)* Well, living with you is enough to drive anyone off their nut. Your bunk about the farm being so fine! Didn't I write you year after year how rotten it was and what a dirty slave them cousins made of me. What'd you care? Nothing! Not even enough to come out and see me. That crazy bull about keeping me away from the sea don't go down with me! You yust didn't want to be bothered with me. You're like all the rest of 'em!

CHRIS. *(feebly)* It ain't so—

ANNA. *(not heeding his interruption—revengefully)* But one thing I never wrote you. It was one of them cousins that you think is such nice people—the youngest son—Paul—that started me wrong. *(loudly)* It wasn't none of my fault. I hated him worse'n hell and he knew it. But he was big and strong *(pointing to Burke)*—like you!

BURKE. *(half springing to his feet—his fists clenched)* God blarst it. (*He sinks slowly back in his chair again, the knuckles showing white on his hands, his face tense with the effort to suppress his grief and rage.)*

CHRIS. *(in a cry of horrified pain)* Anna!

ANNA. *(to him—seeming not to have heard their interruptions)* That was why I run away from the farm. That was what made me get a yob as a nurse girl in St. Paul. *(with a hard, mocking laugh)* And you think that was nice yob for a girl, too, don't you? *(sarcastically)* With all them nice inland fellers yust looking for a chance to marry me, I s'pose. Marry me? What a chance! They weren't looking for marrying. *(as Burke lets a groan of fury escape him— desperately)* I'm owning up to everything fair and square. I was caged in, I tell you—yust like in yail—taking care of other people's kids—listening to 'em bawling and crying day and night—when I wanted to be out—and I was lonesome—lonesome as hell! *(with a sudden weariness in her voice)* So I give up finally. What was the use? *(She stops and looks at the two men. Both are motionless and silent. Chris seems in a stupor of despair, his house of cards fallen about him. Burke's face is livid with rage that is eating him up, but he is too stunned and bewildered yet to find a vent for it.*

The condemnation she feels in the silence goads Anna into a harsh, strident defiance.) You don't say nothing—either of you—but I know what you're thinking. You're like all the rest! *(to Chris—furiously)* And who's to blame for it, me or you? If you'd even acted like a man—if you'd even been a regular father and had me with you—maybe things would have been different!

CHRIS. *(in agony)* Don't talk dat vay, Anna! Ay go crazy! Ay von't listen! *(puts his hands over his ears)*

ANNA. *(infuriated by his action—stridently)* You will too listen! *(She pulls his hands from his ears)* You—keeping me safe inland—I wasn't no nurse girl the last two years—I lied when I wrote you—I was in a house, that's what!—yes, that kind of house—the kind sailors like you and Matt goes to in port—and your nice inland men, too—and all men, God damn 'em! I hate 'em! Hate 'em! *(She breaks into hysterical sobbing, throwing herself into the chair and hiding her face in her hands on the table. The men have sprung to their feet.)*

CHRIS. *(wimpering like a child)* Anna! Anna! It's a lie! It's a lie! *(He stands, wringing his hands together, and begins to weep.)*

BURKE. *(his whole great body tense, like a spring—dully and gropingly)* So that's what's in it!

[O'Neill 1920, pp. 1007-1009]

This exchange is part of a larger artistic construct and would clearly benefit from being viewed in context; much, however, can be learned about O'Neill's dramaturgy by examining the scene in isolation. Noteworthy at first glance is O'Neill's craftsmanship. He neatly divides Anna's narrative into three clear parts—being on the farm, being a governess, being in a house—and he grounds her narrative by inserting something concrete into each of the three parts: it was not just anyone who overpowered Anna—it was Paul, the younger son; she was a governess not just anywhere—it was in St. Paul; and she was in a house not for any random length of time—it was two years.

O'Neill's craftsmanship is also evident in the scene's shape. Anna's narrative unfolds with a gradual intensification of her anger, and then,

after a momentary relaxation when she experiences "weariness," builds to its intense emotional climax during her enraged outburst at the end. Also noteworthy about the scene, however, is a quality that Gombrich (2002), in another context, called *primitive*. Gombrich noted that primitive art is art that has succumbed to a gravitational pull and has moved from a three-dimensional depiction of external reality—a depiction involving volume and depth—to a two-dimensional depiction that lacks such qualities.

This distinction between advanced and primitive art is similar to E. M. Forster's (1927) classic distinction between round and flat characters in novels, and similar also to T. S. Eliot's (1920) distinction between Shakespeare's three-dimensional, lifelike characters—who "*act upon* one another" (p. 103, italics in original) and who have lives that seem to exceed and not be fully encompassed by their plays, and Ben Jonson's two-dimensional characters—who have no life outside the scene in which they appear, and who, rather than acting upon one other, "*fit in* with each other" (p. 103, italics in original) as part of a pattern underpinning the scene. Anna and Chris are in these terms primitive, flat, and Jonsonian. Much of this quality derives from the fact that the scene is—like the unsublimated derivatives of other fantasies that include a verbal interaction between the self and someone else—a dramatic monologue masquerading as dialogue.

Geddes (1934) and Bogard (1972) noted that O'Neill repeatedly wrote scenes—as well as entire plays—that appear to be dramatic encounters between characters, but are actually monologues. The resulting thinness of the characters in such cases is evident in this scene. Since Chris does not engage Anna by defending himself or counterattacking her, the scene does not embody a continuing, meaningful interaction between the two characters and thus creates no depth for Chris. Chris might have argued, for example, that he is not responsible for what happened to Anna. Many fathers, after all, neglect or abandon their young daughters, and many fathers die while their daughters are young, yet such daughters do not all become prostitutes. This and other such resistance—resistance that might have brought Chris to life as a character in the scene—is denied him. His function as a character here is to be the object of Anna's intensifying hatred, bitterness, and rage, and then to emotionally collapse in the face of it.

If Chris can be described as two-dimensional, then so, too, can Anna, again in large part because the scene is a dramatic monologue. A genuine interaction between her and Chris might have served to clarify and complicate her character, which remains at once fuzzy and simplistic. Anna's motivation for turning to prostitution is, for example, foggy. As one scholar noted:

> Voluntarily to substitute prostitution for tending children on the ground that in the latter position one is "caged in" and "lonesome" is both novel and improbable . . . . Anna's tragic choice appears to have been made as much out of consideration of O'Neill's needs as of her own. [Engel 1953, p. 41]

Anna's feelings throughout the scene are, moreover, monochromatic. Her anger and bitterness are no doubt intense, but they do not evoke any countervailing feelings in her—say, of affection or concern for Chris—and there is therefore no interplay within her of impelling and resisting forces—no "To be or not to be"—to complicate her character, just as there is no external interplay between herself and Chris either. If Chris simply functions here as the object of her hatred and rage, she simply functions to discharge such feelings at him.

The characteristics of the scene that I have noted—the flat nature of Anna and Chris; Anna's self-depiction as an innately good, utterly blameless soul unsullied by anything that happened to her; the simple, unalloyed nature of Anna's feelings; the movement of those feelings toward a hysterical climax; the series of highly conventionalized emotional responses from Chris and Burke; the scene's movement to the sudden revelation of a hitherto hidden secret (Anna's identity as a prostitute)—all these are among the central elements of melodrama (Brooks 1976; Heilman 1968), the form of drama in which O'Neill's father made his name and that O'Neill was eventually to transform and transcend (Eisen 1994). And *Melodrama*, as Bentley (1964) elegantly noted, "*is the Naturalism of the dream life*" (p. 205, italics in original). Bentley primarily meant by this that the exaggerated action and acting in melodrama, as well as its overwrought emotionalism, echo the exaggerated action, gestures, and emotions in dreams. There is, in fact, something dreamlike about O'Neill's creation here, not only in Bentley's terms but also in the

hyperintense affect conjoined to the fuzzy, simplistic characterization at the heart of the scene.

Much of the latent content of O'Neill's dream is not difficult to fathom. As Miliora (2000) noted, O'Neill establishes a connection between prostitution and drug addiction in *Long Day's Journey into Night* when the character Jamie declares that, until he found his mother with a needle in her arm injecting herself with morphine, he had "never dreamed . . . that any women but whores took dope" (1941a, p. 166). In *Anna Christie,* Anna's prostitution is then a reference to the addiction of O'Neill's mother to morphine, initially prescribed for her after her difficult delivery of O'Neill (he weighed over eleven pounds at birth and had a head so enormous that it was thought he would turn out to be a genius or intellectually retarded).

In O'Neill's dream, his rage at his mother for having withdrawn from him into her addiction, as well as his rage at his father for not having stopped this, is condensed with his self-directed rage at having brought about his mother's catastrophic injuries and their results through his own birth. All this rage is discharged in the scene not at the *good* mother/self, but at the father made *bad* by having had the mother's/self's *badness* evacuated into him. Thus, it is the *bad* father who left his family to go to sea—that is, as an actor he went on the road to act in plays—and it is also the *bad* father who, through selfishness and negligence, caused the mother's addiction/prostitution. It is, moreover, the recently deceased father, so different from the idealized fathers of Hamlet-like sons (Blos 1985), who through his death has irrevocably abandoned his wife/son once again.

The interaction between Anna and Chris is not, of course, a dream; it is a scene in a play. It is not enough, therefore, simply to note the relation between its manifest and latent contents. We need also to consider the transmutations of the latent content into art and the aesthetic value of the result. In composing the scene, O'Neill was clearly in touch with a powerful inner state and gave it dramatic expression. I propose that he did not, however, advance very far beyond that state; I suggest he was almost totally in the grip of an inner state that he was barely able to control artistically and from which he had very little autonomy. The scene thus embodies an almost direct discharge of the aggression that

underpins it—a major reason that the characters in the scene have only minimal life outside their role in O'Neill's inner drama.

Another reason for this lifelessness, from a different point of view, is more complex. Segal (1952, 1957) noted that full sublimation can occur when a person's self- and object representations, as well as his inner and outer worlds, have come to be fully differentiated. In such a state, Segal noted, the object—in this case, O'Neill's parents—is fully separated from its symbol—in this case, the characters in the scene. The symbol can then be creatively and freely used—in this case, by O'Neill. But in this scene, I propose, the self/mother is not fully differentiated, nor—as is evident in the projective processes within the scene—is the self/father. As a result, O'Neill is not free in composing the scene to use the characters as independently experienced symbols.

The scene is largely an inferior one as a consequence of the above processes. Menninghaus (2009) noted that an artistic work that "offers instantaneous emotional gratification without intellectual effort, without the requirement for distance, without sublimation" (p. 41), is kitsch. O'Neill's scene, with its overly facile effort to tug at our heartstrings through its stale story of an innocent, pure soul brought low (but not sullied) by a cold, cruel world is in these terms dramatic kitsch.

From another point of view, Meyer (1957) noted that "what we mean by 'trite' or 'banal' [in music] is the most probable means of achieving the most probable end" (p. 21). O'Neill's scene, which lacks anything interesting or unexpected to impede Anna's forward movement toward its unsurprising climax, is in these terms banal. From yet another, not entirely unrelated point of view, Marcus (1966) noted that pornography does not present conflict between or within characters as does literature, and that in pornography any resistance that might lead to such conflict magically disappears. O'Neill's scene is, in these terms (as well as in terms I have outlined elsewhere; see Mandelbaum 2011), pornography without sex.

The observations I have made thus far, I should note, are not entirely original; at least two drama critics made similar observations about O'Neill and his work some eighty years ago. This scene can be viewed, then, as a highly crystallized example of the general tendencies of O'Neill's dramaturgy. Fergusson noted that:

> Mr. O'Neill resorts to the stage not to represent emotions
> through which he has already passed, which have been criticized
> and digested, and so may be arranged in patterns to form a work
> of art; he resorts to the stage to convey a protest, the *first* cry of
> the wounded human being. [1930, p. 273, italics in original]

O'Neill, Fergusson observed, "has managed to recognize his emo-tional demands, but he has not reached the further heroism of accepting what becomes of them: of describing them with reference to indepen-dent reality" (p. 279). What O'Neill offers in his plays, in sum, is "the act of seeking, but not disinterested contemplation; himself, therefore, rather than his work" (p. 279).

Geddes (1934) made much the same observation. "His dream," Geddes succinctly noted of O'Neill, "is more conspicuous than his work separated from his dream" (p. 40). Bentley (1962) similarly noted that O'Neill "lives, as it were, in a trance, writing and rewriting the story of the two Jameses [O'Neill's father and brother], Ella [O'Neill's mother], and Eugene. Or parts of the story. Or the story at a remove" (p. 31). Bentley further commented: "The fantasies that derive from a writer's troubles must not merely exist; they must be transcended" (p. 56). Bentley argued that O'Neill, throughout much of his career, was mired in his fantasies; but, he added, "it is arguable . . . that O'Neill did achieve transcendence in *Long Day's Journey into Night*" (p. 56).

I turn now to examine this process of transcendence, first in O'Neill's depiction of the central characters in *Long Day's Journey into Night* and then in one of the play's central scenes.

THE MOTHER

I propose that in composing *Long Day's Journey into Night*, O'Neill was initially caught up in a state similar to the one leading to the Anna–Chris scene in *Anna Christie*. What he envisioned in the play's early ver-sion was thus in many ways an instinctualized representation of his inner world. O'Neill gradually came to master that state in an uneven but con-tinuing process as he moved from the early version of *Long Day's Journey* to the middle one and on to the final one. The process is evident in his changing depiction of the character of Mary Tyrone, especially in rela-

tion to her morphine addiction, and in the changing relationship of that depiction to one of O'Neill's central fantasies about his mother.

The derivative of that fantasy is already evident in O'Neill's first extant play, the one-act *A Wife for a Life* (1913a). In this remarkable piece of juvenilia, essentially a dramatic monologue, we learn that Jack had many years before met and fallen in love with the beautiful Yvette, previously married against her will to a much older man whom she never came to love and who was given to drink. Jack's love for Yvette was eventually reciprocated, but because of her high moral standards as a married woman, it was never consummated and the two lovers parted. Now, after years of carrying a torch for her, Jack is about to be reunited with the much-longed-for Yvette, abandoned by her drunkard husband and free at last to marry him. The coming together of the two lovers is blessed in the play by a character known simply as "The Older Man," whose life Jack saved shortly after meeting Yvette, who as a result became Jack's best friend and prospecting partner, and who—unbeknownst to Jack, and not surprisingly—is Yvette's husband.

The play is transparently based on an oedipal triangle (Black 1999), but the fantasy that underpins it is not so much one of sexual displacement of the father in order to possess the mother as it is a fantasy of (re)joining an absent mother from whom one has been separated for what seems an endless length of time, and whom one endlessly craves. It is a fantasy of a (re)union, a fantasy of making an absent mother present and wholly one's own. The fantasy of a return to the land of milk and honey is ubiquitous, of course, but it would have been present with inordinate force within O'Neill in regard to his mother, addicted to morphine almost from the moment of his birth and thus presumably often unavailable to him when he needed her. The craving for the absent mother intensified O'Neill's need to fill his mind with her symbolic equivalents— in particular, the characters he was driven to create, hold in his mind, and control through his plays in totality; among many other things, they were self-soothing stand-ins for the missing maternal presence.

Derivatives of the strivings toward his mother and of the fantasy they engendered appear throughout the O'Neill canon. In *Thirst* (1913b), a woman and two men are stranded in a lifeboat in the middle of the ocean and are desperate for water and dying of thirst. During the course

of the play, the woman does die, and the two men fight and fall into the water, where they are eaten by sharks that have been circling the boat throughout the play. In *The Web* (1913c), a prostitute is arrested for murder and taken to jail. Her infant daughter, left behind, forlornly starts crying for her absent mother and is consoled by one of the arresting policemen, who speaks the last line of the play: "Mama's gone. I'm your Mama now" (p. 28).

In *Where the Cross Is Made* (1918), a sea captain has years before discovered a buried treasure and outfitted a ship to retrieve it. The captain spends his days and nights anxiously peering through a telescope for the return of the missing treasure-filled ship. At the end of the play, he hallucinates that it has arrived, after which he dies. The captain's place is then taken by his son, who will henceforth await the ship's return. The ship is named the *Mary Allan*, the maiden name of the captain's wife— also the name, therefore, of his son's mother, and, as Sheaffer (1968) noted, a form of Mary Ellen, O'Neill's own mother's name (though she was frequently called Ella).

During the course of *Dynamo* (1929), a young man's mother dies, and at the end of the play the young man, inconsolable in his grief, breaks into a power-generating station and approaches one of the cold and aloof mechanical generators, which—in a delusional state—he takes to be his mother. "*Stretching out his arms to the exciter-head of his Dynamo-Mother with its whirling metal brain and its blank oblong eye*" and in a "*loving consummation . . . [with] a sound that is like the crooning of a baby* [italicized stage direction]" (p. 884), the young man embraces the generator and is electrocuted.

As O'Neill worked on *Long Day's Journey into Night* (1941a), he was for a long time in the grip of the derivative of the fantasy evident in *A Life for a Wife* (1913a). In the early version of *Long Day's Journey,* Mary Tyrone is mentally present, despite being under the influence of morphine—which in this version, remarkably enough, has relatively little effect on her. O'Neill depicts this lack of effect partly through the way in which he initially presents Mary's return to drug-taking.

Only two things "happen" in all versions of *Long Day's Journey:* Edmund, the younger son, is diagnosed with tuberculosis, and Mary, the mother, succumbs once again to her addiction. In the play's early ver-

sion, both these events have already occurred before the play begins: everyone except Edmund already knows from the beginning that he has tuberculosis, and Mary, as a result of the stress caused by her knowledge of this, has already started taking the drug.

In depicting Mary under the influence of morphine from the very beginning of the play, O'Neill gave her addiction a diminished, matter-of-fact quality. She has succumbed to her need for the drug before, has been cured of that need, and has succumbed to it yet again; her present recourse to the drug is, as Tyrone says in the scenario, the "same old game" (unpublished, b, p. 6), a game that will presumably be repeated endlessly. The scenario, moreover, does not depict much of a change in the drug's deepening effect on Mary, and whatever effect it does have, the scenario makes clear, will be undone in a repetitive cycle of leave-taking and return.

Simon (1988) noted that in the last act of *Long Day's Journey*, "the mother . . . is totally withdrawn into the world of fog and drugs" (p. 191), but this total withdrawal does not occur in the early version of the play's last act. In the last act of the scenario, the primary difference between Mary and the three men in her family is their drug of choice: she is under the deepening influence of morphine; they, of alcohol. Despite her state of being slightly more befogged than they are, Mary is aware of the men and interacts with them, "at times quite rationally" (Floyd 1981, p. 290), just as she has done throughout the play.

For example, in the last scene of the scenario, when Mary is most deeply under the influence of morphine, the very first thing she says when she see her two returning sons is: "Glad to see you're both home in time for dinner—good boys—when you're late, nothing fit to eat" (unpublished, b, p. 6). This line of maternal solicitude, along with others in which she interacts with the men, does not appear in the final play text. In sum, then, O'Neill initially went out of his way to show that, despite having injected herself repeatedly with the drug, Mary does not (as we might expect) mentally fully withdraw from the men into a morphine fog as she does in the final version of the play. Instead, she functions as the derivative of a fantasy: the *present absent* mother.

Beginning with the manuscript, O'Neill modified this image of Mary, though he did not completely change it. He was still not ready to

abandon the derivative of his fantasy, and in this, the middle version of the play, still insisted that the mother never completely withdrew despite the effects of morphine. In the manuscript, O'Neill moved the news of Edmund's tuberculosis, as well as Mary's taking of the drug, into the play itself. In the manuscript version as well as in all subsequent versions, the mother starts taking morphine after the first act, and only later does everyone learn of Edmund's illness.

Through this change, O'Neill is able to portray the mother before she succumbs to the drug, as well as her increasing withdrawal as it takes effect. Mary is now no longer fully present in the way she was in the scenario. O'Neill does not, however, fully separate her from Edmund or the other men in the play. In the manuscript, as well as in the typescript, Mary is still mentally present at the end of the play, and she still interacts with the men.

Only in the play text did O'Neill finally create the image of the totally withdrawn, absent mother. As Tinsley (unpublished), Floyd (1981), and Barlow (1985) noted, only in the play's final version—the text we now know as *Long Day's Journey into Night* (1941a)—is the mother's withdrawal into a morphine haze complete and irrevocable. Only in O'Neill's final version of the play has the mother fully gone away, never to come back; in fact, in revising the last act of the typescript, O'Neill crossed out every line in which Mary responds to the men, as well as every line suggesting she will return to them and to a normal state.

In short, at the very end of the compositional process, the playwright finally abandoned the idea of the present mother and methodically erased her presence. The following excerpt, in which O'Neill crossed out the parts in curly brackets (written earlier), is one of several examples:

JAMIE. Let us go hence, go hence; she will not see.
　　　　Sing all once more together: surely she,
　　　　She too, remembering days and words that were,
　　　　Will turn a little toward us, sighing: but we,
　　　　We are hence, we are gone, as though we had not been
　　　　　　there,
　　　　Hey, and though all men seeing had pity on me,
　　　　She would not see.

{MARY.   (*with the identical passion she had shown to the other verses as if she heard a voice in the air, or from within herself*) Yes, that is very true. It has to be, or I should be so unhappy I would die. (*She sighs forlornly.*) All the same, it is terribly sad.}

TYRONE.   (*trying to shake off his hopeless stupor*) Oh we're fools to pay any attention. {We've seen her like this before.} It's the damned poison. {She'll be sane again tomorrow if she gets a good sleep.}

[O'Neill, unpublished, d, p. 35]

Tyrone's comment that "It's the damned poison. She'll be sane again tomorrow if she gets a good night's sleep," with its implied fantasy of the returning absent mother, became in the play text: "It's the damned poison. But I've never known her to drown herself in it as deep as this" (1941a, p. 174). O'Neill's emphasis here and elsewhere in the play script on the finality of Mary's withdrawal and, hence, the finality of her separation from the men in the play should be noted. At the very end of the scenario, Mary becomes "entirely unaware" of the men, but the lack of awareness is temporary; it is part of the "same old game" (unpublished, b, p. 6). In the final version of *Long Day's Journey,* the game evident in earlier drafts of the play—as well as the fantasy that underpins it—ends.

As he mastered the fantasy of the present absent mother, O'Neill severed the connection between himself and the character of Mary; increasingly, he treated Mary not simply as a need-satisfying object and thus an extension of himself, but as an independent artistic creation. Thus, as he worked on the play, he cut what Barlow termed the "umbilical link" (1985, p. 98) that existed in the play's early and middle versions between Mary and her son Edmund. Repeatedly, O'Neill excised statements that indicated an emotionally intimate, exclusive relationship between these two characters, and that, in addition, embodied the narcissism accompanying that relationship. In the manuscript, for example, in an exchange O'Neill eventually deleted, Mary suggested that Edmund had brought about her addiction through his birth, but then corrected herself: "How could I blame you! Why, you are my baby still, you mean more to me than anyone, Dear!" And Edmund responded with "And you are more to me, Mama" (unpublished, c, p. 24).

O'Neill not only severed such overt links between mother and son, but also cut out equally important, covert ones between Mary and himself as playwright. Tinsley (unpublished) commented that in the play's early and middle versions, Mary is continually aware of what she does, as well as why she does it, and that in the final version, O'Neill eliminated that awareness. Such awareness, I propose, is not Mary's, but O'Neill's insertion of himself into her—a process furthered by the underlying lack of differentiation between her and himself. He eliminated some of these authorial intrusions into Mary in the typescript and eliminated all of them in the play text.

Mary's final withdrawal from Edmund in the play text thus went hand in hand with O'Neill's separation of himself from Mary. As Tinsley (unpublished) noted, "O'Neill mutes Mary's 'perceptiveness' (her ability to explain what she does and why she does it) throughout the play" (pp. 121-122). For example, in the manuscript, Mary, in talking to Edmund, mentions Eugene, her second son who has died, and says that Tyrone "knew I loved you {the} most {of all. I loved you because you were you and you were Eugene too. You took his place}" (unpublished, c, pp. 16-17). In the final version, O'Neill eliminated the words in curly brackets.

As Mary Tyrone became differentiated from O'Neill, she also became an independent symbol that he could freely use for artistic purposes. The result was a character profoundly different from Ella (Mary Ellen) O'Neill, O'Neill's actual mother. The differences between the two have been explored at length by Alexander (1992). She noted that, on the surface, O'Neill's middle-period plays are about everything from Lazarus, to Marco Polo, to Ponce de Leon, but underneath they are heavily autobiographical. Plays of O'Neill's late period, Alexander (2005) continued—especially *Long Day's Journey*—appear on the surface to be autobiographical, but are actually not very autobiographical at all.

For instance, Alexander pointed out that Ella O'Neill did not evidence any ambition to be a nun or a pianist, as Mary Tyrone did in the play, nor did she meet O'Neill's father in late adolescence. She was not ostracized by her friends when she married an actor, did not stay in shabby hotels when traveling with O'Neill's father, did not have a father who died of tuberculosis, did not have painful, arthritic hands, and lived

in the considerable opulence of her Connecticut home rather than in the ramshackle dump of a house that was Mary's home in the play. Most important of all, O'Neill's mother never completely and irrevocably succumbed to her morphine addiction, but actually vanquished it.

There can be little doubt that Mary Tyrone was warmed and made significant for O'Neill through her connection to the imago of his mother existing in the deepest layers of his mind, much as in the ways described by Loewald (1956–1957) in another context. She is, however, neither the object of a fantasy nor a mirror image of external reality, but rather a complex, symbolic construction of O'Neill's disciplined imagination and an inhabitant of the world he created in the play.

In creating Mary as an aesthetic object, O'Neill was able to achieve one aspect of the play's deep and deeply moving structure. Bentley (1962) remarked that the heart of the play is the relationship between Edmund and Mary, and Mannheim (1982) noted that there is a scene between these two characters toward the end of each act. In these scenes, Edmund is increasingly anxious about his health, increasingly turns to his mother for comfort, and increasingly finds her slipping away into a morphine fog. O'Neill gave this withdrawal extraordinary resonance through the play's progression from early morning to midnight. The play in the scenario also took place in one day, but there was no particular significance to that movement; the one-day play was static and initially embodied O'Neill's effort to adhere to the classical unities of time, place, and action. (In fact, initially, O'Neill entitled the play simply *A Long Day's Journey* and set its date to coincide with the Tyrones' wedding anniversary—the implication being that this day is simply a longer, more event-packed version of other days.) The finished play's transition into night and fog, embodying as it does the mother's movement away from her son, rests, then, on the mastery that O'Neill managed to achieve over the derivative of the fantasy of the *present absent* mother.

In completing the play's journey into night, O'Neill also completed its journey into one of the central psychological concomitants of tragedy—tragedy that O'Neill could not have created until he fully mastered his initial inner state. Tragedy is impossible in a world experienced as the manifestation of the *good*, ever-present mother with her *good*, ever-present breasts—the world as the outward manifestation of a Madonna

and Child painting, or as a place to which the *Mary Allan* or Godot are sure to return. In tragedy, that world and the sense of well-being it engenders are shattered. Oedipus as he blinds himself and Lear carrying in his dead daughter know that the world is no longer their oyster, and that dinner will henceforth not merely fail to arrive on time, but never again arrive at all. Like those tragedies, the final version of *Long Day's Journey into Night* (1941a) gives dramatic expression to that state, with its bitter reminder of one's limitations and its foreshadowing of one's inevitable, utterly solitary death.

THE FATHER

Just as O'Neill's fantasy of the present absent mother leaked into the early and middle versions of *Long Day's Journey*, so, too, did his rage at his father seep into them. As a result, with rare albeit significant exceptions, O'Neill's depiction of James Tyrone is unrelentingly dark in the early and middle versions of the play. In the scenario (unpublished, b), Tyrone is, like Chris in *Anna Christie* (1920), a flat, cartoonlike character, often present primarily as the object of aggression. That aggression emanates from all three members of Tyrone's family, but the lion's share of it comes from Mary, initially O'Neill's undifferentiated mouthpiece in the play. In the manuscript (unpublished, c), to cite one of numerous examples, Mary, talking about the death of their middle son Eugene, tells Tyrone:

> Have you forgotten what happened to Eugene? Yes, because you didn't care! I remember how you showed hardly any grief! But you were just as guilty as I was! More! I didn't want to leave him! You used my love for you as an excuse! You made me leave him. [p. 19]

In the final text, this vicious accusation was eliminated.

As O'Neill worked on the play, he mastered much of the initial aggression directed at Tyrone, much as he modified the fantasy of the present mother as well. The playwright did not, however, fully eliminate the aggression, which continued to find its way in until the play text stage—the last stage of the compositional process—much as he did not

completely abandon the fantasy of the present mother until the same period. The typescript, the play's penultimate, middle version, thus continues to contain numerous, utterly gratuitous strikes at the father from many different directions.

In the typescript (unpublished, d), for example, Mary, talking to her servant girl, Catherine, says of Tyrone:

> He has never been sensitive. He hasn't a nerve in his body. Of course, on the surface he can appear to be dreadfully disturbed at times, that is, by things which give him a chance to play a part. Don't let his acting fool you. If you'd been married to him thirty-five years—(*She gives a laugh of affectionate, amused contempt*). [p. 4]

In the play text, the play's final version, O'Neill eliminated this entire observation about Tyrone and replaced "*affectionate, amused contempt*" (unpublished, d) with "*affectionate amusement*" (1941a, p. 103). Similarly, when in the typescript Catherine asks Mary whether she ever wanted to be an actress, Mary answers, "Can you imagine me wishing to become a cheap actress?" (unpublished, d, p. 4). In the play text, O'Neill eliminated this line—one of his numerous "attacks on the theater, actors, and actresses" (Barlow 1985, p. 91) in the early and middle versions of the play—along with its contemptuous reference to Tyrone's career as an actor. Only in the play text did such comments about Tyrone—and O'Neill's father, an actor—disappear.

As Barlow observed, "O'Neill's usual revision pattern was to present James Tyrone more favorably as work on *Journey* progressed" (1985, p. 89). Barlow also commented that: "The constant acrimonious condemnation of [Tyrone] in the early versions of *Journey* was mitigated by O'Neill's revision" (p. 93).

Much the same observations can be made about Jamie, the older son. In the scenario (unpublished, b), Jamie is the object of intense, gratuitous aggression that colored O'Neill's portrait of his older brother. In the manuscript (unpublished, c), for example, Jamie says that he "hated Eugene" and that he entered Eugene's room "on purpose that time, hoping he'd get my measles. I was glad when he died" (p. 25). In the typescript, this confession, with its depiction of a malevolent Jamie, was eliminated. And in the typescript (unpublished, d), to pick one of numerous other examples, Tyrone tells Edmund:

> Oh, I know you {have} had a fling of {being on your own}, hard
> work with your back and hands . . . . I respect you for it. {It's
> more than your deadbeat of a brother ever had the nounce to
> do.} [p. 16]

In the play text, O'Neill eliminated the unnecessary attack on Jamie
indicated above by curly brackets.

Tyrone was initially not just the object of intense aggression, though
he is more the object of aggression than anything else. He was also con-
comitantly the object of intense love, a love that O'Neill kept utterly
separated from the hatred. In the scenario, for example, the younger
son (later named Edmund) accused Tyrone of deciding to send him to
a state-run institution rather than to a more expensive private one for
treatment of his tuberculosis. This accusation led to the following ex-
change:

> Y. S. [Younger Son]. State Farm—charity—no use wasting money
>   if I'm going to die, etc.—Jesus Christ, how I despise you!
>
> F. [Father]. Crushed, excuses, protests, go anywhere you like—I
>   don't care what it costs if it makes you well & and you'll get
>   ahold of yourself & be a man . . . . Don't you know you're
>   my son and I love you? [unpublished, b, p. 5]

The younger son in response says, "I would not have another father
for a million dollars." Floyd (1981) argues that O'Neill in this exchange
presents a "compassionate picture of the Father" (p. 289). Barlow
(1985) takes issue with Floyd's argument: "The scenario lines are simply
out of character. It is very hard to believe that Tyrone could so suddenly
undergo a change of heart as to throw all financial considerations to the
wind" (p. 87).

The oddity of Tyrone's "change of heart" resolves itself when viewed
in the same way as the Anna–Chris scene or the initial depiction of Mary.
In each of these cases, there is an upsurge in O'Neill of the derivative
of an instinctual fantasy to which he gives more or less direct dramatic
expression. Tyrone's loving response to Edmund is what O'Neill would
have liked his own father to say when he himself was diagnosed with
tuberculosis; it is the derivative of a fantasy of the all-loving, all-giving
father. The enormous hatred of the father, kept utterly separate from the
love for him, is the other side of the coin.

As O'Neill worked on the play, he gradually, in an uneven process, merged the images of the hated and loved father to form a highly complex portrait of the character of Tyrone. O'Neill creates the complexity through Tyrone's changing statements of love for his son. Tyrone's completely loving statement in the scenario—"go anywhere you like—I don't care what it costs if it makes you well . . . . Don't you know you're my son and I love you?" (unpublished, b, p. 5)—is first formulated in the play text as "You can go anywhere you like. I don't care what it costs. All I care about is that you get well" (1941a, pp. 148-149).

Initially, then, we again encounter the all-good, all-loving father. But then in the play text, after the father recalls and recounts the story of his painful, impoverished childhood, he concludes by repeating the line as: "You can go anywhere you like! Never mind what it costs! Any place I can afford. Any place you like—within reason" (1941a, p. 151). This second set of lines in the play's final version captures Tyrone's deep love for his son, but also the qualification of that love arising from his past. In the final version, O'Neill no longer depicts Tyrone either as devalued or idealized, but as someone with good and bad qualities that not only satisfy but also frustrate Edmund's needs. As is evident in Edmund's response to his father's statement of modified love—"Any place you like—within reason"—Edmund fully understands and accepts his father's complexity: "*At this qualification, a grin twitches Edmund's lips. His resentment has gone. He is amused now*" (1941a, p. 152; italicized stage direction).

Tyrone's complexity resulted, I propose, from a complex change that occurred within O'Neill himself as he composed the play. The change announces itself in the story Tyrone tells Edmund about his early gusto-filled career as an actor. "Married your mother," Tyrone says within the 70-word addition O'Neill made, "Ask her what I was like in those days. Her love was an added incentive to ambition" (1941a, p. 153). Very shortly afterward, Tyrone describes his discovery of the money-making play in which he made his fortune as an actor, but notes in O'Neill's further addition that he was not initially drawn to the play by money. "It was a great romantic part I knew I could play better than anyone," Tyrone declares. Through these additions, O'Neill was—as Barlow (1985) suggested—portraying Tyrone in a favorable light: Tyrone deeply loved Mary, and he acted out of pride in his craft.

The profound differences between the O'Neill who made these additions and the one who began to compose *Long Day's Journey* should also be noted, however. As has already been suggested, the O'Neill who began to compose the play was similar to the one who composed the Anna–Chris scene in *Anna Christie.* Anna in that scene is unable to imagine Chris in a relationship with another object—the sea that he loves (or the theater, or presumably any other object with whom Chris has a relationship that excludes her). Unable to exist in a triangular world, she withdraws into a dyadic one and collapses the dyadic one into solipsism.

O'Neill in his final revision of *Long Day's Journey,* on the other hand, connected Tyrone with two of his different, passionately embraced objects: Mary and acting. He thereby differentiated Tyrone from Edmund, and at the same time differentiated Tyrone's independent relationships with others from his relationship with Edmund. Through his revision, O'Neill, in sum, revealed that he was now functioning in a triangular rather than a dyadic world. The objects that exist within such a world are not part objects but whole objects, and such objects are differentiated from the self; such objects can also be fully symbolized (Britton 1998; Segal 1957).

That process of symbolization is evident in O'Neill's creation of Tyrone. As he did with Mary, O'Neill transformed Tyrone from an initial, largely undifferentiated object into a symbol that he could use freely in the play. As Alexander (2005) noted, "The story of James Tyrone is not the story of James O'Neill" (p. 112). For example, unlike Tyrone, O'Neill's actual father did not squander his great talent as an actor and act in only one money-making play. As Alexander (2005) showed, O'Neill's father was very much involved with the theater of his time, producing and acting in numerous plays. Alexander also pointed out that O'Neill's father was not the heavy drinker or the miser depicted in the character of Tyrone in *Long Day's Journey,* and, also unlike Tyrone, O'Neill's father was a savvy investor who made a small fortune in real estate. In fact, it was his father's money that sent O'Neill to Harvard to learn playwriting in 1914, that paid for the publication of his earliest plays, and that supported him as he began to hone his craft as a playwright.

The increasing neutralization of the image of Tyrone allowed O'Neill to complete the second aspect of the play's deep structure. As Mary in the play text increasingly withdraws and then disappears into her morphine addiction, Tyrone increasingly emerges as a positive, appealing figure who draws closer to Edmund. Much of this closeness is evident in Tyrone's solicitous interactions with Edmund as the play unfolds, especially as the severity of Edmund's illness becomes clear. The increasing detachment of the mother from the son in the play text thus occurs side by side with the increasing closeness between son and father.

THE PROBLEM REVISITED

One can only speculate about the reasons underlying O'Neill's success in undertaking the processes evident in the composition of *Long Day's Journey into Night.* Mannheim (1982) suggested that O'Neill's winning of the Nobel Prize for the forty-five or so plays he had published before 1936 gave him the self-confidence to face and master his internal demons. It is certainly noteworthy that the Nobel Prize, supposedly awarded *after* the completion of a highly significant body of work, went to O'Neill *before* he wrote his two greatest plays, *The Iceman Cometh* (1939) and *Long Day's Journey into Night* (1941a).

Black (1999) pointed to earlier events in O'Neill's life as especially influential. He argued that the death of O'Neill's father, mother, and brother within a three-year period starting in 1920 threw him into a state of mourning, which he worked through in subsequent plays; O'Neill's emergence from that mourning, Black maintained, paved the way for the composition of his late, great plays.

Another possible explanation is that *Long Day's Journey* was O'Neill's swan song. Although he wrote *A Moon for the Misbegotten* (1941c) after *Long Day's Journey, Moon* is a brief coda to *Long Day's Journey*, which O'Neill himself must have realized was his last grand play. As he composed it, he was already suffering from the advanced stage of the degenerative illness that would put an end to his playwriting; O'Neill was not to write another play during the ten or so years before his death. It may well be that knowledge of the end produced a soberness, a focus, and an effort at transcendence evident in the last play of other playwrights—Shakespeare's *The Tempest*, Chekhov's *The Cherry Orchard*. The

deep sense of regret about unrealized, once-promising futures perme-
ating the play might well rest on O'Neill's knowledge that his playwriting
career was at an end.

O'Neill's sober state of mind and efforts at self-mastery as he com-
posed *Long Day's Journey* might have been intensified by the events
transpiring in Europe at the time; he obsessively followed those events
on the radio. During the time that he created this play, Germany in-
vaded Poland, the Netherlands, Belgium, and France; Britain declared
war on Germany, withdrew from Dunkirk, and suffered through the War
of the Atlantic; and the United States initiated the Lend-Lease program
and the first peacetime military conscription in its history.

To these likely contributors might be added the effects of O'Neill's
psychotherapeutic treatment. Beginning in the early 1920s and ex-
tending sporadically into the mid '20s, O'Neill saw Smith Eli Jelliffe for
therapeutic help (Gelb and Gelb 1962), and in 1926 he undertook sev-
eral weeks of therapeutic work with Gilbert V. Hamilton (Black 1999). It
may well be that whatever the playwright experienced in what he came
to call his "analysis," along with other known and perhaps ultimately un-
knowable factors, eventually led to the changes evident in him as he
composed *Long Day's Journey*.

It would be of considerable interest to imagine what the Anna–Chris
scene in *Anna Christie,* discussed earlier, would be like if it had under-
gone the neutralizing processes noted in O'Neill's composition of *Long
Day's Journey*. In other words, how would the scene look if its current
version were simply an initial effort—part of an initial scenario for *Long
Day's Journey*—and if it had then undergone revision in its manuscript,
typescript, and play text?

Fortunately, one does not have to pit one's dramatic imagination
against O'Neill's at its best, for he did, in fact, recast the scene in the
final version of *Long Day's Journey into Night*. The reworked Anna–
Chris scene from *Anna Christie* nests within the fourth act of *Long Day's
Journey*, in the 45-minute Edmund–Tyrone scene. This scene is the "lon-
gest single scene in any published O'Neill play" (Mannheim 1982, p.
184) and is arguably the greatest father–son scene in Western drama.[2]

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[2] A full discussion of father–son scenes in Western drama lies outside the scope of
this paper, but it might be of interest to enumerate some of these scenes. There are no
father–son scenes in the extant plays of Aeschylus. There are two in the plays of Sophocles

The Anna–Chris part of the larger Edmund–Tyrone scene organically divides into three segments, and I have enumerated these segments in brackets in the quotation that follows. (In this dialogue, the two characters speak of "this afternoon" in reference to Tyrone's decision to send Edmund to a state-run sanitarium rather than to a more expensive private one.)

<div align="center">[Segment 1]</div>

EDMUND. My play, isn't it? Here. (*He plays a card.*)

TYRONE. (*plays mechanically—gently reproachful*) She's been terribly frightened about your illness, for all her pretending. Don't be too hard on her, lad. Remember she's not responsible. Once that cursed poison gets a hold of anyone—

EDMUND. (*His face grows hard and he stares at his father with bitter accusation.*) It never should have gotten a hold on her! I know damn well she's not to blame. And I know who is! You are! Your damned stinginess! If you'd spent money for a decent doctor when she was so sick after I was born, she'd never have known morphine existed! Instead you put her in the hands of a hotel quack who wouldn't admit his ignorance and took the easiest way out, not giving a damn about what happened afterwards! All because his fee was cheap! Another one of your bargains!

TYRONE. (*stung—angrily*) Be quiet! How dare you talk about something you know nothing about! (*trying to control his temper*) You must try to see my side of it, too, lad. How was I to know he was that kind of doctor? He had a good reputation—

EDMUND. Among the souses in the bar, I suppose!

TYRONE. That's a lie! I asked the hotel proprietor to recommend the best—

EDMUND. Yes! At the same time crying poorhouse and making it plain you wanted a cheap one! I know your system! By God, I ought to after this afternoon!

(in *Antigone* and *Oedipus at Colonus*) and two in Euripides (*Hippolytus; Alcestis*). A list of the more interesting father–son scenes in Shakespeare would include those found in *Henry VI* (Part 1) *Henry IV* (Parts 1 and 2), *Hamlet*, and *King Lear*. Some modern father–son scenes can be found in Arthur Miller (*Death of a Salesman*), Tennessee Williams (*Cat on a Hot Tin Roof*), Sam Shepard (*Buried Child*), and Harold Pinter (*The Homecoming*).

TYRONE. (*guiltily defensive*) What about this afternoon?

EDMUND. Never mind now. We're talking about Mama! I'm saying no matter how you excuse yourself, you know damn well your stinginess is to blame—

TYRONE. And I say you're a liar! Shut your mouth right now, or—

[Segment 2]

EDMUND. (*ignoring this*) After you found out she'd been made a morphine addict, why didn't you send her to a cure then, at the start, while she still had a chance? No, that would have meant spending some money! I'll bet you told her all she had to do was use a little will power! That's what you still believe in your heart, in spite of what doctors, who really know something about it, have told you!

TYRONE. You lie again! I know better than that now! But how was I to know then? What did I know of morphine? It was years before I discovered what was wrong. I thought she'd never got over her sickness, that's all. Why didn't I send her to a cure, you say? (*bitterly*) Haven't I? I've spent thousands upon thousands in cures! A waste. What good have they done her? She always started again.

EDMUND. Because you've never given her anything that would help her stay off it! No home in a summer dump in a place she hates and you've refused even to spend money to make this look decent, while you keep buying more property, and playing sucker for every con man with a gold mine, or silver mine, or any kind of get-rich-quick swindle! You've dragged her around the road, season after season, on one-night stands, with no one she could talk to, waiting night after night in dirty hotel rooms for you to come back with a bun on after the bar closed! Christ, is it any wonder she didn't want to get cured? Jesus, when I think of it, I hate your guts!

TYRONE. (s*trickenly*) Edmund!

[Segment 3]

TYRONE. (*then in a rage*) How dare you talk to your father like that, you insolent young cub! After all I've done for you.

EDMUND. We'll come to that, what you're doing for me!

TYRONE. (*looking guilty again—ignores this*) Will you stop repeating your mother's crazy accusations, which she never makes unless it's the poison talking? I never dragged her on the road against her will. Naturally, I wanted her with me. I loved her. And she came because she loved me and wanted to be with me. That's the truth, no matter what she says when she's not herself. And she needn't have been lonely. There was always the members of my company to talk to, if she wanted. She had her children, too, and I insisted, in spite of the expense, on having a nurse to travel with her.

EDMUND. (*bitterly*) Yes, your one generosity, and that's because you were jealous of her paying too much attention to us, and wanted us out of your way! It was another mistake, too! If she'd had to take care of me all by herself and had to occupy her mind, maybe she'd have been able—

TYRONE. (*goaded into vindictiveness*) Or for that matter, if you insist on judging things by what she says when she's not in her right mind, if you hadn't been born she'd never— (*He stops, ashamed.*)

EDMUND. (*suddenly spent and miserable*) Sure. I know that's what she feels, Papa.

TYRONE. (*protests penitently*) She doesn't! She loves you as dearly as ever mother loved a son! I only said that because you put me in such a God-Damned rage, raking up the past, and saying you hate me—

EDMUND. (*dully*) I didn't mean it, Papa. (*He suddenly smiles— kidding a bit drunkenly.*) I'm like Mama, I can't help liking you, in spite of everything.

TYRONE. (*grins a bit drunkenly in return*) I might say the same of you. You're no great shakes as a son. It's a case of "A poor thing but mine own." (*They both chuckle with real, if alcoholic, affection. Tyrone changes the subject.*) What happened to our game? Whose play is it?

EDMUND. Yours, I guess.

[O'Neill 1941a, pp. 142-146]

It is evident that this scene from *Long Day's Journey into Night* is to the Anna–Chris scene in *Anna Christie* (1920) what a painting is to its cartoon. From a purely formal point of view, both scenes are variations on the same underlying dramatic schema: one character, repeatedly batting aside the resistance of another, vents his or her increasingly intense anger at that other character until he or she reaches an emotional climax. In each case, that climax entails an expression of intense hatred: Anna's "God damn 'em! I hate 'em! Hate 'em!" (O'Neill 1920, p. 109), and Edmund's "Jesus, when I think of it, I hate your guts!" (1941a, p. 144).

O'Neill develops this schema differently in each scene through the differing nature of the father figure's resistance. Chris's resistance is conventional, perfunctory, and sporadic; it does not engage with anything Anna says. Tyrone's resistance, on the other hand, is continuing and concrete; his resistance leads to an ongoing adjustment between the two characters as they interact with each other. Another formal difference between the two scenes is that in the third segment of the one from *Long Day's Journey*, the father (Tyrone) becomes the character who impels the interaction and meets resistance from the other (Edmund)—until the father delivers the scene's knockout punch.

One can view the moment-to-moment interaction and adjustment between the two characters of Tyrone and Edward according to whatever psychological insight or framework one prefers. However, one's need to account for the changes that each character undergoes as he interacts with the other results from the resistance on both their parts to the impelling energy of the other, giving the characters their depth and lifelike qualities through processes I have examined at length elsewhere (Mandelbaum 2008, 2011).

Underpinning the difference between these two scenes from *Anna Christie* and *Long Day's Journey* are differences in O'Neill's mental state at the time of writing each of them—differences, it is worth noting, that psychoanalysis aims to bring about. On the continuum that stretches from being fully asleep and dreaming to being fully awake, in *Long Day's Journey,* O'Neill seems more awake than he was when writing the Anna–Chris scene. More specifically, underpinning the differences between the two scenes are quantitative differences in O'Neill himself: he can now

more fully control the intense pressure of the painful, highly charged inner state that he dramatizes—a state that includes love as well as hatred for his mother and father, in addition to Catholic-intensified guilt at having been born into original sin (Shaughnessy 2000). Concomitant with these quantitative differences are temporal ones in that O'Neill can now extend the hitherto-foreshortened Anna–Chris interaction and its tenuously controlled, more or less immediate unleashing of aggression.

Furthermore, the differences between the two scenes also rest on qualitative differences within the playwright, in that he can now bind and organize the various and highly complex elements of his inner state through an imagined interaction between two neutralized, symbolic figures. As a result of these processes, the shape of the scene in *Long Day's Journey* is no longer primarily the shape of the discharge of the aggression that underpins it, as it was in the Anna–Chris scene in *Anna Christie;* instead, it is the shape of the continually changing relational space between two lifelike figures, Edmund and Tyrone.

If sublimation is not an all-or-nothing process but one that takes place along a continuum defined by interrelated changes in drive derivatives (Hartmann 1955) and in self- and object representations (Kernberg 1975; Segal 1952, 1957), then in composing the Anna–Chris scene, O'Neill was much closer to the beginning of that continuum than he was to the end. Conversely, in composing the Edmund–Tyrone scene, he was much closer to the end than the beginning.

As already noted, O'Neill won a Pulitzer Prize for *Anna Christie* (1920); he also won this prize posthumously for *Long Day's Journey into Night* (1941a). The differences between the two plays also reflect changes that occurred in American drama during O'Neill's lifetime. More than any American playwright, O'Neill was responsible for those changes. He helped bring them about through his genius, his seriousness of purpose, his continuing efforts to dramatically shape his inner life and the changes that occurred in that life. His achievement, of which his shift from the Anna–Chris to the Edmund–Tyrone scene is in many ways emblematic, is perhaps best summarized by Samuel Johnson's (1779) observation about Dryden: "What was said of Rome, adorned by Augustus, may be applied by an easy metaphor to English poetry embel-

lished by Dryden: '*lateritiam invenit, marmoream reliquit*'—he found it
brick, and left it marble" (p. 207).

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ON THE DREAM OF CONVENIENCE

BY FRANÇOIS SIROIS

INTRODUCTION

At the beginning of chapter III in *The Interpretation of Dreams* (the *Traumdeutung*, 1900), Freud makes the first brief mention of the *dream of convenience* (*Bequemlichkeitstraum*) as a convincing device to present the wish-fulfilling function of the dream. He backs up his point by quickly linking these dreams with children's dreams in which, during the night, the dreamer makes up for the dissatisfactions of the previous day—the hike that remained unfinished, for example, or the strawberries that were denied.

In adulthood, dreams of convenience are defined as short dreams that come up under conditions of hardship or discomfort—hunger, cold—or under some pressure from somatic sources or external stimulations requiring action, such as to get up to satisfy a bodily need—to drink or to urinate. That dream is a counterproposal of comfort and relaxation (*Trägheitstraum*) to protest against an existing difficulty and to preserve the sleeping state.

My aim in this paper is to stress the greater complexity of such dreams so as to open the door to the larger aspect of the dream work vis-à-vis traumas. A brief clinical vignette serves to develop my discussion.

CLINICAL VIGNETTE

One night, I am vaguely awakened by my wife as she moves back to the bed from the bathroom. There follows the thought that I could do the

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same, but I spare myself the necessity of getting up with the thought that dawn is setting in. Once back to sleep, I dream the following: I am on a toilet seat, in an uncomfortable position, and then there is an unpleasant smell. Perhaps the dream continues, but I have forgotten the remainder of it upon awakening.

I thought in my sleep that I had eluded the constraint to which my wife was bound. Once awake I realize that, out of laziness and the wish to stay as close to the sleeping state as possible, I sometimes sit down to urinate at nighttime. Then there arises the image of a patient, a young woman whom I saw the previous day, and especially her face—for the first time, so calm, relaxed, almost smiling.

In reality, I was struck the previous day by seeing the patient this way on her hospital bed. This was a sad story: an energetic woman was struck down while in full strength, brutally and without warning, by a heart attack that almost took her life. I had seen her a few times to try to help her deal with the impact of the plight that she felt had suddenly made her an elderly person. At first, she had been incredulous about the seriousness of the situation, and later outraged by the unexpected assault on her physical condition.

Later on, I felt relieved to see her somewhat pacified; I was gratified to be able to observe some positive results from our earlier meetings, and hence I identified with her, with her mood, and with her physical position since she had to stay in bed. At first, I focused on the differences between us: she would stay in bed, while I would get up and be active. Notwithstanding this gap between our experiences, I was able to see that both of us were subject to bodily limitations. While she felt she had been forced to age too quickly, I realized that I was aware of aging imperceptibly all along, in spite of myself.

My aging body required that I get up at night more often than I wanted for that bathroom where my dream took me. My body was forcing me to slow down as well; I felt that my mind sometimes ran along faster than my body, which did not keep up.

And that smell in the dream? Another day's residue: that of having shared a bathroom with a person whom I interact with professionally every day; it seemed like an undue familiarity. Thinking of a younger woman who had a benign skin condition once again brought me back

to my wife, who had told me the night before of a rare but benign skin problem of her own.

Deep down, would I feel younger if I engaged in a Faustian pact and changed places with the patient with a disabled heart, so as to gain some more years—and would I feel younger trading in my wife for a younger one?

My hope, of course, was that an external change would offset an internal one. The discomfort in the dream was attributed to an external object, an ill-designed seat. I was forced to see that I had badly conceived what lay ahead: the unavoidable decline. A disturbing thought was thus expelled onto a trivial object, showing that I hoped to get rid of that same thought as a mental waste product. Aging appeared as a trauma threatening physical integrity, a new version of castration anxiety.

That dream of convenience was ill named, as it brought me back to something that I considered unfit for myself, something I wanted to keep clear of.

DISCUSSION

My dream of convenience was surely protecting my sleep while carrying with it the wish to spare me the task of getting up—representing an action being done without my having to do it, thus avoiding my own bodily needs. Like most dreams of convenience, this one was short. The affect of the dream was not one of relief, but rather it brought discomfort, blurred by the illusion of satisfying a need through a hallucinatory dramatization.

Such a simple dream of convenience stemming from a somatic source gives rise to something else, something wider than the immediate trigger, as if it hung on a more important issue. A connecting tie is woven together by an experience of the body that links both issues, the shallow one and the deep one.

That aspect opens a larger question: the intertwined functions of the wish fulfillment. Briefly put, the wish-fulfilling function of the dream is overdetermined by various psychic agencies. Hence the dream of convenience is not a simple compensation for daily frustrations, but a subtle psychic tool serving the ego and its development. Therefore, the use-

fulness of the dream goes beyond its homeostatic function in serving the id; it also helps to structure the ego and deal with the superego. So far nothing new, but it should be noted that this applies to the simple dream of convenience as well as to other types of dreams. In that perspective, the dream work, as a complex psychic laboratory, carries out, among other actions, an integrative operation on the trauma, as I shall examine in what follows.

In an example, Freud (1901) opens the way to a larger meaning carried by the dream of convenience. A four-year-old girl, asleep in a large adult bed, dreams that her bed is too short. She makes herself taller in the dream to delete the impact of feeling small, to erase the gap between herself and an adult. While children's dreams need not be totally merged with dreams of convenience, Freud's example establishes a forum in which to discuss the dream work itself as integrating the trauma. A child's feeling of being small in comparison to an adult is akin to a structural trauma. For instance, when children start school, they often become insistent on doing things in the same way that grown-ups do, at dinnertime, for example—proposing their new world as a match to that of adults, so as to offset the trauma of feeling apart as younger ones.

My clinical vignette shows that the experience of aging can contain a repeat of the infantile experience of feeling misfit: the disparity stressing the inadequacy of the child compared to the adult is akin to the disparity of the elderly person compared to the fully fledged adult. I maintain that the dream of convenience has a similar function as the one assigned to the child's dream. Such a dream is useful to show the traumatolytic function of the dream.

This view was first put forward by Ferenczi (1931), who laid out some features to link the nightmare, the repetitive dream, and the so-called secondary dream as various dream formations transforming the experience of trauma. Trauma is taken here as a *structural* trauma, that inherent to the human condition: e.g., the difference between the sexes or between generations, the child's dependence, and acts of seduction. The dream of convenience illustrates that operation.

The dream of convenience shows the following features: it relies on the day's residues; it works on displacing intensity onto the body; it car-

ries a wish for comfort; it appears trite as a means of disguise and as a sign of integration of the trauma. Disguise stresses the importance allotted to the day's residues to obscure the deeper level linked to the trauma. No one dreams that type of dream every night while keeping up with daily routines; rather, something from the unconscious, something conflicting, must reinforce a daily experience to produce such a dream.

The dream of convenience is an example of what Freud (1923) called *dreams from above* (*Träume von oben*). This dream looks like the tip of the iceberg of psychic life: a readily visible and accessible part linked to a conscious experience, the part underlying an unconscious conflict. Freud (1929) observes that such a dream is both easily interpreted and most often incompletely so, as it is reduced to its shallow portion; the deeper part yields few associations, similar to what we see in typical dreams. The triteness and the easy link to the day's residues soothe the dreamer and spare him from tackling underlying issues: a successful dream transformation.

However, the displacement of intensity upon the body appears to support the traumatic foundation of the dream. This same displacement also ties the dream of convenience to the typical dream of being naked. In both types of dreams, displacement inheres in the fact that it is less a matter of the body as presented in the manifest content than of experiencing a position in life that is figured by the body. The condensation associated with that bodily figure prevents immediate recognition of the conflicting or repressed way in which the dreamer experiences some aspect of his life, and obscures the aim of the dream of convenience to devise a wishful solution.

How do these considerations advance us in understanding the traumatolytic function of the dream? The hypothesis put forward here is that the dream of convenience can be located somewhere along the final pathway of the traumatolytic function of the dream, insofar as we can trace different stages of that process through different types of dreams; these different types represent various steps in handling the gradual transformation of trauma through the dreaming activity. In progressing through these stages from the dream of convenience—moving backward in the handling of anxiety, so to speak—one must again start with displacement onto the body. The dream of convenience sets up an action

to make up for some physical need or discomfort, a feasible action. That representation is associated with a day's residue reinforced by an unconscious pull.

In my clinical vignette, the day's residue linked to the heart attack victim is intensified by the dreamer's discomfort about aging, but there is no action to be taken to offset aging. Linkage to a bodily function enables the dreamer to hope for such an action to be found. The dream representation reassures the ego. The dreamer is represented in the bathroom in a feminine position, as if the discomfort related to aging emphasized dependency on the body in a manner related to a feminine stance. Moreover, many bodily functions have a cyclical aspect, supporting the idea that time is reversible, while aging is irreversible. The dream representation, with its device of dramatizing a simple bodily function under the appearance of reality, enables the dreamer to reassure himself that he can be spared the misfortune happening to the young woman seen the day before—that aging for him could be only a transient malaise that can be taken care of, not an irreversible path.

Thus, by reducing anxiety, the dream of convenience succeeds in dissolving the traumatic aspect of the experience of aging stemming from an infantile concern about corporeal integrity, a concern that had been stirred the day before. The residual anxiety is apparent only in the slightly negative affect permeating the dream and in the fact that the dream is remembered and later hypercathected. Displacement of intensity upon a corporeal function shows how the dream work transforms the traumatic aspect of the conflict by rendering it commonplace and then covering it up as a matter of fact. Displacement of intensity upon a corporeal function betrays the nature of the dream work as transforming a traumatic conflict into everyday business, thus reducing anxiety to a slightly negative affect.

The dream of convenience shares with the typical dream a rather constant feature: a negative affect. These two types of dreams also share the weight taken by the day's residues that are close to the manifest content of the dream. These features suggest that the typical dream might represent a prior step in the process of transforming trauma. In referring to the typical dream, Freud (1900) notes that "the same manifest dream-content is frequently to be found in the dreams of different dreamers"

(p. 395). After discussing three basic typical dreams in chapter V, Freud expands on those dreams in chapter VI. We see the typical dream as a scar of earlier structural traumas that every human being must go through; it becomes a stigma remaining in the psyche. The typical dream works in a way different from the dream of convenience—in a more primitive fashion, so to speak, by subtly falsifying reality; thus it is closer to the pleasure principle and omnipotent thinking. That specific aspect was noted first by Ferenczi (1931) and later demonstrated by Renik (1981).

Interestingly, Freud described the same specimen dream of being naked in two different versions, first in a letter to Fliess of May 31, 1897 (Masson 1985) and then in *The Interpretation of Dreams* (1900). Anzieu (1975) pointed out some discrepancies between the two accounts to illustrate distortion related to some of the day's residues as described by Freud, such distortion being the kernel of falsified reality.

By contrast, the dream of convenience presents the day's residues in a straightforward manner. In two foundational works, Freud (1900, 1916–1917) presents typical dreams as anxiety dreams due to the negative affect related to them. The typical dream is one in which anxiety has been curtailed without being transformed—simply brought to a standstill. The rigid aspect of the typical dream is further apparent in the analytic method's degree of uneasiness in handling it. The typical dream brings to the fore a failure or some incapacity to take action that indicates the delicate balance between a wish fulfillment of the id and a satisfaction granted to the superego. In a way, the typical dream is more complex than the dream of convenience, but less likely to block anxiety. A physiological metaphor would present the typical dream as a *fibrotic* process and the dream of convenience as an *inflammatory* process.

The typical dream shows progress in the dream work when compared to other types of dreams, such as traumatic or posttraumatic dreams, in which the quality and intensity of anxiety are much more manifest. The traumatic dream replays the experience of danger over and over; the wish is to reassure oneself in the face of that danger, whether external or internal. Cases recounted in the literature show that these dreams share with typical dreams a progressive falsification of reality, either by turning passivity into activity to overcome danger, or by twisting and leaving out some of the facts in the fabric of the dream (Bonaparte 1947; Levitan

1965; Loewenstein 1949). In those dreams, there is a breach in the pro-
tective shield (*Reizschutz*). The mind tries only to shore up an outburst
of anxiety to protect the ego, first by simple repetition and then by subtle
transformations of the dreamer's stance in facing danger.

Repetitive dreams are thus dreams that handle anxiety by simply
binding it up, while typical dreams reduce anxiety's impact by phobically
rigidifying it, and, finally, dreams of convenience transform anxiety into
a routine, daily matter.

CONCLUSION

Without short-circuiting the complexity of these last two types of dreams
that I have schematically related to the dream of convenience so as to
emphasize evolving patterns of dream formations, I have proposed that
dreams of convenience work out a distinctive way of handling anxiety
in order to integrate and soothe traumatic aspects of experience. This
way of handling anxiety moves away from the immediate impact of the
trauma and facilitates psychic processes. The specific difficulty lies with
the usually successful avoidance of unconscious and infantile sources of
the dream. In this regard, three aspects of the dream of convenience
must be underlined:

- Condensation supports the apparent triteness of the dream
  so as to leave deeper layers in shadow;

- Displacement of intensity onto the body serves as a counter-
  proposal to resolve the conflict; and

- Dramatization relies on the day's residues to lure the dream-
  er back toward external reality.

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INSIGHT AS DEFIANCE: A NEGLECTED ASPECT OF SELF-AWARENESS

BY EUGENE J. MAHON

Insight is a complex phenomenon that could be defined in many ways. I want to bring attention to one of its feature—its defiant, transgressive nature—which is an aspect that I believe may have been neglected in recent times.

If the mind is thought of as a conflicted dynamism of instinct and renunciation, expressive desire and repressive caution, defiance and compliance, spontaneity and reserve, aggression and passivity, *insight* could be thought of as the great mediator between the world of unconscious repression and conscious deliberation. A mediator has to be a shrewd political negotiator, of course, whose social and psychic finesse belies the essentially aggressive and transgressive nature of his communication. Insight as mediator is overdetermined, to be sure, since it is after all nothing more or less than the instinctual core it has defensively transformed into sublimated, conscious self-awareness. Like curiosity, with which it surely shares a genetic kinship, insight has a raw, subversive, instinctual, and aggressive nature that is well concealed in its exuberant, ego-syntonic quest for sublimated knowledge. But I believe that the defiant, transgressive nature of insight is ever present.

This feature in particular tends to be neglected, if not ignored, as indeed the whole topic of insight in general has been in recent decades of psychoanalytic scholarship. Insight used to be thought of as the es-

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sential ingredient of psychoanalysis—not to mention of insight-oriented psychotherapy—as if the therapeutic action of the analytic process relied on it. Nowadays, insight is rarely emphasized in the context of thera- peutic action, as if analytic process could manage quite well without it! This is a curious development in the history of psychoanalytic ideas. It is not my topic, however, in this brief communication, since I want to focus here on the transgressive nature of insight, to the relative exclusion of all other determinants. I will illustrate this iconoclastic thesis by briefly invoking the Bible and Sophocles and then citing one clinical example that highlights the neglected aspect of insight I am emphasizing.

If insight is a primary goal of psychoanalysis, when it begins to dis- cover or formulate itself in analytic process, it often does so sheepishly, sometimes vanishing before it has a chance to announce its arrival at all. Why should this be, given that the free-associative fundamental rule of analysis is basically an invitation for spontaneity to develop its insights in a welcoming climate of acceptance?

I suggest that it is precisely the defiant nature of insight that foments its own undoing—by pitting it against the counterforces of repression. However, as I have suggested elsewhere (Mahon 2005), what is repressed out of consciousness continues to *re-press* itself defiantly back into con- sciousness in a host of derivative expressions. In that sense, insight is in conflict from its inception. It is always revolutionary, defiant or transgres- sive, and yet it is also a force that dares not speak its name fully until it becomes more assured of its status, affirmability, and reception.

Every free association carries this daring potential for defiant in- sight within itself as it challenges the laws of usual discourse with its embrace of spontaneity. The entire free-associative enterprise seeks to topple conventional language and replace it with truths from the un- conscious. This personification of insight as agonist or antagonist in a primal drama seems to have been recognized 5,000 years ago in the Bible. Muffs (1992) writes that "aha" expresses prophetic opposition to a divine decree: "I fell on my face and cried out, '*Ahah,* Lord God, are you going to destroy the whole remnant of Israel by pouring out your wrath on Jerusalem?' (Ezekiel 9:8)" (p. 29).

This represents the prophet in a feisty, challenging, defiant, and transgressive mode. If the Bible is read as extraordinary literature rather

than as divine decree, the prophet seems to be suggesting that projection of internal wrath onto external agencies (Jahweh, the Lord God) is not necessarily the way for Jerusalem (the collective self) to manage its affects adaptively.

The "aha" of psychoanalytic insight may not have been as psychoanalytically clear 5,000 years ago, but psychoanalytic insight resides in the biblical text nonetheless, awaiting exegesis. When I first read this passage in Muffs, I imagined each analysand as the prophet of his/her own potential to challenge repressive, neurotic, Jahweh-like unconscious decrees with free-associative "ahas" of defiance and utter spontaneity.

Sophocles's *Oedipus Rex* (5th century BC), as well, highlights the conflicted, defiant nature of insight—more than any other text, perhaps. One reading of that extraordinary tragedy suggests that it is the protagonist's dogged pursuit of insight, information, and truth—his defiant hubris—that at first leads to his tragic undoing, and only posthumously to his exaltation at Colonus. *Epiphany* (that which can be shown in the temple of self-knowledge) in conflict can quickly become *profanity* (that which must be excluded from the temple of self-knowledge) when the forces of repression get to work on it.

To illustrate this point clinically, I have chosen a recent analytic hour out of many that could depict this theme common to most analyses. Every analysand who dares to challenge the repressive forces of the ego and superego is like the prophet standing up to Jahweh. The analysand's defiance is much more subtle, of course (making the analogy seem farfetched, perhaps), but it is arresting and relevant as one explores it in depth.

Armand, a 54-year-old analysand whose father died at age fifty-five of amyotrophic lateral sclerosis (ALS), experienced a terror of death as his 55th birthday approached. He had been fifteen when his father died. His analysis consisted mostly of a long rumination on an adolescence that was more shadow than light given the significant impact of illness and death.

We had analyzed Armand's fear of aggression and sexual passion for years, and his insights into the magical consequences he had linked with the exercise of power and passion had been "freeing," but not freeing enough. I will focus here on a single clinical incident that highlights

a moment of insight and the incredible struggle to hold on to it, "to catch on" in the face of counterforces that insisted on disowning it. (Throughout the analysis, *catching on* was an expression Armand commonly used to mean *gaining insight.*)

The analysand became aware in the course of treatment that, from adolescence on, his psychology had insisted on a flight from reality, a disengagement from life, as if only total noncommitment could save him from the inner conviction that it was his instincts that had "killed" his father in the first place. He would run to mother in the past, or to his wife in the present, as if they had the competence he had disowned. "I cannot turn to myself," he would say; "self is dangerous and has an inner magic of death and destruction in it." Disengagement from such a self seemed to be the only solution.

An "aha" emotion developed during the analytic process as Armand began to see the meaning of disengagement more clearly than ever. His son, age twenty-one, wanted to start a small company, but Armand was fearfully overprotective, and essentially negative and unenthusiastic about the project. The "aha" came as he realized that he was confusing his own father with his son. This insight made him shudder, as if the reality of past trauma had invaded the present. His confusion of father and son was a desperate attempt to resurrect the past in the present. This time, he would save the father/son from the ambitious hubris that would surely destroy him. His father, at the pinnacle of his career, had been struck down. And not only did this occur at a key moment for his father; it also took place at the height of Armand's adolescent, imaginary sexual and aggressive triumphs, and these were struck down as well.

A parapraxis in a session was most revealing. When talking about his adolescent *imagination,* Armand mistakenly used the word *emaciation,* which usurped his conscious meaning and exposed the adolescent identification with his emaciated father with tragic and arresting clarity. A phobic disengagement from the life force that was inevitably wedded to the death force seemed the only safe defensive strategy to adopt, if one did not want to be mercilessly struck down in turn.

This insight was a moment of great clarity—more clarity than the analysand had ever granted himself or claimed up to this point. But in the midst of the very analytic session that at first seemed to celebrate the

insight—a "catching on," as he called it—an almost immediate "letting go" ensued. As though to undo the defiant power and pleasure of the insight, Armand waved it away by saying, "Oh, all this is too deep for us to fathom."

The analyst pointed out that Armand felt safer thinking of the analytic duo as bankrupt rather than as a robust, insightful partnership. At that moment, the analysand remembered a dream:

> I was eating prunes. One was rather big, the size of as many as four prunes rather than one. Then the prunes seemed to morph into ducks; they were no longer fruit. There were several roasted ducks and I feel guilty, imagining that the excess would have to be discarded.

Armand's most significant association to the dream was his recognition that *duck,* the noun, might also represent *duck* as a verb in the strange syntax of dreaming. He was ducking from life, ducking his responsibility. "I don't want to stick my neck out—I'm safer ducking," he remarked.

The analyst commented: "Yes, you duck here in the analysis whenever you stick your neck out and allow yourself to catch on, to relish curiosity and information as opposed to fleeing from it." Armand was ducking from the most transgressive insight of all: that he was glad it was his father who was struck down rather than he, and from the even deeper transgressive insight that he was angry at his father for getting sick in the first place—right in the midst of an adolescent oedipal conflict, thereby "robbing" Armand of the usual developmental achievement of "killing" the father in his oedipal imaginings without the talionic consequence (Stein 1968) of an ensuing magical castration (ALS).

I present this one clinical moment from a most complex process of analytic scrutiny as a dramatic example of how short-lived insight can be when it is immediately perceived as transgressive information. The analysand left this hour feeling extraordinarily anxious at the daring nature of the insight, its clarity, and the mandate embedded in it, experiencing a palpable desire to flee from it.

I believe most analyses include moments such as this when insight is thrilled with itself for "catching on," at first, and then baffled by the par-

adoxical, complementary, and seemingly obligatory "letting go." Indeed, working through could be conceptualized as the dogged charting of the clinical ebbs and flows that occur as process insists that insight is not all talk, but must actively develop the courage of its convictions.

Insight that begins tentatively as a mere guttural utterance ("aha") must express itself more fully in insightful language and eventually be willing to take steps to act on the defiant mandate of its hard-won enlightenment. Recognizing the defensive distortion that mistakenly views insight and its "ahas" as transgressive is an important resistance to interpret, so that insight can eventually claim its rightful place in analysis and in life in general.

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CREATIVITY AND CHANGE IN PSYCHOANALYSIS: JUNGIAN PERSPECTIVES

BY DONALD R. FERRELL

Transformation: Jung's Legacy and Clinical Work Today.
Edited by Alessandra Cavalli, Lucinda Hawkins, and Martha Stevns.
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Keywords: Jung, unconscious, analytical psychology, Freud, history of analysis, early trauma, dreams, analytic interaction, early mothering, Bion, Matte Blanco, psychoid unconscious.

Introduction

It was just over 100 years ago that Carl G. Jung (1875–1961), the Swiss psychiatrist and founder of an alternative model of psychoanalysis that he called analytical psychology, underwent his famous "encounter with the unconscious" (Jung 1963). He recorded this encounter in a personal journal he named *The Black Books* (which has yet to be published). Later, he transformed an edited account of his experience into what became known as *Liber Novus,* or *The Red Book* (Jung 2009). It was written in an illuminated, calligraphic German style and included many of Jung's paintings of the images and figures that presented themselves to him during a three-year period from 1913 to 1916.

Jung began this descent into the unconscious, as Jungian psychoanalyst Murray Stein (2010) pointed out, in a state of crisis brought on by his separation from Freud and his entrance into midlife. It was a time when Jung feared that he might be succumbing to a psychosis. Even so,

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he understood that he was being confronted with the life task of healing his inner woundedness, a woundedness that had manifested in an especially disturbing way in his relationship with Sabina Spielrein (Ferrell 2012) prior to his descent. This healing, in Jung's mind, involved nothing less than the recovery of his soul (Jung 2009).

The nature of Jung's so-called creative illness (Ellenberger 1970) will no doubt continue to be a matter of debate within the Jungian analytic community, as well as in the larger psychoanalytic community, as interest in Jung's work continues to grow. What seems clear is that Jung emerged from his encounter with the unconscious more healed and integrated, and thus less vulnerable to the narcissistic disturbance he had suffered before his descent, which had its roots in early childhood. From his late thirties onward, Jung not only returned to the larger world to engage in a remarkably creative analytic, teaching, and writing career, but also invested considerable energy in giving shape and direction to the formation of an emerging community of those who were deeply interested in his thought and his approach to the psyche and the psychological, and who found in his work a valuable resource for the enhancement and enrichment of their personal and professional lives.

Because of his growing influence, Jung was confronted early on with the task of overseeing and developing a model of analytic training that evolved from his earliest approach—in which he and a few trusted associates were exclusively responsible for training analysts—to the creation of training programs with collective standards and with large numbers of analysts/teachers/supervisors involved in the training process (Samuels 1985). Today, there are approximately 2,500 Jungian psychoanalysts around the world, all of whom have been fully and rigorously trained in one of the many Jungian training communities in North and South America, Europe, the Middle East, and Asia. All these psychoanalysts and training communities are certified members of the International Association of Analytical Psychology, founded in 1955 by Jung and an international body of fellow psychoanalysts in Zurich, Switzerland.

At this moment in history, then, there is a significant global Jungian professional culture in place that supports the work of Jungian psychoanalytic thought and practice around the world. Since Jung's death more than fifty years ago, this professional culture can now be thought of as

the post-Jungian embodiment—expressed in a variety of conceptual perspectives—of the original spirit of Jung's profound theoretical and clinical discoveries regarding the nature of the human psyche.

As Jungian psychoanalyst Andrew Samuels (1985) pointed out, this post-Jungian (and now increasingly postmodern) professional culture is driven theoretically by two primary concerns: (1) to explore the clinical applicability and relevance of Jung's ideas, criticized and revised, to contemporary post-Freudian psychoanalysis and to the variety of forms of psychotherapy; and (2) to explore affinities between Jungian thought and practice and this larger post-Freudian psychoanalytic enterprise. Samuels put the matter thus:

> [Within the Jungian analytic community], interest in Jung has swung away from the arcane and esoteric aspects to an examination of the clinical applicability of his ideas, [in which] he is revealed as a surprisingly modern thinker and psychotherapist, who anticipated in a most striking manner many of the ways in which psychoanalytic and psychological thinking has developed . . . . Much of modern analysis and psychotherapy has a pronounced Jungian flavor. [1985, pp. 9-10]

The book here under review, *Transformation: Jung's Legacy and Clinical Work Today,* is a very recent example of the exploration of these themes by contemporary Jungian psychoanalysts. The editors—Alessandra Cavalli, Lucinda Hawkins, and Martha Stevns—are analytic colleagues, and all are members of the Society of Analytical Psychology (SAP) in London. Cavalli herself contributed a chapter to the book, and the editors invited nine of their fellow analysts to contribute as well. It is interesting that of the ten authors included in the book, seven are members of the same society of analytical psychology, and only three—Stefano Carta, Geraldine Godsil, and Brian Feldman—work in countries other than England (in Italy, Estonia, and the United States, respectively).

So it seems fair to say that *Transformation* represents a gift from the Society of Analytical Psychology to the wider Jungian analytic community, and it is, among other things, a striking example of collegial collaboration and creative cooperation in advancing the cause of critically assessing and extending Jung's thought and work. It does this in relation

not only to the Jungian community, but also, hopefully, to the larger psychoanalytic and psychotherapeutic worlds, in spite of the editors' implicit referencing of Jungian psychoanalysts as the primary audience to which the book is directed.

Because the book is the work of several authors with discreet thematic foci, it represents a challenge for the reviewer. Since space does not allow a full discussion of each essay in the book (as each richly deserves), I shall attempt here to highlight some of the collection's primary themes. In doing so, I am being selective at the expense of a full exploration of many of the essays. Reparatively, let me say that in my judgment, each of the essays is of the highest quality and represents contemporary Jungian scholarship at its best. It is my genuine hope that the book as a whole will be widely read and discussed both within and beyond the Jungian analytic community.

Structure of the Book

Transformation is divided into five parts: Part 1: "Re-Reading Jung," that includes Meredith-Owen's chapter; Part II: "Affect," with chapters by Richard Carvalho and Geraldine Godsil; Part III: "Technique: Transference, and Countertransference," featuring chapters by George Bright and Jan Wiener; Part IV: "Technique: Borderline and Psychosis," which includes chapters by Marcus West and Maggie McAlister; and, finally, Part V: "Technique: Integration," with three concluding chapters by Brian Feldman, Alessandra Cavalli, and Stefano Carta.

Chapters 2–10 are less concerned with Jung's person and more concerned with exploring the relevance of his work, both to contemporary clinical practice and to the larger psychoanalytic world. Each of these chapters should be read closely by those who seek to deepen their clinical capacities, for there is abundant clinical wisdom to be found here, especially in the chapters by Godsil, Wiener, West, McAlister, Feldman, Cavalli, and Carta. It is particularly interesting to see how these authors connect Jung's work with psychoanalytic developments in attachment theory, infantile trauma, and affective regulation and dysregulation. They seek to show how Jung's experience of his own dissociative states and his psychiatric work with psychotic individuals led him to an un-

derstanding of the psychotic spectrum of the psyche that contemporary Jungian analysts find helpful in their work with borderline and more severely psychotic persons.

The reader of these chapters will not only find deeply moving and impressive examples of effective psychoanalytic work with patients, but will also encounter the psychological, spiritual, and moral demands made upon the analyst in doing the work of analysis. In this latter regard, I recommend especially, the final chapter of the book, "Friendship: Beyond Oedipus," by Stefano Carta. This author's understanding of Nietzsche's view of the nature of friendship is brought to bear as a model for the psychoanalytic relationship in a fascinating way.

In the remainder of this review essay, I will look more closely at four of the chapters in *Transformation*. I do so not to privilege the work of these authors over that of their colleagues, but because in my view they represent what it means for the Jungian analytic community to revise Jung's metapsychology, with the purpose of showing how he anticipated some of the significant trends in post-Freudian psychoanalysis. In these three chapters, Jung's metapsychology may be seen both as having more in common with the psychoanalytic mainstream than has been imagined, and as nevertheless able to stand on its own as a creative model of psychoanalysis. At the same time, these chapters highlight Jung's relevance to our psychoanalytic understanding of the emerging global culture of the early twenty-first century.

William Meredith-Owen: Jung's Personal Psychology

This book's editors understand that the assessment of Jung's legacy moves between two poles, which might be schematized—borrowing from the Christological thought of Christian theology—as Jung's *person* and his *work*. William Meredith-Owen's essay, "On Revisiting the Opening Chapters of *Memories, Dreams, Reflections*," with which the book opens, explicitly addresses the issue of Jung's personal psychology. Meredith-Owen discusses Jung's confession in his memoir that, at the age of eighty-three (the age at which, with the help of Aniela Jaffe, he wrote *Memories, Dreams, Reflections* [1963]), "I have never fully unwound the tangle of my earliest memories" (Jung quoted by Meredith-Owen, p. 6). Meredith-

Owen sees this statement as Jung's implicit invitation to others to go beyond him in seeking to understand the meaning of these tangled early memories as Jung recalled them and their influence on his subsequent development.

Such an invitation was taken up early on by Donald Winnicott in his well-known review of *Memories, Dreams, Reflections* (Winnicott 1964), and has been further elaborated by a number of Jungian and non-Jungian analysts since then, until it has now become something of a critical tradition within the Jungian analytic community to attempt a kind of psychoanalysis of Jung. Meredith-Owen draws from this tradition and argues that the opening chapters of *Memories* show us Jung as a gifted child whose mother was catastrophically taken from him by mental illness. He was beset by primitive anxieties and by what Jung himself called a psychotic disturbance (what Bion—who is a large presence in other essays in this book—would call *beta elements* appearing in dreams and fantasies), due to his loss of the containing mother at a young age. Yet Jung was not afflicted by the onset of a later psychotic disorder as the sequelae of this early narcissistic wound of abandonment and loss, as some of Bion's formulations, following Klein, would have it.

During the period from 1904–1916, Jung, who had achieved a significant international reputation—first as one of Freud's most ambitious disciples and later as the founder of what became known as analytical psychology—underwent a psychological crisis in which he felt his sanity was threatened. However, during this period, he did not manifest any of the defining characteristics of a long-term, chronic psychotic disorder. Rather, he found a way to deal with the reenactment of his early childhood abandonment wound, first activated by his relationship with Sabina Spielrein and later more severely constellated by his loss of Freud. That way of dealing with his situation is most fully recorded in *The Red Book,* in which he actively engaged in imagination with the contents of his unconscious.

In his dialogues with each of the figures who appeared to him in what seemed to be self-induced trances, Jung remained in his own ego identity and conversed with these figures as Other. At no point in *The Red Book* does Jung lose his ego identity through its assimilation by one

or more of the figures with whom he dialogues. He is not inflated by an identification with these figures, nor does he speak or act in any way that would suggest profound psychotic distortion of his ego personality. He was deeply wounded as a child, to be sure, and his so-called creative illness was precipitated by that unresolved and unknown childhood wound; yet there is no substantial evidence that Jung contracted a thought or mood disorder, and his progressive self-cohesion and consolidation after the period of his crisis strongly suggest that his encounter with the unconscious ultimately healed the wound of childhood and opened the way for a creative and productive life right up until his death.

Thus, while Meredith-Owen sees Jung struggling throughout his later life to achieve greater wholeness and self-integration—and especially to integrate the instinctual and the spiritual, his so-called Number 1 and Number 2 personalities, the personal and the intimate, the collective and the archetypal—he argues that Jung finally found a way, through the discovery of his own personal myth, of allowing the personal and collective "to interweave and interact." Meredith-Owen states:

> This is a valuable antidote to that tendency in Jung to prefer "being lifted above the personal and into the suprapersonal" (Brome, 1978, p. 305). Thus, we can read the aging Jung's revisiting of his developmental years as offering (implicitly) a new paradigm of individuation, and beyond that a model for the creative integration of analytical psychology with the psychoanalytic mainstream. [pp. 13-14]

This desire to seek a deeper understanding of Jung's personhood, informed by post-Freudian psychoanalytic insights, and to discover themes in Jung's metapsychology that may offer points of connection with the psychoanalytic mainstream—opening, perhaps, a new and more positive dialogue between the two analytic communities—runs throughout the book. As I read *Transformation,* I found its authors seeking to bring theory into the service of clinical practice in an open and nondogmatic way. In this process, some of the hallowed notions of Jung's life and career are subject to deconstruction. Yet the book as a whole is infused with a sense of profound respect and appreciation for Jung's contributions to the quest to understand and heal the human psyche.

Alessandra Cavalli: Application of Jungian Theory to Clinical Work

Cavalli, in her chapter, "From Not Knowing to Knowing: On Early Infantile Trauma Involving Separation," focuses on early trauma to give further clinical explication to the nature of the unconscious in its unknowability and the way in which its deliverances in symptoms as symbols within the transference-countertransference field make it possible for the unknown to be known. Interestingly, she begins her account of her treatment of a female patient who experienced early abandonment-separation from her mother by turning to Jung's struggle with Freud.

Jung, she states, had to break with Freud over the latter's insistence upon the primacy of infancy and early childhood in shaping the adult personality. For Jung, this was both a kind of determinism and, in a sense, a confusion of the part (the person as child) with the whole (the person as a fully mature—and, Jung would say, individuated—adult). Without dismissing Freud's discoveries of the profound influence of infancy and early childhood in shaping adult development, Jung believed a larger field of inquiry was required—a "more," as Cavalli calls it—in order to comprehend the deep mystery of the human being in his/her fullness. In search of this more, Cavalli writes that Jung

> . . . plunged into the scholarly study of our written heritage: philosophy, physics, and metaphysics, anthropology, astrology, and mythology. In his search for this unknown "more," Bion's O (1970), Jung sought guidance from the experience of those who had lived before. By finding other ways of understanding the psyche, he hoped to prove that Freud was wrong. [p. 193]

However, ironically, Jung had not fully anticipated what he would have to suffer in separating from Freud. Here Cavalli returns to the question of Jung's *person* (in contrast to his *work*) by suggesting that the loss of Freud as a significant other—a self-object, following Homans (1979)—so destabilized Jung in the wake of the separation because it activated an earlier unresolved abandonment-separation from his mother as a child, a trauma for the young Jung of which both he and Freud were completely unconscious.

This is how Cavalli narrates Jung's mental crisis brought on by his loss of Freud and how he found his way through the crisis:

> *Liber Novus, The Red Book* (2009), is the testimony of how Jung was able to emerge from his mental crisis, out of the darkness of his unconscious to be reborn alone, without the help of a mother. Instead he created a matrix for himself using the written heritage he studied. In *The Red Book,* he constructed a boundary around this unknown past experience and found a way to deal with the beta elements provoked by his traumatic separation from Freud. Yet, despite his capacity to heal himself and to create an entire psychology based on explorations into his self, it is possible that Jung did not understand the infantile origins of his trauma. [p. 194]

It could be said that his connection to Freud was a profound synchronicity for Jung in the sense that he was unconsciously drawn to the one man in European culture who was creating the sanctioned space within which the inner world of the child could be disclosed and explored, at a time when Jung's own childhood wound was beginning to manifest disruptively in his life as symptoms/symbols in need of becoming self-knowledge. Within this synchronous flow of experience, Jung found in Freud a "container," in relationship to which his own unconscious woundedness was activated, and while it led to a tragic rupture between the two men, it also launched Jung on his search for his own soul/self and the healing that he was so in need of.

What Jung's self-analysis helped us discover, says Cavalli, is that:

> Vestiges of experiences that have not been contained and mediated by the maternal matrix are not available to explicit memory (Mancia, 2007). They are stored in implicit memory, so have emotional impact but no meaning. Unlike the repressed unconscious posited by Freud, these primitive memories have never been represented mentally and therefore cannot be expressed. They affect the personality because they inhabit a "non-existent" desert of the mind, which has no name. These memories emerge as acting out, as symptoms that need a semantic significance. Emotional events in the present reconnect us with suppressed

emotional events in the past in such a way that past and present become inseparable, conflated. [p. 194]

Cavalli argues that, while profoundly painful for him, Jung's loss of Freud confronted him with "an earlier traumatic experience of separation that had been suppressed (to use Green's [1998] formulation)" (p. 194). She concludes:

> Jung's legacy to us is represented by his clinical and theoretical research into these areas of the individual's primal proto-mental experience and its relationship with reality. [Here] I use a clinical case to look at early infantile trauma involving separation. My aim is to think about technique, and how to work with patients who present an ego that has varying degrees of maturity and strength, but also contains a split-off part, a fragment or pocket with associated non-ego contents. Particular attention is paid to the need to create a maternal matrix (what Botella and Botella [2005] call figurability) in which the patient's early trauma can be recovered and the split-off part can be integrated. Even with a considerable level of ego development, it is a constant threat to stability to have such an unintegrated primitive area in the personality. [p. 194]

The case Cavalli presents is of a woman who came into treatment with just such a suppressed separation wound from the early temporary loss of her biological mother due to illness. As an infant, the patient had been "mothered," apparently for several months, by another member of the family, who relentlessly imposed upon her a highly rigid and constrictive surrogate order. In describing her patient's infantile predicament, Cavalli says:

> My patient was not conscious of this trauma [of the catastrophic separation from her mother] as she became very attached to the maternal substitute, who loved her, but created for her a container similar to a psychic straitjacket. This took the form of strict rules the infant had to follow: no sucking, sleeping on command, potty on command, weaned at four months, and fed with a spoon on command. This maternal substitute could be viewed as emotionally abusive, but she provided a strong container for the patient's infant self. Like an iron box, it held the

infant together, preventing her from breakdown after the tragic loss of her absent-but-present mother. [p. 196]

While it would have been helpful had Cavalli told us how she acquired the information with which to reconstruct her patient's infancy under the rule of the maternal surrogate, her account nevertheless gives us a clear sense of her patient's unspeakable and unknown trauma and the work that would have to be done by analyst and patient to help the patient bring to consciousness this piece of her fate as an abandoned and abusively controlled infant.

Cavalli describes her patient's way of being this way:

[She] had always felt that life was a fight that had to be endured, and her description of this fight had an intense quality of something in her internal world that had to be understood. Only in retrospect did it become clear that this patient had created around herself a strong defense, and she was operating in life like a soldier who would attack any problem, internal or external. Her "credo" was that she had to be good, and that everything that was in the way had to be annihilated, including emotions, feelings and thoughts that could be considered by her as "bad." Her understanding of the world was black and white, and while she was operating for the world to become white, she was totally unconscious of this, and had no means of knowing herself or others in a more realistic way. In her mind, it was a matter of willpower. [p. 197]

The first dream the patient brought in after beginning her analysis was remarkably clarifying of her actual psychological situation. "I was riding a bicycle," the patient told her analyst. She then continued, according to Cavalli:

This seemed to be my task, just going on and on pedaling, every push on the pedal felt difficult and heavy, only at some point I realized that I was pulling a rickshaw, which was attached to the bicycle. I understood that it had always been there. I looked back, and in it was another me, in a comatose state. She woke up, had a look around and passed out. I realized I had to keep pedaling and pedaling. I became aware that I had always taken this other me with me. [p. 197]

This dream gave both analyst and patient a point of connection in formulating a thought about the patient's inner world and the nature of her woundedness. "Through the image of the dream," Cavalli writes,

> . . . we began to think of a split-off part of her that was trauma-tized. This part was carried around by another part of her, and a lot of energy was employed in this difficult exercise. We began to think that our difficult task in analysis was to get to know the split-off and traumatized part in relation to her early history and in relation to herself. [p. 197]

This impressive example of analytic collaboration we owe ultimately to Freud's teaching on the value of dreams. For Jungians, it is an ex-ample of the gift of the dream in our search for consciousness with our patients.

Here is what Cavalli does with this gift from her patient's uncon-scious. Following the thinking of fellow Jungian Michael Fordham (1985), she interprets the split-off part not as a split in the patient's ego, but rather as the presence of two discrete, formative experiences in the patient's ego development that "remain separate because they are irrec-oncilable." She goes on:

> Following Fordham's hypothesis, I began to think of my patient as having had two experiences of herself in relation to her ob-ject: these two experiences seemed to be linked in a way that had to be understood, and while one was positive and growth-promoting, the other seemed to be unthinkable and dreadful. The dream seemed to be showing in a powerful way that the patient had not been able to integrate these two experiences into herself. Something had made her feel totally helpless, and a helplessness that had no name emerged in this image of an ill, comatose part of the personality which could not sustain contact with reality and had no way of expressing itself . . . . The dream represented the first attempt of her psyche to find meaning for something unknown that needed understanding. [p. 198]

Clearly, the patient had had two quite distinct experiences of the maternal object(s): the experience of the loss of her biological mother for a critical period of time in her infancy, the impact of which was

buried in her unconscious, and the experience of being attached to, yet severely controlled by, her mother surrogate. When she experienced the complex formed in the catastrophic loss of her biological mother, she became "silent and lost," as if reliving the anomic original experience that devastated her infant sense of self. The patient's loss of speech when in the grip of her abandonment complex while lying on the analyst's couch Cavalli understands as "the experience of total loss and helplessness that had been introjected, but never understood"—hence "lost" in the unconscious and, in a sense, ineffable.

Yet the patient's ineffability arose not out of a state of mystical awe in the presence of the unknowable divine, but rather out of a state of blankness. Experiencing her patient as a regressed, silent, and lost child, Cavalli writes: "If asked what she was thinking, she would reply, 'Nothing, I am only waiting for you to tell me what to do.' Slowly, we began to understand that she would put herself on hold and wait for instructions" (p. 198).

This blank, silent state of the patient's was in sharp contrast to the "very alive woman, energetic and full of interest" when she was not caught in her abandonment complex. However, it was the sudden and seemingly unprovoked appearance of the lost child, silent and helpless, that gave Cavalli the sense that not only was she having two distinct experiences of her patient, but the patient, in addition, "when she became blank . . . had two experiences of the analyst, first as the lost mother, and then as the maternal substitute who would rescue her" (p. 198).

Cavalli then offers a compelling formulation of how she imagined the patient's silence. She writes:

> I began to relate to the patient's blankness as to her early trauma. The lost mother was somewhere present in the analysis, but then the patient lost the analyst and related to her as to a substitute mother/analyst who would tell her what to do and think. I began to imagine that the blanks represented an experience so confusing that it would re-traumatize the patient again and again. The trauma had happened so early that it had no form, only confusion, confused and confusing nameless dread. There was no way of expressing it. I began to imagine that the part of the personality linked to that experience of early loss was

still attached to the self, but had lost all hope of being found.
[p. 198]

Seeking to bring to consciousness the unconscious parts of the pa-
tient's personality is the challenging yet deeply satisfying work of the
psychoanalyst. It is striking to note the way in which Cavalli draws on
her imagination, presumably relatively free of her countertransference,
to imagine for herself the full reality of her patient's self, especially the
parts of herself lost to consciousness.

Keeping in mind the patient's two distinct experiences of the ma-
ternal object, Cavalli shares further imaginings of her patient's psyche:

> Perhaps the rigid rules of the maternal substitute, like the rigid
> rules of the analysis to which the patient had committed eagerly,
> provided a container for the patient's past experience. Because
> of anxieties and confusion, the part of her personality that lived
> alienated at the edge of the self had not developed the ability
> to create the symbolic structures by which we face absence and
> loss. Nevertheless, in analysis, the repetition of an early experi-
> ence could be observed and some understanding could begin to
> take place. [p. 199]

Cavalli's initial imaginings as she experienced the patient's con-
scious and unconscious "personalities" led her to a more definitive in-
terpretation of the patient and her work with her. Focusing upon the
telltale silences of the patient that seem to have appeared early in the
analysis, Cavalli comes to the following construction of the work that she
was doing with the patient. (I quote here at length because I believe this
is a worthy example of the kind of clinical thinking that analysts must
engage with in order to do effective psychoanalytic work with patients.)
"I began to understand her silences," she tells us,

> . . . at the beginning of the week, in the middle of a session, or
> during the last session of the week—as a reenactment of her
> early trauma: the straitjacket of the analysis was holding her to-
> gether, but the loss of her mother was reenacted again and again
> without the possibility of understanding it. In blank moments,
> the patient was motionless, at times she felt cold and would
> cover herself with a blanket. Sometimes her stomach would

produce noises. It took a long time for us to understand their meaning . . . . I began to postulate in myself that the blank moments were attached to the rest of the session by feelings that at that point we did not know about. As the rickshaw was attached to the bicycle by a link, these unknown feelings were the link between two experiences of my patient in relation to her objects. [p. 199]

When analyst and patient were separated for the first time in the analysis due to the analyst's vacation, as might be expected, the patient was forced to experience again the catastrophic loss of her first object. She seems to have been retraumatized by the temporary loss of her analyst, who symbolized both mothers transferentially. We are not told how long the patient had been in treatment with her analyst before this separation occurred, or whether analytic attention was given to the event of separation. We are told explicitly, however, that the patient seemed to have decompensated to the extent that she "hallucinated" the analyst's presence in her absence; however, Cavalli points out, "these hallucinations, although very frightening and confusing, helped her survive" (p. 199). The hallucinations did not occur in the service of connecting the patient with the analyst/analysis, but were rather a manic defense against her more consciously experiencing the abandoned child in her psyche. "By keeping me with her all the time," Cavalli states, "the patient had not separated from me, as if the summer break had not taken place" (pp. 199-200).

Having observed the patient's hallucinated negation of the reality of separation from her analyst, Cavalli comes to the following hypothesis, further deepening her understanding of the patient:

The lost object (the primitive mother) had not been represented internally. By fusing with an experience of the lost object, my patient was telling me that it was possible to think of her early experience with the lost mother having been very ambivalent. She seemed not to have been able to create a good and a bad image of the lost mother, but only to identify with an idealized aspect, the loving-giving mother. During the break she was desperately trying to identify with this aspect of her mother in relation to me in order to protect herself from her mother as the

aggressor, the lost mother. This powerful and terrifying aspect of
her mother was still unknown to us and had no representation
in her mind . . . . Idealizing was a defense against a terrifying
experience that had to be avoided at all costs. The straitjacket[s]
of the mother substitute and the analysis could now be thought
about as the rickshaw containing an unknown experience which
had to become known. [p. 200]

This hypothesis leads Cavalli to see even more meaning in the ini-
tial rickshaw-bicycle dream. Given that the hallucinated fantasy of fusion
with the lost mother, projected onto the analyst, was aimed at defending
the patient from the unbearable reality of abandonment by her mother,
Cavalli begins to see that it was as if "the whole self of my patient was
moved by the phantasy of reunion." The author further explains:

The capable part of the patient, with the traumatized helpless
part attached, was moving through life with the unconscious
hope of refinding the lost mother of infancy. Perhaps my patient
had spent all her life hoping to be reunited with the lost ideal-
ized object, and this hope gave her the motivation to move on in
life. The patient had transferred this hope to me, and, indeed,
she had been able to reunite with an aspect of me during the
break, but it was the idealized me, while the me that left her was
blanked out. [p. 200]

While the hallucinated good mother helped the patient survive sepa-
ration from the lost and abandoning mother, "we can see," Cavalli dis-
cerns, "that the summer break was a lost opportunity for mourning" (p.
201). The patient's failure to mourn the lost object not only inflated her
ego with the power to deny reality, but also, in her "identification with
the abandoning mother-me, the patient was re-abandoning herself, as
she preferred to be fused with an idealized me, leaving in the rickshaw a
dead-alive part of herself" (p. 201).

This complex strategy to keep the patient in a state of not knowing
left her feeling chronically confused. Cavalli remarks in a master stroke
of understatement: "This confusion had to be tolerated in our work for
the two experiences to become closer and known" (p. 201).

At this point in their work, with Cavalli's development of an increas-
ingly psychoanalytically sophisticated understanding of her patient's

psyche, she is now confronted with the urgent task of helping the patient become conscious—through an act of knowing—of the catastrophic events of her infancy/early childhood. The author's account of how she provided this help to her patient is quite straightforward:

> Encouraging my patient to think about the break, to tell me how she felt, to clarify the content of her hallucinations, was a way of getting her to look at it as a real event, in which I had not been with her. By showing her that I did not know what happened to her, I encouraged her to think about it, to test her desire to deny something real that troubled her, which she did not want to know about. By attempting to ignore the hallucinations, she was keeping the comatose part of herself in a dead-alive state. As if repeating the abandonment of mother, and in identification with her, she was leaving the other part of herself to deal with the lost object that was constantly retraumatizing her. [p. 201]

The demand made on the analyst to work with such a patient is succinctly described: "It was extremely difficult to keep in my mind the part of her that needed to be attended to, but which my patient disregarded with considerable nonchalance" (p. 201).

After the summer break at the end of the second year of the analysis, the patient began to say "No" to resuming the analytic work for a third year. "Although terribly painful and difficult to deal with," says Cavalli, "this 'No' was the beginning of a breakdown of an unthinkable past experience which until then had never been understood" (p. 202). In describing the patient's struggle to separate, with multiple meanings to that separation, Cavalli, with remarkable candor, states:

> While the patient was silent and uncooperative on the couch, I began to hope that I could become someone else, not a better mother, not a better maternal substitute, but a thinking object that could provide a matrix for the terrible experience which until then had never been understood. [p. 202]

There had been some progress in the analytic work of the first two years, including the patient's becoming more in touch with her feelings of confusion, which led to the disappearance of the noises in her stomach that had been present throughout the analysis. These noises

expressed her unresolved feelings driven by the two distinct experiences of the maternal object; however, what the patient most needed to know for the sake of her own healing remained fully buried in the darkness of her unconscious.

Cavalli's hope that she could become someone else—a thinking object, the necessary matrix through which the unknown could be brought to light—may have been deeply motivated by her sense that the patient might terminate before this necessary work could be completed. We see here, I think, the vulnerability of the analyst to his/her patients and to the work itself.

Now Cavalli must try to understand what the patient's "No" is about. Upon first reflection, it seemed plausible that the patient might be saying "No" to the controlling maternal surrogate and the straitjacket of the analysis, which was reminiscent of the patient's experience with the maternal surrogate. However, as Cavalli continued to consider the emergent "No" in her work with the patient, she saw that it might have another meaning. The patient's "No"

> . . . could be understood as a "No" to any other experience of me but the idealized one, to her fear of having to come to terms with an unrepresentable reality, to her rage with me for forcing her to look at the status of things, and, possibly, as a "No" to mourning the womb-like relationship she wanted to have with me. Her "No" also meant having to accept a relationship to the blank experience. [p. 202]

The choice that Cavalli had to make was difficult: either to move forward as the thinking object in order to make the unknown knowable, thereby running the risk of losing the patient, or to gratify the patient's idealizing defense and so risk the analysis becoming interminable. Or perhaps there was a middle path, one where the patient did not need to lose the good object while being encouraged, rather than forced, to confront the most painful wound in her psyche. There was good reason, after all, why this wound had remained unknown.

Cavalli seems to decide for the former way of working with her patient. Again taking direction from Fordham, she looks more closely at the question of unconscious identification. She writes as follows:

I began to understand the two images of my patient with their mirror objects as having their origin in early states of primitive identity between infant and mother. In Fordham's language, the adoring baby adoring an adoring mother in parallel to a dead-like baby mirroring a dead-like mother could be understood as two archetypal experiences. Subject and object could not be differentiated because of lack of containment. The experience and its representation were identical, and symbolization was not possible. Re-enactment was the only way to symbolize and transform what could not be digested and understood. In Kleinian language, the infant part of the patient had introjected but not assimilated both aspects of the mother [the archetypes of the Good and Bad Mother] and identified with them. With her "No," the patient was rebelling against the lost idealized mother, the maternal substitute, the old way of relating. [p. 203]

Cavalli is also aware, as we have been taught by Klein, that if the "ego bit" rebels, as seemed to be happening with her patient, "the object attached to the experience also rebels" (p. 203). The semi-dead-like mother, against whom the abandoned, dead-alive child is rebelling, may well become a persecutory inner object that could easily be transferred to the analyst. As Cavalli reminds us:

For this part of the ego, the infant and her experience of that part of her mother were still undifferentiated. By describing to my patient what I thought was happening, I hoped to create a matrix for understanding, for representability and differentiation. This understanding might provide an antidote to her fear of a persecuting me, which, like the dead-like mother, would be an experience that my patient had to avoid at all cost. Perhaps she was afraid of falling to pieces if she were forced to reconnect with that early experience. [p. 203]

Cavalli had learned enough about the patient to understand that the comatose/dead-alive infant who had found some containment in "the iron box" of the maternal surrogate needed to be the focus of the analytic work going forward, while the more healthy part of her ego also needed to disidentify from her inner surrogate mother image in order to move forward in her own development. The analytic strategy seemed

to be to heal the comatose infant, and the separation of the post-trau-matized ego from the inner mother substitute would unfold organically enough.

Cavalli, in pursuing the focus for the second part of the analysis, describes the condition of the comatose infant self with great clarity. She sees the

> . . . patient's infant part . . . [as] maintained in a near-death situ-ation to avoid feelings of needs, rejection, and helplessness. It was to avoid those feelings that my patient was rebelling against her analysis and me. By rebelling, her dead-like part was waking up, and, in an omnipotent way, she was denying our work, her dependence on me, possible depressive feelings, rage and hate: a survival defence against helplessness. Her insistence on wanting to leave me had a psychotic quality. For Bion, the psy-chotic is what has not become a thought, but has remained an allergy to the frustration of an absence. This was the blank that my patient and I were hoping to transform into a feeling and a thought. [p. 204]

As Cavalli continued to explore with her patient the cluster of trans-ferential phenomena that had manifested in the analysis thus far—e.g., the sounds in the patient's stomach, her blankness, her confusion, and the emerging "No" to the analysis—she came to see even more deeply into the meaning of these phenomena. The stomach sounds meant that "instead of becoming alive, something could be evacuated through the intestine. It is possible that these sounds were a defense against devas-tating emotions" (p. 204).

The blankness and confusion were connected to the loss of mind in the grip of the unconscious catastrophe of the patient's lost mother. And now Cavalli could see more clearly that "her 'No' was a last des-perate attempt to control emotions that were attached to the experi-ence of the lost mother." Cavalli continues: "Now that she was becoming separate from the idealized object-me, and I was becoming a persecutor, the unresolved feelings attached to the experience of the loss of the ide-alized mother were becoming free and could no longer be controlled" (p. 204).

The challenge and the demand of the analysis at this point is captured by Cavalli in these words:

> The difficulty in the analysis was to help the patient to feel all these feelings in such a way that when the phantasy attached to the persecutor became known, or a partial representation of it, the feelings attached to that experience would feel less persecuting because they were known and the patient had learnt to feel them. Encouraging the patient to stay in touch with these feelings was difficult because they were frightening her. She had no experience of being physically held when she had powerful bodily feelings that felt as if they were fragmenting her. She had been abandoned to them. [pp. 204-205]

It was with these understandings that analyst and patient began the second part of the analysis. As the analytic work continued, the patient moved from states of blankness and confusion associated with the comatose child to the work of confronting the terrifying feelings of the abandoned inner child in herself, the experience of which brought her to the brink of panic as she experienced something in her psyche that was utterly unknown to her. By saying "No" to the analyst as the idealized mother, on the one hand, and as the controlling, smothering maternal substitute on the other, the patient was, remarkably, learning to say "Yes" to herself and her will to understand and know herself—aroused, as Cavalli imagines, by the analyst's curiosity and interest in the patient. As a result, the patient, however reluctantly, recommitted to her analysis, and a new relationship opened between the two of them.

Through the analyst's helping the patient tolerate the terrifying feelings of the abandoned child, as well as of the child who found containment in the surrogate mother's iron box, patient and analyst came slowly and carefully to the core feeling at the heart of the patient's abandonment complex to which her panic led them. "The panic," Cavalli says, "was evoked by a long-known [the unknown known?] and suppressed sensation that we identified as a feeling of utter helplessness" (p. 205).

The patient's sense of helplessness was clearly represented in a dream in which she was lying in bed, totally paralyzed. "Understanding the dream," Cavalli remarks, "was perhaps the second element in the

difficult construction of a representation of the experience of the lost mother" (p. 205). Once again, the gift of the dream led to deeper understanding between patient and analyst. Cavalli describes this impressive moment of patient–analyst collaboration as follows:

> Although my patient's conscious self was very ambivalent about the analysis, her unconscious seemed willing to cooperate by providing elements that were paramount in our work of constructing a matrix of figurability (Botella and Botella, 2005). It was deeply moving to my patient to identify the feelings of total helplessness that the dream described. A once unbearable bodily event now had a name and could begin to be known and thought about . . . . [It] . . . could be understood and felt . . . . By allowing me to become a companion to explore with her the persecutory feelings that inhabited the void [of the lost baby], helplessness, shame and fear, the patient was moving away from experiencing me in the transference as identical to her experiences. I was becoming the provider of the maternal matrix that she needed. Once separate, I was available to investigate, question, and think about what had not seemed knowable to her. In this process, her suppressed feelings could become felt known experiences. [pp. 205-206]

The author reminds us that her patient, at the end of the first year of the analysis, had had activated within her a hallucinatory, delusional experience of the lost analyst. Cavalli understood that the delusional aspect of the suppressed experience of abandonment had to be more deeply understood in order to be adequately represented for the patient and within the analysis itself, so that it could be emotionally and cognitively assimilated, metabolized, and integrated by the patient.

This work was largely accomplished by the gift of a third significant dream from the patient's unconscious. In this dream, the patient is

> . . . at the hairdresser. He not only cuts my hair; he also asks me to talk freely and express my thoughts. I do this but then admit to myself that I was communicating with the devil. The devil was a sort of friend who would help me, but also a terrifying agent. [p. 206]

The patient's associations to the image of the devil included her childhood fear of "him," the terror of the dark, and the film *Rosemary's Baby*. As a result of the dream and the patient's associations to it, she was given an ego-dystonic container, the devil "himself," through which her consciousness of her early wound could be contained. Cavalli writes:

> Slowly, she began to trust that the good hairdresser/me could create order in her head, transforming beta elements into thoughts. An image had become available to her, and words could be found to describe something that until then had remained unthinkable. Only by accepting the devil as a container could the content of a terrifying experience become known and thinkable. Was this unwanted baby a devil? Was this why she was abandoned? Or, worse, was this baby the daughter of the devil itself? While this dilemma remained unthinkable, my patient had spent her life wanting to punish herself, or aspiring to saintliness to eliminate the devil part of herself, and/or feeling damned by birth as a daughter of the devil and without hope of salvation. There seemed no way to escape this destiny trapped in the iron box of her infancy. [p. 207]

While Cavalli does not amplify the image of the devil in a way that is typical of Jungian analytic work (e.g., the devil as the agent of the awakening of consciousness in the fall by tempting the "dreaming innocence" of the primordial parents to know Good and Evil [Tillich 1957]), she clearly understands what this image compensates for in her patient's psyche, which she formulates thus:

> Now that we were slowly able to make meaning, and some possibility of understanding could emerge, the capacity to create a phantasy could be recovered. This meant that bodily events could be linked with images that had been lost, and the ego could find again the lost sense of fit between mind and body. Finally, we understood the two aspects of the symbolic experience of the devil: the hateful abandoned child is abandoned by a horrified mother; this child can only hide what it fears is its devilish nature, in terror of finding out that her nature cannot be transformed. [p. 207]

The formation of this demonic unconscious fantasy in the patient's psyche, activated by the trauma of abandonment, brought unspeakable suffering into the patient's life, for it drove her anxiety that "she could not escape her nature, but, if her nature were discovered, she would be punished again and again" (p. 207).

The dream representation of the unconscious archetype of the devil and the work on its image in the dream meant, for Cavalli and her patient, that

> . . . now we could understand the profound fear of relating to others, her fear of being rejected, and with it, the fear of meeting the real self she could not escape. In parallel, we were able to understand her fear of meeting the devil in the other. The constant terror of this made her feel she had to be very good, but also to punish herself for desiring freedom, which would have damned her if she had attained it [i.e., if she had rejected the maternal substitute]. [p. 207]

The author concludes her narrative of her work with this patient with a consummate formulation of psychoanalytic lucidity in the face of the patient's blankness, confusion, unconscious captivity, rejection, deep woundedness, and powerful defenses to keep her experience of her tragic fate as an infant hidden within the depths of her unconscious. Cavalli writes:

> The phantasy of the devil was a very primitive way of representing the terrible experience of hate and loss, and it was necessary to transform this first delusional representation of her experience into one closer to the truth, to reality as it is. This primitive defence against early loss could be relinquished when something that had remained unknown could be recovered and reintegrated. Finally, the feelings connecting my patient with that early experience could be felt in relation to others without their delusional components. By integrating a suppressed experience, my patient was reaching a level of separateness that is the foundation for the capacity to experience wholeness and passion. [p. 207]

Cavalli concludes her essay on her fascinating work with this patient by returning to her two significant mentors, Jung and Bion. In her words:

My clinical approach is similar to Jung's, keeping open to "O." I have tried to link my reverie to the childhood experience of my patient, relating to it from a personal, individual point of view. I found archetypes of the collective unconscious and personal unconscious phantasies. Jung sought something "more" and I have tried to show that this more—in Bion's language, beta and O, the ongoing Search for meaning (K)—requires elaborating on emotions and an analyst who is very much in touch with feelings. It is primal emotional truth that we need to reach: every emotional experience in the present reconnects us with those in the past. The past obscures the present, and past emotional experiences must be integrated in order to understand the present.

Like Jung after his break with Freud, my patient and I encountered suppressed events that were hidden but present and which were trapping her. Understanding and transforming them freed my patient from imprisonment. We approached the unknown past with courage and curiosity and were able to transform beta and O into K. This transformation has helped my patient, like Jung (1961), to achieve a sense of wholeness and of self. Our work brought us closer to the real thing, to O. [p. 209]

Without stating the matter explicitly, Cavalli is, I think, making a case for Jung's relevance to post-Freudian psychoanalysis. Through his vulnerability to his own separation and abandonment wound, Jung pointed psychoanalytic thought beyond the oedipal focus bequeathed to us by Freud, to the primacy of the maternal in shaping the psychology of the child and the child's fate vis-à-vis psychic illness or psychic health. As we continue to do the kind of thinking about Jung's relationship to Freud and the post-Freudian tradition that we witness in *Transformation,* we may find, ironically, that Jung's effort to prove Freud wrong has led us not to the falsification of Freud's theories, but rather to the amplification of both the Freudian and Jungian traditions of psychoanalysis. We may end up directed toward some larger psychoanalytic enterprise as the outcome of an inner dialectic within these two traditions. One can almost see Hegel smiling!

Richard Carvalho: Jung's Legacy

Richard Carvalho, in his chapter, "A Vindication of Jung's Unconscious and Its Archetypal Expression: Jung, Bion, and Matte Blanco,"

expresses the concern that "an aspect of Jung's legacy . . . is in danger of being assimilated seamlessly and without acknowledgement into psychoanalysis as the latter has developed, particularly with the thinking of Bion in the 1960s" (p. 31). The aspect of Jung's legacy to which Carvalho refers is what Jung called the *collective unconscious,* which Carvalho designates the *unrepressed unconscious.* Cavalli seems to prefer the term *suppressed* to the unrepressed unconscious, but neither she nor Carvalho consider whether these terms are equivalent in meaning and thus interchangeable.

It will be recalled that it was Jung's deep concern to name a domain of the unconscious psyche that was not the result of the repressing function of the ego's defenses (the personal unconscious), nor accessible to ego consciousness through de-repression, that led to his tragic break with Freud. For Jung, according to Carvalho, the unrepressed unconscious is utterly alien to ego consciousness, and it is therefore an intrinsically or structurally unknown domain of psychic life. It can only be known in ego consciousness by attending to the unrepressed unconscious's own symbolic representations of itself in dreams and myths.

Thus, it seemed to Freud and to many of his followers that Jung, in positing a theoretical object beyond the reach of inductive or deductive methods of reason, had fallen into a kind of regressive mysticism that clearly violated the epistemological terms of Freud's positivism. Freud, therefore, had no choice, given his epistemic commitments, but to interpret Jung's collective or unrepressed unconscious in reductionist terms: as quasi-philosophical projections of Jung's longing for the wise father and the loving mother.

Ironically, as Carvalho argues, at least two of Freud's intellectual children, Bion and Matte Blanco, either implicitly or explicitly in Jung's shadow, brought theoretical perspectives to post-Freudian psychoanalysis that moved the Freudian tradition in a decidedly Jungian direction. In conceptualizing their own equivalents of Jung's collective (unrepressed) unconscious (for Cavalli, as we have seen, the "more" that Bion called "O" and that Matte Blanco identified as "the symmetric mode," p. 32), they translated Jung's original concept into the language of psychoanalysis in such a way that the collective unconscious was both demystified

and validated within the deep affective and epistemic logic of psycho-analysis itself.

After a detailed discussion of Matte Blanco's conceptual map of consciousness and the unrepressed unconscious, Carvalho offers an intriguing translation of Jung's notion of archetypes, as follows:

> The archetype . . . is likely to be based on the affective "packets of [a]symmetry" [sic; this is Matte Blanco's term for the discursive, bivalent logic of consciousness, in contrast to the symmetric "logic" of the unconscious] I mentioned earlier (p. 44). I suspect, for instance, that the [archetype of the] "good mother" has a lot to do with anything that promotes the secretion of oxycotin [sic] and attachment/attunement, which for the infant will be mother, mother's body, her breast, its milk, her gaze, her voice, her presence, her contact and warmth; . . . I imagine that [the archetype of] a " terrible mother" is likely to be most of the things that lead to difficulty of attachment, and, for instance, the secretion of cortisol. It is these latter sorts of negative experience that are more likely to become the core of *complexes* in Jung's parlance, or *non-vital structure* in . . . Matte Blanco's, which, unlike the constitutive stratified bi-logical structure or the *coniunctio* [Jung's alchemical term for the union of consciousness and unconsciousness in the experience of *individuation*], will not permit the free to and fro between sensation, emotion, and thought characteristic of individuation or of the constitutive stratified bi-logical structure "lived as a unity" (Matte Blanco, 1988). [p. 48]

By construing the archetype as the a priori internal predisposition that the infant brings into the world with his/her birth—a predisposition that can nevertheless be activated only by the infant's consistent experience of the actual mother, in space and time, and her embodiment of good or bad mothering—Carvalho brings Jung's thought into closer harmony with the post-Freudian psychoanalytic tradition, thereby differentiating the Jungian understanding of the archetypal from its platonic precursor.

If it can be seen, then, that Jung was one of the first to innovate Freud's concept of the unconscious by pointing to the deepest, *psychoid* (see the following paragraphs) structure of the psyche in his notion of

the collective unconscious and the archetypes—a path that later psycho-
analysts have followed in the development of post-Freudian psychoana-
lytic thought—then this not only establishes Jung's significant influence
in shaping the development of post-Freudian thought, but it also points
to a bridge of affinity between Jung's analytical psychology and Freud's
psychoanalysis. This realization promises a happier future of mutual
appreciation and creative appropriation, in contrast to the state of es-
trangement between Jungians and Freudians that has existed, more or
less, for the past 100 years.

George Bright: The Jungian Unconscious

While perhaps not intentional, there is, for this reviewer, an inter-
esting complementarity between Carvalho's contribution and that of
George Bright, whose chapter, "Jung's Concept of Psychoid Unconscious-
ness: A Clinician's View," I wish to consider briefly before concluding
this essay.

Bright would seem to be in agreement with Carvalho that there is a
dimension of the unconscious in Jung's thinking that is inaccessible to
the asymmetric logic of ego consciousness. However, he chooses to visit
this more explicitly Jungian concept of the unconscious not in reference
to Bion or Matte Blanco, or to other post-Freudian psychoanalysts, but in
relation to Jung's own way of speaking of it as the *psychoid* unconscious.

Bright helpfully clarifies that Jung, in speaking of the *psychoid un-
conscious,* created a neologism to name this aspect of unconsciousness.
Unfortunately, nowhere in his writings available to date did Jung discuss
this original and crucial concept in a more systematic way. Bright has
taken upon himself the task of explicating the psychoid unconscious as
Jung conceived it. In doing so, Bright seeks to break new ground for
post-Jungian thought, which should be of interest to the Jungian analytic
community, but may also be of interest to psychoanalysts of other theo-
retical orientations.

Bright frames the new ground in this way:

Jung's project of conceptualizing and investigating the working
relationship between the two worlds [of consciousness and
unconsciousness] is the clinical terrain of every psychothera-
pist. All psychodynamic psychotherapeutic approaches speak of

making connections between the conscious and unconscious mind. The more positivistic psychoanalytic approach has formulated a number of well-established conceptual models to help the analyst orientate to the bridging task . . . . I do not think it is the main task of the contemporary Jungian analyst to offer yet another model . . . . The London school of analytical psychology has, I think, gone as far as it can in offering a Jungian model of the psyche to conjugate or contrast with, or as a supplement to, other psychodynamic models. This has been a useful process . . . in conceptualiz[ing] and approach[ing] the analytic task, but I think we are now scraping the bottom of the barrel in trying to continue along these lines. [p. 88]

Bright sees a more fruitful path opening—for Jungians, at least—to deal with what might be called "paradigm fatigue" in the extent to which the academic world has finally become interested in Jung's thought, on the one hand, and, more important, in the publication of *Liber Novus,* the *Red Book* (Jung 2009), which "has provided us with the key text for a complete reassessment of Jung's thought" (p. 88), on the other. Bright continues: "Rather than looking for clinical orientation mainly through comparing our approaches with those of our psychoanalytic colleagues, we are now, for the first time, able to draw on a serious, scholarly, and independent critique of Jung's thought" (p. 89).

In contrast to Carvalho, who seems to seek points of affinity and conceptual equivalency between analytical psychology and psychoanalysis, Bright argues for "a room of one's own" (to borrow from Virginia Woolf [1929]), recently made possible by an interesting scholarly discovery of Jung's thought, as well as by the publication of his revolutionary work in *Liber Novus.* Within this archetypal dialectic of inclusion and separation that *Transformation* represents, there is a wide space, I expect, for creative and cooperative life among the various schools of depth psychology.

Although not stated explicitly, Bright's interpretation of what Jung meant by the psychoid unconscious calls us not only to an internal dialogue within the Jungian community and other schools of depth psychology, I believe, but also to dialogues with contemporary philosophy, theology and religion, the physical and social sciences, and art and literature. Beyond these hallowed modes of inquiry, this broader interpretation allows for a new and deeper exchange among depth psychologists

regarding the analytic task, as well as a path of exploration into the so-called new anxiety of us human beings (Bingaman 2007), as we ponder the fate of the earth itself and of all creatures who live upon it.

It was in his reception of the critical philosophy of Kant, Bright argues—drawing on the work of scholar Paul Bishop (2000, 2014)—that Jung was led to postulate from empirical investigation what he called an *intellectually necessary principle:* namely, that reality is more than the sum of factual states of affairs from which propositional statements of fact are derived. It is also a structure of meanings that require for their intelligibility an underlying form of meaning that theologian Tillich (1957) called the *Ground of Meaning,* or *Meaning Itself.* Bright writes that, for Jung, this Ground of Meaning is

> . . . *a priori* to human consciousness and apparently exists outside man, though "what that factor which appears to us as 'meaning' may be in itself we have no possibility of knowing" (1952, paragraph 916). In other words, Jung is suggesting that synchronicities provide evidence of the existence of an underlying world of absolute or transcendent meaning that is independent of the categories of space, time, and causality, the only categories which can be empirically investigated. By terming this meaningful and patterned underlying world "psychoid," he is asserting that it is not only unconscious but unknowable. In religious terms, this seems to me to be identical to the concept of a transcendent divinity who has a mind, but the content of whose mind is unknowable, and whose mindful existence is hinted at or partially disclosed by "revelation," which is inherently and necessarily ambiguous. [p. 85]

This is one of the clearest statements I have found of Jung's "two-world" ontology, in which the psychoid unites the world of consciousness with the world of meaning itself within the unconscious, or what Jung calls in *Liber Novus* (2009) the *spirit of the times* and the *spirit of the depths* (Jung 2009).

Bright sees that Jung's discovery of synchronicity—a meaningful yet noncausal correlation of events in time and space—led him to the postulation of the psychoid dimension of the psyche. He used the term to denote both the unknowability and the unrepresentability of the collective unconscious. As Bright understands his thought, Jung

. . . argued from the observation of synchronistic phenomena to posit the psychoid nature of meaning, in much the same way as Freud argued from parapraxis to propose the existence of the personal unconscious. By the "psychoid nature of meaning," Jung implies that:

1. Meaning . . . has an objective existence, rather than being merely a subjective creation of the human mind . . . . It is both objective and subjective.

2. Objective meaning exists in matter as well as in mind.

3. Such meaning is unconscious and ultimately unknowable.

[p. 86]

I would argue that what Bright is helping us see is that there are ontological claims in Jung's notion of the psychoid nature of meaning, as well as what might be called metaphysical and/or cosmological claims. It is these latter claims, by the way, that refute the critique that Jung's thought is dualistic and thus Cartesian in its ultimate form. These metaphysical or cosmological claims also put the lie to the critique that Jung's work is mystical in the sense of privileging the underlying world of the psychoid at the expense of the phenomenal world in which the deep structure of the psychoid is manifest, à la Nietzsche.

This metaphysical/cosmological dimension of Jung's thought is implied when Bright states:

We could use Jung's concept of the psychoid nature of meaning [meaning itself] to refer to the psychoid nature of order or pattern. This would imply that:

1. All things and events are related in an underlying and objective way, rather than subjectively ordered in the human mind [exclusively].

2. This underlying order is unknowable, and although some very useful inferences may be made about it, these can only be provisional.

3. Another way of expressing this would be that order is objectively given, as well as subjectively imputed.

4. Hence, meaningful order is to be discovered as well as made.

[p. 86]

Bright's analysis of the philosophical as well as the psychological im-
plications of Jung's concept of the psychoid unconscious and the psy-
choid nature of meaning strongly points to the relevance of the Jungian
legacy for twenty-first century clinical work within the psychoanalytic tra-
dition; yet it also suggests that this legacy offers a kind of middle path
between the nihilism, relativism, and mindless and driven materialism
of our postmodern culture that Nietzsche foresaw as our fate after the
death of God, on the one hand. On the other hand, Bright's analysis
offers an alternative to the scientism that dogmatically excludes mytho-
poetic, metaphorical, and symbolic ways of knowing from any claims to
truth because their logics fall outside the hypothetical/experimental/
quantificational and progressively revisional epistemology of science.

Conclusion

The late Edward Edinger, an American Jungian analyst of a bygone
era, argued that in Jung's thought, the world has been given what he
sometimes called a "new dispensation" (Edinger 1984) in consciousness
that promises the flourishing of a new spiritual attitude in our culture
that could heal the deep split in the collective psyche of Western peoples
(Burkhart 1998).

While we might smile a bit at this soteriological idealization of Jung
and his work by one of his followers, my sense is that the authors of
Transformation: Jung's Legacy and Clinical Work Today, representing a new
generation of post-Jungian psychoanalysts, without overly idealizing
Jung, have demonstrated the power and reach of his vision to guide and
inform our lives and work at a time when the need for healing and inte-
grating the human psyche has never been greater—for our sakes as well
as for the sake of the earth itself. Perhaps the time has come for post-
Jungians critically to rediscover Freud's genius as a significant resource
for Jungian psychoanalytic work, and for post-Freudians critically to re-
discover Jung's significance for the future of psychoanalysis.

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GRIEF AND REASON: A RESPONSE TO ERIC KANDEL'S *AGE OF INSIGHT*

BY BILLIE A. PIVNICK

The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present.
By Eric R. Kandel. New York: Random House, 2012. 636 pp.

Keywords: Insight, neuroscience, BrainMind, art, beholder's share, aesthetics, subjectivity, Vienna, Gustav Klimt, philosophy, implicit communication, memory, culture.

Is psychoanalysis a biology of the mind or the mind's biography? Freud's synthesis of his conflicting views on the relationship between bodily based desire and adaptation to civilization made the patient's symptoms a form of storytelling and Freud's own intellectual and psychological journey a form of autobiography (Phillips 2014). If, as Freud thought, symptoms are a means of exchange within families and speak of a patient's secret desires, a listener need only translate those signs and their opposition into language. In this way, dialogical storytelling itself becomes a form of biology, one that helps humans prevail against the forces of entropy through retranscription of memory.

But what of distress that has its origins in preverbal development or in response to traumatic events that disconnect semantic memory systems from procedural ones? Might not understanding how art tells stories elucidate the emotional, cognitive, and intersubjective aspects of implicit communication and empathic attunement so central to the psychoanalytic method?

Eric Kandel's book, *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present,* un-

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furls such a story about implicit storytelling—touring terrain inspired by a unique intersection of art, science, and politics in the earliest days of the modern age in the city that was modernism's capital. Kandel, born into a modern era that valued heresy and self-examination (Gay 2008), in a city that was the center of the modern world (Lloyd and Witt-Dorring 2012)—only to then lose that world—is a scholar perfectly placed to add another self-making account to the culture of psychoanalysis.

To illustrate the workings of the human unconscious, Kandel uses the art of German Expressionists, primarily Gustav Klimt, Egon Schiele, and Oscar Kokoschka, as well as the medical advances of Carl von Rokitansky and Sigmund Freud. Arthur Schnitzler, a Viennese physician and writer who contemporaneously pioneered use of the interior monologue, is also considered, but Kandel's focus is mainly on visual art because he aims to show how integration of the "bottom-up" (ascending subcortical) and "top-down" (descending cortical) neural pathways and processes contributes to our ability to understand one another.

Kandel—who trained as a psychoanalytic psychiatrist before winning the Nobel Prize as a neurobiologist—has created a neuroscience thriller that is, at the same time, an art history mystery. With its emphasis on the biological workings of intersubjectivity, this book cements a bridge between psychoanalysis and neuroscience. It may also sketch a road map to a new ethics, one based on empathy and mutuality more than on exercise of will.

Art

Symbolic of what we have possessed, lost, and wish to remember, art memorializes cultural experiences too telling for mere speech. Capturing beauty, evoking curiosity, inviting contemplation, stimulating love or confrontation, art connects us with our emotions and imagination. Regarding it with empathic attunement, we are also given access to the emotional world of the artist. Furthermore, as we watch others viewing the same artwork, we may begin to notice the similarities (or distinctiveness) of our experience and theirs. Inspiring admiration or envy, idealization or disgust, art makes us care; it is even, some say, what makes us human. Art also conveys and confers power, and in so doing, it can form the root of our most inhumane acts as well.

Perhaps what is most human about art is the fact that it is not an *object* but a *relationship*. This notion, along with a privileging of novelty, defined the modernist movement: "Pure art . . . create[s] a suggestive magic, containing at the same time the object and the subject, the world external to the artist and the artist himself" (Baudelaire quoted in Gay 2008, p. 33).

In order to convey how "insight" works, Kandel takes us on a journey to discover how science came to understand the bodily and psycholog-ical bases of this profoundly human experience. He invites his reader to enter the ineffable region of affects, intersubjective consciousness, and the brain-based mechanisms that reside neither in the object nor in the subjective experience of the beholder, but in the space between them— simultaneously constituting the biological processes and cultural basis of what most neuroscientists now consider the *BrainMind*.[1]

History

It has been a long journey to such intersubjective notions of self-in-context. During the time of the Austro-Hungarian Empire, one's identity depended on an entirely external definition: one's precise hierarchical distance from Emperor Franz Joseph. By the 1900s, Viennese artists and scientists began to withdraw from a life defined by appearances to search more deeply for identity—and located it in authentic emotional expres-sion. Psychoanalysis was but one of many ways to explore the depths, through both memory and emotional expression. While analysts have located identity in the self, further progress in the biological sciences has located identity in our genes, and then, with Kandel's research on memory, as an epigenetic interaction between genes and environment (Kandel 2006).[2]

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[1] See Panksepp (2010) for a discussion of the issues that provoked this change of nomenclature.

[2] After Henrietta Lacks became the unwitting source of cells cultured to create the first human immortal cell line for medical research, there was an agreement between Lacks's family and NIH that the "HeLa" cells would no longer be solely the possession of the medical community or solely the possession of her descendants. Instead, they would be possessed in a way determined by her family on a case-by-case basis (Callaway 2013). Thus even our genetic blueprint is now seen as consensually conferred, creating an inter-subjective political twist on epigenetics.

Not only is mental activity now conceived as the minding of the body, its movements, and relations, but the body is also seen as the physicality of thought. Says Kandel (2013), "Our mind is a set of operations carried out by our brain." This new synthesis goes beyond philosophical supposition; it agrees with the following tenets: that thoughts contribute to things (Kant), things contribute to thoughts (Hegel), biologically based states contribute to emotions (Freud), and arousing, interactive, social experience modifies biology (relational theorists). (See Hundert 1989.) Just in time for the twenty-first century, we seem to have accepted that biology is lived experience, that knowing is a matter of becoming, and that the thematic content of our lives is inextricable from the context in which we live; biology, too, has been reconceived as intersubjective.

Kandel wants to extend this synthesis, though, beyond a synthesis of philosophy, psychology, and science and into the realm of culture, aiming to show us how cultural context interacts with our BrainMinds. Stating that the "central challenge of science in the twenty-first century is to understand the human mind in biological terms," his intention in writing this book is

> . . . to illustrate how we can begin to focus the perspective of the science of mind and the perspective of the humanities on certain common intellectual problems and connect in the decades ahead the dialogue that began in Vienna 1900 as a quest to connect art, mind, and brain . . . [and to] consider historically the broader issues of how science and art have influenced one another in the past, and how in the future these interdisciplinary influences could enrich our knowledge of and enjoyment of science as well as art. [*Age of Insight,* p. xvii]

Most editors would have restricted him to the first goal, which is expansive enough for one book. But this is Eric Kandel, winner of the Nobel Prize in Medicine or Physiology in 2000 for his work on memory storage in the brain. It is also Eric Kandel, the American who persuaded the Austrian government to initiate a public discussion of its complicity in the Holocaust, a fact it had tried to cover up for over half a century (Kandel 2006). If anyone is up to such a grand plan, it is he.

Though thoroughly based on scientific research, Kandel's pivotal role in much of that research allows him to tell his story in memoir form.

If the work of mourning is remembering, this book both tells the story of his intellectual journey and mourns a traumatic loss—that of Vienna, his birthplace—as a result of fleeing the *Anschluss.*

It is no coincidence that the nature of memory has preoccupied Kandel for most of his life. Readers of his *oeuvre* may recall that *In Search of Memory* (2006) opens with the author's memory of a terrifying Nazi raid that takes his father away, displaces him and his remaining family from home, and loots his family's apartment. Significantly for Kandel, also removed in that raid is his brand-new, ninth-birthday present: a shiny blue remote control car that provided him with a sense of power and control, which proved altogether illusory.

Using reductionistic laboratory experimental techniques, Kandel spent the next half century identifying the biological basis for memory in the role played by kinase enzymes and synaptic proteins in sea slug habituation to stimuli—also the foundation of learning. His scientific exploration was a self-professed quest for truth. Now with *The Age of Insight,* he seems to be moving beyond a search for truth to reconciliation, from a delineation of how recollection works to a passionate description of what he apparently misses: a particular sort of beauty.

On the cover of the book is an image of an elegant and sensuous woman, dressed in gold, with paint applied texturally in the manner of mosaic tiles, and the figure flattened to look almost as if it is part of the canvas. Her skin is alabaster but lit from within; her lips are as red as moist cherries; her clasped hands and intertwined arms are arranged in a snakelike pose. This image reproduces Vienna's most famous painting, dubbed by some "The Viennese Mona Lisa": Klimt's 1907 work, *Adele Bloch-Bauer I.*

If the cover is implicitly meant to depict what Bollas (1978) would consider Kandel's *aesthetic frame,* or unique way of transforming inner and outer realities, its form is both biologically inspired and intriguing, and the boundary between content and context is blurred. Viewed in person, the painting takes one's breath away. *The Age of Insight*, perhaps not coincidentally, begins with the 2006 purchase for New York's Neue Galerie of that famous painting, stolen from the Bloch-Bauers' home in 1938 by the Nazis and exhibited from 1938–2005 by the Austrian State Gallery. Together, Kandel's *In Search of Memory* (2006) and *The Age of*

Insight are like *fort* and *da,* in that something precious that was lost has been restored.

Although not the subject of this book, Nazi plunders form an eerie backdrop for Kandel's account of what motivated his extraordinarily persistent brilliance in tracking down the mechanisms that not only help us cope with great sorrow, but also bring us our greatest joys. Did Kandel know when he chose these painters' work as illustrations of his synthesis that Kokoschka and Schiele had applied to the Vienna Institute for Fine Arts the same year that Adolf Hitler did? It has been speculated that Hitler's grandiose efforts to take over the world and re-create it in his own image, complete with a *Fuhrer's* Museum, were motivated at least in part by vengeance for his humiliating rejection, two years in a row, by the admissions committee members of this institute, some of whom were Jewish. Only through heroic efforts by the world's curators and then by various army brigades from the United States were most of these thousands of artworks saved from Hitler's looting of the greatest museum treasures and art collections in the world (Nicholas 2009).

Science

In this intellectual history, Kandel shows in detail how the ideas of turn-of-the-century Vienna's School of Medicine influenced the art and psychology of the Vienna School of Art History in the 1930s, and continued to interact with 1990s biology to form a view of emotional neuro-aesthetics based on the beholder's perceptual, emotional, and empathic responses. Kandel holds that three of Freud's main concepts have held up well and are now central to modern neural science: along with the pervasiveness of the unconscious in our emotional life, and our instinctual aggressive and sexual proclivities, normal processes and mental illness exist on a continuum, with mental illness often representing normal processes that have become exaggerated. Kandel concludes that Freud's theory of mind constitutes the most influential and coherent view of mental life we have.

Freud's theory had its roots in a *fin de siècle* Vienna refulgent with coffeehouses and salons, where writers, artists, and scientists mingled and influenced one another in synergistic fashion. Their creativity was sparked by new developments at the Vienna School of Medicine, whose

dean, Carl von Rokitansky, demonstrated that mental processes are based on the biology of the brain, that mental illness is biological, and that symptoms can be empirically correlated with their substrate pathological processes.

At one salon gathering, for instance, a colleague of Rokitansky's met secessionist artist Gustav Klimt, whom he introduced to Adele Bloch-Bauer, whom Klimt painted for the artwork depicted on the book's cover. Freud, one of Rokitansky's students, discovered the unconscious mental processes necessary to the development of a dynamic cognitive psychology, having benefitted from Rokitansky's approach to correlating hypothetical mental processes with observable biological ones. Observing a patient's symptoms and behavior, trying to discern the mental representations of the dynamic conscious and unconscious processes, and attempting to uncover the brain mechanisms of conscious and unconscious became foundational to Freud's method.

Later, this method also inspired a Russian admirer of Freud, Alexander Luria, a psychologist and physician who, with his depiction of *neurodynamics,* founded the modern study of neuropsychology (Goldberg and Bougakov 2009). This method has also been employed by such pioneers of clinical neuropsychoanalysis as Solms and Kaplan-Solms (2000).

The Age of Insight outlines hundreds of neuroscientific advances that contribute to this new conversation between art and science. It is organized into five sections, each consisting of three to ten chapters. The first is a description of psychoanalytic psychology and the art of unconscious emotion. The second part details the cognitive psychology of visual perception and emotional response to art. The biology of the beholder's visual response to art is the subject of the third part. The fourth section depicts the biology of the beholder's emotional response to art, with the fifth part delineating an evolving dialogue between visual art and science.

In each section, Kandel uses features of well-known artworks to explicate particular neuroaesthetic experiences, such as perception of color, texture, form, dimensionality, motion, light, shading, and attention to edges. Showing how faces, hands, and bodies form *emotional primitives* that are processed quickly, and as wholes, for the affective information they communicate, he takes us to the psychophysiological underpin-

nings of the German Expressionist painters' manner of exaggerating and distorting these features to achieve maximum emotional effect on the viewer.

Kandel marshals his facts with the precision of an army general on maneuver. This ability to organize his argument makes the extremely complex facts he describes easier to assimilate. One of the most important concepts for the practice of the more relational variety of treatment is contained in Kandel's discussion of a 19th-century idea developed by art historian Alois Riegl (1902) and taken up by two students of his work, Ernst Gombrich (2000) and Ernst Kris (1952): the idea that a work of art is incomplete without the participation of the viewer/reader/listener's perceptual and emotional state via the empathic ability to read another's mind. This notion of the *beholder's share* has new support from social psychological and neuroscientific research on social cognition.

Starting from the biology of the beholder's share, Kandel demonstrates how visual information is first processed in the retina, which deconstructs it into neural code made up of action potentials that move ever higher in the brain. Gestalt principles of unity govern these "bottom-up" processes. But these mechanisms are assisted by the "top-down" process of hypothesis-testing shaped by the beholder's prior experiences, held unconsciously in memory. These latter processes are what give meaning to what we observe. So our interpretations of art are based on our internal representations of not only what we see, but also of the artist's possible intentions and how we associate this newly created gestalt of perception and conception within the field of other artworks we have viewed in the past.

Kandel goes so far as to assert that "every painting owes more to other paintings than it does to its own internal content" (*The Age of Insight*, p. 304). Providing a biological basis for transference, he states that we process emotions in the same fashion, with both perception and remembered internal representations playing a role in what we feel and what we observe in others' expressions. Emotions are processed via pain and pleasure pathways, and our attunement to those valences in ourselves and others makes us capable of empathy.

Observing the emotional state of another person activates an unconscious mental model of that emotional state, including its unconscious

bodily processes. The components of this ability are both emotional (perceiving and responding) and cognitive (thoughts and desires). As we unconsciously mimic another person's state of mind, we may assume their facial expressions, bodily postures, gestures, and hand positions and develop a sense of rapport with the person being imitated. We mine this information not only for *like-me* or *not-me* information, but also for information about how the other is coping and what these expressions and motions signal about the person's attitude toward others—to construct a theory of mind.

Because the same regions in our brains that are activated when we see another's emotional expression are stimulated when we experience that emotion ourselves, we form theories of our own minds, too, if we are reflective. Although the system that supports this ability shares pathways with the attachment system, its purpose differs. The primary goal of intersubjective experiencing is communicating, intuitively and automatically, with other people in order to facilitate social understanding (Cortina and Liotti 2010).

Something psychoanalysts have long known about—the role of mutuality in creating interpersonal attunement and structuring object relations—has now been shown by neuroscientists to be underpinned by mirror neuron systems that allow us to feel what others feel just by observing them. Indeed, the ways in which our movement through an environmental context changes perception, comprehension, and states of being—long understood to be part of our appreciation of the temporal arts—is now forming the basis of a new discipline, *social neuroscience* (Dissanayake 2000; Lehtonen 2012; Llinas 2001; Stern 2010).

But the influence is bidirectional. This new area of study will not just influence how we think about psychoanalytic praxis; social neuroscience will also be impacted by our psychoanalytic understanding of the mutual recognition generated by the therapeutic relationship. As Kandel shows, we now understand that we routinely make moral and ethical judgments based on unconscious, intersubjective empathic attunement, further influenced by context, as well as on conscious, "rational" decision-making. As a result, philosophers are undertaking a revision of the conflict model of moral conduct first identified by Freud nearly a century ago.

Here is how the new model is thought to work. The melding of the first- and third-person perspectives of the same phenomenon leads to *shared representations* and a *shared self* that finds itself in the eyes of another. Such a representation is like a schema, but it is about *doing* or *being*. It is a procedural process for reexperiencing (from the "bottom up")—not, as was previously believed, just a mental structure or habit. Representations of experiences of participation include many elements—sensations, perceptions, affects, actions, thoughts, memories, motivations, contextual elements—all capable of being held in isolation or integrated. When integrated, they form a schema of *being with another* because they always involve two or more people (Stern 1995).

Because becoming and being a biographical and cultural self by incorporating aspects of other people's activities and beliefs is the same neurobiological process as responding to and incorporating other aspects of the world (Damasio 2010), the self can emerge not just as a physical or psychic presence, but also in self-reflective story form. Thus, if we are engaged with hearing others' narratives via a mirroring process, their ideas become part of our extended selves. Neuroscientists and moral philosophers now posit this process to be the basis of ethics. Although self and other are often at odds, paradoxical resolution based on seeing things from a third perspective can augment solutions grounded in compromise.

Kandel's Art

W. H. Auden, a poet who moved between England, New York, and Austria, characterized home as the "place I may go both in and out of" (1959, p. 697). For Kandel, who came out of Vienna and settled in New York, science is clearly that place. And yet one feels Vienna in Kandel's writing. His prose is elegant, expressive, ordered, and hierarchical. It is richly decorated, proud, and loves beauty. Furthermore, the text is illustrated by artwork depicting horror, sorrow, and longing—longing, perhaps, for a time of innocence, of potential, of perfection, sorrow for a dream destroyed along with millions of other Jewish hopes. In describing the Vienna of the early twentieth century, he appears to be actively grieving this loss as mourners do, by remembering.

Russian-American essayist and poet Joseph Brodsky (1995), with a nod to Auden, characterized the differences between European and American sensibilities this way: a European sits beneath a tree remembering its long, distinguished history—its leaves rustling with allusions—and then goes home, essentially unchanged, to dinner with his family. An American relates to the same tree as if "epidermis [were] meeting bark" (p. 225)—with both man and tree equally free of references and equally shaken by the encounter. Kandel, in narrating his story with a focus on the science of aesthetics, marries the grief of his (European) history to the reasoning of (American) experimental empiricism, and ("top-down") memories to ("bottom-up") encounters. The result is a text that Oliver Sacks dubbed a tour de force.

Implications

Not so many years have passed since Oliver Sacks's (1984) remark that "neuropsychology is admirable, but it excludes the psyche" (p. 164). With Panksepp and Biven (2012) delineating the biological basis for affect regulation systems and Damasio (2010) outlining the levels of a biologically based self-system, psychoanalysts and neuroscientists are no longer entirely separated into warring camps. Gone are the days when psychoanalysis rejected formulations derived from biological science in favor of heuristic models. But gone, too, are notions of the psyche as an entirely monadic entity.

Furthermore, psychoanalysis is being reconfigured as a discipline that can be extended well beyond the consulting room. My own beholder's share of *The Age of Insight* relates to my five-year consultation to the designers of the National September 11 Memorial Museum. Thanks in part to Kandel's text, I was able to translate many psychoanalytic concepts into readily accessible language that we could all share in conversations about moments of enacted group process that had become unconsciously split off from the central museum narratives. In retranscribing these enactments into art and design to reintegrate traumatic emotions that had initially felt too unbearable to include, we were able to create an intersubjective experience of history, mourning, and collective grieving that was enlivened but not unbearable. By choreographing a narrative

experience that at the end of the museum journey convenes a co-created ethical community of memory, we used a psychoanalytically informed aesthetics to publicly memorialize lives that were taken in service of undermining the dominant symbolic social order. By making space for the depiction of multiple narratives, psychoanalysis was utilized to manage the collapse not just of buildings, icons, and time, but of our ability for reasoned discourse and empathic listening to others' perspectives (Pivnick and Hennes 2014).

Brodsky asserts that grief and reason, when "fused, . . . set in motion something that . . . we may just as well call 'life'" (1995, p. 261), and Auden holds that "human life is expressed as a poetry that incorporates the world of art not merely as decorative aid but as a moral sphere of being" (Firchow 2002, p. 208). Kandel brings us closer to a psychoanalytic moral philosophy retooled for the twenty-first century, a philosophy based on our abilities for reading communications that come to us across what some neuroscientists have dubbed the *social synapse* (Cozolino 2013), via a process that relational analysts have called *standing in the spaces* (Bromberg 1998).

With psyche now intersubjectively conceived as well as neurobiologically buttressed, we can imagine Kandel as ushering in a twenty-first century that may come to be considered the "Age of the Psyche." Given that the term *psyche* is derived from the Greek word for *breath,* we may even view this new construction as a breath of fresh air for psychoanalysis and neuroscience alike.

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WORKING PSYCHOANALYTICALLY WITH NONNEUROTIC PATIENTS: THEORY AND TECHNIQUE

BY FRANCIS BAUDRY

Unrepresented States and the Construction of Meaning:
Clinical and Theoretical Contributions.
Edited by Howard B. Levine, Gail S. Reed, and Dominique Scarfone.
London: Karnac, 2013. 300 pp.

In this most cogent contribution addressed to the understanding of states of mind that fail to gain access to the chain of representation, symbolization, and verbal connections, the three editors have done a masterful job of bringing together clear, detailed descriptions of both theoretical developments and their clinical applications essential in dealing with a group of patients who until recently were not considered amenable to traditional psychoanalytic exploration.

What makes this book particularly valuable, especially for the American reader, is that psychoanalysis as practiced in this country has not had a well-formulated theoretical or clinical approach to the understanding of the mind in its more primitive and earlier areas of functioning. In the 1960s and before, Frieda Fromm-Reichmann and Harold Searles were among the pioneers in this area. More recently, Thomas Ogden has contributed a large number of papers to the challenges confronting the seasoned analyst who has to devise new ways of listening in order to make sense of what is happening in the treatment of such patients.

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This book seeks to explore the nature of different levels of representation and offers a number of clinical essays to show how clinicians from different schools approach these difficult patients. The book is divided into three parts: first, there are scholarly chapters by the three editors addressing both clinical and theoretical issues. A second section is devoted to theoretical studies on absence and presence, and a third section presents a number of clinical cases illustrating the usefulness of the theory.

Because many authors contributed to this excellent volume, there is bound to be some repetition, but this is not a detraction from the overall value, as the concepts in themselves are quite complex, and reading how different authors apply them to their work is in fact quite helpful for the reader unfamiliar with these issues.

The book is dedicated to the memory of André Green, since it was a brilliant paper of Green's (1975) that spelled out an initial approach to the analysis of more disturbed patients. This paper challenged the traditional psychoanalytic enterprise. In an exchange with Leo Rangell and Anna Freud on the current status of analysis and its evolution in the last fifty years, Green opened the way to devising new treatment modalities for borderline patients. In his concept of *the negative* (1999) and in his paper on *the dead mother* (1983), Green laid the groundwork for thinking about the damaging effect on the psyche of either traumatic or absent parenting in the early years of life.

Green was influenced by some of the British analysts who helped pave the way toward dealing with these problematic patients. Klein with her concept of positions, Winnicott with his theory of very early development, Rosenfeld and his work on negative narcissism, and particularly Bion—with his conception of the mother's key role as the one who translates primitive communications and shapeless affects of the baby into verbal statements—all contributed to Green's clear thinking about these issues.

There are many challenges and resistances to developing a theory about these early mental states. Traditionally, psychoanalysis relied on the capacity of the patient to free-associate allowing the analyst, through his evenly hovering attention, to infer meaning and to reconstruct the past history, to infer unconscious conflict and the defenses erected to

allow survival and adaptation in the real world. The transference allowed for the emergence of past conflicts in an emotionally vivid form, enabling the patient to gain insight into his earlier modes of coping with inner stress, including the compromises he has built up. Eventually, the more mature adult could then take distance from outmoded and no-longer-necessary ways of dealing with unconscious conflict and replace these mechanisms with others more adapted to his current reality.

The authors have been careful not to label the patients they discuss as either *psychotic* or *borderline*. The closest they come to a diagnosis is the designation *nonneurotic,* but this is used quite vaguely. It turns out that these patients have variable levels of functioning, with some areas at a higher level and others not so. Their pathology may be generalized to most sectors of the personality or limited to only some. In other words, the capacity to represent and to symbolize is only partially out of commission.

The primitive states that these authors are alluding to are registered in the mental apparatus but not represented. How they are registered in the body/psyche unit is still a mystery. How to find them and how to deal with them is the challenge struggled with by these authors. Some authors label the inscription *prepsychic*. As Green pointed out, the resulting primitive affects without accompanying ideation can only be dealt with through a primitive sort of evacuation. Bion suggested that, once such affects are ensconced, the only means of exit is through some sort of ejection or projective identification.

Thus, for Green—as Reed and Levine point out—the task for the analyst is to help the patient create a mental apparatus, i.e., a container to manage what until then has been unmanageable. This explains the second part of the book's title: *The Construction of Meaning.* As Bion colorfully put it, there are thoughts but no apparatus to think. The challenge, then, is first to clarify the nature of the registration or inscription of primitive states in the psyche/soma entity, and then to figure out how to deal with them in the clinical situation. There can be only a speculative theory about the nature of representation in the prepsychic organism.

Even among experienced clinicians, there are considerable differences in both theory and technique in how to deal with these patients.

The damage done by very early trauma is seen quite differently by Kleinians, who assume from the start the presence of primitive internal objects and unconscious fantasy, than by Green, who hypothesized that the primary object's failure to provide needed nurture and support has led to voids, a decathexis, and a failure to represent.

Given that Green's ideas influence the editors' approach, some clarification of his point of view is in order. It was Green who pointed out that a consequence of the shift from the topographic model to the structural one had consequences that were not fully appreciated. For example, in the former, drives are located outside the mental apparatus (a concept on the border between soma and psyche), whereas in the structural model, the id is the container of the drives, no matter the level at which they are conceived.

As the editors clarify, this second view allowed for unrepresented or poorly represented states to be part of the id. Their manifestation in the clinical situation would no longer be understood via verbal derivatives since none exist, but rather by more primitive manifestations bypassing consciousness. Green identifies two different types of patients: one group suffers from a fusional need and extreme object dependence, while the other group is the opposite, maintaining an almost unbridgeable distance from the analyst, creating in the latter a sense of near-total exclusion.

Because the first two introductory chapters by Reed and Levine offer the best exposition of this complex topic, I will examine them in detail and then briefly comment on the additions made by the book's other contributors.

Aware of the complexity of the problems and the huge demand made on the reader, Reed—in her chapter following the introduction, "An Empty Mirror: Reflections on Nonrepresentation"—offers a brief theoretical essay followed by a clinical illustration. As previously mentioned, Reed is very much influenced by Green's ideas, both theoretically and clinically. For example, acutely sensitive to what the patient can tolerate, Green pointed out the danger of interpreting the transference, as might be done in a classical analysis, rather than taking the more useful approach of interpreting *in the transference*—that is, the analyst sees the world through the patient's eyes and does not present himself

as an outside object who would likely be experienced as either intrusive, non-existent, or malevolent.

Here is the clinical segment that inspired the title to Reed's chapter. The patient says, "I don't know what my feelings are, I'm startled when I see myself so angry and depressed. Nobody would like me when I look so angry. I see a certain physical image," and the therapist then intervenes as follows:

> I asked her what she saw when she looked in the mirror. There was a pause and in a chilling tone different from what preceded or followed, she said, "It is not there." There was another pause. Only then did she describe her reflection: "I see somebody un-attractive, very disembodied, where things are not harmonized." [p. 32]

Reed continues: "Although her words were ambiguous, it seemed as though she might have briefly entered a different mental state, so that when she thought about looking at herself, she could not initially find her reflection but saw only emptiness" (p. 32). I would add that it is also possible that her reflection was so distasteful to her that she magically—if only for an instant—managed to erase it rather than face the reality of her ugliness. These two interpretations are not, of course, mutually exclusive.

Green would describe the patient's experience as a sort of negative hallucination. The beauty of Reed's case presentation is that she gives us considerable clinical material to support her idea that the patient was indeed unable to sustain a mental representation of the object in its absence. Much of the material presented deals with early narcissistic issues involving separation, identity, destructiveness, and fear of abandonment, all relating to preoedipal material.

The other case presented by Reed demonstrates the gradual shift between massive self-depreciation and attacks on both self and analyst during a difficult weekend separation, in which the patient comes to see the analyst as all bad and abandoning. Relying on Green's ideas, Reed does not focus on the patient's aggression toward the analyst, but rather interprets the patient's paranoia as a way of holding onto a disap-pointing object as an alternative preferable to total abandonment. Sub-

sequent clinical material confirms the usefulness of this approach, as the patient was eventually able to develop some self-observation about what she had gone through and the reasons for her regression.

Following this chapter, another of the editors, Howard B. Levine, contributes a very cogent chapter titled "The Colourless Canvas: Representation, Therapeutic Action, and the Creation of Mind." His title is taken from the following quotation: "For many patients who consult today, unconscious memory traces have not left a significant mark, hence the 'colourless canvas,' altering the nature of the analyst's functioning and interventions" (Sparer 2010, p. 1180, quoted by Levine, p. 45).

Levine is particularly good at defining this colorless canvas, what could be called the *prepsychic*. It may be associated with

> . . . vague or eruptive states of emotional turbulence or difficulties in thinking and psychic regulatory processes, but it may be "invisible" or only weakly discernible *as content* unless or until its trace is strengthened or is transformed into being (achieves representation) by an intersubjective process of construction or co-construction. [pp. 49-50, italics in original]

In effect, some unmetabolized aspect of the patient's functioning activates the analyst's representational capacities. Because of the primitive nature of the patient's psyche, action may be a necessary form of communication. Levine suggests that, with these patients, any injunction against action (as can be appropriate with classical neurotics) may be counterproductive. Of course, such patients are in the realm of the concrete rather than the symbolic. The role of the analyst is not only to create meaning, but also to allow the mind of the patient to experience meaning.

This new view about the role of action changes our perspective on the popular concept of *enactment*. Here an enactment becomes a way station in the process of creating a representation, an essential link between the nonrepresented and the emergence of primitive representation (Botella and Botella 2005). As Levine suggests, only in retrospect is it possible to clarify whether some action on the analyst's part is an enactment due to countertransferential interference, or whether it is a way station in progressing toward figurability. Levine augments his chapter with a case illustrating his way of working.

In contrast to clinical illustrations of the complex theoretical changes consequent to the new theory, the book's third editor, Dominique Scarfone, usefully focuses on the role of action. Within the primordial mind existing between the soma and the psychic field, there exists only action—i.e., presentation or somatic discharge. Scarfone introduces the concept of the *actuel,* emphasizing that time plays no role in this event. Here we are reminded of Freud's idea of the timelessness of the unconscious; in fact, Freud already anticipated this in his concepts of transference and repetition compulsion.

Scarfone points out that transference requires the presence of another if it is to become enacted in intersubjective space. An analogy can be made with Bion's view of the mother as transforming beta elements (primitive traces) into alpha elements (meaningful signs). The analyst transforms action in the transference into the possibility of remembering. There is also room in this model for the communicative role of less organized affects in the primitive mind that can be gradually transformed in the psychic field, existing alongside representations as the two possible components of the drive.

Scarfone's chapter is followed by one entitled "Psychic Figurability and Unrepresented Mental States," by César and Sara Botella (2005). The Botellas—two French analysts who work in the tradition of Green— are well known in psychoanalysis today for their elaboration of the concept of *figurability.* By this they refer to an extension of Freud's (1900) concept of *Darstellbarkheit;* this concept also influenced some of his later writings (e.g., Freud 1914). The word *figurability*, a neologism, was first introduced as *figurabilité* by Laplanche and Pontalis (1967).

The Botellas conceptualize one of the primary functions of psychic life as an attempt "to create representations permitting the trauma that had hitherto been unrepresented to be integrated within the representational networks" (p. 98). This, in analogy with dream formation, invokes the concept of figurability. The Botellas thus emphasize the potential for representation. It is a state hopefully encouraged by regression in the analytic situation. The Botellas see figurability as a processual component becoming real "in regressive states, but [it] is neither representation, perception, nor hallucination, but a fourth form of intelligibility implying and implicated in the three others" (p. 107); it is a psychic property that binds.

Laurence Kahn, the author of the next chapter, is one of the most distinguished and complex theoreticians of the contemporary French analytic scene. In "'If One Only Knew *What* Exists!'" (a quotation from Freud in 1892, after a visit to Charcot), Kahn continues the work of the Botellas; she carefully differentiates between Freud's concept of something becoming conscious and the function of process formation of a presentation or an idea. She highlights the insuperable gap that separates what can become conscious from the *protopsychic,* which remains, in the final analysis, a matter of speculation.

Freud relied on a number of postulates—for example, that one of the main functions of the mind is to create meaning. Kahn distinguishes the process of dream interpretation from the more obscure process of dream formation (presentation as differentiated from representation), although the process of presentation is not specific to dreams but applies as well to symptom formation or slips of the tongue. She points out that the repetition of trauma via action suggests, in fact, that the early inscription of trauma was meaningful—i.e., that it can be inserted into a chain of signifiers, a fact often lost sight of or even denied by others. The investigation of different modes of presentation of psychic material becomes crucial in nonneurotic pathology. Special attention must be paid to the analyst's countertransference; it becomes the vehicle through which the patient conveys these states in the clinical situation. There is a direct communication between the patient's unconscious and the analyst's receptive organ. Neither the topographic nor the structural model is of much help in conceptualizing these patients' dynamics.

The disruptive effect of early trauma has been usefully explored by Winnicott (1974), Kahn notes. Winnicott believed that in fact a breakdown had already occurred in patients such as these. Their fear is a consequence of a very early traumatic experience that has not been lived out, but remains in a quasi-split-off state. This condition may be the result of very early maternal failure (in this regard, it is interesting to note that Kohut never credited Winnicott for his contribution to the understanding of early narcissistic states).

Here we are in the realm of the complicated relationship between complex primitive tension states and the role of affects that are in close proximity to the drives yet by no means a primary datum of the un-

conscious psyche. How one becomes transformed within the other is a matter of great interest. A mnemic trace is not the same as a mnemic image. Kahn here rehabilitates the usefulness of metapsychology, so easily dismissed today by a large segment of the analytic community in this country.

This same issue is explored again in a contribution by Marion Oliner, "'Non-Represented' Mental States." This chapter addresses the thorny issue of the inscription of trauma as an unrepresented state. Like Kahn, Oliner disputes the idea that early trauma cannot simply be included in the category of nonrepresented states in the mental apparatus. She believes that there must be some connection between the original memory traces, or the mnemic images, of the trauma and its later emergence in enactments and realization. This important assumption questions much of the theory of other contributors, who claim that in fact it is the absence of insertion into a psychic chain of meaning that is fundamental for these patients and that has important clinical consequences.

If Oliner is correct, we would have to question many of the assumptions about the nature of the inscription of these early states. She relies on Loewald's model, which is based on process rather than storage or encoding, dominant forces in many of our discussions on early trauma. There is an interaction between the individual and his environment, and pleasurable states contribute to the formation of the "psychic" experience.

Like Loewald, Oliner emphasizes the degree of maturity of the ego at the time of trauma; it cannot be integrated if the ego is immature. There is continuity between the earliest levels of integration—when registration occurs through the senses—and later ones; Oliner believes that traces of trauma are best understood through their emotional links to the senses. She uses Freud's concept of the role of representation in dream work—i.e., the reliance on an experience suffused with sensory details that become essential to the form of dreams. Can the same process apply to the reexperiencing of traumatic states? That is, traumatic states may be re-created in a manner similar to dream images. Their gradual realization allows the process of integration to take place.

Oliner posits a universal need for repetition, i.e., the need to reexperience trauma. She sees this as an attempt at mastery—an ego mech-

anism, a primary motive to relive the experience connected with the lost object—rather than to simply drive away the pressure. Hallucinatory wish fulfilment becomes connected with a lost object after the phase of primary narcissism. There remains an unavoidable gap between the original lost object and the acceptance of it in the external world. This view contrasts with the thinking of Freud, who places the drive rather than the object at the center of his system. Dream work attempts to bridge the gap between the two: the real object and the wished-for, lost object.

Oliner reminds us of Freud's statement that "whatever strives to become conscious has to be translated into an external sensation" (p. 161). For normal development to occur, the first external object has to supply sufficient pleasurable experiences.

The third and final section of *Unrepresented States and the Construction of Meaning,* called "Clinical Explorations," starts off with Marilia Aisenstein's chapter, "Drive, Representation, and the Demands of Representation." Here the author tries (with some difficulty) to forge a link between the colon cancer suffered by a patient of hers and the rest of the patient's life.

Aisenstein describes one of her basic beliefs as a psychosomatician:

> In my view there is no such thing as a psychogenetic somatic illness. Whether it is serious or benign, an illness is the result of an infinite number of factors, hereditary, genetic, organic, environmental, and psychic, but it occurs at a given moment in a subject's life . . . . Early traumas and certain types of depression, known as "essential," facilitate a subject's somatic disorganization. [p. 179]

Aisenstein illustrates her thesis through the therapy of a young Japanese patient suffering from colon cancer. During the treatment, events emerge connected with Hiroshima, bombing, a wished-for pregnancy, and *seppuku* rituals—all connected with violent affect. For Aisenstein, these elements form a link between unmanageable emotional states and the presence of cancer. Whether the reader will be as convinced as Aisenstein remains an unresolved question.

Pursuing the problem of representability in his chapter, "The Inaccessible Unconscious and Reverie as a Path of Figurability," Giuseppe

Civitarese emphasizes that, unlike repressed memories, representational deficits combined with preverbal traumas can emerge almost exclusively in the form of disturbances in the setting. These are commonly assumed to involve enactments, but an important consequence may also be the patient's "feelings of blankness and deprivation, a poverty of discourse, or the relative incapacity to think or express emotions. Such patients may appear frozen and stuck" (p. 222).

In the final chapter, "The Process of Representation in Early Childhood," Christine Anzieu-Premmereur takes a much-needed developmental view in beautifully describing the processes underlying the development of the capacity to form representations in early life. This capacity is fostered by the quality of the infant's primary object relations, she writes. The perception of the mother evolves from that of a double of the child's self to that of a differentiated other. Mental representations start from an interactional process. The quality of the caregiver's capacity for attunement and the preponderance of libidinal investment are prerequisites. The initial state is one of fusion. Later this may be replaced by raw, extreme emotions of terror overwhelming both members of the dyad.

An overall question is whether readers unfamiliar with the ideas discussed in *Unrepresented States and the Construction of Meaning* will be as convinced of their validity as the book's enthusiastic contributors seem to be. Of importance is not only the evidence presented, but also the level of conviction engendered in the reader. At bottom, can we achieve the same reliable degree of validity when we deal with nonverbal material as when we work with words, with symbols and their transformation?

We might recall that, as interesting as we find the data presented by Freud in the case of the Wolf Man and the reconstruction of a primal-scene experience at the age of eighteen months, some doubt remains about the validity of the many steps Freud relied upon to arrive at his conclusions. Relying on one's countertransference is a tricky endeavor. Translating an enactment into the reconstruction of a primitive state is complex.

In the final analysis, we all need a theory to organize our data and make sense of it. We cannot fault investigators for constructing a new theory, particularly since the available theory may not be capable of ac-

commodating the level of disturbance of many of the patients discussed in this book. Evaluation of these contributors' results is a delicate operation. The difficult patients described do seem to improve, but we know that, in addition to interpretation and insight, there are many subtle factors that can lead to improvement. With this patient population, we can assume that the relationship often plays a more important role than does interpretation.

On the positive side, we have to admire what we read here of the gradual transformation of experience, of its inclusion in the chain of states not yet verbalized, as well as the recovery of new memories and access to meaningful levels of being, along with the gradual diminution of wordless affects and the substitution of more advanced functioning. Also significant is the recovery of powerful affects hidden behind a seemingly impregnable fortress. This combination suggests that the process engaged in is truly restorative and integrative. This is not wild analysis.

Most important, at least for this reviewer, is the frequent occurrence of relational scenarios subtly enacted in the therapeutic situation that silently repeat some crucial aspect of past trauma and its interpersonal context, totally out of the patient's awareness. The interpretation of this scenario can be quite convincing to both patient and analyst.

Ultimately, deep immersion in a new theory is required before one can fully appreciate its workings and its clinical consequences. This alone can supply the level of conviction sufficient to achieve a solid basis in lived experience. It is my hope that readers of this book will be encouraged to try out some of these new approaches for themselves. In any case, this volume tackles cutting-edge developments in current psychoanalytic thinking about the treatment of nonneurotic patients, and is therefore a valuable addition to the libraries of analysts of all levels of experience.

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BOOK REVIEWS

DIAGNOSING THE DIAGNOSTIC AND STATISTICAL MANUAL OF
    MENTAL DISORDERS. By Rachel Cooper. London: Karnac, 2014.
    79 pp.

The Diagnostic and Statistical Manual of the American Psychiatric Association has been both a blessing and a curse. It was produced originally to serve as an instrument to aid researchers in trying to understand the panoply of emotional disorders that confront psychiatrists in their everyday work with patients. This was a laudable endeavor. Like so many such endeavors, however, it has evolved in directions that were hardly anticipated at the outset. For one thing, it has grown enormously, both in size and influence.

DSM-I, which was prepared by the APA's Committee on Nomenclature and Statistics and presented to the public in 1952 as a variant of the sixth edition of the World Health Organization's *International Classification of Diseases* (the first one that contained a section on Mental Disorders),[1] was inexpensive and a modest 132 pages in length. DSM-II, published in 1968, was equally inexpensive, only two pages longer, and very little different in content—at least on the surface. The main difference was that the word *reaction* was removed. To quote from the introduction to DSM-IV: "The use of the word *reaction* throughout DSM-I reflected the influence of Adolph Meyer's psychobiological view that mental disorders represented reactions of the personality to psychological, social, and biological factors" (p. xvii). This seemingly minor change was actually far from minor, as it signaled the beginning of a major shift in outlook within American psychiatry.

Work on DSM-III began in 1974 under the chairmanship of Robert L. Spitzer, and it appeared in print in 1980. It contained considerable

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[1] ICD-9 appeared in 1978, and ICD-10, which is in current use, was introduced in 1992.

changes that reflected a significant movement away from the psycho-logical aspect of the bio-psycho-social viewpoint that prevailed in DSM-I and -II, and toward an emphasis on the biological aspect of mental ill-ness. The attitude that guided the development of DSM-III favored a "descriptive"—that is, phenomenological—approach to categorization, rather than reflecting interest in what might be taking place inside the patient that generates the surface manifestations.

In part, this perspective derived from the impact of the pharmaceu-tical industry's development of medications that seemed useful in the management of many emotional disorders. It introduced that industry and its profit motive into the mental health arena in a big way. The im-pact of the pharmaceutical companies on psychiatry and on psychiatric thinking mushroomed. As Rachel Cooper points out in *Diagnosing the Diagnostic and Statistical Manual*, the DSM and ancillary DSM publica-tions that derived from it also came to be a huge source of revenue for the APA. Money began to drive the system in a very large way.

DSM-III created a degree of ferment, dissatisfaction, and dissent, however. It was revised in 1987, and the Committee on Nomenclature and Statistics, now chaired by Allen Frances and Harold A. Pincus, de-veloped DSM-IV, which had ballooned to a whopping 886 pages when it was published in 1994. The latest version, DSM-V, developed under the chairmanship of David L. Kupfer and Darrel A. Regier, was published in 2013 and is 947 pages!

DSM-IV and -V, together with their companion manuals, became ex-tremely expensive as well. The fourth version of the DSM not only be-came a cash cow for the APA; it also became a textbook (and more) for American psychiatry training programs, which had become increasingly biological in outlook. Furthermore, it became an important factor in the increasingly powerful health care industry, which has been pressing mental health care deliverers to abandon expensive long-term psycho-therapy, including psychoanalysis, in favor of cheaper treatment modali-ties—such as medication and short-term therapy—that aim at symptom relief and surface behavior alteration.

Would it be an exaggeration to say that the DSM has grown, or perhaps been transmogrified, from its humble beginnings as a tool for organizing data into an out-of-control, hungry monster that has taken

control of the field of mental health in this country? The DSM and its evolution have seriously altered the conditions within which those who wish to provide more deeply reaching and long-lasting kinds of therapy must function, and the impact has been enormous.

Cooper, a senior lecturer in philosophy at Lancaster University in Great Britain, has devoted herself to studying the conceptual issues and problems involved in classifying mental health disorders. In this, her third book on the subject, she examines the most recent revision of the DSM, considering its usefulness and the problems it creates. She points out in the first chapter, "DSM-V: An Overview of Changes," that intensive lobbying by various special-interest groups has strongly influenced the revision process from DSM-IV to -V. These groups have included the pharmaceutical industry, the health insurance industry, parents who fear the loss of services for their children labeled with Asperger's disorder because of elimination of that designation, and veteran groups concerned about the danger of reduction of services for former military personnel suffering from posttraumatic stress disorder, among others.

Cooper highlights the power of phenomenological diagnostic categorization to blur the principle of multiple possible causations through its focus on the growing tendency to reflexively diagnose children with "ADHD," and then treat them, in knee-jerk fashion, with stimulant medication—rather than carefully considering the various possible causes of observable surface behavior. This simplifies the diagnostician's job, frees parents and teachers from taking responsibility for their possible participation in the children's learning issues, and fattens the coffers of the companies that manufacture stimulants. Clearly, the pharmaceutical industry has a huge financial stake in the increased emphasis placed on *Adult* ADHD in the latest version of the DSM.

Cooper comments on the addition of a number of new diagnostic entities in DSM-V (some of which were elevated into prominence from the Appendix of DSM-IV). She acknowledges that the Committee on Nomenclature and Statistics seemed to be genuinely trying to clarify or improve diagnostic categorization, but she indicates that it also created a number of problems. The new category of "disruptive mood regulation disorder" for children with persistent irritability and periods of poorly controlled behavior, she observes, is a welcome antidote to the question-

able labeling of an inordinate number of children as having "bipolar disorder"—given that Joseph Biederman and his colleagues at Massachusetts Medical Center published a series of papers on the topic without revealing that they had been granted huge sums of money for their research by the pharmaceutical industry that stood to profit from the sale of medications directed toward those children.[2]

On the other hand, such newly listed conditions as "attenuated psychosis syndrome" for adolescents considered to be at risk for developing schizophrenia, "Internet use gaming disorder," "premenstrual dysphoric disorder," and "hoarding disorder" have been quite controversial. Cooper also focuses on a change in the diagnosis of phobia: removal of the need for the phobic individual to view his or her fear as irrational, so that all that is necessary to apply this diagnosis is for a practitioner to view it that way. Cooper echoes the concern of others that a practitioner lacking in the knowledge possessed by persons who can actually justify a specific fear could lead to incorrectly pathologizing a concern that is actually understandable. Allen Frances, who chaired the committee that developed DSM-IV, has himself expressed serious concern in this regard (p. 9).[3]

Cooper devotes a whole chapter to the relationship between the DSM and the pharmaceutical industry. She states that: "Whenever a new condition is included in the DSM, or diagnostic boundaries are expanded, a new market for drugs is potentially created . . . . The pharmaceutical industry thus has huge amounts at stake when the DSM is revised" (p. 13). There has been increasing worry about the impact of pharmaceutical industry money on the APA and upon the members of the committees responsible for the periodic revision of the DSM. Cooper cites concern that "potential conflicts of interest have become widespread" (p. 13). The APA's efforts to restrict those conflicts of interest, she observes, ap-

[2] See: Sroufe, L. A. (2012). Ritalin gone wrong. *NY Times Sunday Rev.,* Jan. 29, pp. 1, 6. See also: Abramson, J. (2013). Letter to the editor. *NY Times,* Jan. 15, editorial page. Abramson, a lecturer on health care policy at Harvard Medical School, notes that: "Virtually all of the most influential studies published in medical journals are commercially sponsored. These studies are skillfully designed to produce results that support drug sales. The data remain proprietary. Even many academic authors of these articles are not allowed free access to the data."

[3] See Frances, A. (2013). *Saving Normal.* New York: HarperCollins.

pear to have been woefully inadequate; disclosures in 2012 revealed that more than two-thirds of the committee members who worked on DSM-V reported ties to the pharmaceutical industry.

Pharmaceutical companies exert a powerful impact not only via direct payments to doctors and via stock ownership by doctors, but also through selective, preferable funding of research carried out by investigators who are friendly toward them. It is in the interest of Pharma, for example, to have the DSM revision committees progressively split the category of depression into subtypes (such as "depression and anxiety") to which their products can be directed, even though these products have not seemed to be any more effective than existing ones for depression alone. As Cooper points out: "To pursue such a strategy the company needs to make it plausible that the subtype exists, that it is quite prevalent, and that their drug is a good treatment for it" (p. 16). And this is what the researchers whom they support tend to find. The risk this imposes on the general population is epitomized in what happened with regard to the diagnosis of childhood bipolar disorder (and of attention deficit/hyperactivity disorder).

Cooper offers cogent ideas about the value of patient input in the DSM revision process, which the APA has endorsed in no more than cosmetic fashion, and she strongly advocates valuing the input of patient-researchers (researchers who also have had personal experience with emotional illness): "Those who work for industry will tend to find results that promote the interests of industry, while patient-researchers will be more likely to find results that promote the interest of patients" (p. 28). She cites experience in the UK to illustrate what she hopes might also occur elsewhere:

> "Mind," the UK mental health charity, collated reports of drug reactions from patients and published summaries in 1996 and 2001 . . . . Since the Mind reports . . . the procedure for reporting adverse drug reactions in the UK has changed so that patients can now directly report adverse reactions. [p. 28]

A whole chapter is devoted to the new diagnostic category of "hoarding disorder." The author questions its establishment because of cultural variations and because of the danger of "medicalizing" some-

thing that does not actually derive from anything being wrong in a person's mind. Her ideas are worth considering, although what is involved in extreme hoarding certainly does seem to reflect the probable existence of emotional problems. In any event, the committee's view that it does not fit into the obsessive-compulsive disorder category, to which it had previously been assigned (unobtrusively), appears cogent. Professional judgment, furthermore, will always be a factor in applying a diagnostic label to an individual person.

Another chapter focuses at length upon removal in DSM-V of Asperger's disorder as a stand-alone diagnosis. Cooper addresses disagreement among various researchers as to whether Asperger's is a distinct entity or is a "mild" form of autism. She discusses such issues as the impact of the change in diagnosis upon prevalence rates, the emotional and social effects of being called one thing or another, the effects of misdiagnosis, the danger of thrusting people into categories because those categories exist rather than for solid diagnostic reasons, and the impact of official diagnostic categories on the availability of services to people in need of them.

An observation of interest is that the introduction of the Asperger's diagnosis into DSM-IV was followed by a "massive increase in autism-related diagnoses" (p. 43). To what extent is autism actually becoming more prevalent and to what extent is the increase a statistical anomaly?

I doubt that I am alone in being concerned with the extent to which patients tend to be forced into one DSM-listed diagnostic category or another, even though relatively few people fit neatly into any of its categories (which to a significant extent collectively constitute a statistical mythology). As Cooper observes: "Rates of diagnosis shift with awareness of a condition, the beliefs that surround it, and local levels of service" (p. 44). She addresses the tension between authorities such as David Kupfer, chair of the DSM-V task force on Autistic Spectrum Disorders, who want to reduce treatment costs, and parents who worry about the loss of educational and emotional services for their children. An organized outcry by those parents led to the unprecedented inclusion in the DSM-V of a note to the effect that "individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the di-

agnosis of autism spectrum disorder" (p. 46). I do a good deal of child psychiatric evaluation for schools; and for children who appear to fit into that category, I have come to write: ". . . what in DSM-IV was diagnosed as Asperger's disorder but which in DSM-V has been placed in the category of autistic spectrum disorder."

In the penultimate chapter of the book, Cooper reports that in field trials carried out en route to the emergence of DSM-V, the standards for determining reliability of diagnoses made among mental health professionals slipped very far from those employed in previous versions of the DSM. The new standards seem shockingly poor to "many commentators" (p. 52). The discrepancy might be more apparent than real, however, she adds, since it can be difficult to compare new diagnostic entities and new field trial protocols with older ones.

The author further indicates that: "Sometimes it is important for diagnosis to be very reliable; sometimes disagreements can be tolerated" (p. 54). What she is referring to is that, for research purposes, diagnostic reliability may be important, and some medications (such as lithium) are indicated only for certain conditions; but diagnostic labels may be of little significance for patients who receive talk therapy alone. The most important criterion, she observes, is that "when there is a real risk that unreliable diagnosis will lead to harm, standards must be higher" (p. 54). She emphasizes that what is in the interest of the patient should have priority over all other interests, and that "uncertainty in practice" (p. 54) needs to be respected in the mental health field. Indeed, psychoanalysts tend to be well aware of the value of the poet Keats's introduction of *negative capability* as a term for the capacity to tolerate uncertainty.[4]

In her final chapter, Cooper applauds the likelihood that in the future the APA's Diagnostic and Statistical Manual will undergo more frequent and partial updating than has been the practice in the past. She also points out that the DSM may become generally less important in the future than it is at present. The Research Domain Criteria Project

[4] In the poet's words: "Negative Capability, that is, when a man is capable of being in uncertainty, mysteries, doubts, without any irritable reaching after facts and reason." See: Keats, J. (1817). *The Complete Poetical Works and Letters of John Keats, Cambridge Edition.* Boston, MA: Houghton Mifflin, 1899, p. 277.

(RDoC), launched by NIMH in 2009, for example, may diminish the importance of DSM classification somewhat by directing grant money to researchers who study such basic mental mechanisms as working memory and fear rather than to those who investigate traditional diagnostic entities such as schizophrenia and panic disorder.

Widespread use of the DSM, furthermore, has relied heavily on its compatibility with the ICD, despite differences in the use and purpose of the two classificatory systems. The ICD comes in three versions, and the World Health Organization

> . . . is committed to ensuring that the primary care version is suitable for use by non-specialist clinicians working in developing countries. This develops constraints on the possibility for reversing the ICD that might well limit the options for making the ICD more research focused. [p. 58]

If the United States pharmaceutical and health insurance industries were to shift their focus away from the DSM because of difficulty reconciling the DSM with the new ICD-10, or if there were to be a shift in focus of sales of pharmaceuticals away from the United States and toward the growing Chinese market, the DSM's dominance could be seriously threatened. It might be a blessing in disguise, Cooper points out, for there to be multiple classificatory systems in the mental health field, especially for research, since disorders might then be approached from more than one direction. It might also facilitate taking into account cultural differences in various parts of the world.

In some ways, all this is far removed from the everyday activities of those of us who practice intensive psychotherapy and psychoanalysis. In other ways, however, it impinges directly upon us. We no longer live in an ivory tower, if indeed we ever did reside in one. We live and work in the world around us, and what takes place in our environment impinges on us, whether we like it or not. It is incumbent upon us to be aware of what is taking place and, insofar as it is possible, to take active steps to influence it. Wouldn't it be wise of the psychoanalytic community to participate actively in the process of periodic revision of the DSM? After all, the shape, form, and outlook of the very first DSM derived in no small measure from the fact that Franz Alexander was an influential member of the committee that developed it.

An informative contribution like Rachel Cooper's *Diagnosing the Diagnostic and Statistical Manual of Mental Disorders* is very welcome indeed. It is well worth reading and studying, and she deserves our gratitude for having written it.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ABSOLUTE TRUTH AND UNBEARABLE PSYCHIC PAIN: PSYCHO-ANALYTIC PERSPECTIVES ON CONCRETE EXPERIENCE. Edited by Allan Frosch. London: Karnac, 2012. 140 pp.

Patients who experience their emotional life concretely confront analysts with a profound and maddening paradox: the defining tool of the trade—language in the service of making meaning—can be woefully ineffective at reaching people whose pain is inextricably bound up with an impaired capacity for symbolization.

Compounding the problem, it can be difficult for clinicians to appreciate fully the depth of this divide, let alone find a way to bridge it. Fonagy puts it this way:

> There is a genuine counter-transference resistance against recognizing the barrenness of the internal world of a nonreflective patient. In some other patients reflective function may appear to exist, but it does so in a vacuum, in outer space, painfully and rigidly separated from actual psychic experience . . . . To overestimate the patient's mental capacity, to consider that his psychic reality is similar in quality to that of the analyst, can lead to a fruitless and repetitive search for the truth.[1]

Absolute Truth and Unbearable Psychic Pain: Psychoanalytic Perspectives on Concrete Experience, an excellent collection of essays, does not shy away from the emotional, technical and countertransference difficulties that Fonagy adumbrates, but it strikes an inclusionary and even hopeful chord that is unusual in discussions of the concrete patient. Inevitably, originality varies in a volume like this; concreteness is well-

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tilled soil, and several contributors explicitly draw on their own earlier work (e.g., Bass, Cancelmo, Lieberman). But the essays are short, salient, theoretically thought provoking, and clinically useful. Almost all the contributing authors describe staying the course with seemingly intransigent patients and, through their analytic creativity, eventually helping them find words for their ineffable pain. Several recognize that concreteness is a universal phenomenon that anyone can slip into, and that it is not always pathological.

The inability to think symbolically, as Allan Frosch notes in the editor's introduction to the volume, "reduces complexity" and creates a psychic world in which "Things are what they are! There are no other possibilities" (p. xix). Symbolization, by contrast, "makes it possible to look at things in an 'as if' way rather than as 'true' or absolute" (p. xx). He makes a metapsychological link between these two modes of mentation and Freud's concepts of *thing-presentations* and *word-presentations,* which in turn correspond to primary and secondary process thinking.

Frosch views "concrete or desymbolized experience as a compromise formation driven by psychic pain. Like all compromise formations it has a defensive function as well as expressing libidinal and aggressive wishes" (p. xxii). He explains that the "pre-Oedipal world of concrete patients is a world of great intensity . . . . It is passionate but action-oriented. More often than not the passion does not have a libidinal quality but is more organized around aggression" (p. xxiv). He demonstrates his debt to two thinkers in particular, Searles and Loewald.

While acknowledging how uncomfortable many analysts feel with concrete patients, the author's tone is rather polemical. Writes Frosch:

> It seems to be a tradition in our profession—although one best honored by its breach—to exclude from analytic work people who make us uncomfortable . . . . [It] was Harold Searles as much, or more than anyone, who extricated the concrete patient from exclusion from the human race and analytic treatment. [p. xxi]

Frosch suggests that there is a further demand on the analyst: "Just as it is impossible to have an analysis without loving the patient, it is impossible to have an analysis without the patient's love for the analyst"

(Loewald 1970, p. 65; quoted in Frosch, p. xxvi). It seems to me that when the patient's psychic life is primarily driven by aggression and not libido, and the loving link within the analytic couple is consistently under assault, a treatment based on mutual love can feel (and may sometimes be) impossible. But this thoughtful introduction is insistently hopeful—and gives little quarter to the faint of heart.

Within a broad commonality, each contribution reflects its author's theoretical bent and/or clinical experience and offers its own perspective on what constitutes concreteness. Maxine Anderson's excellent essay, "Concretisation, Reflective Thought, and the Emissary Function of the Dream," emphasizes the sensory nature of concreteness, which usefully shapes

> . . . our emotional lives, but perhaps due to its bedrock nature and profound impact . . . may also exert a gravitational pull, easily dismantling the products of thought and our capacities to think back into the basic sensory elements from which they evolve. [p. 1]

Because reality is defined in terms of sensory experience, "there is no reference to interiority or to inner space where one may feel held in mind or where thought might reside" (p. 2), notes Anderson.

Of the many interesting points made by Anderson, I would like to highlight two in particular. The first is the disorganizing impact of the patient's concreteness on the analyst's capacity for symbolic thought. This is well-covered ground, but her focus on the permeability of the analyst feels especially salient when she writes:

> [When] as the clinician I feel I have become the target of an intense barrage, such as a penetrating accusation or overwhelming rage, I may feel my boundaries thinned or breached, and feel myself inclined to slip into a concrete, reactive place as well. [p. 3]

She goes on to describe the possible projections—"futility, incompetence, or stupidity"—that cut off "access to [her] thinking self," and the need to "develop a sturdy boundary, in the moment, if possible, or continuously, as I can, in order to protect my thought" (p. 4). She notes that such a capacity is not quickly or easily developed.

Second, citing clinical examples, Anderson, who acknowledges Bion's influence on her thinking, notes the particular value of dream work with patients mired in concrete thought. She writes: "I have found many instances in which the dreams seem to bypass the defensive, concrete state of mind of the patient, and as it were to 'speak' to the analyst as if pointing the way forward" (p. 10). Though she emphasizes the mitigating role of the analyst's "receiving mind" (p. 15) in dream work with concrete patients, I cannot help but wonder if it is effective because the dream reifies the patient's own omnipotence, and thus can be better tolerated than the analyst's interpretations, which denote a separate mind and must be rejected.

Also influenced by Bion is Caron E. Harrang's "Painting Poppies: on the Relationship Between Concrete and Metaphorical Thinking." Tracing an arc from Klein to Bion to Britton, in this remarkably original contribution Harrang argues that the relationship between concrete and metaphorical thinking is analogous to the relationship between Klein's paranoid-schizoid and depressive positions. According to Harrang, both Bion and Britton elaborated Klein's theory to emphasize that a person oscillates between the paranoid-schizoid and depressive positions throughout the lifespan; furthermore, they stress that the paranoid-schizoid position is not necessarily pathological. Building on Britton's belief that "there are pathological and healthy forms of both the paranoid-schizoid and the depressive position," Harrang suggests that "there are both healthy and pathological forms of concrete thinking, and that [oscillations] . . . between concrete and metaphorical thinking are part of an ordinary, nonpathological process of development" (pp. 88-89).

Central both to symbol formation and to nonpathological concrete thinking, it is sensory experience, Harrang suggests, that allows "recognition of the relationship between the symbol and what is symbolized." If a patient can tolerate (and, implicitly, if the analyst can contain) the uncertainty and disorganization of this concrete, sensory state of mind, she will emerge from it with a greater capacity for metaphorical thinking. On a technical note, Harrang advises clinicians to eschew transference interpretations and express "genuine curiosity" about sensory experience when working with concrete patients (p. 97).

This theme is taken up by Janice S. Lieberman in her fine paper, "Some Observations about Working with Body Narcissism with Concrete Patients," in which she draws on her experience with "increasing numbers of patients [who] present initially or after some months of psychoanalytic treatment with preoccupying concerns about bodily and/or facial appearance. They do not understand their anxiety about these issues to be 'symbolic' of anything" (p. 119). In this group she includes even those who are able to think symbolically about other personal problems.

Lieberman advises against a "rush to metaphor" in working with such patients; she warns, "too rapid a leap from the concrete can unleash a sadistic attack on the analyst, a therapeutic 'bloodbath' from which it may be difficult to recover" (p. 132). Instead, concrete "responses from the analyst about his or her observations of the patient's body issue in question" can actually "facilitate the patient's capacity for symbolic thinking" (p. 120).

Lieberman provides three fascinating case vignettes, including that of Wendy, who is ashamed of her body, worried about body odor, and feels at a total loss about how to dress appropriately. Without addressing underlying dynamics, when Wendy states, "I never feel that I look that great. I never know what to wear. I am so uncomfortably warm today," Lieberman replies, *concretely*, "it's 90 degrees out. Yet you are wearing a wool cardigan and slacks. What about that?" (p. 129).

In Lieberman's view, patients like Wendy "suffer from developmental deficits lingering from childhood. They were not really 'seen'; they were incorrectly 'seen'; or they were falsely mirrored" (pp. 119-120). Most germane to this volume's topic, Lieberman suggests that body narcissism emerges from "a lack of verbalising about what was *seen*" (p. 129, italics in original); the child "lacked the words that would have made the shame experience more bearable and metabolisable" (p. 121).

Alan Bass's thought-provoking essay, "Content and Process in the Treatment of Concrete Patients," also addresses the need to find ways of listening and responding that deviate from more traditional forms of interpretation. According to Bass, meaning and symbolization presume difference, and difference comprises both separation and connection. In his view, "concreteness is a compromise formation that defends against the *possibility* of meaning and symbolisation" (p. 17, italics in original).

He suggests that what the patient is warding off are "near-traumatic levels of anxiety" related to the reality of difference, which can be reexperienced in the analytic process; thus, "despite coming to treatment and apparent compliance with the fundamental rule, the patient is speaking in order to prevent an analytic process from taking place" (p. 20).

Bass uses detailed process notes from a supervised analytic case to illustrate in vivo how one patient, a man in his mid-thirties, experiences and defends against the anxieties that emerge in the "shared time and space of the session" (p. 25), as well as to flesh out his technical recommendations. He notes that the patient's volatility could lead one to "reasonably wonder about a borderline personality organization, but the course of Mr. A's treatment did not bear out this diagnosis" (p. 21). Given how frequently, if not casually, clinicians lump concreteness and borderline pathology together, it might have been helpful to know more about how Bass and the supervised analyst concluded that the patient did not suffer from borderline personality disorder. But that is not his focus.

Bass makes two especially salient clinical suggestions that grow out of his theoretical perspective. One is the importance of not making causal interpretations—first because they imply meaning, which the patient defends against, and second, because they lead to "power struggles over who is 'right'" (p. 22). Such struggles are staged between a patient who knows only absolute truth and an analyst who has lost his neutrality in the countertransference, the author notes. He also stresses the need in such cases to "never stop moving back and forth between process and content interpretations" (p. 32), because of the patient's resistance to making meaning possible.

Rounding out the volume are four additional perspectives on concreteness. Drawing on his earlier work that introduced the concept of *transitional organizing experience*,[2] Joseph A. Cancelmo discusses a potentially transformative analytic process—"a resumption of development in symbolizing space"—for patients who enter treatment with "compromised internalisations and pathological organisations" (p. 51).

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[2] Cancelmo, J. (2009). The role of the transitional realm as an organizer of analytic process: transitional organizing experience. *Psychoanal. Psychol.,* 26:2-25.

In their essay on enactment, Paula L. Ellman and Nancy R. Goodman discuss the impact of early trauma on the individual's capacity for symbol formation, arguing that for patients who have endured the unthinkable, enactment may be the only way to express previously warded-off terrors; analysis of enactments between analyst and analysand over time facilitates the emergence of reflection and working through. This is not new territory, but the authors' discussion of how even "language, typically a symbolized function, can be an action" (p. 70) that is hostile to meaningful contact will resonate strongly with clinicians treating concrete patients.

The late Laurence J. Gould's work on organizational processes is represented in "The Bureaucratization of Thought and Language in Groups," in which he describes collective concrete thinking—what he calls *cognitive bureaucratization*—which results in schism, miscommunication, and pressures for conformity at every level of society.

Richard Lasky addresses the essential conundrum that permeates this volume: how can analysts reach and help nonsymbolizing patients with a method based on verbal interpretation? Using case material, he makes a compelling case for hewing to interpretive work and not making modifications, even with seemingly intractable patients who might pull for more supportive interventions.

Variations in the technical recommendations made in this volume reflect its diverse theoretical roots: Cancelmo is indebted to Winnicott, Harrang to Klein and Bion, and Lasky and others to Loewald. But the volume's underlying unity belies these differences. All the clinical papers describe struggles to help concrete patients get to a point where interpretation is possible; many emphasize that a regression to concreteness frequently follows real analytic contact. I would imagine that these clinicians (like most others) use all the arrows in their quiver—flexibly working with content, process, concrete things, the transference—in their efforts to connect with their patients and establish the way forward to symbolization.

Absolute Truth and Unbearable Psychic Pain is the fifth volume in a series launched by the Confederation of Independent Psychoanalytic Societies (CIPS) on the "Boundaries of Psychoanalysis," a project dedicated to fostering dialogue among authors "steeped in different psycho-

analytic traditions" (Perlman, p. xvi).[3] It is perhaps churlish to note the striking absence of an essay dedicated to reflective functioning, given the unusual strength, diversity, and clinical utility of this collection. Lieberman's essay has affected how this reviewer thinks about intervening with patients with body-image difficulties; and when tempted to make a causal interpretation, she finds that Bass's cautionary remarks come to mind.

Together, these papers function as a superb study group, providing clinical consultation, offering empathy over just how difficult the work is, and, in the process, helping frustrated clinicians think more generously about challenging patients.

ELLIE GELMAN (NEW YORK)

NORMAL CHILD AND ADOLESCENT DEVELOPMENT: A PSYCHO-
DYNAMIC PRIMER. By Karen Gilmore and Pamela Meersand.
Washington, DC: American Psychiatric Association Publishing, 2014.
364 pp.

As therapeutic systems proliferate and neurobiological conceptions of psychopathology increasingly dominate the field, the authors of this impressive text maintain the position that a psychoanalytic (they prefer to say "psychodynamic") approach to the understanding of human growth and development remains invaluable. In a sense, the subtitle of the volume is somewhat deceptive: the book is not merely a primer, but a richly detailed, scholarly, comprehensive, and balanced study, structured along classical lines but incorporating current theoretical and clinical contributions from other sources.

The authors, leaders of the child analysis program of Columbia University Psychoanalytic Center, have enriched the volume both with clinical vignettes and with video illustrations that help the child of a particular phase "come alive" to the reader. (Note: Some years ago, I led a clinical seminar in the treatment of adolescents in their program.)

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[3] According to series editor Fredric T. Perlman, CIPS—a group of four psychoanalytic societies whose members belong to the International Psychoanalytical Association— "has celebrated its theoretical diversity while simultaneously endeavouring to make that diversity productive through clinical conferences, ongoing seminars, and more recently, by establishing this book series" (p. xvii).

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Further, each chapter concludes with a summary of key concepts that, in their words, helps readers "synthesize their thinking while retaining their receptivity to new ideas" (p. ix).

As noted, normal development is spelled out in phases that essentially follow the lines laid down by Freud and enriched by later contributors. In all cases, from the "orality" of infancy through the "odyssey" years of early adulthood, Gilmore and Meersand address interactions with parents and others, biological influences, cognitive growth, sexual drives, and cultural determinants. Notable is their critical yet respectful integration of such current approaches to early development as attachment theory and mentalization (Fonagy) with such earlier (and recently ignored) work as Mahler's on separation/individuation and Piaget's memorable contributions to the understanding of cognitive development. Similarly, in their chapter on identity formation in late adolescence, they pay appropriate tribute to Erikson's pioneering formulations of the concept, together with his valuable emphasis on the critical importance of social and cultural context, which is precisely what—along with his abandonment of libido theory—has led some analysts to devalue his work.

Two extended chapters are devoted to the oedipal phase, which, like Freud, the authors see as central to the development of both an *autonomous self* and *triadic relationships.* In discussing this period, they state, "An explosion of symbolic abilities transforms the oedipal child's cognitive, emotional, and relational world" (p. 74), including the capacity for mentalization, pretend play, object constancy, and superego formation. Much attention is devoted to language development in this period, as well as to that of the superego with its differentiation of shame and guilt and to the evolution of gender distinction and primal scene fantasy.

Although "normal" development is the dominant theme, the book offers thoughtful discussions of phase-typical pathologies as well. The "Latency" chapter, for example, includes an account of learning and attentional disorders and their impact on "the child's sense of mastery and autonomy, socialization, behavioral self-control, and emotional self-regulation" (p. 170), while risky behaviors and addictions are addressed in the chapter on early and mid-adolescence.

Among the strengths of the book is the extensive bibliography appended to each chapter, revealing the range and depth of the authors'

research and providing readers with a valuable guide to their own further study. A few minor cavils might be noted: the authors' discussions of infantile object relational development are essentially limited to interactions with the mother, so that, like Winnicott, they have little to say about the father's role in the early years. And only a passing reference is granted to the fascinating if little-understood role of resilience in the shaping of many children's adaptive responses to early experiences of trauma and/or parental failures.

In the course of a concluding chapter on "The Role of Developmental Thinking in Psychodynamic Psychotherapy," Gilmore and Meersand emphasize the "inevitable transference/countertransference dynamics and resistance to change that arise in every form of therapy" (p. 317).

Normal Child and Adolescent Development: A Psychodynamic Primer will be of great interest as well as value to students, teachers, and practitioners with adults as well as with children. If they do not already do so, readers will come to share the authors' conviction about the essential place that an understanding of development plays or should play in clinical practice—not only the practice of "psychodynamic" therapy, but of the entire range of therapies that make up today's sometimes bewildering armamentarium.

AARON H. ESMAN (NEW YORK)

SYMBIOSIS AND AMBIGUITY: A PSYCHOANALYTIC STUDY. By José Bleger. Edited by John Churcher and Leopoldo Bleger; translated by John Churcher, Leopoldo Bleger, and Susan Rogers. Hove, UK/New York: Routledge, 2013. 392 pp.

I was recently given the opportunity to review *Symbiosis and Ambiguity: A Psychoanalytic Study*, the first English edition of *Simbiosis y ambigüedad: estudio psicoanalítico,* published in 1967. Although its author, José Bleger, has been widely read,[1] his central work on early object relations has not been. This book is an attempt to rectify that omission.

[1] See, for example: Bleger, J. (1967). Psycho-analysis of the psycho-analytic frame. *Int. J. Psychoanal.*, 48:511-519.

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The preface of the book is by Bleger's fellow Argentinian, R. Horacio Etchegoyen, a noted Kleinian. Like Etchegoyen, Bleger is firmly grounded in a theoretical perspective beginning with Fairbairn and leading to Klein and Bion. Whereas it is not clear how Bleger's lucid contributions, which date from the mid-1960s, have remained relatively unknown to North American and European analysts, after reading *Symbiosis and Ambiguity,* I would agree with the editors, who point out that "although written almost a lifetime ago, its combination of theoretical innovation [and] detailed clinical illustration . . . [make] this book as relevant today as when it was first published" (p. xviii).

The editors have provided a detailed and very valuable minisynopsis of the book's chapters in their introduction, which can help orient the reader and which I will not reiterate here. One important historical note bearing on the development of Bleger's ideas is that he and his wife started their medical careers by treating patients in a family clinic setting. As a psychiatrist, prior to beginning psychoanalytic studies, Bleger was sensitive to the way in which individuals participate in a shared (frequently familial) drama.

This understanding likely attuned Bleger early in his career to the links between autism (as a dynamic/psychological presentation) and symbiosis. Whereas an autistic patient is typically experienced by the analyst as keeping him or her from penetrating the patient's inner world, in Bleger's view, the patient is equally chained to the other via massive projections. Large parts of the patient's ego are projected and unconsciously "assigned" to others; such projections are then rigidly reinforced to prevent reintrojection. Thus, every autistic patient requires a symbiotic surround to manage his or her potentially disorganizing anxiety.

Bleger is at pains to demonstrate that both phenomena, symbiosis and autism, are always present in the transference relationship. In describing his patient Maria, he writes:

> On the one hand she set up a barrier and would not allow me to penetrate into her inner life; . . . . On the other hand she treated me not as a separate person differentiated from her, but as an object that she would make into a depository of a large quantity of objects and relationships for which she could not

take responsibility. This is not merely control of re-introjection
but more general control to bar me from disturbing the entirety
of her narcissistic relations. [p. 12]

Borrowing vocabulary from Pichon-Rivière, Bleger distinguishes be-
tween the *depositor,* the *deposited,* and the *depository.* The patient who
operates principally in this mode—which for Bleger is a psychotic, undis-
criminated one—needs to "deposit" large parts of the self into the ana-
lyst; furthermore, the patient must control the analyst-"depository" from
getting into (and appreciating) what has been "deposited" into him or
her. Massive reintrojection of the "deposited" causes the patient to expe-
rience confusional anxiety instead of initiating traditional defenses, and,
in Bleger's view, forms the basis of the negative therapeutic reaction.

This kind of early object relation, one of dissociation, projection,
and immobilization (paralysis), is the precipitate of a failed struggle over
dependence/independence. In essence, it represents an absence of de-
velopment and leads Bleger to postulate a position before projection/
introjection processes begin the work of discriminating the outer world
from the inner one. Borrowing from the work of Bion, Bleger identifies
this frozen state as a remnant of the psychotic part of the personality. He
quotes Klein: "There are . . . grounds for assuming that even during the
first three or four months of life, the good and the bad object are not
wholly distinct from one another in the infant's mind."[2]

In underscoring that the initial state of the infant is one of
undifferentiation,[3] Bleger develops the concept of the *agglutinated
nucleus.* It is Bleger's contention that the agglutinated nucleus and its
associated "position," which he names the *glischro-caric,* pre-date the
paranoid-schizoid and depressive positions. This psychotic core remains
in some fashion in everyone's mental apparatus and is not subject to

[2] Klein, M. (2002). *Envy and Gratitude and Other Works, 1946–1963.* New York: Free
Press, pp. 62-63.

[3] Interestingly, this assertion in some ways coincides with that of Jacobson when she
speaks of the "primary psychophysiological self"; Jacobson notes that "at the very begin-
ning of life, the instinctual energy [libido and aggression] is still in an undifferentiated
state." See: Jacobson, E. (1964). *The Self and the Object World.* New York: Int. Univ. Press,
p. 13.

discrimination unless specific attention is paid to identifying it. Consequently, a full analysis means that this agglutinated psychotic core must be brought into view. (This is the essence of Bleger's 1967 paper cited in footnote 1.) The safety and security of the unalloyed analytic frame supports an agglutinated nucleus, which is, early on, essential for the analytic process, but which itself must ultimately be analyzed for its undifferentiated elements.

Whether in the context of autism or symbiosis, it is the agglutinated nucleus, with its narcissistic focus and its lack of specificity, that leads to the phenomenon of ambiguity. Ambiguity is not equivalent to ambivalence, contradiction, or divalence; it is a state in which multiple trends exist without contradiction because they have never been discriminated. In an ambiguous personality in which the agglutinated nucleus dominates, four distinct personas can hold sway: the *syncretic ego,* which lacks firm attachments and is characterized by a constantly shifting identity (the "as-if" personality); the *factic ego,* in which the personality simply does not exist other than in the ways in which it is attached to the individual's activities, job, institution, or group; the *psychopathic,* in which ambiguity itself is split off, denied, and destructively placed in the external world; and, finally, the *authoritarian,* organized by a rigid polarity around one nucleus of ambiguity tenaciously embraced.

The glischro-caric position and its hallmark, the agglutinated nucleus, have specific defenses: immobilization, fragmentation, and splitting. As mentioned previously, massive reintrojection causes susceptible individuals to react with confusion. To give one example, a patient leaving her session "accidentally" pushes the elevator button to go up to the analyst's office, as though she has not yet had her session.

Bleger makes the very interesting observation that, in situations of massive reintrojection, the body acts as a sort of buffer. In clinical material, he demonstrates that episodes of fainting, dizziness, and falling down are concrete ways that the body acts in order to prevent massive reintrojection. Bleger links his concept of body "buffering" with hypochondria—an idea that is perhaps not new, but one that helps us think about the character structure of such patients and the relation between their conflicts and psychosomatic symptomatology.

In chapter 2, the author uses a novel, *The Warrior's Rest,* to exemplify his ideas.[4] A young symbiotic female leaves her fiancé and the familiarity of one location (Paris) for another. She alights from the train, separated from the city and people by whom she feels protected, and, as the train leaves, she is struck by intense loneliness and isolation and "has a shiver." "It is a moment when she feels threatened by very dangerous internal objects and the shiver functions as a defence mechanism which is massive and parasitic . . . that prevents re-introjection" (p. 39).

Bleger makes it clear that the therapeutic task—always, but particularly in patients who have symbiotic and autistic organizations—is to begin to break up the agglutinated core. Great patience and tact are needed, as overly aggressive efforts to break up the agglutination simply mobilize unacceptable anxiety and massive reprojection. The clinical task consists of accomplishing three steps: mobilization, fragmentation, and discrimination.

The author suggests two kinds of interpretations, *unsplit* and *split,* which can work in tandem to break apart pieces of the agglutinated nucleus so that they can be metabolized. The first kind simply shows the patient that his or her mind is in fact in pieces. In one clinical example, the patient talked about making a pastry from scratch that she was not familiar with. The analyst interpreted, "You are showing me how I left you all in pieces, like the pastry, after the last session, and that you had to manage by yourself" (p. 91).

The second kind, the *split* interpretation, highlights the nature of what has been projected and disavowed. An example would be: "On the one hand, you now notice your own feelings inside yourself and on the other hand, you yourself reject them and do not allow yourself to have your own feelings" (p. 91).

In concluding this review, I will make two additional comments. The first is that Bleger can be quite repetitive, which at times detracts from maintaining the reader's interest. The second is more central: I found the clinical material very worthwhile to study—not just for the reasons the author presents, but also as an example of "classical" Kleinian technique, which is so different than the way I was trained. It is abundantly

[4] Rochefort, C. (1958). *The Warrior's Rest* [*Le Repos du guerrier*], trans. L. Blair. Philadelphia, PA: David McKay.

clear that Bleger considers *every* statement from the patient as containing direct references to hidden instinctual wishes and to self and object affective relations involving the analyst. There is no material, in his view, that does not involve the transference, and therefore interpretations can be made about the most seemingly offhand material with the assurance that they will reach their target.

At this point, I hear the voice of an analyst colleague and prolific contributor to the literature, Fred Busch, who has admonished against what he would describe as interpretive "deep diving," and I am struck by the disparity between his interpretive approach and the one portrayed in *Symbiosis and Ambiguity*. Intriguingly, as one reads Bleger's clinical material, one has the impression that, more often than not, the author's assumptions are correct.

A related issue that remains unanswered but is worthy of inquiry is: if this is so, and if all thinking—as Meltzer postulates[5]—goes on in this river like an affective flow all the time, when is it desirable or apt to interpret? And when do such interventions foster compliance rather than real insight?

In any case, *Symbiosis and Ambiguity* is well worth a reader's time and attention.

DOUGLAS VAN DER HEIDE (NEW YORK)

THE YEAR OF DUROCHER. By Theodore Jacobs. New York: International Psychoanalytic Books, 2013. 370 pp.

Historically, there have been many coming-of-age novels describing adolescent angst. Theodore Jacobs's *The Year of Durocher* is a standout. His supreme psychological understanding, along with his wit, style, and talent at bringing his characters alive, drives the story as a great read, in addition to making it a powerful teacher of this particular developmental period.

For Jonathan Manheim, a high school junior and varsity football, basketball, and baseball player, 1948 New York City is home, and sports

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[5] Meltzer, D. (1984). *Dream Life: A Re-Examination of the Psychoanalytic Theory and Technique.* London: Karnac, 2009.

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are his life. Courage and cowardice, insecurity and confidence, kindness and cruelty are all played out on the field and on the court. It is a time of baseball fever in America, and the players live in adolescent boys' minds and hearts. Leo Durocher, the manager of the Brooklyn Dodgers who changes teams to manage the New York Giants, is a bigger-than-life figure to them. Switching to the other side? Unheard of!

Jonathan brings us into his inner world so that we experience it through him—an intoxicating mixture of vulnerability, sensitivity, and ambition. His relationships with the close friends who are integral to his journey are powerful. Jacobs deftly conveys their intimacy through his use of humor and conversation, which are true to their time and age while also resonating with current times. Jonathan's friends guide him in ways that only adolescents can: by confronting, questioning, provoking, and sometimes all-out physical altercations.

At the center of Jonathan's world is Schneiderman, star athlete: he is agile, powerful, and charismatic, with a humility and decency that is attractive to guys and gals alike. He is everything Jonathan would like to be. The protagonist's confusion and self-doubt about his abilities, as well as his cynicism and hopelessness about himself, run headlong into his ideal—his Durocher.

In Jonathan's words, Schneiderman

> . . . was a true triple threat athlete, perhaps one of the last of that breed, who played three sports and excelled at all of them . . . . He had a quality—no one could define it precisely—that made him dominant . . . . There was something beyond all this . . . . Schneiderman had become a presence in my mind. [p. 17]

Jacobs gives the reader such a vivid, rich experience of Jonathan and the close friends who are part of his inner circle that I felt as if I had entered into that circle. Cara, the heroine, is a red-headed, high-cheekboned Park Avenue dynamo with a determination to make a difference and a left-wing moral outrage that drives her actions. Jonathan is awed by her life and her idealism. She makes him feel intense highs and an exhilaration he has never felt, along with such depths of shame and defeat that he is not sure where to turn.

And then there is Mel, Jonathan's best friend and constant advocate (as well as an armchair psychoanalyst). He brings an always-thoughtful, even-keeled honesty and perspective to Jonathan that—typically, if not always—keeps Jonathan's fragile self-esteem from plummeting too far into the self-loathing that teens are known for. Mel's constancy supports Jonathan's ego as he painfully winds his way through jealousy, self-deception, and deceptions by others, and through disappointment and heartache.

Throughout the story, the dialogue is as immediate and real as it comes, which is the key to what makes the book so hard to put down. There is raw emotional tension that results in times that hurt and ultimately teach in the ways that only experience can. Jacobs's descriptions of this conflict and tension can help us as clinicians to empathize with these kids, and maybe even help us remember what it was like to be their age—perhaps not the details, but the parts we might rather have . . . forgotten?

Psychoanalysts historically have read fiction to further their understanding of human nature. Jacobs's account of late adolescence stands out in its ability to increase our intellectual grasp of this treacherous developmental period, but also and even more powerfully, it allows us to experience each character's *presence in our own minds,* as Jonathan would say. These characters follow us into our consulting rooms, deepening our psychological grasp of adolescent conflict and increasing our humanity as a result.

TARA S. ROBBINS (LA JOLLA, CA)

PSYCHOANALYSIS AND CREATIVITY IN EVERYDAY LIFE: ORDINARY GENIUS. By Gemma Corradi Fiumara. London/New York: Routledge, 2013. 153 pp.

In this extended essay, Gemma Corradi Fiumara invites us to encounter a conundrum. Does the ordinary notion of genius obscure the notion of the ordinary genius? In addition to those who distinguish themselves through extraordinary feats of creativity in the arts, science, politics, etc., Fiumara asserts that there are those among us who—through acts

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of "ordinary" (yet extraordinary) creative nonconformity, kindness, or humanity—show an essential genius, too.

The reader who is willing and able to join Fiumara in her scholarly play with this kind of question will enjoy this book. The scholar, the philosopher, and the independent thinker will be on familiar ground and will appreciate the author's erudition, her vast knowledge base, and (may I say) genius for creative integration and reconceptualization of otherwise static concepts. Clinical psychoanalysts will also find value but will need to be prepared to stretch themselves to fit into her scholarly style.

The title of the book, *Psychoanalysis and Creativity in Everyday Life,* does not prepare the reader for its subtitle, *Ordinary Genius.* Is this book about creativity or genius or both? How closely are these concepts related to each other? These ideas are not, in my reading, clearly separated in these pages, and perhaps this is the point of the book. In Fiumara's words:

> This is an attempt to differentiate the praise of extraordinary "official" works of genius from an appreciation of the innumerable expression of "unofficial" everyday creativity—which is usually vulnerable to obscurity. In one sense, genius is historical, public, and acclaimed, while in another it is personal, private, psychological. In writings about creativeness, we recognize these two different senses of "creativity." And even though the context often supports one or the other, they are at times used interchangeably. And yet, there are constant oscillations and contradictions even in those outlooks that are in favor of a sharp, essentialist difference between ordinary and extraordinary creativity. [p. 47]

This quotation both outlines Fiumara's thesis and illustrates the dialectical style in which assertions are made, refined, and contrasted with alternatives, and a new synthesis is attempted. Yes, she says, we honor those conical geniuses whose new ideas changed the track of history. They are officially exceptionally creative and are therefore notable.

So the first part of the ordinary syllogism is that those whose acts demonstrate extraordinary *creative* perspectives, acknowledged publicly,

are awarded the title *genius*. Does it necessarily follow that only geniuses
(of the recognized kind) are *creative*? No. If A, then B—but if B, not nec-
essarily A. Is this controversial? I think not. So there is no need to bring
in the idea of genius if one is making the case that there can be creativity
in the way one raises a child or teaches a class or treats a patient or helps
a friend grieve a loss.

Then what does Fiumara want to add? She shifts the idea of genius
to include a broader range of creative acts done by a broader range of in-
dividuals. For this to have meaning, the idea of exceptionalism needs to
remain, but the category of acts of genius limited to officially acclaimed
geniuses has to go. The second part of the syllogism, therefore—in order
for one to be *creative* or to be a *creative genius,* one's acts must be offi-
cially acknowledged—is false. Fiumara contends that we mistakenly link
the genius with public recognition of genius, and correcting this mistake
is one motive for this book. That is, her work is a novel approach to cre-
ativity and the appreciation of creative people. The book is intended not
simply to acknowledge the creativity of ordinary life, but also to apply
psychoanalytic insights to describe its nature, to account for its origins,
and to explore conditions that restrict or enhance it.

Genius is most often used by Fiumara (though not exclusively so)
not to identify a person, but to identify an action. That is, it is not simply
that someone is or is not a genius, but that genius acts are performed
not only by conical geniuses. Her approach is therefore different from
that of Eissler in his seminal works on talent and genius, to which she
usefully compares her own perspective.[1] Her study does not address, say,
how did Leonardo come to be a genius who did so many acts of genius,
but rather it examines what makes for expression of genius—mostly, in
this book, of relationally based genius. This slant provides Fiumara with
a platform from which to argue for her particular view on human nature
and the relationship between conformity, ritual, deadness, and the false
self, on the one hand, and nonconformity, spontaneity, creativity, alive-

[1] See, for example: Eissler, K. R. (1971). *Talent and Genius: The Fictitious Case of
Tausk contra Freud.* New York: Quadrangle Books. Fiumara also cites the following refer-
ence: Salzman, L. (1974). Review of K. R. Eissler: *Talent and Genius. J. Amer. Acad. Psycho-
anal. & Dynamic Psychiatry,* 2:75-76.

ness, and the vital functioning of the whole personality, on the other. In fact, the book seems to me a dissertation on the value of the creative force necessary to fight against the moribund nature of accepting the status quo—and, parenthetically, that such fights go on not just in those for whom they yield acclaim (think Galileo or the American Founding Fathers), but in human interactions that often go unnoticed because of the relational venues in which they occur.

The book is organized in eight chapters, each of which could be read on its own as each takes a different slant on the topic of creativity and genius. Three chapters (including a comprehensive introduction) contrast the notions of ordinary and officially acclaimed acts of genius. The other five have more to do with Fiumara's notions of the relationships among creativity, play, spontaneity embracing the unknown and the different, and the development of a vital self within a whole personality. Those interested in the application of Winnicott's ideas of the fundamental importance of creativity for living will find much value in Fiumara's thinking.[2] Her exploration is far-ranging—brilliant in its command of the topic; extraordinary in its scholarly reach into philosophy, other humanities, and theoretical psychoanalysis; and still humbly aware of limits to the certainty of the tentative conclusions proposed.

The author points out that little has been written on the topic of ordinary creativity; she acknowledges her use of insights from related topics and the ways in which she plays with contradiction and paradox. She writes:

> We should admit that there is no agreed-about language to try to approach the topic of unrecognized creativity; we must then use language in a slanted way: to twist terms somehow to try to capture what could otherwise escape, to extend terms so that they may include what stricter vocabulary must leave out as indigestible elements. Alternatively, the terms must be slightly forced so that they may be open to more variation. Either we use language with a slight emphasis, or else we must be silent on what we most cherish. But if the twisting is done with moderation and discre-

[2] See, for example: Winnicott, D. W. (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.,* 34:89-97.

tion for the sake of enhancing the appreciation of our human complexity, it is likely that it will be tolerated. [p. 56]

I am sympathetic to the author's identified problem of developing a new idea when stuck with the vocabulary and conceptual limitations of the old. This means that the terms *genius* and *creativity* have been inconsistently applied in her book. She seems to shift from the idea that everyone is capable of ordinary acts of creativity or genius to the idea that, similarly to the case of publicly acclaimed geniuses, ordinary geniuses are not commonly found. The exceptional ordinary genius uses different, harder-to-identify venues for his or her expression of genius, but is included in the genius designation.

But it also seems to me that the author may be more interested in arguing for a kind of universal capacity for creatively engaging the world in a genius-level way. This moves the discussion from a comparison to others (normative) to a comparison to oneself (ipsative). That is, at times I was sure she was comparing people or types of people, while at others I was sure she was speaking to a kind of universal capacity that can be inhibited or enhanced. Clearly, reminding us that official geniuses are more like the rest of us than different from us is useful and narrows the gap between the two groups. But then, when she writes cogently about how creative living is possible for all, and that in fact without creative living there is no living at all (following Winnicott), the focus moves to internal forces at play within the individual or within all individuals that enhance or restrict the private expression of genius. Again, inconsistencies highlight the difficulty of the topic of this book, *ordinary genius*.

Fiumara asks the reader, it seems to me, to engage less as receiver of prepackaged wisdom than as participant in developing new viewpoints on creativity and human capacities. That is, she invites the reader to enact just what she espouses to be vital. A particularly creative chapter, "The Connective Function," advances what I find to be an original idea concerning the functions of metabolizing, integrating, and synthesizing diverse stimuli—experiences as they relate to creating an alive inner world. According to Fiumara:

> In her life cycle the ordinary genius soon begins to connect and metabolize whatever is received from others in order to give

birth to her inner life; it is just not a matter of having been born at a certain time but of subsequently being born in a constant creative itinerary. Not simply "I was born" but rather "I am being born," "I am giving birth to myself." From this enduring experience derives the Eros, pathos and logos that shape our destinies, and perhaps there are fleeting moments, blinks of experience when these may converge into awareness. And it is for us to *cultivate* just these attitudes so as to make of nature some sort of garden, some inclusive composition, a more livable place. But then, not even in a garden can we find peace; there is always a hissing presence promising shortcuts to integration and maturity—to be obtained by means of little tricks. [p. 66, italics in original]

In what is Fiumara's typically widely ranging approach to her ideas, she draws from a host of thinkers to identify elements of civilized life that support creative integration and those that diminish it. In the fourteen pages of this chapter, she brings in such diverse ideas as how children learn resilience, the extraordinary notion of kindness, the role of theory in psychoanalysis as a means to include or exclude, and the function of splitting as an antithesis to connection (with Doctor Jekyll and Mr. Hyde as her clinical example).

Another chapter, on the "I of the personality," is written in a similarly enthusiastic and scholarly way. It explores a related idea: that the notion of identity, the *I,* is not a given but is "generated and maintained by our daily creativeness" (p. 79). Those who enjoy the excitement of this kind of discursive exploration will be entranced.

As a clinical psychoanalyst with some but not a great understanding of philosophy, I was occasionally frustrated or confused by the flow of Fiumara's arguments. I kept asking myself, "Am I literate enough to read this book?" However, I came to think that maybe it was not just me, but that my reaction had something to do with the author's style of persuasion. For example, she introduces a stimulating chapter on ego development with this rather sweeping generalization:

The widening horizons that we dreamed of finding in our analytic culture sometimes seem replaced by anterooms and winding passages that apparently lead to nowhere . . . . Ferro

and Grotstein suggest that we are the "victims" of an excess of
light continuously produced by a successful egoic knowledge, a
sort of pseudo-knowledge that pollutes our minds and prevents
us from truly developing . . . . To the extent that it is a knowl-
edge that does not derive from our whole personality, it cannot
be authentic and thus we become faced with the problem of
unlearning it. [p. 37]

Fiumara speaks for all analysts (*we* dreamed, *we* are victims), rather
than for some analysts—or, perhaps more usefully, simply for herself.
This seems to me a kind of rhetorical persuasion that asks the reader
to join a group of aware analysts who characteristically know they de-
lude themselves about knowing something true and useful, when their
"knowledge" is actually polluted and self-serving and derives from an as-
pect of who they are, rather than from a (fully actualized?) whole per-
sonality. The alternative, according to this book, is to be an unaware
analyst who more than likely employs pseudoknowledge that the analyst
mistakenly takes for doing his or her best in the impossible profession.

This is a fascinating idea that has merit when applied to some vul-
nerable analysts, or to all analysts at particularly vulnerable times, or to
analysts with particular patients. I believe readers will be impressed by
the author's wise perspective, supported by publicly acclaimed others.
However, I prefer not to join the "we" of this argument. That is, perhaps
there is a bit of hubris is presuming what is authentic or not for an-
other—reminding me of Maslow's hierarchy, in which peak experiences
come only to the fully self-actualized, with the criteria for being self-ac-
tualized somewhat vague and debatable. As a working analyst who takes
such cautionary statements about knowledge and pseudoknowledge seri-
ously, I value this discussion, but would also have benefited from the in-
clusion of a vignette to illustrate this critical clinical idea that inauthentic
knowledge can became authentic knowledge through an awareness of
the self, which in turn can be gained through data derived from the
analytic encounter.

Similarly, it seems to me that the most compelling evidence in sup-
port of the author's notion of ordinary genius would be clinical exam-
ples in which the analyst and analysand discover the truth of a life, or of

a culture, a relationship, an organization, a movement—of something—through the psychoanalytic process, or perhaps through the analysis of acts of ordinary genius. The book is striking for its absence of any reference to the author's clinical work that may have inspired this scholarly work. As a result, clinical analysts will need to stretch themselves to apply these philosophical arguments to the consulting room.

That being said, I have noticed that I have done just that in my clinical work as I have become more attuned to the nature of conformity and a retreat from freedom, spontaneity, and aliveness since reading this book. That is, while the book's format may not always fit my clinical sensibilities, the author has brilliant ideas and great insight into the modern mind. She aptly describes the glorification of what is publicly celebrated over the everyday humanism that provides a more substantial foundation for the best of civilized life.

Fiumara's writing appeals to me in that she has an optimistic, hopeful, and positive outlook on human potential that nonetheless does not exclude the darker side of human nature so clearly illuminated by psychoanalysis. It is not random that she often quotes the English novelist George Eliot as a fellow observer of the notion of the unrecognized creativity and humanism of the other. Here Fiumara is generally referring to *Middlemarch's* Dorothea, I assume—a character who exemplifies an ordinary genius in interaction with a complex interpersonal world.[3] It was the genius of Eliot to provide us with paragraph after paragraph of the workings of the aware, sympathetic, and humane mind. And Fiumara works to follow in these footsteps from a psychoanalytic perspective and to illuminate the subtle but powerful creativity of the human mind when directed at human interaction.

In conclusion, though play and creativity and the space in which to think are linked for Fiumara, it is not always easy for me to play on Fiumara's intellectual playground. Her apparent expectation that I would be familiar with much of what she refers to in her over 350 end notes left me feeling, as mentioned, a bit undereducated. Also, her rhetorical style taxes my ordinary wish for coherence; furthermore, it taxes my psychoanalytic predilection as a clinical psychoanalyst to trust clinical evi-

[3] Eliot, G. (1874). *Middlemarch.* London: Penguin, 1994.

dence more than a reasoned argument as a means for seeing something related to psychoanalysis in a new light. However, I conclude that joining the author on this journey is well worth the effort required. I think most clinical analysts will find similar value in visiting Fiumara's world of the psychoanalytic scholar—provided that, like me, they can tolerate feeling more ordinary than genius.

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ABSTRACTS

NOTES ON THE SEVENTEENTH NATIONAL CONGRESS OF THE ITALIAN PSYCHOANALYTICAL SOCIETY

"The Origin of Psychic Experience: Becoming Subjects"

Milan, Italy; May 22–25, 2014

Translated and Abstracted by

Luca Nicoli, Sergio Anastasia, and Elisabetta Facella

> An early state is primitive when it occurs in the absence
> of an object that contains it, dreams it, thinks it.
> —Paolo Fabozzi[1]

Introduction: "Under the Same Skin"

Is it possible to give a picture of the state of the art of Italian psychoanalysis, with its irreducible complexity, in just a few pages? That is the ambitious goal we have set for ourselves in commenting on the 17th National Congress of the Italian Psychoanalytical Society (SPI), titled "The Origin of Psychic Experience: Becoming Subjects," that took place May 22–25, 2014, in Milan.

This report is undoubtedly incomplete, especially since our viewpoint is that of three persons-becoming-analysts, each dealing with a different stage of training and belonging to a different scientific center.

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[1] Quotation from Fabozzi's paper, "Back to the Origins: Unthinkable Angst and Clinical Psychology of Primitive States," presented at the congress.

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It is all but impossible to understand the state of psychoanalysis in Italy without referring to the history of the Italian peninsula, marked by centuries-old splits in independent political realities. Linguistically, to this day, it is not uncommon to hear local dialects that are almost incomprehensible even for people from neighboring areas.

In the course of the congress, the Italian psychoanalytic milieu spoke in several psychoanalytic dialects, expressing different traditions fostered in local centers, such as the Freudian school, the post-Bionian school, philosophical approaches, and neuroscience. These models have long coexisted, albeit often without communicating among themselves. As many reports from plenary meetings and panels at this congress made clear, we now deem it useful and necessary to integrate these models *under the same skin.*

We turn to this metaphor, inspired by the title of Alessandra Lemma's paper presented at the congress, to suggest that the Italian Psychoanalytical Society acts as a container for divergent thoughts. The purpose of this container is to allow the numerous models that now characterize international psychoanalysis (Wallerstein 1988) to coexist without fear of dissociation or institutional splitting and without being forced to conceal differences. The bodily skin, Bick (e.g., 1986) reminds us, is above all an object of containment within which different parts of oneself—aspects of one's personality not yet explored or differentiated from bodily functions, and thus primitive—can be tied together. Likewise, the institution can function as a container for different models and theories, allowing it to give birth to new approaches and to "think those thoughts" that are still waiting to be thinkable.

This vision of the institution as a container-skin was also visually represented by the choice of a work of street art—Banksy's *Girl with a Balloon* graffiti—as the visual icon for the congress, as if to signify that psychoanalysis should leave the well-protected areas of psychoanalytic institutes in order to encompass the *nonplaces*, the areas of exchange described by Marc Augé (1992)—the streets, or, as in the case of this congress's venue, the beautiful Renaissance buildings of the "Statale" University in Milan. The Italian psychoanalytic milieu, represented by over 600 attendees, thus mingled physically with the university students

walking under the arcades, typical elements of classical architecture representing intermediate areas between inside and outside and traditional locales for conversation, social exchange, and casual strolls. In the course of this event, for the first time, analytic candidates actively participated in the early stages of the congress's organization and were formally a part of the plenary lectures and panels.

Primitive States of Mind

The object of the congress was to invite speakers and listeners to deal with the still-almost-unexplored concept of *subjectivation* (Cahn 1991), and thus to address the meeting's theme through the most primitive, unknown, and original parts of the individual—that is, anything that has been identified as not (yet) thinkable. We are referring to feelings that can be experienced and subjectified only in contact with another mind that is able to help contain and signify them.

In addressing the congress in his introductory speech, "Untitled: From Freud to Francis Bacon," the Italian Psychoanalytical Society's president, Antonino Ferro, explained that "the facts, the traumas, the events are silent from a psychoanalytic point of view"; and in order for them to become *food for the mind* of the individual, they must meet another mind, that of a parent or an analyst, that allows the formation of "an emotional, affective, semantic field that starts the metabolization in pictograms, in narrative, in stories, in dreaming."

Through the use of clinical vignettes with child and adult patients, Ferro illustrated his interpretation of psychoanalysis, based on transforming clinical facts into a dream, a shared dream. "However," he stated, "in order for this to happen, the field must get sick with the same sickness as the patient, who only then will be able to dream it [the sickness] and transform it."

We are here in the realm of a psychoanalysis that deals with the "new trends of pathology"—anorexia, panic attacks, borderline states, psychosomatic dysfunctions—that indicate defects in symbolization, real representational holes, rips in the canvas of the experience of self. It is this new type of patient that leads analysts to deal with primitive states of mind, in Italy and elsewhere.

What do we mean by *primitive*? Paolo Fabozzi talked about this in his thoughtful paper, "Back to the Origins: Unthinkable Angst and Clinical Psychology of Primitive States":

> An early state is primitive when it occurs in the absence of an object that contains it, dreams it, thinks it. And it is primitive in the presence of an object that becomes absent, recoils in terror, and thus fails to activate the functions of *holding*.

In his paper, clearly of Winnicottian origin, Fabozzi recognizes the importance of analytic work in giving meaning to the patient's existence, threatened by the unthinkability of early traumatic experiences. *Meaning* is interpreted as something different from the "already given" representation, appearing instead as a dynamic concept, created and reinvented in the encounter with the other and with oneself; it is one of the objects of analysis, alongside an experience of the un-self-conscious state of being (Winnicott 1968).

Fabozzi deserves credit for bringing this essential Winnicottian concept to life with dreamlike words:

> I try to imagine this by thinking about what you experience when you lose yourself in playing, or in the ability to merge regressively with the other in a sexual relationship, or in the possibility of feeling that you are part of the fourth movement of Mahler's Fifth Symphony, or of a Springsteen song. I imagine it in the willingness to travel through time in circles, rediscovering the feeling of childhood, letting it transpire in the present, reclaiming it from the standpoint of a different age. I glimpse it in the ability to inhabit a shapeless place, born from the relationship with the other, letting space remain uncertain; or in opening up to the unexpected, even if it risks upsetting what has been established, what you would want and imagine has been established once and for all.

A Bridge to Neuroscience

A highly anticipated event at the congress was the dialogue between psychoanalysis and neuroscience offered by Vittorio Gallese, winner of the Musatti Prize.[2] Gallese, one of the discoverers of mirror neurons in

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[2] Named for Cesare Musatti (considered the founder of psychoanalysis in Italy),

the 1990s, acknowledged the psychoanalytic model as a theory of reference for neuroscience, until now mostly framed within classical cognitivism. In his speech titled "Which Neuroscience? Which Psychoanalysis? Intersubjectivity and Bodily Self: Notes for a Dialogue," given in a plenary meeting, Gallese acknowledged the limitations of considering a solipsistic mind as an object and, by contrast, the necessity of recognizing intersubjective contributions to the brain's full functionality.

The discovery in the motor areas of the brain of motor neurons—mirror neurons—that are activated by mere observation of the intentional and aimed actions of another person gave rise to the model of *embodied simulation.* "Embodied simulation," Gallese maintains, "enables a direct form of understanding others, as intentional attunement achieved through activation of neural systems underlying what we and others do and experience."

Alongside the detached perception of the other, the subject who observes someone else finds activated within himself the "internal 'representations,' nonpropositional and in bodily form, of bodily states associated with observed actions, emotions, and sensations, as if the observer were performing a similar action or experiencing similar emotions or feelings," notes Gallese. Such a physiological activation seems to provide a neurological foundation for psychoanalytic observations about the human ability to *appropriate* the internal state of another person through sensory identification. Moreover, it lays the groundwork for new convergences around concepts of great interest to our discipline, such as empathy, unconscious communication, and projective identification.

Looking for a Container

A visit to the *Cenacolo* (da Vinci's *The Last Supper*) in the Convent of Santa Maria delle Grazie stood out among the cultural activities at the conference. In this fresco, the apostles react to the prophecy of the betrayal of Jesus in discussions among themselves in small groups. Some show strong emotions and facial expressions while others appear more moderate and incredulous; it seems that the master's brush is able to

the Musatti Prize is bestowed annually to a scholar whose research and writing in psychoanalysis and related fields have promoted the development of psychoanalysis and the wider diffusion of its tenets.

capture every single mental motion. All the apostles, though, seem to be trying to restore a lost connection, a containment for the terrible truth disclosed by Christ.

Italian psychoanalysis has added its many languages to the language of painting, all trying to answer the same question: how can one build a container able to weather the storms of human *subjectivation*? Among the Italian researchers who have tackled this question, Claudio Neri, one of the fathers of the theory of the intersubjective field, deserves mention. In his paper presented at the congress, "Subjectivation and Field Theory," he utilized a clinical report to demonstrate the difficulty for analytic patients of changing their bonds with others, as if these bonds had a statute of their own, their own independent existence. Neri noted that the analytic field works as a "highlighting apparatus": it is not just a frame or structure; instead, it allows a highlighting of the extra-frame relational fields into which the patient's daily life is integrated.

Alessandro Bruni, whose philosophical education pervaded his paper suggestively entitled "Ectopic Relations of the Unsaturated Subject," spoke a completely different language. Using the method of "seeing in imagination" proposed by Bion (1965, p. 91), Bruni seized the audience and carried it away from the usual and predictable with a report notable for its elusiveness. Frequent references to Greek philosophy, biology, Eastern religions, and the Bible—followed by abrupt returns to Freud—intrigued, annoyed, bored, and charmed the attendees; thinking back, we believe this presentation brought to life in the here and now the frustration felt before a continuous flux of wild thoughts not yet tamed.

Among the beta elements in Bruni's lecture that struck us like lightning bolts, we will quote a single fragment that seemingly alludes, obscurely, to the laborious practice of psychoanalysis: "The opposition between disorder and uncertainty, on the one hand, and information and organization, on the other hand, makes sense, then, only by virtue of the binding presence of an 'edge.'"

Many Languages

The conference's distinguished guests from abroad who came to converse with the Italian psychoanalytic milieu pondered the same issue: the search for a signifying container. We will begin this section by men-

tioning Alessandra Lemma, an analyst of Italian heritage who lives in London and is a member of the British Psychoanalytical Society, who read her paper, "Ink, Holes, and Scars," in flawless Italian tinged with an unmistakable British accent. The author, long concerned with the phenomenology of body modifications, pointed out that, with respect to the context in which these phenomena originate, these behaviors are certainly significant for many people and are not merely dictated by a passing fad.

Lemma, moving from a background drawing on Anzieu and Bick, highlighted the use that many patients make of the skin as a physical representation of the container self. The choice to concretely modify the skin can define a certain distancing from intrusive or symbiotic objects. A comment of hers that felt particularly appropriate to the congress's theme was: "Marking the skin facilitates the experience of giving birth to a 'new' self, and may therefore in some cases reveal fulfillment of the fantasy of self-creation."

Elias Mallet da Rocha Barros, a member of both the Brazilian Society of São Paulo and the British Society, shared the effort, common to many Italian colleagues who present at international conferences, of speaking in a non-native language. In his Portuguese-tinged English, reading the paper titled "Imagination and Reality: The Process of Becoming a Subject," he highlighted an ongoing change in perspective for international psychoanalysis, which is a movement away from the study of removed contents and toward a focus on processes of thought and continuous identity reconstruction:

> In this way, the analysis is transformative insofar as it focuses more on the process through which the patient is acquiring knowledge about himself (including becoming aware of resistances in doing so) than on *insight*, especially if this is taken in its strict meaning of a source of information about what one is. In other words, the knowledge, through an emotional experience, of what the patient is "being" is much more important to generate transformations than being informed about *who he or she is.*

The work of Rocha Barros struck us for the clinical details with which he articulated his theoretical thinking in such a way as to enable

the audience to understand in detail his interpretation of transformative work in analysis. He explained how the evocation of affects or reverie in the analyst following a projective identification causes a disorganization, followed by a reorganization that allows the revelation of new unconscious links between affects, giving life to an emotional experience.

"For an instant, in this moment of disorganization, the analyst becomes part of the experience of the patient, and from that emerges what Ogden . . . called the analytic third," observed Rocha Barros. We quote this excerpt because it is one of those uncommon passages in which an author tries to highlight the dynamic value of Ogden's concepts, too often considered in a generic way and thus emptied of their clinical specificity.

A Look to the Future

The presence of foreign guests at this congress, bringing different perspectives from those to which we are accustomed, took the event to an international level and made palpable the existence of a larger container compared to our Italian Society—a common ground trod by different languages but made familiar by the main theoretical references, such as the aforementioned Ogden, Bion, Anzieu, and Bick.

For this reason, we were excited to hear the president of the International Psychoanalytical Association, Stefano Bolognini, talk about the future of psychoanalysis and the function of the IPA. In his speech, "The Analysis to Come: A Look at the (Near) Future of Psychoanalysis in a Changing World," Bolognini talked about the identifying aspects of the IPA, a macrocontainer with the function of integrating different psychoanalytic models into various geographical realities. In institutional and individual processes of identification, it is inevitable that there will be anxieties about integration and mistrust generated by differences that are a source of conflict but also of potential improvement. The president described how psychoanalysis has approached some areas of the world that currently represent the frontier areas of psychoanalytic thinking, such as China, Iran, Lebanon, and Korea.

Bolognini elaborated on issues related to analytic training: first of all, he reported on the international debate regarding different styles of

the relationship between candidates and IPA members, closer in some cultures and more distant in others. He then touched on the phenomenon of IPA members who have "disappeared": analysts who were once associated with the association but who no longer participate in its activities, highlighting the difficulties in maintaining a good relationship between individual and institution.

We found it particularly interesting that the president mentioned the need to support the tripartite model of training (personal analysis, supervision, and didactic seminars) while also adding a fourth dimension: the necessity of the ability to work together. In parallel to the intimate and confidential atmosphere of the analytic office, there is a growing need to provide space for the group dimension offered by the analytic institution.

In closing, the president turned his attention to coming challenges: today we are confronted with new frontiers of resistance to the possibility of wanting or thinking about the analytic experience. The very idea of experiencing an ongoing and prolonged dependence offends a narcissistic attitude that is more prevalent than in the past; therefore, the psychoanalysis of the future will have to understand how to address the younger generations, generally more individualistic and claiming self-reliance.

Subjectivity and Groupality

The issue of the analyst's subjectivity in relation to the patient and to the institution was amply explored by Paolo Boccara in his paper, "In Praise of Fear." Through a clinical account, the author illustrated how the encounter with the most difficult patients requires of the analyst "the ability to dissociate," keeping himself in the role of a privileged witness (Bromberg 2006). In other words, Boccara continued, "The key issue seems to be to enable the capacity to achieve within oneself a relationship with the dissociated parts of the patient (and of oneself) and to remain with them in an inner group dimension."

The formation of an inner groupality allows the analyst to stand in a transitional area between self and other, between more integrated aspects of his own personality and more primitive and distressing aspects

still waiting to be known and processed, between different theoretical models and between those and unexplored unconscious areas. A professional life that continually oscillates between moments of group sharing—working on teams and in institutions—and moments of individual integration is something that analysts experience from the early stages of training through supervision, meetings, and in peer groups, the latter being essential places of transformation and containment of not-yet-integrated parts of the self arising from the encounter with the other.

The Italian Psychoanalytical Society, in an effort to provide a link between candidates' training experience and life in the Society, scheduled during the course of the congress several open sessions in which the speakers were analysts in training. The European vice-president of the International Psychoanalytical Studies Organization (IPSO) spoke in a plenary, and prearranged participation by candidates occurred during major sessions. Hearing the opinions of those who are still in training and cannot take for granted the state of the art of psychoanalysis prodded speakers to share their conceptualizations—even in the case of those who were not experts in their models of reference—in an effort to pass on theoretical and clinical experiences to new generations of analysts.

When an analyst is supported and accompanied by the group to which he belongs as he continues his training that will never be totally complete, both in theoretical models and in aspects of his own individual life, he becomes able to introject into himself an ever-greater ability to think, even in the face of deep, perceptible lacerations to his body and his psyche. Through this transformative process, the analyst will become truly able to "feed" the patient—through genuinely interested, courageous listening—without living his work in a dimension of loneliness, but rather with the constant support of an outside group that reverberates internally.

Drives and Their Destiny

We would like to close this overview of the congress by turning our attention to where psychoanalysis began, to the drives. It seems interesting that issues related to instinct, desire, and sexuality emerged primarily in clinical sessions, where it was not primitive states of mind that

were in the foreground, but rather the subjectivity of the patient's daily experience. A colleague pointed out that only in a video component of an artistic presentation was there an appearance of a breast that did not feed but rather seduced—that is, a breast that invited sexuality. Does the contemporary analyst risk becoming a maternal caretaker, one of the wonderful St. Marys depicted in the history of Italian art in the many works entitled *Madonna and Child*?

Paola Marion, in her paper, "Is Child Sexuality Premature or Deep? Some Considerations on Child Sexuality in the Subjectivation Processes," reminds us that there is no such thing as "the sacred innocence of the primary narcissistic unit" mentioned by Ogden: the relationship with the mother conveys not only containment and holding, but also pleasure and seduction, or, where these are lacking, depression or the impulse to turn against life. Throughout a lifetime, in fact, the individual is busy translating and fantasizing about bodily impulses, both his own and those stemming from residues of unprocessed parental sexuality.

We conclude with a note on analysts coming to grips with their own instinctual drives—an impulse that one does not want to experience. Simona Lucantoni, a young analyst, reported that she was taken aback by the intense excitement she experienced while listening to a patient's story of child abuse, a scarcely tolerable reaction. She was able to enlist the help of a colleague, Violet Pietrantonio, so that together they could process what evidently went beyond the working-through capabilities of a single mind. The result of their collaboration was the identification of an episode of somatic reverie, worked through at length. Only with the personification of the boogeyman, the pedophile, in the body of the un-suspecting analyst had the patient been able to give voice to a previously inaccessible past.

The resultant coauthored paper, titled "The Invisible Body: A Possible Field Reading," shows how the analyst may feel drawn to a scene because of projective identifications, and then cannot get out of it without leaving the patient alone. Max Ernst's controversial masterpiece, *The Virgin Spanking the Christ Child Before Three Witnesses: André Breton, Paul Eluard, and the Painter* (1926)—which stages irreverent contact between the mother par excellence and the son of God—comes to mind. Every

mother, real or analytic, is constantly struggling with inevitable violent, difficult-to-contain emotions.

This, too, is an unavoidable part of the continuous, inexhaustible process of becoming subjects that we addressed during the 17th National Congress of the Italian Psychoanalytical Society.

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