

## RUPTURES IN THE ANALYTIC SETTING AND DISTURBANCES IN THE TRANSFORMATIONAL FIELD OF DREAMS

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*This paper explores some implications of Bleger's (1967, 2013) concept of the analytic situation, which he views as comprising the analytic setting and the analytic process. The author discusses Bleger's idea of the analytic setting as the depository for projected painful aspects in either the analyst or patient or both—affects that are then rendered as nonprocess. In contrast, the contents of the analytic process are subject to an incessant process of transformation (Green 2005). The author goes on to enumerate various components of the analytic setting: the nonhuman, object relational, and the analyst's "person" (including mental functioning). An extended clinical vignette is offered as an illustration.*

**Keywords:** Field theory, Bion, dreaming, Bleger, alpha function, characters, enactment, intersubjectivity, transformation, transference-countertransference, nonprocess.

It is not true that people stop pursuing dreams because they grow old; they grow old because they stop pursuing dreams.

—Gabriel García Márquez (2004, p. 69)

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## INTRODUCTION

In the movie *Field of Dreams* (1989), Kevin Costner plays a man estranged since adolescence from his father, an avid baseball fan. One day, Costner hears a voice say, “If you build it, he will come,” which compels him to carve out a baseball playing field in the midst of a corn pasture in rural Iowa. His neighbors think he is crazy to undertake such folly; nevertheless, he perseveres and creates a diamond-shaped sports ground bordered by tall spires of ripening corn, which becomes the setting of the film’s denouement: a dreamy sequence of long-deceased Hall of Fame baseball players emerging like heroes through corn stalk curtains onto this field of dreams—and, finally, an oneiric reunion and longed-for game of catch with the protagonist’s father.

The pastoral setting, meticulously cleared from the thick rows of corn, had to be built first in order for there to be a setting in which Costner’s beloved baseball players could make their appearance, dreamed once again back into existence. However, these athletes could endure only as long as they remained within the boundaries of this field of dreams; once they stepped outside the baseline, they vanished.

In this paper, I will explore and expand upon Bleger’s classic paper, “Psycho-Analysis of the Psycho-Analytic Frame” (1967), recently retranslated from Spanish with a slightly different title (Bleger 2013),<sup>1</sup> and examine the interaction between the analytic setting or frame and the psychoanalytic process that occurs within that setting. In going forward, it is important to keep in mind three primary concepts of Bleger’s: the *psychoanalytic situation* is the overarching concept that comprises two elements; the first of these is the *analytic setting* or *frame* as the enclosure in which the second element, the *psychoanalytic process*, may unfold.

Just as Costner’s character had to first construct the baseball field in order for the field of dreams to come alive, so the clinician must establish the analytic frame as the space in which the process of analysis may

<sup>1</sup> The new translation is nearly identical to the earlier one, except that the word *encaudre*, originally translated as *frame*, has become the *setting*, which I believe has contributed to some of the confusion about Bleger’s ideas. Many analysts use *frame* and *setting* interchangeably, which I will do as well.

flourish. And just as the movie's fabled players could exist only within the confines of this field of dreams, so disruptions to the analytic setting or frame can bring a halt to the development of the analytic process.

I will examine the essential importance of the setting as described in the writings of Bleger, Winnicott, and Green, and the effects that disturbances in the frame have upon the analytic process that occurs within the structure of that setting. Furthermore, I will offer a view of the analytic process as an "incessant process of transformation" (Green 2005, p. 34) arising from the mutual intersubjective dreaming that unfolds within the treatment dyad, as described by Cassorla (2008), Ogden (1994, 2003, 2004a, 2004b), and me (Brown 2009, 2010, 2011).

When inevitable disturbances occur that cause a "crack" (Bleger 2013, p. 235) in the frame, a "phantom world" (p. 230) of archaic emotions is released that shakes the stability in the analytic (process) field of dreams; yet, paradoxically, the capacity for mutual dreaming must be restored in order to work through these primitive apparitions. I will present a clinical vignette to illustrate a disruption in the analytic setting, stirred by contributions from the analysand and from me, and I will describe how a rejuvenated capacity for our mutual dreaming provided a medium through which the setting was repaired.

Bleger's paper is densely written and challenging to comprehend, even for analysts familiar with the contributions of the River Plate region<sup>2</sup>: his use of terms such as *agglutinated objects* and the *glischro-caric position* can give the reader a sense of impenetrable thickets in a foreign terrain. Another source of ambiguity is that Bleger appears to use the term *setting* in two different ways: first, to denote actual, formal elements (fees, frequency of sessions, etc.), and second, as a virtual space into which patient and analyst project unbearable aspects of their respective psyches. The first usage refers to concrete factors that are relative invariants, while the latter addresses metaphorical aspects of the setting that are unique to each couple. Regardless of the difficulty of the paper, however, I believe there is much of value and clinical relevance to be discovered here.

<sup>2</sup> The River Plate forms the boundary between northern Argentina and Uruguay. A rich psychoanalytic tradition has developed there, in which Bleger was a key figure (Brown 2010).

## NONHUMAN ASPECTS OF THE ANALYTIC SETTING

I suggest that we think of the setting as made up of *nonhuman* factors, discussed in this segment; *object relational* aspects, considered in the next section; and, finally, aspects of the analyst's *person* (including his mental functioning). Freud (1912, 1913) originally described the importance of establishing the ground rules for psychoanalysis (abstinence, neutrality, free association, etc.) that aimed at *safeguarding the transference* so that it may flourish free of intrusions from the analyst.

Winnicott (1949) creatively introduced the notion that the formal setting of the analysis, i.e., the ground rules, is not simply an inert background but itself carries important unconscious meaning, especially in the treatment of more troubled patients:

For the neurotic the couch and warmth and comfort can be *symbolical* of mother's love; for the psychotic it would be more true to say that these things *are* the analyst's physical expression of love. The couch *is* the analyst's lap or womb, and the warmth *is* the live warmth of the analyst's body. [p. 72, italics in original]

But perhaps these concrete elements of the analytic frame also carry a meaning that has not yet been transformed into an object relationship, as Winnicott asserts? Searles (1960) suggests a developmental phase in which the infant is undifferentiated not only from its human (maternal) environment but also from the nonhuman milieu, and is "unable to be aware of the fact that he is living rather than inanimate" (p. 36). Furthermore, Searles states: "At unconscious levels of concept formation, subjective oneness with that [nonhuman] sector of the environment persists long after differentiation on a purely perceptual and conscious level has been effected" (p. 37).

Thus, in addition to Winnicott's emphasis on the relationship to the human (maternal) environment from which the infant must differentiate itself, Searles highlights the more elemental task of separating from the nonhuman environment and also asserts that traces of that earlier state of oneness persist in the psyche. Searles does not connect his ideas

about the nonhuman environment to our understanding of the analytic setting, but his thoughts seem to me to link with the importance of the inanimate, pragmatic aspects of the frame, such as fees, the analyst's office, schedule, etc. His emphasis on the undifferentiated state between the infant and the nonhuman environment appears to anticipate Bleger's exploration of a *symbiosis* between split-off parts of the analyst and the patient that are "deposited" in nonhuman aspects of the analytic setting.

Bleger (2013) further develops the model of the setting and speaks of an "ideally normal setting" (p. 229) that, when maintained, is almost invisible—not consciously perceived but always there, providing the boundary in which psychic growth evolves. Bleger adds that—and I think this is his major contribution beyond Winnicott's original idea—the setting holds in abeyance a "phantom world" of the most primitive and undifferentiated organization"<sup>3</sup> (p. 230). This phantom world is "deposited" in the setting through projective identification of unbearable parts of patient *and* analyst, and "in such a way that a large part of the subject's ego is estranged in the other" (p. 233). However, Bleger asserts, there is a *symbiotic link* between parts of the analyst and/or the patient deposited in the setting and the individual (analyst or analysand) who has projected those parts. This symbiosis permits the analytic process to move forward because the dangerously destabilizing experiences have been incarcerated in the frame.

Bleger often uses language that suggests the frame is a nonhuman enclosure, which he compares to an "institution": the psychotic part of the personality (Bion 1957) is "deposited in the setting" (Bleger 2013, p. 231), and its phantoms are released through "cracks" in that frame, infiltrating the psychoanalytic process in an avalanche of elemental anxieties that have been placed into the setting in order to protect the analytic process from experiences too powerful to be managed.<sup>4</sup>

Bleger, importantly, uses the term *immobilized* to refer to the status of parts of the personality evacuated into the setting. This immobiliza-

<sup>3</sup> Bleger refers to these most primitive phantoms that inhabit the analytic setting as *agglutinated objects*.

<sup>4</sup> Langs wrote extensively about the therapeutic value of maintaining a consistent frame. He noted that "alterations in the frame create a bipersonal field in which action, discharge, and evacuation predominate" (1978, p. 111).

tion essentially freeze-dries the psychotic part of the personality, which is rendered as *nonprocess* (Baranger, Baranger, and Mom 1983; Bleger 1967, 2013) and remains lodged in the frame in a state of suspended animation, separated out from the evolving analytic process. It is important to note that *those parts of the analyst and analysand “estranged” in the setting are not transformed*, while the contents of the psychoanalytic process undergo ever-evolving transformations (Bion 1965). Thus, in Bionian language (Bion 1962), it would be incorrect to say that the psychotic part of the personality deposited in the setting is “contained” there, since containment always implies that the contained is transformed, processed, digested, etc.

## OBJECT RELATIONAL ASPECTS OF THE ANALYTIC SETTING

This phantom world arrested as nonprocess originates in the deepest recesses of both the patient’s *and* the analyst’s mind. Bleger asserts that patient and analyst come to analysis with their own *internal settings*: each brings his own fears and anguish with him, as well as environmental requirements to keep such anxieties at bay. In addition, from the perspective of intersubjective unconscious processes (Brown 2010, 2011), I believe that the idiosyncratic internal settings that patient and analyst bring to the psychoanalytic situation may combine along shared areas of conflict and overlapping needs for safety. The deepest regions of primal fears in each become a fused chimera that is projected into the frame, immobilized there as nonprocess until the psychoanalytic process is capable of tolerating and transforming these experiences.

Both members of the dyad unconsciously look to the frame to house and freeze their deepest fears (that is, those belonging to each individual, as well as the “third” area of their interconnected pain), the nature of which may be considered from various developmental perspectives. In Bleger’s view, these primitive agonies are about undifferentiation (agglutinated objects), including the loss of psyche-soma discrimination, and pre-date the paranoid-schizoid and depressive positions as described by Klein. I think that Tustin’s (1986) observations about autistic anxieties of dissolving and falling out of oneself are also relevant here.

I have been addressing the characteristics of the phantom world enclosed in the frame and will now turn to considering the “ideally normal setting” (Bleger 2013, p. 229) from an object relational perspective. Winnicott (1949) commented that the physical qualities of the frame are concretely experienced by the very disturbed patient as *equivalent* to the mother, but the situation is very different in less troubled neurotic patients, and/or when experienced by the nonpsychotic part of the mind. When potentially destabilizing psychotic elements have been cordoned off in the setting to safeguard the analytic process, the frame is then experienced unconsciously as an invisible, secure state of primordial oneness with the mother, which is referred to by many authors using different terminology.<sup>5</sup> Winnicott (1955) associates Freud’s concepts of *primary narcissism* and *primary identification* with what he (Winnicott) calls the *holding environment*: “In primary narcissism, the environment is holding the individual, and *at the same time* the individual knows of no environment and is at one with it” (p. 19, italics in original).

Sandler (1960) refers to a feeling state that he calls the *background of safety*, which is defined as the experience of sensory integration that protects the infant from traumatic sensory overload “that we take for granted as a background to our everyday experience” (p. 352). Related concepts are Tustin’s (1986) *rhythm of safety* and Grotstein’s (1977) *background object of primary identification*, both of which are internalizations of the earliest maternal experiences of oneness that promote sensory-/self-integration and live on as an unseen source of protection.

## THE ANALYST’S “PERSON” (AND MENTAL FUNCTIONING) AND THE ANALYTIC SETTING

In addition to the nonhuman and object relational aspects of the analytic setting, characteristics of the analyst’s mental functioning and physical presence have received increasing attention. Green (2005) emphasizes the vital role played by the *fundamental rule* as an essential factor of the

<sup>5</sup> It is also important to note Faimberg’s (2014) recent discussion of Winnicott’s (1955) lesser-known view about the symbolic role of the father as another factor of the frame. Winnicott asserts that maintenance of the setting is the analyst’s responsibility; and, in ending the session, Faimberg asserts that he is functioning as a paternal figure who is “acting to separate the patient from the ‘analysis-mother’” (p. 634).

analytic setting. In doing so, Green elevates the analyst's *free-floating attention* (Freud 1912) to a central position as part of the frame. The fundamental rule, for Green, "encourages a mode of waking reveries during the session" (p. 33) and a view of the analytic pair as a "*dialogical couple* in which analysis is rooted" (p. 33, italics in original). By adopting a benevolent attitude of *understanding receptivity*,<sup>6</sup> the analyst opens himself to the flow of unconscious transmissions emanating from the patient and from within himself.

In an earlier paper, Green (1975) likened the analytic setting to the body that is silently present when healthy but that demands our attention when disturbed by illness. Green's metaphor of the analytic setting as a body dovetails with Bleger's (2013) original observation that "the patient's setting is his most primitive fusion with the mother's body" (p. 240). Lemma (2014) has extended this to include the body of the analyst as an integral constituent of the analytic setting, which she has termed the "embodied setting" (p. 225). This concept refers to aspects of the analyst's appearance that remain relatively constant, such as his typical attire, consistent health, hairstyle, etc., and "when the analyst's body reaches the patient's awareness *because* of a more obvious change (e.g., pregnancy, weight fluctuations, a visible injury, change in hairstyle), it mobilizes primitive phantasies and related anxieties in the patient" (p. 228, italics in original).

However, Green (2005) later considered the model of the dream, rather than the metaphor of maternal care, to best describe the analytic frame; indeed, he saw a direct parallel between the "conditions of the setting and those of the dream" (p. 57). In this regard, any failures of the dream function adversely affect the capacity of the analytic setting to function as a generative haven for a creative analytic process: what should have been a field of dreams becomes an arena for the phantom world of nightmares, night terrors, and the "white terror"<sup>7</sup> of what Green terms *blank dreams*.

<sup>6</sup> Compare this with Aguayo's (2014) recent characterization of Bion's recommended technical stance as *disciplined receptivity*.

<sup>7</sup> This term was used by one of my patients to describe a dream that was terrifying but had no content.



Bion's (1962, 1965, 1970, 1992) theory of dreaming has had a profound effect on contemporary psychoanalytic theory and has given us new ways to conceptualize the nature of the interactive psychoanalytic process that occurs within the analytic setting.<sup>8</sup> Indeed, he single-handedly expanded our appreciation of the complexity of what occurs between patient and analyst: the archeological model has been *supplemented* by a view of the analytic process as mutual intersubjective dreaming, which—as Green states—produces “an incessant process of transformation” (2005, p. 34). The *dream-work* introduced by Freud (1900) accounted for how unconscious impulses are disguised so that they may pass by the censor, unnoticed, into consciousness; however, Bion (1992) subsumed dreaming under the *alpha function* and, in doing so, stated that dreaming operated constantly, while we are awake and asleep, to transform *affects* into thinkable thoughts. In other writings, I have described alpha function as the *engine of transformations* (Brown 2012, 2013), which is achieved through the unconscious work done by the linked alpha functions of patient and analyst, constantly operative in transforming the affects arising from the encounter between their respective psyches.

When treatment is progressing smoothly, as Bleger wrote, the setting is an almost invisible factor in which the analytic process may proceed. In this situation, analyst and patient are engaged in a constant unconscious dialogue enabled by subliminal communications achieved by projective and introjective processes between their alpha functions. This is a situation that Cassorla (2008) has called *dreams-for-two*, which creates a shared emotional experience that each partner represents in his own idiosyncratic manner—a concept related to Ogden's (1994) notion of the *intersubjective analytic third*, in which a third subjectivity is unconsciously created from the individual psyches of patient and analyst. However, when there is a disruption of the frame, the crevasse that forms unleashes the previously interred bogeymen that invade the analytic

<sup>8</sup> This may seem somewhat blurred to the reader. The *capacity* for dreaming is an aspect of the mental functioning of the analyst that is a central component of the analytic setting, while the *activity* of dreaming/transformation is necessary for the analytic process to proceed.

process. In the best of situations, small perturbations affect the analytic couple, who are then able to dream/transform their shared turbulence.

On the other hand, when the disruption to the frame is severe, the primitive forces released flood the setting with a devastating blow to the psychoanalytic process: anxieties of a psychotic and autistic nature overload the connected alpha functions of analyst and analysand, thereby completely arresting the process of dyadic dreaming/transformation. The analytic couple is thus faced with a situation that Ogden (2003) likens to a night terror: the individual, or in this case the analytic couple, is confronted with such awesome fears that the capacity of the mind to dream is entirely overrun. The equivalent for the analytic couple is what Cassorla (2012, 2013) calls non-dreams-for-two, mentioned earlier, which can result in chronic enactments of what cannot be transformed by the patient and the analyst dreaming together. This presents the analyst with a seemingly impossible dilemma: how to rescue the analytic process, which depends on shared dreaming, when the capacity for dreaming itself is disabled?

## THE RELATIONSHIP BETWEEN THE SETTING AND THE PSYCHOANALYTIC PROCESS

In brief, the setting is the depositary (Bleger 1967, 2013) for the deepest anxieties of the patient, the analyst, and, I would add, the shared intersubjective terrors that arise from the intersection of their respective psyches. Analyst and patient maintain a symbiotic link between themselves and the disowned terrors that each has projected into the setting, which protects the analytic process from being destabilized by the contents of the frame. These agonies are deposited in the frame through projective identification and are immobilized in a state of suspended animation, thereby allowing the analytic process to develop without being overwhelmed by the terrors encased in the setting as *nonprocess*. Thus, *the contents of the setting remain unchanged and do not evolve*, in contrast to *the material of the analytic process that is constantly being transformed through the mutual unconscious dreaming of the analytic pair, and through après-coup in the here and now of the session.*

But is this contrast between the nonprocess contents of the setting that do not evolve, and the contents of the analytic process that undergo transformation, as sharp as Bleger asserts? For example, when an intersubjective amalgam is formed from similar fears in the analyst and the patient, is this combination assembled in the analytic process or in the frame? Although Bleger does not refer to “trauma,” it seems to me that his view is that what has been deposited in the setting remains separated from the ongoing analytic process, existing similarly to a trauma that may not be transformed until access is gained to that analytic process.

Like so many analytic concepts, Bleger’s notion of the setting appears similar to related ideas, such as the Barangers’ (1961) conception of a *bastion* and Cassorla’s (2012, 2013) *non-dreams-for-two*. In my opinion, Bleger’s concept differs from these because the mental experiences that have been exiled to the setting remain distinct from, and are viewed as having no impact on, the analytic process. In contrast, the shared unconscious phantasy of the analytic couple that the Barangers describe, and the arrest of mutual dreaming in the dyad detailed by Cassorla, *reflect an analytic process that has become stalled because the couple are unable to process the affects that are active in their relationship*. Rather than being absent from the analytic process and encased in the setting, these emotional experiences delineated by the Barangers and Cassorla are alive in the process and have a stranglehold on it. It seems probable that the formation of a bastion or a halt in dreams-for-two *is a consequence* of the analytic process being flooded by powerful emotions that have been prematurely freed from the setting.

But how do the fears enclosed in the setting enter the analytic process without derailing the analytic work? As noted, there may be major tears in the setting that let loose its contents in a flood of primitive emotions to upend the analytic process with a catastrophic effect. Optimally, there is a succession of small fractures that release doses of the encased fears that shake the analytic process, but are not ruinous to its functioning. However, the nature of what has been kept apart in the setting is defined by each member of the analytic dyad and the “thirdness” of what is constructed by their unconscious intersubjective connection. For some analytic couples, aggression may be so terrifying that it is projected into the frame and kept there indefinitely by an unconscious collusion.

In other analyses, a shared unconscious phantasy that loss/separation is literally “unthinkable” may lead to the disappearance of such themes from the analytic process that have been deposited in the frame (as in the clinical vignette that follows).

Thus, predictable breaks in the frame, such as weekends, changes in fees, etc.,<sup>9</sup> are unavoidable and necessary as a means to slowly introduce manageable bits of deposited fears into the analytic process for “gradual and controlled re-introjection” (Bleger 2013, p. 235). In this manner, the reabsorption of elements previously frozen in the setting becomes one source of material for the analytic couple to dream/transform in the analytic process, in addition to unconscious themes that arise spontaneously from their interacting psyches.

## CLINICAL VIGNETTE

Mr. R, a professional man in his fifties, is in the third year of an analysis initiated to deal with a sense of drudgery and anger about his life, which is tied to the abiding impression that he always gets the short end of the stick. He is troubled that his wife sees him as angry, joyless, and often distant.

Mr. R appears involved in the analysis, gives much thought to my interpretations, and feels he is making progress, yet vigorously denies any reliance on me. He invariably rejects my mention of our relationship because such talk feels “gay” to him—i.e., it suggests weakness and dependency. He has twice announced at the end of a session that he was leaving the treatment and was not open to returning the next day to discuss his decision. Nevertheless, he called back a few weeks later in each case to say that he needed to return because his anger and depression had spiked once more.

Mr. R’s sudden decisions to immediately end the analysis, though clearly related to fears of dependency and homoerotic anxieties, occurred without any apparent warning: he simply and calmly said he was not returning and thanked me for my help. The manner in which he abruptly ended our work understandably left me feeling blindsided,

<sup>9</sup> These also include changes in the analyst’s physical appearance; see Lemma (2014), as discussed earlier.

weak, and helpless. As I reflected on Mr. R's mode of ending, it seemed clear that his feelings of "gayness" and dependency had been projected into me and had now become my burden with which to struggle, leaving me feeling weakened and impotent.

After his return, I brought up his leaving suddenly as a means by which he got rid of feeling weak and gay, and instead sought to evoke those emotions in me—i.e., "giving" them to me as my problem to handle. Mr. R paid lip service to my interpretation, but it did not seem to affect him, and I interpreted how painful it must be for him to experience such feelings. He agreed and went on, with much emotion, to speak about his shame that his business was dropping off, and it had become a struggle for him to afford analysis.

I said that the expense of his analysis had become difficult financially, and that there was also an emotional cost in facing how impoverished, weak, and dependent it made him feel. The analysis then appeared to take on a fresh aliveness until some months later, when he again suddenly and without warning terminated treatment at the end of a session, leaving me feeling not only helpless but also incredibly angry.

This vignette begins at a point when the analytic situation was intact and within which a good analytic process was under way, produced by the intertwining of our dreaming/alpha functions: his anger, feelings of weakness, and dependency were expressed in dreams, associations, and my related reveries. In retrospect, I believe that Mr. R simultaneously attacked me as well as the setting when he abruptly terminated analysis. The attack on me as analyst was expressed by the forceful projective identification of his feelings of weakness and dependency into me, perhaps to show me the true force of these emotions to which I may not have been adequately receptive.

Simultaneously, his attack on the setting by stopping treatment unleashed a deeper experience of helplessness that had been cordoned off in the frame, and that exceeded our ability to transform/dream at that time. However, when he resumed treatment the second time, we were able to repair the damage to the setting and reestablish a fresh aliveness to the analytic process that permitted a deeper elaboration of his feelings of impoverishment and helplessness.

But it seems that deeper terrors of loss, shared by the two of us in the context of our own histories and unconsciously sensed as too unbearable for the analytic process, were projected into the analytic setting and thereby rendered nonprocess, awaiting expression at some future point (as will be seen in what follows). Nevertheless, Mr. R again suddenly ended the analysis, once more leaving me feeling impotent and angry and also seriously mangling the frame.

When he called to resume analysis for the third time, I was reluctant to restart working together. Mr. R was apologetic for “acting like a jerk” and promised never again to suddenly end treatment. I said that I appreciated his apology but that we needed to understand what this was about. He said that his wife had threatened to leave him because of his constant anger and unabating depressed moods. Over a period of many sessions, Mr. R spoke movingly about his anger toward his wife when she had a woman friend staying at their home, which made him furious because he felt abandoned.

As we explored his anger and fears of loss, I was mindful that he had previously ended treatment suddenly around feeling dependent, and that I had a three-week vacation coming up soon. I grew anxious that he would end treatment once again and, in my desire to prevent this, I began to overinterpret his fears of realizing his dependency on me and his feeling abandoned by my upcoming vacation. On reflection, I was attempting to treat *my* anxiety of loss, which was likely magnified by Mr. R’s projection into me of his similar fears. Thus, Mr. R and I seem to have been caught in a morass of loss, anger, and feared abandonment—an intersubjective analytic third or non-dream-for-two—which defied our capacity to collectively dream and transform. The following material is from the first session after my three-week vacation.

Mr. R began by saying the previous three weeks had been difficult: he had been feeling tired and anxious, was sleeping poorly, and had decided to reduce his antidepressant medication. He then reported a dream: “Guys were breaking into my car, were stealing something; that’s all.” He initially felt anxious, and then depressed, after this dream.

His thoughts turned to a high school graduation party for his daughter over the previous weekend, and how “I felt like crying about her” and all her friends going off to college. He quickly explained away

these feelings by saying it “sounds like it’s chemical,” which made me feel devalued and unimportant.

I commented about the situations of loss he was conveying (his daughter’s going away, that we had not met for three weeks, the dream of something being stolen from him) that seemed to have triggered his anxious and depressed feelings. He went on to despair that he had not been productive during the previous week (when I was away); he worried that he was not properly preparing himself for an important business meeting, saying that he had felt “scattered.”

I said, “I think coming here helps you feel grounded, and perhaps your dream expressed some feelings about my not being here, as though I had taken something valuable away from you.” He unenthusiastically replied, “Could’ve been,” and drifted off into silence.

During this silence, a song made popular by Linda Ronstadt, “Poor Poor Pitiful Me,” came unbidden into my mind, a tune in which she facetiously bemoans her “pitiful” state because so many men are interested in her: “bad luck” that was really an embarrassment of riches.<sup>10</sup> I was brought out of my reverie when Mr. R said he had just fallen asleep (in the session) and had a brief dream of “two hillbilly women; I don’t know if they were actresses. They had bad teeth, were hugging, maybe kissing and laughing. I don’t know if I was watching it or if they knew me.” He said it brought to mind a movie he had seen over the weekend, *Girl from Monaco*, about a “Paris Hilton–type woman” who was well dressed and handsome in reality. She had perfect teeth and a beautiful smile, just the opposite of the hillbillies in his dream.

I commented that it was interesting that the hillbilly women were both laughing and happy, like the rich girl, and he replied that in actual life hillbillies are probably happier. He drifted off again, and the song “Poor Poor Pitiful Me” came back to me once more.

At this point in the session, I, too, was feeling “scattered” and somewhat overwhelmed by the sudden appearance of a staggering array of

<sup>10</sup> Several years later, in speaking with some colleagues about this song, they corrected my interpretation of “an embarrassment of riches” and told me that the song was about the singer’s *actual* pitiful state. It is interesting that I transformed the song in this way, which suggests that my unconscious accurately perceived the mood of the session (fear of losing what is valued), leading to my misinterpreting the song’s meaning.

different characters in the field (Ferro 2009a; Ferro and Foresti 2008): thieves breaking into his car, a daughter going off to school, “poor poor pitiful me,” two hillbilly women with bad teeth who were kissing, and the well-groomed *Girl from Monaco*. I was thinking that all these characters were transformations of the affects that colored the analytic process, and I felt encouraged that our alpha functions were beginning to come back online, evidenced by his sleeping dream in the session and my waking reverie.

I was struck by the theme of loss, but also aware that my interpretations about separations had not hit their mark, and I did not want to reengage an enactment by trying to convince Mr. R of my importance. My attention was drawn to the theme of having something of value taken away from him, the hidden happiness of the hillbillies, and the faux complaint of “poor poor pitiful me,” but I could find no way to integrate these various elements into a possible interpretation. I had some idea of what I wanted to say and felt this was an optimal moment to intervene, so I chose to simply state a very tentative hypothesis.

I interpreted: “I’m not sure how to say this, but I think when you’re depressed and angry, you’re feeling much like an impoverished hillbilly from a poor background, but that feeling may cover over something else about you—something that may feel valuable and could be stolen from you.”

Mr. R wondered what he would have of value to steal, and then mentioned his worries about his son getting kidnapped, e-mail scammers who stole people’s identities, another man possibly stealing his wife away, and his daughter attending a university located in an unsafe area of town. I was encouraged by his associations and the session felt suddenly enlivened.

Mr. R thought some more and said, “I left my associate to do a bunch of stuff at work, and I wonder if he really can,” to which I offered, “It’s important to have an associate around whom you can rely on.” He agreed and the session ended at this point.

In meeting again to discuss resuming analysis for the third time, Mr. R’s apology for stopping treatment without warning and his admission that he had acted like a jerk felt genuine. And when I said that this



was an action we needed to understand, he quickly replied that he was afraid his wife would leave him because of his anger, something he did not want, and so he hoped we could resume. After further discussion, I agreed to resume the analysis but was aware of not being able to fully relax into a receptive state of mind; thus, my capacity for free-floating attention, which is an element of the setting (Green 2005), had been only partially repaired. I found myself on the alert for early signs of his possibly leaving again, and so my receptivity was compromised as I interpreted his fears of depending on me and his resentment about that.

In retrospect, I can see that the emotional field became permeated with strong feelings of loss, anger, and abandonment that Mr. R needed me to dream and transform for him, but instead I was on a mission to keep him from leaving once more. Fears of loss were already alive and powerful in me (my elderly father's health was fading at the time), but I failed to reflect sufficiently on my experience to realize the massive projective identification that was also in operation; thus, the analytic process had been overtaken by my fears of an actual loss and had ceased to be a field of dreams.

In this first session after my vacation, I was aware that I had been pressuring Mr. R to acknowledge his defenses against loss in general and, more specifically, against such feelings in response to my absence, so I tried to listen more carefully without having an agenda. When he said that he had reduced his antidepressant medication, I heard that as both a denial of his needing treatment and a provocation that invited me to reenact, rather than analyze, his struggle around abandonment and rage. His thoughts next went to the dream of men breaking into his car to steal something, which made him feel depressed; his daughter's graduation, and she and her friends going away to college; and then to his feeling that he wanted to cry.

As I listened to what felt like genuine sadness, I was encouraged; but very quickly Mr. R deflated my hopefulness by saying, "Sounds like it's chemical," which made me feel devalued and dismissed. Recognizing his unconscious efforts to pull me into an enactment in which I attempted to "prove" the importance of analysis, I resisted and instead made a less saturated interpretation (Ferro 2009b) about situations of loss that

could make him depressed and angry—to which he responded by saying he had felt “scattered” the previous week (when I was away). I then interpreted directly that he felt grounded by being in analysis, and that his dream about men breaking into his car suggested that my absence felt like something valuable had been stolen from him. I later realized that I had fallen back into the enactment of attempting to get Mr. R to own his feelings of loss and dependency; therefore, my interpretation fell flat: Mr. R responded with a lackluster “Could’ve been” and fell asleep.

Then something very curious occurred: Mr. R had a brief but vivid dream about two hillbilly women, which was simultaneous with my reverie about the song “Poor Poor Pitiful Me.” This is a fascinating phenomenon that raises important theoretical issues and can be thought about from different vertices. From a Bionian perspective, this was a dreaming process in which Mr. R and I were engaged; however, *his* dream was dreamt while asleep, and *my* dream was a *waking dream* (Bion 1962). In this regard, it can be said that Mr. R and I were both “dream[ing] the analysis as it is taking place” (Bion 1992, p. 216).

Bion states that the first cause of a dream is an affective experience that must be transformed; thus, there was an intersubjective process happening *in statu nascendi* in which Mr. R and I were transforming the affects of the field. As I have discussed elsewhere (Brown 2009, 2010, 2011), Bion (2005) also emphasized more pointedly the interactive aspects of this process when he called our attention to “something fascinating about the analytic intercourse; between the two of them, they do seem to give birth to an idea” (p. 22).

Ogden (1994, 2004a) developed this notion further with his concept of the *intersubjective analytic third*, a shared unconscious construction between patient and analyst that is a third subjectivity created from an unconscious admixture of contributions from patient and analyst. It was this presence that prompted our respective dreams. This third subjectivity was clearly in evidence here, evoking in each of us our individual dreams, but what shared unconscious emotional experience were we dreaming? I find Ferro’s (2009a; see also Ferro and Foresti 2008) ideas about characters in the field to be an invaluable way of thinking about what affects are being transformed in the immediacy of the here and

now of the session. For example, Mr. R dreamed of two hillbilly women *in the session*, and so we must wonder what affects alive in the moment were being represented by these characters?<sup>11</sup>

In response to these questions about what affects are being dreamed in the moment to enliven the field, how these are generating an intersubjective analytic third, and in what way are they being represented by the characters in the field, the analyst must often tolerate not knowing (Bion 1962) until a *selected fact* emerges in his mind to bring together the seemingly disconnected elements. The characters in Mr. R's dream and in his associations to it, together with my reverie of the song "Poor Poor Pitiful Me," left me perplexed about what affective narrative these "actors" were playing out and representing. What was clear, however, was that something new and fresh was being dreamed by each of us, and I found that my attention was drawn to the disparity between the hillbilly women with bad teeth who were kissing and laughing and the sense of vacuousness of the Paris Hilton-type jet-setter. This linked in my mind with Mr. R's dream of men breaking into his car, suggesting there was something of value to be stolen, and his seemingly contradictory feeling of impoverishment.

Though I could not bring these themes together into a coherent interpretation, I did feel this was an important moment to intervene since the emotions were there before us, so I offered a "partially cooked" hypothesis and thereby enlisted Mr. R's participation in further transforming the emotions that fueled these characters, which were authored by a yet-to-be-understood intersubjective analytic third.

## DISCUSSION

Green (1975) noted three trends in the development of psychoanalytic theory and practice. The *first* is characterized by the search for the "historical reality of the patient" (p. 9), which aims to discover repressed

<sup>11</sup> Should we regard Mr. R's dream itself as an additional "character" in the field and attribute less significance to the figures in the dream? Since his attacks on the setting by sudden terminations had arrested the shared dreaming process, the return of the capacity to dream was a significant factor. Additionally, since this dream was dreamt *in vivo* in the session, the details of the characters were important because they were created to represent the emotions extant in the field.

remnants of the actual past as these are revealed in the transference. The *second* tendency is represented by the movement toward object relations theory, in which the transference is considered as the externalization of the analysand's inner object world into the psychoanalytic process occurring between patient and analyst. The *third* development focuses on the mental processes of patient and analyst, with an appreciation of the role of the analytic setting—which, however, Green does *not* see as a precondition to the establishment of the analytic process. Though he does not explicitly speak of a *fourth* trend, in this paper, Green implicitly offers an additional perspective that speaks of the necessity of a setting that “allows the birth and development of an object relation [and psychoanalytic process]” (1975, p. 11).

Putting together many of these points of discussion, I suggest a psychoanalytic model characterized as:

*The active here-and-now process of continuous transformations of affects arising in the intersubjective field to create new meaning, which is achieved through a perpetual, unconscious, joint process of dreaming and Nachträglichkeit (après-coup), made possible through the linked alpha functions of patient and analyst—all of which is enabled by, and depends upon, a stable analytic setting/frame.*

Related to establishing and maintaining the setting, Fromm (1989) writes that the analyst must function as a *medium* who sustains the analytic frame as a preserve of illusion in which the transference and countertransference are viewed as dreamlike rather than factual. However, just as Costner's long-deceased baseball players could come to life only within the limits of the playing field, so serious disruption of the setting results in an arrest of the analytic couple's capacity “to dream the analysis as it is taking place” (Bion 1992, p. 216). Such disturbances to the frame “release” the primordial affects deposited there, which overwhelm the dyad's mutual dreaming made possible through their linked alpha functions; thus, the capacity to digest and give meaning to emotions is curtailed, and what ought to have been a field of dreams collapses into a constricted arena of unmetabolized and concrete experience.

When the analysis with Mr. R was resumed for the third time, I was initially reluctant to begin once more. As Green (1975, 2005) suggests,

the fundamental rule, including the analyst's free-floating attention, should be considered as part of the analytic setting/frame. In this connection, I seriously questioned whether that component of the setting—that is, my capacity to be comfortably receptive to Mr. R's unconscious communications—had been so ruined that the framework for treatment was irreparably damaged. Bion (1992) emphasized the notion of an attack on the analyst's alpha function in which “the analyst is to be so treated that he cannot stay awake, and so interrupted and importuned that he cannot go to sleep” (p. 217), which was the effect Mr. R had on my ability to think clearly and to be empathically accessible to him.

Additionally, Ogden (2004b) states that the analyst

. . . must possess the capacity for reverie, that is, the capacity to sustain over long periods of time a psychological state of receptivity . . . . The analyst's reveries are central to the analytic process in that they constitute a critical avenue through which the analyst participates in dreaming the dreams that the patient is unable to dream on his own. [p. 862]

However, when I considered resumption of the analysis, my feeling of being an enraged and impotent analyst *felt real and without metaphorical (transference) value*; thus, my cognitive functioning had slipped into a concrete mode, and the analytic process had become a place of facts rather than a field of dreams. I questioned whether I could work through these emotions in order to be a receptive dreaming partner with Mr. R.

Mr. R's reply to my interpretation and subsequent associations about fears of losing family members whom he greatly valued surprised him and made him question his long-held sense of poverty. The session became more animated as he puzzled about this conflict and the reasons why he diminished the importance of his family. His fears of loss and abandonment took on new meaning as he was able to slowly absorb into himself the terror of loss that had been previously deposited in the setting—and that, once the setting had been trampled on, flooded Mr. R, who then projected these experiences into me. These projections readily found company in worries about my father's failing health, which could

have left me an abandoned “orphan,” and I became aware of my wish to see anguished fears of loss as solely Mr. R’s problem to own.

Thus, I believe that Mr. R and I had developed an unconscious pact to consign our overlapping fears of loss to the metaphorical realm of the setting, where they were kept immobilized and out of the analytic process. My earlier interpretations about his anxiety of depending on analysis missed the mark, and it was not until the capacity for mutual dreaming was restored (his dream in the session, coincident with my reverie) that the setting was repaired, which had been damaged by the loss of my free-floating attention (Green 2005) due to the repeated terminations.

In subsequent months, Mr. R was able to deal with the death of his younger brother, killed in an automobile accident when the patient was in his twenties; this was a fact that he had briefly mentioned at the beginning of analysis, but that had been “forgotten” by both of us and placed into the analytic setting, where it remained cordoned off from the analytic field of dreams as nonprocess. In retrospect, the suddenness of Mr. R’s terminations appeared to convey something about the unforeseen and startling loss of his brother, which he and I had unconsciously conspired to relegate to the analytic frame.

## CONCLUSION

Gabriel García Márquez’s remark in my epigraph that “It is not true that people stop pursuing dreams because they grow old; they grow old because they stop pursuing dreams” can be paraphrased to apply to psychoanalysis: analyses grow old and stale because the capacity for mutual dreaming between patient and analyst becomes arrested. Like dreams themselves, mutual dreaming depends on certain conditions, without which transformations of emotional experience will not occur.

In this paper, I have focused on the necessity for the analyst to establish and maintain the analytic setting or frame, which becomes the protective enclosure in which the process of analysis may proceed. The setting holds the more primitive internal objects and associated affects as *nonprocess* (Bleger 1967, 2013), meaning that they remain separated from the analytic process occurring within the frame. However,

with more deeply disturbed patients who seek to dismember the setting, and with less troubled analysands who attack the frame (as Mr. R did by twice stopping analysis abruptly), insults to the setting open up a fissure through which the split-off or repressed phantoms held there invade and hijack the analytic process.

When this occurs, analyst and analysand are confronted with new material to dream/transform; however, successful transformation of the emotional effects of ruptures to the setting that have taken over the analytic process depends on the capacity for mutual intersubjective dreaming. In the best of situations, the analytic couple are able to manage the disturbance to the process: an intersubjective analytic third is created from the unconscious operation of combined projective and introjective identifications; the alpha function—which is the *engine of transformation* (Brown 2012, 2013)—of each partner kicks into gear to assign characters to represent the affects permeating the field of the analytic process; and the analyst formulates an interpretation to the patient that optimally evokes further associations to widen the web of meanings.

In the case of Mr. R, the patient's unannounced terminations ruptured the setting, and the analytic process devolved into what Cassorla (2008) calls *non-dreams-for-two*. Chronic enactments ensued, characterized by the patient's provocations and my anxiety about the treatment unexpectedly ending again. Our capacity to engage in a mode of mutual intersubjective dreaming was brought to a halt until I was able to recover a proper analytic attitude of receptivity, thus allowing me to gain a reflective distance from my own contribution to the stalemate, repair the setting, and restart a fertile analytic process.

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## "I HEAR MY VOICE, BUT WHO IS TALKING?": UNDERSTANDING DEPERSONALIZATION

BY JACQUELINE HAFT

*Depersonalization is the frightening experience of being a shut-inside, ghostlike, "true" self that observes another part of the self interacting in the outside world. The "true" self hides safely within, while the "participating" self holds all affects and impulses. This split in the ego is created via internal projective identification in the face of overwhelming affect, unavailability of adequate identifications, and insufficient support for psychic cohesion. As the transference develops, the powerful entrapping cocoon of depersonalization can be projected onto the now-entrapping analyst, where it can be addressed. A clinical vignette illustrates these points.*

**Keywords:** Depersonalization, derealization, fantasy, child abuse, negative transference, psychic retreat, core self, identification, identity formation.

I am, as it were, outside my own body and individuality;  
I am depersonalized, detached, cut adrift.

—Henri Frederic Amiel (1882, quoted by  
Simeon and Abugle 2006, p. 11)

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## A DESCRIPTION OF DEPERSONALIZATION

Depersonalization is the strange experience of uncomfortable objectivity and detachment from oneself in which one feels a split between an observing self and an acting self. The acting self who is talking and behaving in the world is the part that feels alien, while the observing self, watching and listening, feels like the core identity or true self. The acting self is felt to be separate, estranged (Arlow 1966; Howell 2005; Sarlin 1962), and outside the self (Jacobson 1959). The depersonalized patient's experience is therefore that of a detached spectator who is observing another person's performance (Jacobson 1959; Schilder 1939).

In depersonalization, the emotional aliveness that feeds the sense of self is lost, and the depersonalized individual feels unreal, like a ghost and not really present. The observing self, lacking vitality, feels deadened. When these patients speak of "feeling dead" or "not here, not present," they are not simply using a manner of speech, but a *cognitive tool* (Modell 2013), and are describing phenomenologically what life feels like as a result of this psychopathology.

The experience is both frightening and anguishing. Equally important to understand is the sometimes concurrent experience of *derealization*, in which the outside world is foreign: "the world, too, appears to them changed, strange, unreal" (Schilder 1953, p. 305); other people do not seem present or real.

Depersonalization can occur as a fleeting experience, triggered by an internal or external event, at any level of mental health, or it can be a long-term perpetuation of feeling unreal, suggesting more serious pathology. It can coincide with any other diagnosis. However, whether fleeting or chronic, alone or present with other psychopathology, the basic structure is the same, I suggest. This painful and specific phenomenon, when it occurs in a chronic, massive form in an extreme presentation, will be discussed later in this paper in relation to the vignette of Ms. T.

This model of depersonalization proposed here emphasizes that, along with any repression that may be present, there is a clear vertical split in the ego, creating in the inner world a true, core self that uses

internal projective identification to actively put all affect and intention into a split-off participating and active self. Additional projective identification, also by the core self, puts all protective functions of the ego into a concretely represented enclave (such as a cocoon) to safely hold the now emptied, inert core self.

## THE VERTICAL SPLIT IN THE EGO IN DEPERSONALIZATION

Arlow (1966) said that anxiety arousing danger is warded off when one splits one's whole self into a participating self and an observing self in the inner world. Although disowning an enlivened instinctual life leaves one psychically impoverished, this process creates a feeling of safety because overwhelming affect and dangerous impulses are not felt as vividly present and alive in the core personality. Arlow wrote:

The essential ego alteration in the state of depersonalization is a dissociation of two ego functions which ordinarily operate in an integrated fashion, the function of self observation and the function of experiencing or participating. In depersonalization, this is felt as a split into two self representations, a participating self and an observing self. The participating self is partially, not completely, repudiated. A tenuous sense of connection, some feeling of identification, is still maintained with this self representation. The instinctual wishes which threaten . . . are displaced to the participating self or to the external world or to both. An attempt is made to repudiate these wishes by dissociating oneself from the self representation or from reality, or by considering the participating self or reality alien and estranged or both. [1966, p. 474]

Arlow's description allows the reader to grasp the subjective experience of his depersonalized patients. It is of note that Arlow is vividly describing the mechanism of *projective identification* without using the term. First used by Klein (1946) and now widely accepted and adopted in American psychoanalysis (Spillius 1988), projective identification refers to the act of identifying one's own affect and impulses with, and as belonging to, the object or with another part of the self, while disowning these affects, impulses, and intentions as one's own.

Projective identification occurs in a specific way in the case of depersonalization—that is, in the massive removal of impulses and affects from the experience of the core self and the placement of them in fantasy into the now split-off, acting self. Primitive, unconscious destructive impulses and primitive annihilation anxieties are split off from the core ego because they are too unbearable to contain, and they are then experienced as belonging completely to another part of the self, the participating part, and thoroughly removed from the core self. Positive feelings must be evacuated, too, for they appear to be undependable and untrustworthy, and their transience threatens to engender crushing disappointment and humiliation. Only an emptied core self seems safe. With concrete thinking, further projective identification occurs; the ego's protective, guarding capacity is mobilized in a fantasized structure (such as a cocoon, a cave, or a mind) that holds and protects the core self.

With so much instinctual life and functional activity removed from the observing core self to other parts of the self, the core self is rendered almost completely inert. This core self, within its protective structure, observes life but barely participates in any way. Addressing these projective identifications of the inner world is central in the treatment of depersonalization in patients at a higher level of psychic functioning, as well as in those operating at a more primitive level. Depersonalization will ensue with more disturbed patients, just as with those functioning at a higher level, through the internal projective identification of affect and impulses, which in fantasy are split off from the core self and projected into an outside, participating self that holds instinctual vitality and leaves the core self protected but lifeless.

Like Arlow, Guntrip (1975) saw a defensive vertical split in the ego in depersonalization. Sharing both his own inner dynamics and his personal analysis, Guntrip wrote that he had occasionally felt static, lifeless, and unable to move, and described a chronic and debilitating split in his ego. After his analytic treatment, he recognized that his "regressed ego was split off from . . . [the] libidinal ego" (p. 147), which from early in life had felt hopeless about getting a response from his disturbed mother. Guntrip wrote that Winnicott, his analyst, had helped him recognize that he did not take his ongoing being for granted and lived with a fear that he could die in a gap of acting or talking. Guntrip said that

when he published the idea of his split ego, "Winnicott wrote to ask: 'Is your Regressed Ego withdrawn or repressed?'" and Guntrip replied, "Both. First withdrawn and then kept repressed" (1975, p. 147). In his view, the "regressed" ego, or the true self, was split from the libidinal or participating self, withdrawn inside, and repressed there.

Carveth (2007) accused Guntrip of slighting repressed, unconscious conflict in the etiology of such psychopathology by shifting the focus to early trauma-induced ego splits. According to Carveth, Guntrip's writings, based on Guntrip's need for repression of his own aggression, moved psychoanalytic theory unnecessarily away from the fundamental Freudian idea that guilt and self-punishment, with their concomitant oedipal-level horizontal split, play a crucial role in psychopathology. Carveth argued that Guntrip was crippled by the need to punish himself for repressed murderous wishes toward a brother who had died and toward the mother whom he hated and blamed. Unable or unwilling to face and bear such guilt, Guntrip needed to "deaden" himself in a punishing identification with his brother (Carveth 2007). Identification with a dead object, in which the deadness of the object is taken into the self, is a different model of depersonalization than that proposed here, in which deadness is what remains when vitality is removed.

A vertical split in the ego does not necessarily imply psychopathology, of course (any more than does the concept of repression), and the capacity for the defensive development of multiple self states can be seen as an organizing principle of mental life (Bromberg 1998, 2011; Howell 2005, 2007). Normally, dissociation is not fragmentation but a defense against it (Bromberg 1998). A cohesive sense of self will flexibly hold separate, dissociated, changing self states, and the capacity to do this affords a sense of unity, the sense of being one person. That is to say, a successful dissociative process, one in which depersonalization does not ensue, allows for fluidity among different aspects of the individual that coexist within an overarching sense of oneness.

However, if separate self states become too rigidly isolated from one another and relatively unbridgeable, preventing a sense of cohesion of personality, then we see the typical symptom constellation of identity confusion, eruption of affect, anxiety, and depression. When projective identification predominates over potentially stabilizing or adaptive disso-

ciation, and fragmentation of the multiple self states threatens, we might say that the dissociative process has failed. Too much affect has flooded the personality, and threatening projections increase paranoid anxieties. Clinical symptoms of dissociation—fugue, amnesia, out-of-body experience, autohypnosis, perceptual distortions, affective deadness, identity change, depersonalization, and derealization—occur at this juncture (Goldberg 1995).

Self states can become so de-linked that one might feel painful confusion about which of many selves is the true and alive self (Greenson 1954; Jacobson 1959; Wittels 1940). Both early and contemporary psychoanalytic writers recognize pathological dissociation of unintegrated identifications, in which there is a confusion of identity, as an individual feels lost between split-off selfobjects. A voice for a dissociative model of the mind is that of Davies and Frawley (1994). They speak of adult survivors of childhood sexual abuse whose different personas are seen to exhibit “ever-shifting patterns of mutual self-recognition and alienation,” such as the “good-perfect child, the naughty-omnipotent child . . . the terrified-abused child” (p. 68).

Extending a general model of dissociation and unintegrated identifications to the conceptualization of depersonalization would elide its unique structure. In depersonalization, internal projective identification creates a sanctuary in the inner world that holds a lifeless core self, existing apart from an active, participating self. It is here argued that the dissociative model of the mind has not yet sufficiently explained the structure of depersonalization *per se*, which is created through a specific defensive process of internal projective identification. The conceptualization of depersonalization proposed here is not simply one of de-linked self-states, nor is it possible to equate depersonalization with the idea of a dissociative model of shifting self states.

I suggest that in depersonalization, internal projective identification very specifically creates the numbed, de-enervated core sense of self, located deep within a fantasized protective structure. This core self feels separate from the “outside,” active-in-the-world self. This results in the unique clinical presentation of a deadened sense of self, with the subjective emotional pain of feeling numb and detached. While Greenson (1954), Sarlin (1962), Bromberg (1998), Davies and Frawley (1994),

and others have contributed to an understanding of this narrower diagnosis, they do not articulate the specific internal projective identification that is unique in depersonalization, as outlined here. Greenson's work approached this conceptualization, explaining depersonalization as a consequence of the individual's attempt to deny his or her identification with a hated parental figure, so that the individual is left without a part of his or her identity and feels empty. Because of the early frustrations in such a person's life, the introject is more primitive, more aggressive, and more dangerous; and "the ego has to combat the early identifications because this primitive kind of identification brings with it the feeling that the patient is being devoured or is losing his identity" (Greenson 1954, p. 216).

Sarlin's (1962) paper on depersonalization and derealization, following Greenson, further elaborated the idea that depersonalization stems from a lack of adequate objects with which to identify and safely allow into the ego. There is a powerful hunger for good objects with which to identify as an individual seeks to build a self-representation. Sarlin noted that the "integrity of an identity" is established on the basis of "firm, realistically oriented representations of self *and* of object in the ego" (p. 787, *italics in original*). Without that, a clear and integrated sense of self is compromised.

## THE ROLE OF REPRESSION IN DEPERSONALIZATION

The mechanism of depersonalization may consistently be available in the face of anxiety, even as the personality organization becomes healthier over the course of treatment. While the psychological integration that takes place during treatment may not lead to a single, real *you* (Bromberg 1998), it entails bringing split-off, disowned affects, instincts, and identifications back into the self through a complex process of modulation and mourning (Klein 1957), and may include introjections and integration (Caper 1999), allowing for a healthier emotional connection among different parts of the self. Thus, depersonalization experiences that occur in the core self's massive disowning of the "unacceptable" part of the personality, early in treatment, can recur later when the identity



has been bolstered by bridged self states and repossession of projective identifications (taken back into the personality from internal split-off objects, internal split-off selfobjects, or external objects).

Bromberg (1998, 2011) suggested that if, over the course of treatment, the movement toward a more integrated ego allows greater analysis of oedipal-level conflicts, and with the resultant greater ego integration, repressed material will emerge and can be addressed. Earlier, Stolorow (1979) grappled with the question of dissociation (vertical splits in the ego) versus repression in depersonalization, and also suggested that primitive splits in the ego might appear earlier in treatment; he hypothesized that later on, with greater ego integration, repressed conflictual material would emerge.

Stolorow illustrated this in his description of the treatment of a 30-year-old severely agoraphobic woman, M. With each step forward in her level of functioning, she would experience a transitory episode of depersonalization, describing “an uncanny feeling of unreality, as if the activity was being performed by someone else, a stranger, not herself” (1979, p. 207). While at the beginning of treatment, Stolorow saw M’s depersonalization as a primitive disorder to her self-object differentiation, he later understood her depersonalization as a defensive repression of unconscious conflict. He wrote:

[M] became depersonalized, in part, because each independent performance of a novel activity constituted an experience of separation and differentiation from the mother and her transference displacements (husband, analyst) and hence a beginning loss of her symbiotic identity. At the same time, her newly individuating self was most precarious and indeed seemed like a stranger to her. During a later phase in treatment, after considerable structuralization of her representational world had been accomplished, she again began to experience spells of depersonalization, this time in the context of oedipal conflicts surfacing in the transference. Now the depersonalization was understood and interpreted as a defensive repudiation of her conflictual transference wishes, in a manner similar to that described by Arlow (1966). [Stolorow 1979, p. 207]

Let me briefly offer the example of an analysand of mine, Ms. A, who also used depersonalization to stop the eruption of repressed oe-

dipal conflicts; both the unconscious conflict and the depersonalization defense needed to be analyzed. Ms. A described an acute exacerbation of depersonalization upon viewing a home that she and her fiancé were purchasing, when a woman showing the home said that the sellers were older now and were downsizing. In this brief conversation, a wave of depersonalization swept over the patient, who later explained, "I didn't feel I was there, though I heard appropriate conversation coming from me. This really scared me."

Only later could Ms. A recognize the aggression and guilt in her unconscious oedipal triumph in taking possession of the home. The threatened eruption of her unconscious wishes was dealt with through massive depersonalization symptoms. The out-in-the-world, participating self was aggressively vanquishing the mother to become mistress of the home, and so was defensively split off from the "inner ghost"—the core self now rendered innocent.

In contrast, rather than seeking a clear distinction between repressed conflict and dissociated ego states, as does the work outlined above, Smith (2000) argued that, while it is true that for many patients, we begin treatment working with partially dissociated states and only later can we work with repressed conflict, "it is often extremely difficult to make a distinction between what we call repression and what we call dissociation, except on theoretical grounds" (p. 546). Smith predicted that we will ultimately recognize that dissociation need not be opposed to conflict in an either/or manner.

In the clinical vignette of Ms. T to be presented later in this paper, it appears that much of the patient's inchoate and ineffable impulses, not mentally represented (Levine, Reed, and Scarfone 2013) or repressed, were instead split off from core consciousness (Bion 1957) because they were unbearable to hold. Initially, at birth, all wish is experienced as unformulated sensation, and self and objects are not discretely formulated or wholly represented. "The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of phantasy" (Isaacs 1948, p. 86). Therefore, as Rey (1988) said, "Objects that are familiarly looked upon and treated as individual wholes by adults are certainly not experienced as such by infants, and the child has to 'construct' them" (p. 219). If there is too much frustra-

tion and unpredictability in early life experience, impressions and sensations do not fully develop into mentally represented fantasies or into cohesive whole-self and whole-object representations.

Unconscious, mentally represented, structural conflict and later oedipal material that emerged over the course of Ms. T's treatment, while challenging, did not seem central to the overwhelming affect and profound confusion that led to depersonalization. In the model proposed, a specific form of internal projective identification leads to depersonalization, regardless of the extent of formulated, represented, and repressed conflict that might be implicated in the overwhelming affect within the mind of the patient.

### DEPERSONALIZATION AS WITHDRAWAL INTO A PROTECTED SPACE, SUCH AS A "COCOON" OR A "PSYCHIC RETREAT"

The symptoms of depersonalization represent a psychic construction that in fantasy removes the core self into a protected enclave. In the chronic, pervasive experience of depersonalization, the vivid fantasy of the core self existing in isolation, within a buffered, sequestered interior space, offers the ultimate retreat from all dangers. Writers such as Goldberg (1995), Steiner (1993), and Bromberg (1998) describe this phenomenon as occurring in a range of patients, and their descriptions readily fit the experience of the specific population under study here.

Goldberg (1995) discussed the psychopathology of the *sensory cocoon* or *invisible wall* created by "a stable regime of pathological dissociation" (p. 493). In place of psychically living in the external world of people, time, and space, with self-correcting perceptions of the self, the individual retreats in fantasy to a buffered, internal construction, cut off from emotional contact with real external objects (Goldberg 1995; Howell 2007). In this way, the "true vulnerability of a real relationship" (Howell 2007, p. 55) is avoided. Bromberg (1998) writes, "The cocoon's insularity reflects the necessity to remain ready for danger at all times" (p. 194).

The depersonalized individual thus enters a *psychic retreat* (Steiner 1993) and lives psychically within the imagined sanctuary where he or

she feels protected. The enclosed, enveloping space walls off threats from the dangerous, active self's interactions in a dangerous world. This buffer against the outside world creates a sense of remove from one's outside life. Living inside a cocoon (Goldberg 1995) muffles an intimate, direct experience of and emotional connection with others, as well as with the parts of oneself that now exist outside the cocoon.

A depersonalized patient locates his or her core self inside a *shell*, *pod*, *cocoon*, or in his/her own "mind," or in some similar construction—in short, somewhere that exists at a remove from the dangerous outside world. This pathological organization, or psychic retreat, into which the patient withdraws in conscious or unconscious fantasy helps the core self avoid anxiety. Emotional contacts with others, with reality—and, particularly, with the instinctually rich, dangerously active, out-in-the-world self—are avoided. Substance abuse or overstimulation may be employed to keep the suffering of such inner isolation at bay (Goldberg 1995) and to provide an *ongoing sense of being* (Guntrip 1975) that is otherwise lost in fragmentation.

Stolorow (1979) recognized that clinical examples of depersonalization in the work of several authors contain evidence for the role of primitive intrauterine and symbiotic merger fantasies, and this was also noted by Guntrip (1968), who wrote of withdrawal into intrauterine fantasies in depersonalized patients.

In the clinical vignette of Ms. T that follows, the patient frightened herself by imagining that she rolled out of her car, down the foot path to my office, through the waiting room, and "rolled in here [the consulting room] and into you." She wanted to merge her body and herself into her analyst. The concrete wish to reside inside the analyst/mother's body occurs when being outside is unbearable and precarious (Ilahi 2001), because of what may happen between self and others as separate people. Separateness means that there is little control of one's own or of others' dangerous impulses.

Steiner (1993) outlined the fantasy of a haven held in one's inner world, one that can safely be entered and exited as needed—and of the haven as an encapsulating space trapping the patient within. Further, the patient may use the analyst to help construct or shore up this sanctuary,

which can lead to interminable analyses, rather than the use of the treatment to understand and address the sanctuary.

I have been suggesting, then, that in addition to the projective identification of the instinctual life of the core self, another projective identification can also develop in the depersonalized person's inner world. That is, the multifaceted protective function of the personality is projected onto the fantasized sanctuary, with the building blocks of this structure actually made up of the patient's own disowned agency. This serves both to provide a safe haven and to render the core self inert, powerless, and unable to endanger self or others. This occurs because, when the agency or protective capacity is projected from the core identity into the sanctuary or cocoon with such concrete thinking, the core self is, in fantasy, left inert and powerless. It is no longer filled with unbearable content or potentially explosive impulses, nor does it hold out any emotionally risky hope or yearning. The resultant impoverishment of the ego corresponds to greater strength in the walls of the retreat, trapping the patient within.

### **SOCIAL SUPPORT FOR PSYCHIC COHESION: OEDIPAL, FAMILY, COMMUNITY**

A lack of life circumstances supporting a stable identity (Davies and Frawley 1994; Spillius 1988), such as a secure oedipal situation (Britton 1989), starves the individual's natural craving for good objects and good object relations, leaving the core identity less able to take back projections with which to layer and enrich the core self. The unacceptable early introjects are repeatedly projected out from the core self, and in the case of depersonalization, into the split-off, participating self. Additionally, without the self being embedded in a secure social context, an outside perspective on oneself is less available to be internalized, leading to a more precarious self-representation.

In her paper on depersonalization, Jacobson (1959) described loss of family and community as precipitating the onset of depersonalization. She described her observations of a group of female political prisoners in Nazi Germany. These women had been uprooted from stable, familiar settings of people, work, and activities, which provided a sense of belonging and identity, and were thrust into a new life of humiliation and

hopelessness. Depersonalization occurred with the breaking up of all the identifications on which the former sense of self rested. A split between two opposing self-representations occurred as the new self-image of a degraded self struggled with overwhelming, unacceptable id impulses, both erotic and aggressive, and was fended off with detachment and disavowal by the former, relatively healthy persona.

Jacobson also offered a clinical example to further demonstrate the idea that a conflict between identifications can lead to depersonalization. Mr. B, a professional in his thirties, suffered from brief but recurrent, frightening experiences of depersonalization. When he was five years of age, his pregnant mother had left for the hospital and never returned. No explanation was given to him for her disappearance. The boy entered a depersonalized state, "unable to believe that he could be the same boy as before the tragic events" (Jacobson 1959, p. 595).

Jacobson found that, in both her study of Nazi political prisoners and in her clinical cases, conflict leading to depersonalization was within the ego.<sup>1</sup> There was

. . . a real split in the ego between the part that tried to restore and maintain a normal level of behavior, resting on stable identifications, and the part that had temporarily regressed and yielded to infantile, sadomasochistic, pregenital identifications and object relations. [p. 606]

Instead of a punishing superego accusing the worthless self, as in depression, in depersonalization, there is a "detached, intact part of the ego observing the other . . . unacceptable part . . . . In depersonalization a part of the ego employs aggression for the elimination of the 'bad' ego part" (Jacobson 1959, p. 608). The "aggression" here is an active estrangement or disowning on the part of the core identity of a now split-off, active, instinctually rich—and bad—self.

## CLINICAL VIGNETTE

After several years of psychotherapy, Ms. T, a single, intelligent, articulate, lively, and socially active executive in her mid-forties, with a history

<sup>1</sup> Although this conflict was not between the ego and the superego, the latter played a significant role in the development of the conflict.

of recurrent depression, asked her therapist for additional help. The psychotherapy had addressed her depression and other issues, but had not been able to help her with her chronic depersonalization. Ms. T recognized that psychoanalysis might address her “numbed” state and help her connect to herself, and to feel alive and real. “I’m not here,” she stated; “I don’t feel present.” She complained of listening to her voice as if it were coming from someone else. She wondered who was talking when she spoke and where she was if it was not she who was speaking.

Ms. T’s language captured the fantasy of being split into an observing self and an acting self (the vertical split in the ego). She was confused, disoriented, and frightened by her depersonalization. This mental state improved at times, but rarely did she feel present and real. As distressing as the depersonalization was, it was not easily relinquished: “I recognize a feeling that comes over me when I try to not dissociate. It’s physical—a yucky feeling. I try to get away from it. It seems really exhausting and scary; it makes me anxious, sad . . . and a little bit sick.”

### *Reported History*

When Ms. T was one year old, her volatile parents separated and divorced. They shared child care by placing the baby in the total care of one parent for two weeks, then of the other parent for the next two weeks. When Ms. T was of preschool age, this arrangement switched to summers spent with father and with whomever he then lived, while the remainder of the year was spent with mother. She traveled alone to visit her father, and she recalled being in a “numbed state” during these trips.

During early latency, Ms. T and her new stepbrother, P, then in late latency, briefly shared a bedroom. P initiated a few years of mutual genital touching. Ms. T complied with P’s molestation and his instructions not to tell anyone since she had no concept of refusing. During Ms. T’s mother’s short marriage to Ms. T’s stepfather (P’s father), Ms. T was also exposed to the stepfather’s occasional beating of P.

Ms. T was a “latchkey” child who was home alone for hours after the school day. She recalled her mother’s frequent depressions throughout her childhood.

Ms. T did not hear from her father during the school year. While with him over the summers, she refused all contact with her mother. It

seems that after her very early development of parallel relationships with each individual parent, she did not later maintain simultaneous connections to them. This came about not only because, from the time that she was a year old, the two parents were never with her at the same time, but perhaps also because to bring the parents together in her inner world would risk their mutual destruction there (Haft 2005). Perhaps this situation contributed to her capacity to split her self-representation; she had an insufficient history of an environment that fostered a cohesive sense of self or of reality, such as a supportive oedipal situation that would have provided an outside perspective on herself as a whole, not fragmented person.

At college, Ms. T struggled through many depressions, as she had throughout childhood. After college and graduate studies in European history, she moved into the home of an aunt and uncle in a rural area outside a large city, and took a job in project management with an antiques importer. She had been in this life circumstance for close to twenty years before beginning treatment.

### *The Treatment*

When she began four-times-weekly psychoanalysis, Ms. T made sure to look at me when she got up from the couch at the end of each session. She said she was not sure she could hold me in mind otherwise.

While Ms. T related in a socially appropriate manner, for the most part, it was apparent that in her inner world, she barely held a concept of me. If I speculated about her thoughts about me, she said she did not grasp me as a person and had no feelings toward me. Weekend breaks were painfully difficult and frightening, as she felt a sense of dread and emotional isolation. Yet when I suggested that she felt abandoned by me over the weekends, she said she did not perceive me as someone who was with her and then left her, so she did not experience being left.

I thought I was defensively banished from her inner world, more intensely when we were not in a session, which suggested a fragmented sense of reality.<sup>2</sup> She had a life with me in the consulting room, a life

<sup>2</sup> Perhaps the patient's defensive and retaliatory banishment of internal objects over weekend breaks made the structuralization of objects (or the repair of ego deficits) all the more difficult.



with her aunt and uncle in the country, and a parallel life at her employment, without holding in mind an ongoing sense of being one whole person wherever she might be.

As a result of this fragmentation, Ms. T needed slow and predictable transitions between activities, such as between sleep and wakefulness, between being alone and joining others, and, as I saw in the consulting room, in getting on and off the analytic couch with slow and ritual preparation.

For long periods, I felt the treatment was proceeding evenly, as she was nondemanding, self-contained, and pleasant. However, Ms. T's occasional hostile or odd actions punctuated this experience, so that I was left very confused. She did not mention blatant changes I had made in the consulting room, was embarrassed to discover she could not unilaterally change an appointment time, and never alluded to any curiosity about my life. This stirred puzzlement in me and then recognition that, as she had told me, I did not seem fully real or thinkable to her, and her sense of an external reality (of which I was a part) had to be newly registered in any given moment.

Since Ms. T experienced her core self as apart from the external world and from her participating self, she often acted out her instinctual life without recognizing that action as coming from her core self. She said she made decisions by "seeing where my feet go." Coming late to sessions, spending her insurance reimbursement on entertainment instead of signing over checks to me, and sexual behavior at home during what had been a scheduled session time were examples of a participating self infused with instinctual life expressed toward the analyst. Meanwhile, her core self felt painfully numb and removed.

### *The Search for Psychic Cohesion in Social Support*

A theme in many of Ms. T's memories was of imposing herself upon a social situation that ended with the burning shame of her not belonging there. In a prominent memory from childhood, she had insisted on joining another child's play date, only to be humiliated upon entering a room of little friends and suddenly realizing, "I don't belong here."

Several times in the earlier years of treatment, Ms. T would place herself in situations where she could kiss someone who had a committed partner, at a place and time when the partner might come upon them.<sup>3</sup> Later in the treatment, we saw that sexual fantasies of an erotic transference were concrete attempts at connection. Such experiences reflected her sense that belonging was elusive and out of reach, despite wild efforts to interject herself into a social group. Where did she ever belong, really? One can understand Ms. T's defensive difficulty in grasping my reality, as I sat physically so close to her literal reach as she lay upon the analytic couch.

Over the course of treatment, Ms. T developed a concept of herself as wanting, entitled to, and able to be in a relationship with one man. When for the first time she entered into a promising heterosexual relationship, she worked through a series of assumptions that she could either be in the relationship with him or, alternatively, continue her relationship with her analyst.

I suggest that, in her shame at entering a group of childhood friends, her impulsive triangulation in kissing incidents, and in her difficulty grasping that she could simultaneously have both her boyfriend and her analyst, Ms. T was struggling to find herself in a world of objects—a challenge that began with the elusive nature of her very early oedipal triangle (viewed in Kleinian terms). A grasp of herself in a mother-father-self triangle—or in any psychic space that would foster a self-concept (Britton 1989) and offer support for psychic cohesion—had always been out of reach. She did not easily locate herself cohesively within a rich, instinctual inner world of object relationships.

### *Development of the Transference*

Ms. T said that she wanted to understand me as a real person, because then she would be able to experience a sense of herself. As she

<sup>3</sup> Charles (2001) described a woman suffering from depersonalization who "built a cocoon" with her analyst, and who early in the treatment—like Ms. T—had sought out threesomes that consisted of one or two men, in her struggle to "both find and differentiate herself" (p. 125). Charles viewed her patient as having "little sense of herself . . . [She] would search for some external references" (p. 125) to ascertain what she felt about something, not accessing a vital sense of self with opinions and preferences.

began to take me in, she struggled with her intense ambivalence about perceiving my existence. She was terrified of her frustration and the humiliation of wanting more from me. Also, when the analysis deepened, both analyst and patient emerged from the analytic material as a bizarre amalgam of parts and behaviors. Although the experience of an inner world devoid of objects was quite painful, to experience disjointed, confusing, threatening, or endangered objects, part objects, or child parts was truly frightening.

Ms. T put words to emerging ideas of self-loathing and shame at desiring me and of humiliation and rage at being deprived and dismissed by me, even though I was not felt to be a whole, integrated, safe entity on this very deep (early) psychic level. Ms. T did not know how to manage these intense and dangerous impressions of herself and of me. She continued to work through her emerging representation of the two of us as boundaryless and mutually dangerous. She frantically cried out, "I think I feel I have to get you out!" Horrifying and guilt-inducing memories erupted of her own behavior as a child—of having habitually yelled, "I'm done with you!" while hitting her beloved puppy, who eventually ran away.

Ms. T feared that if she wanted to touch me and be held by me—or to invade, hit, and banish me—she might destroy us both. She concluded, "I know I am a dangerous person."

Ms. T's raw contempt and aggression emerged into consciousness over time. Her fears expressed earlier that she might be too angry and dangerous if she came out of her depersonalized state yielded to analysis. She increasingly expressed her despair that she was still depersonalized, for which she aggressively blamed the analyst. She proclaimed with anguish and rage that I was inadequate, abusive, and "monstrous" for victimizing her, and she was angry at herself for allowing me to take her time and money without helping her to be "present" and truly alive.

Ms. T felt an overwhelming need of me, and it became apparent that this served to increase her sense of humiliation, frustration, and manipulation by me. As an inert "pupa" (her term to describe herself), she had earlier been without agency, having projected the terrifying potential to act almost totally into the fantasized cocoon or "pod" or "cave" (also her terms) that actively and tightly held and numbed her. And now, less de-

personalized and with the transference more developed, she projected this abusive entrapment *into the analyst*. I became the one who held all efficacy and who kept her locked in a futile treatment and in a depriving relationship with me. Ms. T's unfulfilled wish to find herself safely within the object infused the projection of an entrapping object with terrifying power.

With explosive rage, Ms. T accused me of "monstrous" and cruel abuse in providing a treatment that could lift her numbed state only by helping her access her fury over the treatment's limits. She sobbed with anguish and frustration that she was now trapped with me after having been so egregiously "duped" into entering a lengthy psychoanalysis. Her associations turned to a "poisonous" co-worker at her job, who was so integrated into the system that he could not be fired.

Ms. T now openly experienced me as destructive. I worked to take in Ms. T's projective identification of the shameful, bad, dangerous parts of herself, rather than attempting to deflect it. If she had projected her agency into me (and my grandiosity), where the agency is inadequate, even hostile, and thus enraging, I wanted to be sure not to give in to my impulse to be defensive in the face of withering attacks, forcing it back into her and having her feel once again inadequate and dangerous. I started to recognize that I had tacitly accepted the responsibility for curing Ms. T, enabled by my unconscious, grandiose wish to rescue her in the face of her fantasy of hopeless incapacity, and that this had been *thrust upon me by her projections*, fostering my *role responsiveness* (Sandler 1976). Now it was I who felt overwhelmed and alone. Her overwhelming frustration had initially necessitated a defensive retreat into a numbed sense of not being alive. This projection of agency into powerful self-numbing (the fantasy of being a pupa) had left her cut off from her vitality and sense of aliveness. Now a dangerous power was projected into me.

As I addressed my own feelings about being caught up in this dynamic with Ms. T, I became more able to address them in the treatment. I worked to elaborate the negative transference and transference allusions, which included her deep confusion about how to integrate into one real, whole object all of my bizarre pieces (those that humiliated

or degraded her; that showed attunement and concern; that appeared within rigid 50-minute segments, only to then disappear, and so on).

The analytic attitude is what supports the analyst emotionally at these times, and as I accepted, contained, metabolized, and ultimately survived Ms. T's erupting wrath and odd mental content, I found that she was able to hold in mind, and then to modulate and integrate a little more, her intense affects and not fully formulated fantasies. She brought back her projected affects and ego functions increasingly, painstakingly, into her core identity. She very gradually felt that her participating self, the self that lived out odd enactments, or that acted *as if* she were loving, *as if* she were angry, *as if* she felt guilty, and so on, without any emotional connection to the experience, was actually expressing affect and wishes from her real, core self.

In this fashion, Ms. T developed a more intimate sense of her emotional life and a more realistic view of who she was as a real person in the real world. She had more of an experience of being whole. She also gradually took back the protective function projected into the analyst as her experience of the relationship with the analyst changed from a monstrous entrapment into a permeable sense of holding. At last, she took ownership of her depersonalized mental state. She said:

I have to come out. But then, I ask again, why haven't you helped me do that? Then I feel like—then, on one hand I feel—maybe that's the point. I have to get to this point where no one can do this but me; you aren't going to do it. *I* have to do it. I understand now that you are not going to come in and bring me out. Maybe this is the point—no one can do this but me, you aren't going to do it, I have to do it; I have to step out on my own.

Ms. T was thus assuming more responsibility in her quest to "feel real," and she felt significantly more integrated, with greater attunement to her emotional life and a more present sense of self. She was now able to hold in mind more of what had been genuinely accomplished in the treatment, along with mourning what she had hoped for and had not received in the analysis and in her early and current life.

We continued to work through her emerging sense of self, and it was only after another year of treatment—eleven years into the analysis—

that Ms. T grasped and articulated that she had earlier defensively withdrawn into the numbed state she had created, *because* of her frightening inner world of bizarre and fragmented objects outside the pupa. "Now I see," she said, "that there never really was a cave."

When Ms. T approached the end of her analysis, she spoke of her disappointment at not feeling as she had expected to when her chronic depersonalization lifted. She had anticipated feeling hyperaware and present, like someone who was never fatigued, distracted, or uneasy. Instead, she found her attunement to herself and her emotional experience to be layered and fluid, and though her feelings were now largely accessible and felt to be her own, it took a great deal of focus and effort for her to contemplate her emotional states.

Ms. T recognized and analyzed her enactments when they occurred, so that she could become aware of her underlying thoughts and feelings. She initiated thoughtful consideration of the possible meanings of her lateness to a session or to work, of forgetting something she had told me or someone else, of how she paid for treatment, and so on. A self-reflective, self-analytic process had taken hold.

Ms. T now recognized that she had a mind that held and processed her thoughts. The defensive ego split of the buried core self that watched her public self acting in the outside world was no longer an inevitable construct, as Ms. T felt safer with her wishes and feelings and was able to develop an accessible self-representation with an identity of her own. She said she felt more alive when she recognized her attachment to her analyst and to the work we had done together, and she now felt more attuned to a rich emotional life belonging to her core self.

## DISCUSSION

Whatever additional diagnoses might be assigned to Ms. T, such as borderline personality or depression, she felt a split between an observing self and an acting self, and was depersonalized. Her acting self felt separate and estranged, and she had a deep sense of unreality about herself. Most of the time, she felt she was "not present," and she yearned to feel "connected." She continually evacuated her affects and impulses, such as shame and aggression, as well as affection and yearning, and she created

a numbing cocoon or cave in which to keep her core self inert and safe. This is not an inevitable feature of “borderline personality disorder,” “depression,” or any other diagnosis.

I have suggested that the internal structure leading to depersonalization is more likely to occur when there is unmanageable affect, an unavailability of adequate objects for identification, and insufficient support for psychic cohesion. To elaborate, I might compare Ms. T’s oedipal dilemma with that of another patient whom I have previously discussed (Haft 2005). That patient was an obsessive-compulsive man, John, whose inner world

. . . did not include a safe space for him to simultaneously be with both a male and female representation. Rather, a third figure inevitably entered the field where he and another existed together, and a horrifying fantasy of destruction arose. In the fantasy, one of John’s objects gravely injured the other, and John faced the guilt of having allowed it. [p. 1109]

In contrast, Ms. T showed no organized, terrifying fantasies of a third object representation that aimed to destroy an important primary object—perhaps because, after the age of one year, she was no longer in the presence of her combative parents together. Early parental conflict, though frightening, most likely remained unformulated. Instead of the predominance of articulated or enacted fantasies of destruction, as was evident with my patient John, along with her efforts to grapple with her insecurely held self-representation and object representation, Ms. T tried to bring in a third object to support psychic cohesion, though she did not consciously grasp how that could happen.

Ms. T developed the capacity to fragment and to feel unsupported as a cohesive self—to such an extent that she internalized her entire early family dynamic (Roth 2014a, 2014b), in which she and her mother banished her father, and this alternated with father–daughter banishment of mother. She described many subsequent attempts to interject herself into a social group that ended in confusion and humiliation. For Ms. T, the sense of belonging that would have been offered by a stable environment was missing. Such an environment, often based on or incorporating a healthy oedipal triangle, provides reliable external objects

who give the individual an outside perspective on him-/herself, and this is a key factor in supporting psychic cohesion and mitigating against a defensive retreat into a depersonalized state.

As with Greenson's (1954) depersonalized patients who reported hostility between their parents, it may be that the volatility between Ms. T's parents in her first year of life left her with an overly aggressive, threatening parental introject, which did not readily lend itself to an identification from which to build her own identity. Sarlin (1962) explained that, when neither parent offers a suitable object for idealization, depersonalization is more likely to occur. This may have been an early etiological factor in Ms. T's psychopathology, and later on, the onset of parental banishments and absences solidified her depersonalization.

Further work is needed to determine why an individual develops depersonalization rather than another dissociated ego structure. One speculation is that an early history of significant parental unavailability, without overt aggressive behavior directed at the child, might be a relevant factor.<sup>4</sup> So it is of note that a mutative factor in Ms. T's treatment was our work with her projections of egregious, enraging inadequacy onto the analyst in the transference, and particularly the analyst's cruelty in "appearing and disappearing" and in "not doing enough." These accusations capture the cruelty of absence and omission.

## CONCLUSION

Ms. T's reported early history suggests unavailability of adequate objects, insufficient support for psychic cohesion, and overwhelming anxiety and frustration. Sensing her own aggressive impulses, Ms. T saw herself as a "dangerous person" who needed to keep herself emotionally far away from potentially humiliating and dangerous objects. She rendered herself inert, as a depersonalized soul buried deeply away, and put her affect and activity into her participating self and her protective power into

<sup>4</sup> Davies and Frawley (1994) suggest that the earlier, the more chronic, and the more sadistic the child abuse has been, and the more important the abuser is to the child, the more severe is the dissociative disorder. These authors cite research showing that almost all patients with multiple personality disorder, considered the most severe form of dissociative disorder, report a history of severe abuse.



another part of herself: the cocoon, shell, or pod that held her. This is projective identification not outward, toward an external object, but inward to internal parts of the self.

Over the course of treatment, as the negative transference developed further, the power either to imprison or to release Ms. T's core, vital self was then experienced as residing in the inadequate, entrapping analyst. Analysis of the transference, particularly of fury toward the needed analyst, allowed Ms. T to work toward repossession of the projected ego functions, affects, and impulses, and to integrate these more fully into her core identity. In short, psychoanalysis helped Ms. T re-own her potent vitality.

The work that Ms. T did in her treatment was a testament to her ego strength, which allowed her to use the analyst to help her courageously and persistently come into contact with the terrifying wishes, feelings, and confusions within her. She also came to understand the difference between the outer world and the inner world, where thoughts and feelings are, and to see ambivalence as bearable; to a great extent, she was able to integrate her vital acting self back into her core identity.

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## HANSEL AND GRETEL: A TALE OF TERROR

BY ROBERT S. WHITE

*In the analysis of a woman with multiple childhood traumas, the fairy tale “Hansel and Gretel” figured prominently. The author discusses the use of the fairy tale in this case at various levels. He suggests an interplay between a national myth, the fairy tale, and a personal myth—the patient’s psychodynamics. The fairy tale can be used to illuminate personal meanings derived from it. In the experience of childhood trauma, the repeated reading of a fairy tale can help organize and defend against terrifying anxiety.*

**Keywords:** Hansel and Gretel, fairy tales, child abuse, trauma, personal myth, dream analysis, fantasy, transference-counter-transference, anti-Semitism.

### CLINICAL CASE: GILA

I will present the case of a patient, Gila, with adult traumatic neuroses stemming from chronic and severe child abuse. The abuse consisted of a mixture of chronic abandonment, parental hatred, and sexual abuse. This case is unusual in the prominence of the fairy tale “Hansel and Gretel” as a motif in the treatment.

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The author dedicates this paper to Stanley Leavy, his beloved teacher, colleague, and friend, who just turned 100 years old. He started the author down the path of literature.

*Background*

Gila is the younger of two daughters.<sup>1</sup> Both parents are Jewish; her father was born in Eastern Europe but immigrated to the United States as a child. She grew up in one city, graduated from college, and married. Her early adult years were devoted to raising children. In midlife, she started taking classes at a university. When she consulted with me at around this time, she was in an unhappy marriage, felt overburdened by domestic responsibilities, and was severely depressed.

Gila's mother was by all accounts completely self-absorbed. When the patient was an infant, her mother was unable to feed her, and a nurse was employed. It seemed likely that her mother had never changed her diapers, and it was not clear who did. There was always a live-in housekeeper, but these servants were not expected to provide child care. This little girl, by temperament, was very active, verbal, and intelligent. Her mother made it clear that all these attitudes were too masculine, and that Gila was "not a proper girl." This was and remains quite shameful to her: "My mother made me feel inadequate as a girl because I was not docile enough. She exuded a sense of deep disapproval of me ever since I can remember. I was 'not right' . . . . When I was very little, my mother would tease me, saying things like, 'I don't really love you.'"

Gila's mother had trouble sleeping at night and would take sleeping pills, which meant she would sleep late and be groggy in the morning. Then she would typically go out in the afternoon and often not be home when Gila and her sister returned from school. In the evenings, her mother would drink alcohol mixed with various pills and then sleep late. "I would wait for hours outside her bedroom door, listening for sounds indicating that she was finally awake and would emerge soon," Gila recalled. "I would follow her to the kitchen hoping for attention, but was rarely acknowledged. Sometimes when she was drinking her coffee, I would slip behind her into the chair, which she did allow."

<sup>1</sup> The clinical material is used with the permission of the patient. In the later period of her treatment, she decided to write up her version of her family background and her own inner conflicts. I will quote from her story from time to time. Her writing and my use of it contain elements of an enactment, a gratification that I judged not to be harmful. Traumatic elements were not completely resolved by the end of treatment, and a degree of support continued to be helpful; the patient is deeply interested in language, and writing is important to her.

Often, my patient would be forced to stay outside the house or in her room for extended periods, without any toys. She said, "I could not tolerate this isolation, and after hours of being alone, I would start kicking the floor or screaming, for which I would be severely rebuked and have my shoes taken away. A couple of times, out of sheer boredom, I stuck my fingers into the electric sockets, which was terribly painful."

In addition, Gila's mother would sometimes disappear without warning, either to visit her own family in another city or on a trip with the patient's father. She would never tell her daughters how long she would be gone or make any effort to contact them while away. In reaction to the severe deprivation and lack of normal childhood dependency, my patient, as early as she could remember, never relied on her mother for anything, and tried as much as was physically possible to do everything herself, without asking for help.

Gila had a highly ambivalent relationship with her father. "My father's best quality was his *joie de vivre*," she commented—so in that sense, he was not like her deadened mother. He had "a terrible temper" and would fly into jealous rages at her mother.

As a young child, Gila had yearned for her father's attention, but as she got older, she was more frightened of him. She felt he was sexually inappropriate with her sister, such as when he took nude photographs of her; Gila was both hurt and relieved that she herself was not chosen for these photos. During the analysis, she found a group of old letters from her father that suggested an erotic attachment to her as well.

Gila's attitude toward men was reinforced by her family pediatrician. "I would make a big fuss whenever he was summoned to make house calls or we had to go for an office visit," she recalled. "For days before an office visit, I would sulk and be angry. When the pediatrician came to the house because I was sick, I was forced to hug him and kiss him with my pajamas off." This doctor repeatedly performed unnecessary vaginal and anal exams as a matter of routine. Gila had no conscious experience of this as sexual abuse; for her, it was routine and sanctioned by her family. Nobody said it was wrong, but she felt terrible and extremely humiliated. Only in the analysis did she realize that this was not accepted medical practice and that the pediatrician was likely a voyeur or a pedophile.

Gila describes her older sister as "an unhappy child who did not have many friends." On the one hand, she hated her sister, who constantly at-

tacked her verbally and physically; yet she felt sorry for her sister, who could not hide her anxiety at mother's absences, as she herself could. Her sister was supposed to watch her, but would desert her whenever she could. My patient had a memory of an incident when she thought her sister had tried to drown her. As an adult, her sister was chronically depressed, eventually committing suicide in midlife. Gila has another memory of her mother saying that she wished Gila had killed herself instead of her sister.

Anti-Semitism was a backdrop in her family's life. "Several times on the way home from school, especially if I did not leave school right away, I was beaten up. Taunts of 'Christ killer' and 'dirty Jew' were common. One day, when I was in first or second grade, I went home with a 'friend' whose mother promptly sent me on my way; she knew I was Jewish."

Gila always felt like an outsider and feared attack. From early grade school, she was expected to find her way back and forth to school on the public bus by herself. Starting at age six, she was sent away to camp for the entire summer. For the first several years, this was very traumatic, but she grew to like camp when she was older.

### *Formulation*

Gila was constantly exposed to terrifying abandonments and humiliations by both parents and to sexual abuse by her pediatrician. I think that her mother, to whom she felt bound and whom she identified with, was extremely narcissistic and likely borderline psychotic. Her mother was addicted to alcohol and sedatives. She was unable to touch her daughters or to interact with them in any loving way. There was no meaningful security in the house. Her mother would disappear without any warning for hours to weeks.

Gila's father was distant and potentially terrifying, both aggressively and sexually, and largely to be avoided. Yet his underlying liveliness was an identification that served her well. Her sister was either a terrifying, aggressive figure or one to be pitied and avoided.

Widespread anti-Semitism provided a constant background to the home traumas; Gila had frequent nightmares of being attacked by the Nazis. Except for the rare teacher in school, there were no personal acquaintances, servants, or relatives who could serve as caretakers or

models. She grew up with the persistent fantasy that she was not really a girl, but she was not a boy either; she is not sure of her sexual identity to this day. She was afraid of men and ended up marrying a man who had the worst traits of both parents.

### *Clinical Process*

At the start of the analysis, the patient was extremely depressed, had no hope for herself, and acted on the referral to me only because of concern for her youngest daughter, then a toddler. Gila was actively suicidal (I did not know this until years later) and was terrified about what would happen to her daughter if she killed herself. She identified with this youngest child, who was the brightest of her five children and socially isolated like herself. The patient was working on her first book at the time.

She was afraid of her husband and feared that he wanted to kill her; she wanted to leave him but did not dare to. She was referred to me by a senior psychoanalytic colleague who was treating her husband. A persistent fantasy, typical of her general level of organization, was that the referring colleague and I were in a conspiracy to humiliate her; I would either take her husband's attitude and mock her, or get rid of her as soon as I could.

Most prominent was Gila's psychic numbing. She consciously aimed at being a rock<sup>2</sup>: she tried to have no feelings, never to depend on anyone, and she avoided any situations in which someone might become angry with her. She had frequent traumatic dreams. For example, an early dream was of a Nazi matron who was hiding in a closet in my office.

The patient's recollection of traumatic events—the pediatric exams, being alone in her room, and an attempted rape, among many others—remained highly sensory, immediate, and unmetabolized. They easily had the quality of flashbacks, causing her to feel as if she were still there in the traumatic situation. Perhaps most significantly, Gila's worldview had altered little since childhood. She felt surrounded by anti-Semitism and by hateful and mocking men, and she saw danger around every corner; she constantly feared that her world would disintegrate at any moment.

<sup>2</sup> She quoted a Simon and Garfunkel song: "I have my books and poetry to protect me. I am shielded in my armor. Hiding in my room. Safe within my womb. I touch no one and no one touches me. I am a rock. I am an island."



Much to Gila's surprise, she and I made a good connection at the beginning; she had expected that I would reject her and then she could hate me. We started twice-weekly psychotherapy, as I was unsure whether she could tolerate the rigors of psychoanalysis. However, I quickly learned that she had a natural ability to express unconscious content, and that she needed the support of more frequent sessions; within several months of treatment, we moved to five days on the couch. She did not want to take any psychoactive medication.

The endings of hours were always traumatic for Gila. Weekends were very difficult and longer absences almost unbearable. At the time, I did not appreciate how terrifying separation was for her. My not being Jewish—which she had quickly figured out—was important; for the initial years, it was an advantage as I was an outsider and would not know much about her. In more recent years, however, she grew to suspect that I, too, was an anti-Semite who must hate her for being a Jew.

The course of the analysis in the first ten years was quite rocky. Gila agonized over anything that she wanted to tell me; it was all humiliating and frightening, and she was sure I would reject her. If I did seem to understand, she would initially be grateful, but would then quickly suspect that I intended to trap her or mock her with what I knew.

Despite her long-standing isolation, she had a lively and intelligent inner life, which poured out in the analytic hours. My analytic focus was on the here-and-now process as I attempted to uncover unconscious fantasy.

The patient quickly settled into intense transference feelings. She had strong wishes for my love and interest, including erotic needs, but this was felt as extremely shameful, to be kept hidden as much as possible. She would imagine, for example, that she and I would meet in a local café, but she would need to hide behind a potted palm for my sake. She had images of my vomiting if she were to touch me. She would also appear to hate me, but we learned that she could not actually direct her hatred toward any specific object; it was experienced as free-floating. She could hate only herself for having any longings.

Dreams were also important. Gila would report dreams regularly and work on associations for several days, and she had the ability to elaborate fantasy extensions of her dreams.

Levine (1990) notes that childhood traumas tend to organize experiences in all relationships, including the transference-countertransference. There is enormous pressure to reexpose and relive past trauma with the analyst. This is both inevitable and necessary. The patient pressures the analyst both to be the perpetrator whom she expects to encounter, and to offer the parental protection that she did not expect or believe in. The analyst must walk a fine line between abstinence and gratification. If the analyst does not allow himself to feel and tries to avoid the pressure toward enactment, he is often perceived as aloof and withdrawn; but if he is too gratifying or supportive, he is often perceived as condoning or seductive.

In the enactment that came to dominate the first years of Gila's analysis, I was all of these. We would have a "good" period of days to weeks in which she would reveal more about herself or her transference, and I would be receptive. Even during those periods, however, I felt a constant pressure. This included pressure to connect with Gila as I sensed how quickly she could slip away. I also felt pressured not to make any errors regarding the frame—especially being late to sessions or mistaking their times. I had a constant worry that I would either do something to hurt her, or that I was not doing enough; the fine line between abstinence and gratification was always on my mind (Levine 1990).

The ends of sessions were an agony; Gila felt hated, and I felt guilty for ending. Something negative would always happen at the end of "good" sessions; for example, she would detect a "withdrawal" on my part, or a delivery person would intrude and knock on the door, or another patient would come at the wrong time. I would be late or I would double-book a second patient. This occurred in spite of my best intentions; I worried about "mistakes" but then found myself making them. This was not characteristic of me and I agonized over it.

Sometimes I did not know what set the patient off. Her good feelings about me would suddenly switch to hate and fear, and she would flee the office, occasionally for weeks at a time. She and I would lose any sense of the as-if quality of the transference-countertransference, and the enactment became the trauma (Levine 1990). I was the absent mother, and Gila hated herself for needing me. During these failures,

I was seen as (and sometimes actually was) enormously depriving, uncaring, and hateful.

In order to repair these failures, I would reach out to the patient in ways I normally would not in an analysis. I would make efforts to contact her and correspond by e-mail when she fled the office. I admitted to mistakes when I could. This could easily be interpreted by her as seductive—as my pretending to be nice in order to get her under my power again. We would then have a period of analyzing both her fears and the enactment.

My own silent work on my countertransference was also important. At first, I would often feel angry with Gila, but if I could come to a genuine sense of my own fears, she was able to sense this and the tensions eased. Then the cycle would repeat itself. I realized gradually that all these episodes were triggered by a subtle emotional withdrawal on my part, a revival of my own maternal ambivalence. Once I was clear about this, the episodes gradually receded in importance, although they never entirely disappeared. This became a major part of the therapeutic work: our being pulled into enactment, followed by a period of working out—of sorting out who had done what to whom—and then trying to elucidate the projective identifications.

Over the fifteen years of the analysis, Gila made important gains in her life. She received her Ph.D. She divorced her husband after he became overtly paranoid. She successfully raised her five children. She had significant friendships. She taught at a university, wrote academic articles, and published a book. However, significant deficits remained. She was unable to develop new sexual or emotional relationships with men, being totally incapable of any assertion in such a relationship. She deeply distrusted anyone's attention toward her. This included both personal relations with men and work relations in an academic setting, which she perceived as always dominated by men.

One major consequence of all this was that she was unable to apply for academic jobs for which she was qualified, thus stunting her career. She felt constantly under attack in any public space. Later on, she would say that her terror, which was constant at the beginning of our work together, became less intense and less consuming over the years of the analysis.

Gila's difficulties involved not only fear; she also felt intensely guilty over any personal pleasure. For example, if she took pleasure in one of our sessions, this would be followed by hours of self-punishment in physical exercise.

We had a trial termination when Gila went away for a summer to study (an unusual event in itself). She wanted to try to make it on her own, and I thought she was ready for a separation from me. In retrospect, I believe I was wrong and was being overly theoretical (another enactment?). After several months, she asked to return and settled on a four-day-a-week, sitting-up analysis. She now had goals: to feel less suspicious of others and to be more aggressive.

*"Hansel and Gretel"*

During this second phase of treatment, an article appeared in the *New York Times Magazine* (Bazon 2006) concerning two sisters who were able to overcome years of sexual abuse and poverty and eventually found modestly stable lives. My patient drew my attention to this article, but it was not the content she was primarily interested in; it was the illustrations.

Here are excerpts from her report:

While I was leafing through the *New York Times Magazine* one Sunday, I gasped in horror at an illustration that seemed to jump off the page. The picture shows the backs of two children, a boy and a girl, in the woods, looking at a brightly lit cottage. Although a bright light takes up the windows and even the crack in the door, it is an eerie, too bright, opaque light, obscuring what or who is inside. Immediately, I recognized Hansel and Gretel.

[In the first illustration], the viewer is behind Hansel and Gretel, so she/he is taking in the scene from their perspective. Horror and terror was an immediate and visceral reaction to "my being in" that illustration. I felt as if the artist had painted my portrait.

The illustration captures the terrible, terrible fear that Hansel and Gretel feel at looking at the house in the dark woods, the house in which the witch is waiting for them. They look paralyzed; they cannot move or run. The goodies on the

outside of the cottage are not a lure—they are a phony deception, and the children know it. There is no escape for these children, just as there was none for me. Terrible things are going to be done to them, they cannot get away, there is no place to go, no one to stop the witch, and no one to bear witness to their suffering. Whatever will happen in that house will remain a secret.

That an artist chose Hansel and Gretel as an illustration for a story about sexual abuse added to my horror because—of all the awful things that that particular fairy tale is about—sexual abuse is not one of them, yet the illustration captures perfectly the abject terror and helplessness that the sexually preyed-upon child feels.

The second illustration, the “afterward” picture, showed Hansel and Gretel walking hand in hand, but without looking at each other. The patient wrote of the children in this picture:

Each of them seems to be in his/her dissociated world. They are too ashamed to turn to each other for comfort. Each has adopted a false persona behind which to hide so that no one will know what happened to them. The house is no longer lit, the forest is not as dark, their clothes look light-colored in the daytime, but none of that can rid the two children of the shame and humiliation they suffered in the “alluring” cottage.

These illustrations provided us with a prolonged and intermittent discussion of Hansel and Gretel over a number of years in the analysis. Gila would return to them over and over again; to her, they captured the central terror from which she could not escape.

I learned that she had been obsessed with Hansel and Gretel for a period as a child and would demand that her mother read the tale over and over. Strongly identifying with Gretel, Gila was terrified by the scene of Gretel at the oven and could never find a way to resolve it, either as a child or now. She extensively rewrote the story from the point of view of an abused child.

### *A Re-Telling of the Tale by an Abused Child*

In developing my own imaginative understanding of my patient's inner life, I found it helpful to reconsider the fairy tale in the way that

Gila, with her history of abuse, might have internalized it. The following brief synopsis draws on a modern rendition (Tatar 2004).

In the realistic beginning, there were a brother and sister who lived with their father and stepmother. Their stepmother wanted to get rid of her stepchildren because there was a famine in the land and there was not enough to eat. This was actually an excuse; she hated the children and wanted to get rid of them. Their father was portrayed as kindly; he didn't want to abandon the children but was too weak to stand up to his wife. In this sense, the father was just as hateful as the stepmother.

The emphasis throughout the tale was on the cleverness of the children. They overheard the conspiracy of the parents and were terrified. At first, Hansel was the clever one; he pocketed white pebbles and was able to disguise from his parents that he was throwing the pebbles to mark the path as the children were taken out into the woods. They were left with a large fire and a little piece of bread each. Their father, by now an active conspirator, arranged for a branch swinging in the wind to feign axe blows, fooling the children into believing that he was near.

After dark by the light of the moon, the children were easily able to follow the pebbles home. When they returned from the first abandonment, the stepmother continued the deceit by blaming the children: "You wicked children! Why were you sleeping so long in the woods? We thought you were never going to come back" (Tatar 2004, p. 76). But when they were taken out into the woods for a second time, Hansel's cleverness failed him. Instead of pebbles, he dropped bread crumbs to mark the path, but birds ate up the crumbs. The children were utterly lost and abandoned.

There were three abandonments: the death of their mother, and the abandonments by their stepmother and father. It was clear in the tale that the death of the children was expected and intended. Gretel could not trust anyone to be with her or take care of her. How could she trust Hansel; he would likely abandon her at the first opportunity. She would never have been able to let him take the lead in finding the way home.

Even worse than abandonment, she feared deceit. She expected others to pretend to care or be concerned, but all they intended was manipulation and sadistic humiliation. The father pretended to be concerned but did nothing to stop the stepmother. The stepmother pre-

tended to be concerned when the children first returned, but this only doubled her resolve to get rid of them.

Her worst fear was humiliation. She anticipated abandonment and expected to do everything herself, but she could not avoid humiliation. She saw in the brightly lit house a place of torture and humiliation, but one that was inevitable and could not be refused.

Now they were in the magical realm. In the forest, the children were near death; "if help didn't arrive soon, they were sure to perish" (Tatar 2004, p. 78). They were led by a snow-white bird to the witch's house, another deceit. The white of the bird usually symbolizes purity and goodness, but this bird was actually in the service of the witch.

When the children saw the house of cakes and sugar, they were curiously unafraid and unsuspecting, as abused children often are. In their greed, they started to eat up the house. The witch called from inside:

Nibble, nibble, where's the mouse?  
Who's that nibbling at my house? [p. 80]

The children completely ignored the voice and went on eating. When the witch did appear, they were terrified, yet when the witch seemed to be kind and told them "no harm will come to you in my house," the children completely trusted her: "They were in heaven" (p. 81). Like their stepmother, the witch pretended to be harmless but was actually deceitful, intending to kill and eat the children: "They will make a tasty little morsel" (p. 81).

Hansel was placed in a cage to be fattened up for a meal, while Gretel became the witch's slave and was starved. Now the children had to be clever again. The witch had a keen sense of smell but could not see well. Hansel offered a bone as his finger so the witch believed that he had not gained weight and delayed the feast.

The witch grew impatient and set a boiling pot to cook Hansel while heating the oven to cook Gretel. Gretel did not think that the witch would kill her until the moment at the oven. The witch said to Gretel, "Crawl in . . . and see if it's hot enough to slide the bread in" (2004, p. 83). It was only then that she realized that the witch no longer needed her, and she would be cooked as well. Now it was Gretel's turn to be clever; she "saw what was in her [the witch's] mind and said: 'I don't

know how to crawl in there! How in the world can I manage that?" (p. 83).

Here Gretel had to use rhetorical skill to fool the witch. She pretended to be stupid and thus played on the witch's vanity. The witch went to show Gretel how to crawl into the oven, and Gretel "gave her a big shove" (p. 83) and shut the oven door on the witch.

The theme that Gila returned to over and over was the scene of Gretel and the witch at the oven. As mentioned, this was the point in the story that terrified her, and she could not resolve it; she could not envision a good outcome. When the witch wanted Gretel/Gila to crawl into the oven, she could not image fooling the witch; she would freeze up. She could never quite believe that the witch hated her so much and wanted to kill her. Or she would feel overwhelmed by guilt at her own wish to save herself. Gila could not image how Gretel could resort to her cleverness; she herself would have just stood there, unable to think, and the witch would have pushed her in. This was a point of terror and disintegration.

Gila said: "I hear the witch telling Gretel to crawl into the oven to see if it is hot enough and, being Gretel, I obey, terrified. From this imagined, traumatic response, I have not been able to escape." When the witch said, "you stupid girl," she heard her mother's voice berating her and deceiving her. She thought: "If the witch wanted me in the oven, I would crawl in." To contemplate any action against the abuser was almost impossible.

My patient imagined an alternative ending to the tale:

There is no way I could push the witch into the oven. She would just refuse and I would have to get in. I can see myself only as her servant. I could compromise and agree to help her boil Hansel—she might even throw me a bone. She would go on killing children, and I would help her. But even that is terrifying as she could always change her mind and kill me, too.

Of course, the ovens of the Holocaust were not far in the background.

When the deed was done, Hansel and Gretel "hugged and kissed and jumped up and down for joy" (Tatar 2004, p. 84). Magically, jewels



were found, which the children took. Hansel says, "Let's get going right away . . . . We have to get out of the witch's house" (p. 84).

Could they really leave the trauma behind? The gathering of the jewels seemed a magical solution to cover over the trauma and the remorse that could not be left.

Here is where the second illustration to Bazelon's (2006) article came in. Even though the children were hand in hand, each looked blank and was cut off from each other and themselves. They were in shock and dissociated. Gretel/Gila could not tell anyone what had happened, not even Hansel. She felt forever stuck at the oven, not being able to act and not being able to leave, yet she did see herself, as in the second illustration, leaving the house. It was a mystery that she could not explain. She physically left but carried the witch and the oven inside forever; in that sense, she could never leave. Gila said: "History must stop before the confrontation at the oven. That is the only way I can escape."

In the fairy tale, after escaping from the cottage, Hansel and Gretel came to a lake that they could not cross. Here was the boundary between the underlying terror and the possibility of safety. Then there was another white bird, a swan that was to ferry them across the lake—first Hansel and then Gretel. If the first white bird was deceitful, how could Gretel trust this one? She could not imagine letting Hansel go first. Of course, he meant to abandon her at his first opportunity.

The forest became more and more familiar as they neared their father's house. Their stepmother was dead and their father was overjoyed to see them. With the jewels, they all lived "in perfect happiness" (Tatar 2004, p. 85). This ending, of course, was completely unreal. The moral of the story is much more real: "See the mouse run. Whoever catches it gets to make a great big fur hat out of it" (p. 85). The moral captured Gila's fear of being killed and skinned; she, of course, was the mouse.

### *Clinical Work Post-"Hansel and Gretel"*

How did the story of Hansel and Gretel change the analytic work with this patient? I will give several examples.

Here is a dream that occurred early in the analysis and was remembered when discussing this tale, allowing a comparison. Gila dreamed that she was riding on top of a train car and her mother was inside. A

hand reached out of the train window, holding a chicken bone. At the time of the dream, this illustrated the patient's plight. Being left outside in the cold was what she deserved and expected. In fact, in childhood, she would often come home from school and have to wait until her mother showed up. It seemed normal to her; this was just the way it was. Her mother was inside and she was outside. Her mother was warm and comfortable, while she was cold and in danger. All that she was offered for food were bones—subsistence but no real substance.

Now, in the light of "Hansel and Gretel," the bone was both starvation and the deceit that Hansel used to fool the witch. Gila felt enormously deceived by her mother, mostly in the multiple ways in which her mother pretended love but was actually self-absorbed at best and cruelly hateful at worst. Emotional truth was very confusing. She could not really feel her anger. Her mother would insist on truth, but my patient would sense hatred and teasing. She also felt deeply sorry for her mother's pain; it was not really her mother's fault—her mother was only the victim of her father's rage.

This led to a persistent split, with a part of the patient believing her mother's depiction of her as the bad child, and part of her knowing that her mother hated her. Gila could keep her own hate repressed through the fantasy of her mother as victim. Now, in the analysis, she could begin to express her hunger and her wish to be inside the train, but she was inhibited by guilt. Being aware of her guilt was new.

Another, more recent fantasy was of Gila and I attending a luxurious buffet together. She knew she could take whatever she wanted to eat, but she hesitated; to want anything was to be greedy. She imagined that her greed would deplete me or anger me. I probably did not want her there and would be disgusted at anything she might want to eat.

A dream that appeared during our discussion of "Hansel and Gretel" was quite different from Gila's usual punishment and traumatic dreams that had plagued her for years. In this dream, she and I met on the street. I was going to a talk and invited her to come with me. At first, she was delighted and accepted. This was completely new, as she never expected any recognition or interest from me. But when we got to the talk, she changed into a dog and lay quietly under a table while I participated in the event.

What Gila was able to do over time with repeated visits to this dream was to convert it into a transference fantasy, much more elaborated and detailed. At first, she had thought in the dream that I must like being with her. However, as we walked toward the talk, she became convinced that I did not really want her there, that I was sorry I had invited her, and that I would be ashamed of her in front of my colleagues. This brought up another fantasy in which I had a weekend barbecue with my male colleagues, where we drank beer and made fun of our patients, especially her.

One of the patient's motives in becoming a dog in her dream was to save me the embarrassment of revealing how much I actually hated her. Of course, she saved herself from humiliation as well. She imagined herself as a beautiful golden retriever, quite in contrast to her view of herself as ugly, sexless, and physically deformed. I would admire and pet her as a dog. Moreover, she was a "very good" dog, willing to sit quietly and not disturb me, and would anticipate any wish I might have. Gila believed she had to be very careful to pay attention to my moods so that I would not erupt in anger. The table under which she lay in the dream was made of glass, and I could write her a love note and pass it to her. In a later version, I wrote her a note that I loved her, and she understood that I knew how terrified she was. There was hope of her becoming a person again.

My most common countertransference wish was to be able to tell Gila that she did not need to be a dog in order to get my love and admiration. I had tried variations of this in the past, and it did absolutely no good. She might believe me in the instant, but my words quickly felt like a manipulation or a false declaration, much as was illustrated in the dream.

Here is an example of an interchange that was typical in the late phase of the treatment. Gila started to voice erotic fantasies about me. She imagined going to an art museum with me, and we could each explain what interested us about a particular painting. This would be fun. Then we might go out to dinner somewhere. "No palm tree this time," she said (a reference to her need to hide behind a palm tree in an earlier dream). In the analysis, it had been years since she had ventured into her erotic needs; it had been a closed subject.

In the next session, Gila remembered an incident when a man, a friend of her family's housekeeper, tried to rape her. I knew this story, but new details emerged. She had told her father about it, and he had called the police. Having suffered anti-Semitism in Europe as a child, her father was visibly anxious at any encounter with the police. She ended up feeling unprotected and guilty over making him anxious. Never again would she ask him for help.

After describing this to me, Gila was quiet for a period, and I said, "You seem to have retreated to your castle with high walls." Then, in the next hour, after a weekend break, she was visibly angry and upset. With some help from me, she was able to say that she had been trying to tell me how much she had been hurt, but all I could see was her anger. "There is no possibility of being understood," she said icily. Then she added, "Maybe it's hopeless; I am just broken"—now with a touch of sadness.

I said, "Your hurt so quickly switches to anger that I missed hearing your hurt and heard only the anger." She then went back to the memory and the part that was most hurtful. She had felt she had to choose between two forms of humiliation: if she persisted in her claim of rape, she would be examined by the perverse pediatrician; if she pretended to be a little girl who just makes things up, then she could avoid the exam but be humiliated for her childishness. She chose the latter.

I then said, "You are afraid of needing me, so your needs quickly turn to anger." Gila nodded. I continued, "You then put your anger on me and feel attacked, but it's better that I think of you as a foolish little girl rather than humiliate you."

She nodded again and the tension dissipated. We went back to the fantasy. "I cannot stop thinking that it's a ruse," she said. "Instead of going out to dinner, I feel I am being served for dinner." We were now back at the witch's oven. Then she had a very new insight: "I realize I brought this on myself. I felt safer being a boy. It was a disguise so that men would leave me alone. Yet I secretly wanted to be a girl—I was caught between fear and disappointment."

In the next hour, we explored more directly the split in Gila's maternal object: the mother whom she pitied and cared for, and the one who was hateful and deceitful. She said, "This is what my mother would

say to me at the oven: 'I hate you, you are not what I ordered. I'm getting rid of you.'" She had never before admitted so directly her mother's hatred of her.

The subject of goals came up, and the patient said she had a goal: "I would like to be able to come to a session and not be afraid of you, not think you were planning to hurt me."

Gila's fixation on Gretel at the oven with the witch pointed to her panic and inability to think when faced with the realization that the witch/mother intended to kill her. I now realized that her fear of being humiliated by me covered over a fear of disintegration. This came out most clearly when we analyzed her compulsive need to exercise. She revealed that she could not relax and do nothing, but always had to be "productive" and pushed to exhaustion. Any good moments in our sessions would inevitably be followed by hours of punishing exercise at home. Now I learned that she had a grueling routine of daily walking with weights for many miles as well. She could only relax and enjoy something if she was simultaneously exercising or planning to exercise.

There was a basic fantasy of being a freak whom everyone hated; yet Gila also had a fantasy of being very powerful if she could reach her exercise goals. Meeting these goals seemed to bind some sort of psychic disintegration. She was aware of avoiding feelings of loneliness, of wanting; she felt she did not deserve to be alive. Her sister had wept inconsolably when their parents went away during their childhood, but the patient would never let herself feel it to that degree.

Now Gila revealed something new: she felt she was rotting and stinking, but this must never be confronted. Something was missing in her life—something that had been destroyed and for which she was trying to find a replacement. What had been destroyed was her being a girl and being loved. It was a kind of black hole. Whenever she started to think of being loved, she instantly felt a mixture of terror and rage. In her rage, she wanted to destroy it. Now we were in the "tantrum" state of objectless rage. She felt that she should have no pleasure and should die; no objects and no connections were possible.

I asked the patient what her fundamental experience of terror was. She replied that she was a nobody, just crushed. She exercised to the point of exhaustion in order to feel that she had substance. There was a

fundamental shame in existing, in having needs, in wanting to be heard. Anything good was discounted and not to be believed because there was nothing to attach to. Gila spoke of violence, and I said that I thought she was afraid of her mind falling apart. She agreed, saying: "It doesn't fit together; it can be crushed, I can't believe my own mind, it is not to be trusted, it is too fragile."

She was aware of a fantasy that she exuded an odor that made her completely undesirable. She had a basic fear of physical disintegration. She cited the behavior of her childhood pediatrician, the isolation in her room, being left outside, and putting her finger in an electrical socket as contributions to and evidence of her fear of disintegration. She was now constantly involved in compulsive physical activity in order to ensure physical integrity; she was aware of overwhelming anxiety if she did not complete these physical tasks.

Years later, Gila again happened upon the Hansel and Gretel illustrations in Bazelon's (2006) article. Here is her report of that experience:

After not having looked at the Hansel and Gretel illustrations for some time, I saw them again. This time, I could interpret Gretel's expression as slightly less dissociated. However, in the emotional reality of the tale, Gretel has killed the witch who had intended to kill her. She conquers the terrors to which she was subjected and goes home, in true fairy tale fashion, to a loving father. In real life, in my life, I escape but do not kill the witch. This means that the witch is still in pursuit, so to some degree, the horrors remain. It is hard work and still frightening to find another path out of the forest, but it is possible to experience a richer existence in the process.

## DISCUSSION

### *The Myth as an Object of Dream Analysis*

Myths, folk tales, and certain works of fiction can play a dual role in the clinical work of psychoanalysis. The first function is modeled on dream analysis (Freud 1900). We know that the symbolic formations of dreams have a latent meaning that can be decoded through free association.

Freud and other pioneers of psychoanalysis postulated that fairy tales function similarly to dreams. Freud (1913a) cited two dreams in which fairy tale characters were associations to dream material. He then made the case that one can interpret fairy tale symbols by the same method that symbols in dreams are interpreted (Freud 1913b). Fairy tales present the story itself, the manifest content and the interpretation of symbols, as latent content. Thus, a fairy tale can be used as a guide and a means of discovery of unconscious fantasy in a clinical analysis, in a way that is straightforward and relatively uncomplicated. The fairy tale reveals unconscious meaning.

In the case I have described, that of my patient Gila, what was the state of the analysis before the introduction of "Hansel and Gretel"? The patient was mostly functioning in a state of psychic numbness. It was difficult to broach the subject, but basically, she thought of herself as ugly, deformed, and unfeminine. She did not feel castrated in the sense of there being something missing, but she did have the conviction of her genitals being deformed. She was unquestionably a girl, but thought of herself as a bizarre freak when it came to gender and sexuality.

Any feelings she had must be kept secret, Gila felt, or she would be horribly humiliated; indeed, she had a large and fluctuating list of things that she should not talk about with me. Her sense of bodily deformity was high on the list. Sometimes she thought that I might be perversely attracted to her deformity. At other times, I would simply be repelled. In addition, she believed that I would be enraged if she talked about her Jewish identity, since I likely hated Jews.

When Gila felt hurt or frustrated, rage could emerge but would attach mostly to the self, taking the form of self-hatred for her having any needs or desires. Her object world was dominated by hateful and mocking men. She feared a conspiracy on my part to trap and humiliate her. With women, she was less afraid of being mocked, although this concern could emerge with them as well.

Interpersonally with me, there was strong pressure to participate in abandoning her; she would then feel enraged and push me away. She imagined that I would vomit if I had to touch her, as mentioned earlier. She imagined I needed a drink to get through a session with her. We identified what we came to call the "rickshaw effect": Gila would start to

imagine riding in a rickshaw with me, a romantic feeling, but then she would feel the urge to smash the rickshaw to bits. In this way, she would smash any good feelings about me and any libidinal wishes.

Gila was completely unable to enter into triadic relationships. For example, I surmised that she felt jealous of certain of my female patients whom she encountered, but when I tried to discuss this, she would quickly change the subject. These fantasy states were not global; at times, there was much warmth and enjoyment in the sessions. Outside, she retired from her job at the university when she was passed over for an appointment. She developed rich and complex relationships with her daughters and their families. Now divorced, she tried dating briefly, but tended to attach to men who were very bright but emotionally cold.

How did our work change after the discussions of "Hansel and Gretel"? Several themes emerged with greater clarity. We could see the extent of the split maternal object; Gila was more aware of feeling hated by and hating her mother. On the one hand, she could think of her mother as a monster who did not love her, would abandon her, would try to trick her, and hated what she was like. Above all, she knew her mother was deceitful. In the dream of the chicken bone described earlier, the deceit became more evident: "I am giving you bones, but you must think of them as a wonderful meal."

On the other hand, Gila could see how fragile her mother was, and she feared that her mother could disintegrate and disappear. She must take care of her mother. Nothing could be her mother's fault; it was her father's fault for treating her mother badly. Most of the patient's rage was displaced onto her father, while her mother was spared. We can see this in the tale of Hansel and Gretel in the confrontation at the oven. It is clear that the witch intends to kill Gretel, yet she cannot believe it; the same split is evident. The witch plans to deceive her, and Gila cannot imagine reciprocally deceiving the witch, as Gretel is able to do. Gila puzzles over Gretel, who is able to think and act in her own self-defense. She can never imagine herself in Gretel's shoes; this leaves her paralyzed and unable to think.

Another function that emerged more clearly in relation to the fairy tale was the patient's punishing guilt. All her needs were felt to be greedy and therefore unacceptable. To want my love and attention was greedy,



for example; even the wish to live was unacceptable. If her mother was to live, she must die. She could live each day only after enduring intense and painful physical exercise.

Gila became able to speak for the first time of her own fear of disintegration, which had been carefully hidden. She lived in terror of falling into bits and pieces. She thought of her daily exercises as a kind of glue that allowed her to hold herself together. She could remember times in her childhood when she had felt fragmented. Behind her fears of humiliation were fears of my rage toward her and of being torn to bits.

Several analysts have described this split between the bad witch and the good mother. Dahl (1983) wrote of a witch-mother fantasy in adolescent girls who struggle with a split between the wish to separate from the mother and a libidinal attachment to her. The girl's envy and sense of inadequacy is projected onto the mother, creating the fantasy of a witch-mother who imprisons but also fascinates the girl. In the case of Gila, we can see elements of this fantasy in her taking care of her "fragile" mother, and her feeling that she could never truly leave her or develop real independence.

Bloch (1978) and Klein (1933) emphasized rage and a punishing superego. Bloch described an early, terrifying fantasy of being killed by one's parent. Because of the child's sense of omnipotence, the child feels responsible for causing any unhappiness in his parents and expects punishment. His rage is too much. When the child is traumatized, the rage cannot be managed and takes the form of violent fantasies. If there is violence in the family, even if it is not directed toward the child, the child easily assumes she will be the next target. It is even worse if the parent harbors hateful feelings toward the child, consciously or unconsciously, as was the case with my patient Gila. Clinically, such fears present consciously as a split: the fear of being killed, on the one hand, and idealization of the parent, on the other. Thus, the fear of being killed by the idealized parent has to be projected elsewhere (Bloch 1978).

### *The Myth as Psychic Organizer*

The second function for myths and folktales is as an organizer of the mind. Many early folklorists believed that collections of folktales and national epics reflected the primordial nature of a nationality. In

the early nineteenth century, the Grimm brothers shared this theory, aiming to find the natural essence of an authentic German people in their collected tales. They developed the theory that *Kunstpoesie* (cultivated poetry) had evolved out of *Naturpoesie* (national poetry, such as tales and legends). *Naturpoesie* had receded during the Renaissance and could be found only in the oral folk tradition. The Grimms hoped to recover this old *poesie* in their collected folktales, which included "Hansel and Gretel." They searched for an ideal *Urvolk* (primeval people) and *Ursprache* (primeval language), a deep cultural structure (Zipes 2002). We know that Freud also believed in phylogenetic fantasies as deep biological structures (Freud 1939).

I will make a more modest claim. "Hansel and Gretel" is deeply embedded in our culture (at least in the middle and upper classes). There are countless contemporary translations, retellings, and derivatives of the fairy tale (e.g., Tatar 2004), along with cartoons, movies, poems, and operas. Most adults (including my patient Gila) have had the story read to them in childhood, and it permeates the culture.

How much does the culture as transmitted through the fairy tale shape the expression of deeply held fears, anxieties, and terrors? How much does the template of the fairy tale, unconsciously heard by the child, determine the form and type of symbolization that subsequently unfolds?

Cultural expectations and organization of experience are encoded in our collective myths and fairy tales. These are transmitted in the retelling of these tales to children. A fairy tale provided a way for the patient described in this paper to understand her confusing and terrifying experiences.

Kris (1956) describes certain patients with a firmly knit biographical view of themselves, a view to which the patients themselves are quite attached. This personal myth exposes certain aspects of the patient's development, while also serving as a protective screen against other key elements. The personal myth is characterized by an internal sense of coherence and continuity (Spence 1982); it can be seen as the secret core of the personality.

We can use the idea of a personal myth in either a restricted sense, or in a general way that applies to all patients. Kris suggested that this

type of fantasy is found in certain obsessional patients, and he focused on *family romance* fantasies. Green (1991) understood the personal myth as portraying a hero in the act of liberation from the bond to the mother; it is a liberation from dependency. The myth gives freedom from the mother while at the same time allowing a continued access to dependency. For Green, this type of myth-making is part of normal child development from dependency to independence. The myth is a heroic tale and serves as a solution to basic psychological dilemmas.

Gullestad (1995) noted the similarity of the personal myth to fairy tales in its structure, and Bettelheim (1976) emphasized the fairy tale as the heroic story of a protagonist who is able to solve basic developmental problems. Loewald, as quoted by Schafer (1970), put forward a more general understanding:

In a sense, every patient and each of us creates a personal myth about our life and past, a myth which sustains us and may destroy us. The myth may change and, in analysis, where it becomes conscious, it often does change. The created life history is neither an illusion nor an invention, but gives form and meaning to our lives, and has to do with the identity Erikson speaks of. [Loewald quoted by Schafer, p. 293n]

I am building upon Loewald's idea by adding the influence of a national myth on the development of personal myths. The fairy tale can serve as a ready-made template that is incorporated into fantasies of a personal myth.

Grotstein (1979) captured this idea:

The fairy tale aspect of narrative arrests chaos and allows the audience to gain sanctuary in the two-dimensional world of make-believe—but the sanctuary is postponement! The mythic aspects of a narrative grab hold of the catastrophic elements of the mortal condition, organize the chaos, and dilute the intensity via extension into the remote past and the remote future—again postponement—for ultimate confrontation and thinking. [p. 129]

How might “Hansel and Gretel” have served as a template to shape my patient Gila's self- and object world? Here we can only speculate. We

know that she was exposed to the fairy tale as a child, and it terrified her. Then as now, she fixated on the witch at the oven. Can we see an interaction between her constitutional abilities, her personal trauma, and the fairy tale as cultural template? The tale gives a culturally determined shape to the organization of trauma.

Following Green's (1991) formulation, the personal myth in this case was the patient's split view of her mother. Her conscious view of the mother indicated an emphasis on fragility and vulnerability. She carefully nurtured the idea that her mother was a victim of her father—his unpredictable rages and his need for absolute control. The myth went something like this: "If my father treated my mother better, then she would not be so depressed and would not need pills and alcohol. She could then love me." Gila felt free to hate and fear her father; it was really all her father's fault.

Like all myths, there was truth in this, certainly. Yet it allowed the patient to preserve a dependent tie to her mother, to avoid hating her, and to eschew any guilt she might feel in the unconscious fear that she had caused her mother's depression. She could absolve her mother of any active agency in hurting her. The confrontation at the oven in "Hansel and Gretel," in her retelling, provided the template for this personal myth. Gila could not think of the witch as evil and could not quite accept that the witch meant to kill and eat Gretel/Gila. She could not bring herself to take any action against the witch; her instinct was to stay close and be helpful. The compromise was to be half-dead and to be the witch's slave.

In the fairy tale, the idealized mother has already died and never appears in the story. The witch represents both the frightening and deceitful (step)mother who plans to kill Gretel, and also the damaged, frightened mother who needs her help. This is why the little girl cannot act decisively to protect herself. The fairy tale emphasizes the need for the child to act on her own and not to depend on parental figures. This was deeply embedded in my patient's psyche.

Gila perpetually lived in the shadow of the witch's cottage. This paranoia was relatively impervious to experience. Good interactions, either in the transference or outside the analysis, did not last or were smashed to bits.

The fairy tale has a strongly oral cast. The family is starving, the birds eat up the crumbs, and the children are near starvation. The witch's house is made of food, but the food is a ruse. Oral sadism takes the form of cannibalism. The witch-mother intends to eat the children. The children turn this action against the witch, and the witch is the one who is cooked. Many oral symbols were present in Gila's analysis as well: the dream of the chicken bone, the dream of the buffet, and extended fantasies of eating in a restaurant. In the transference, the patient returned again and again to her fear of being my prey—that is, that I would kill and eat her.

It would be reasonable to assume that "Hansel and Gretel" was traumatizing when Gila first heard it as a child. For children who have a neurotic organization, the tale is reassuring; there is a developmental crisis, and the children are able to survive and grow (Bettelheim 1976). But for my patient Gila, this tale served to reinforce her trauma. She could not imagine that Gretel could triumph, and could envision only a humiliating defeat. In her reading of the story, the paranoia was constant and the witch's power could not be challenged.

## SUMMARY AND CONCLUSION

In the first generation of psychoanalysts, there was a great deal of interest in the use of fairy tales in psychoanalytic understanding. Since that time, there have been few reports of the clinical use of such tales. I have offered an extended case report of the use of "Hansel and Gretel" in the treatment of a woman who was severely traumatized as a child.

I have examined the use of fairy tales from two directions. In the first direction, the fairy tale is treated as though it were a dream, drawing on the manifest content of the story itself and the latent content, as well as on the patient's associations to the fairy tale. Themes of deceit, maternal splitting, primitive guilt, and disintegrating terror were highlighted by the use of "Hansel and Gretel."

In the second direction, the fairy tale can serve as an organizer of childhood trauma by providing a symbolic template. In my patient Gila's case, a personal myth was distilled out of the national myth of a fragile

and victimized mother who could be loved and saved. The patient lived perpetually in the shadow of the witch's cottage, in a paranoid world, in order to preserve a connection to the fragile mother. The fairy tale's strongly oral sadistic cast was preserved in numerous dreams and fantasies. It reinforced Gila's tendency to be self-sufficient in order to defend against dependency needs.

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## ATTACKS ON LINKING OR A DRIVE TO COMMUNICATE? TOLERATING THE PARADOX

BY AVNER BERGSTEIN

*The notion of attacks on linking, as described by Bion, may depict a patient's drive to communicate the internalization of a destructive relationship between a primary object and an infant. This may be enacted between patient and analyst in the here and now of the analysis, whereby fragmentation and numbing of thinking may point to a primitive catastrophe lived in the psychoanalytic setting. The patient's material may seem incoherent, but incoherence might be the communication the patient is unconsciously trying to convey. Thus, the notion of attacks on linking depicts a paradoxical, caesural experience in which the attack on linking is itself a link.*

**Keywords:** Attacks on linking, W. R. Bion, drive to communicate, early loss, here and now, -K, realistic projective identification, unrepressed unconscious.

The success of psycho-analysis lies so far not so much in bringing communication nearer, as in showing unmistakably the feebleness of our methods of communication.

—Bion (1992, p. 173)

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In discussing his patient Dora, Freud (1905) recalled bringing forth the assumption that she was reproaching herself for her masturbation. Dora denied flatly that she could remember any such thing, but a few days later she arrived wearing a small reticule at her waist. As she lay on the sofa and talked, she kept playing with it—opening it, putting a finger into it, shutting it again, and so on. Freud explained this as a *symptomatic act*: an act that people perform automatically, unconsciously, without attending to them, as if in a moment of distraction.

Closer observation, however, will show that these actions in fact give expression to unconscious thoughts and impulses. Freud writes: “He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore” (1905, p. 77-78). Freud seems to identify the urge to reveal one’s innermost secrets and communicate one’s deepest desires and experiences. This, to my mind, is an illustration of a drive to communicate.

The urge to communicate, alongside the difficulty in communicating, seem to be the Ariadne’s thread running throughout Bion’s work, from his *War Memoirs* (1997a) to his very last seminars, and to my mind this duality is a very powerful driving force in Bion’s need to write. Toward the end of his life, he wrote:

The nearest that a psychoanalytic couple comes to a “fact” is when one or the other has a feeling. Communicating that fact to some other person is a task which has baffled scientists, saints, poets, and philosophers as long as the race has existed. [1979, p. 536]

Intimate experience with disturbed thought processes in the psychotic mind led Bion to develop a theory of thinking in which the container-contained relationship is central. The concept of containment is rooted in Bion’s traumatic experiences in World War I (Szykierski 2010) and in a need to communicate the experiences of horror to a receptive other. His *Diary* (1997b), written to his parents at the end of World War I, was offered as a compensation for his having found it impossible to write letters to them during the war—even though, as Francesca Bion notes, his *Diary* has none of the nightmare quality he so vividly depicted

in *The Long Week-End* (1982). "He would have been unable to express his very recent painful experiences, especially to his parents, but it is evident that he had them in mind throughout" (F. Bion 1997, p. 2). She recalls that during the first occasion they dined together, Bion spoke movingly of his experiences as if *compelled to communicate* haunting memories.

Already at the very beginning of *Diary*, Bion laments his inability "to be absolutely accurate in some things" (p. 5), and writes that he can only describe his *impressions* of various actions and try to portray his feelings at that time. Further on, he writes:

I am at a loss now to tell you of our life. Such worlds separate the ordinary human's point of view from mine at that time, that anything I can write will either be incomprehensible or will give a quite wrong impression. [1997b, p. 94]

However, the difficulty of communicating is also deeply rooted in the inability or refusal of the significant other to hear and take in unbearable experiences. In his autobiography, Bion (1982) describes a fellow officer's repeated attempts to tell how he tripped into a shell hole filled with a "human soup" (p. 139) made up of body parts, blood, and mud, while his peers repeatedly refuse to listen to him.

Elsewhere, he writes:

The behavior, facial expression, and poverty of conversation could give an impression of depression and even fear at the prospect of battle. Fear there certainly was; fear of fear was, I think, common to all—officers and men. The inability to admit it to anyone, as there was no one to admit it to without being guilty of spreading alarm and despondency, produced a curious sense of being entirely alone in company with a crowd of mindless robots—machines devoid of humanity. The loneliness was intense; I can still feel my skin drawn over the bones of my face as if it were the mask of a cadaver. [Bion 1997a, p. 204]

In his psychoanalytic writings, Bion often seems to go out of his way to describe the frustration and suffering he feels in the face of an inability to represent and communicate the emotional experience in general, and in the psychoanalytic encounter in particular.

The experience of the patient's communication and psycho-analyst's interpretation is ineffable and essential . . . . What has to be communicated is real enough; yet every psycho-analyst knows the frustration of trying to make clear, even to another psycho-analyst, an experience which sounds unconvincing as soon as it is formulated. We may have to reconcile ourselves to the idea that such communication is impossible at the present stage of psycho-analysis. [1967, p. 122]

Furthermore:

I do not feel able to communicate to the reader an account that would be likely to satisfy me as correct. I am more confident that I could make the reader understand what I had to put up with if I could extract from him a promise that he would faithfully read every word I wrote; I would then set about writing several thousand words virtually indistinguishable from what I have already written . . . . In short, I cannot have as much confidence in my ability to tell the reader what happened as I have in my ability *to do something to the reader that I have had done to me*. I have had an emotional experience; I feel confident in my ability to re-create that emotional experience, but not to represent it. [Bion 1992, p. 219, italics added]

Bion writes this in reference to a patient who talked in such a way that he (Bion) could not reconstruct his patient's words and could not repeat them. Indeed, Bion did have an emotional experience, but had to have this experience in such a way that he was unable to learn from it. Nevertheless, he wonders if one might not, after all, attribute meaning to the similarity between the analyst's predicament and the patient's situation when he is unable to think. In other words, despite the patient's fragmented thinking and the fragmentation that comes along in the analyst's thinking, does this attack on thinking not tell, in retrospect, some kind of story? The patient's material seems incoherent, but incoherence might be the communication that the patient is trying to convey (Bion 1970).

It seems to me that Bion is stressing the operation of the *nonpsychotic* part of the mind in the psychotic patient's personality—that is, the communicative aspect in the part of the personality that seemingly

cannot think or communicate. Yet it is in the analyst's mind that a new story, one that has not existed before, can be created.

In contrast to his conception of K as a process of getting to know, Bion (1962a) conceptualized  $-K$  (minus K) as a process of mis-knowing, misunderstanding, and misrepresenting derived from envy. Leaving aside the question of whether this experience of  $-K$  originates in the mother or in the infant, and observing the *link* between them, as Bion himself proffers (1959, and in his later writings as well, e.g., 1977), one might observe that a  $-K$  *link* in analysis tells the story of an internal object *relationship* saturated with envy and hate between mother and infant.

Hence, one might presume that this relationship, portraying the psychotic part of the personality, communicates an experience in which sense data cannot be transformed into dream thoughts, or a psychic state in which nothing can be known (Schneider 2005). The patient is thus rendered in a condition where he is flooded with stimuli that cannot be mentalized and that remain as an irritating frantic-ness of foreign objects inside his mind and body. The patient feels he is being driven insane. The psychotic part of the personality does not want to, or cannot, learn from experience and acquire knowledge. However, it is my understanding that *the urge to communicate this unwillingness, or inability to learn and to know, remains*.

Bion writes:

Certainly, in analysis itself, one does get a sort of feeling that there is something important that the patient is trying to communicate. He doesn't come and waste his time and his money just about nothing, although he very often says so or even wants to make you believe that it is so. [Bion quoted in Aguayo 2013, p. 63]

Just as the link between container and contained in an experience of K—i.e., in a state of a fertile and emotionally growth-promoting relationship—may tell a story of the internalization of a fruitful relationship between mother and infant, so may a destructive relationship, as in an experience of  $-K$ , tell of the internalization of a destructive, projective-identification-rejecting-relationship between an infant and its primary object (Eaton 2005). The important thing is that they tell a story and

are thus communicative (and again, my interest does not lay in the question of whether this originates in infant or object, but rather in the *link* between them, which is now an internal link).

Schneider (2005) writes that under certain circumstances, the attack on thinking is a desperate attempt to get rid of all thoughts and not to know, so as to protect the individual's sense of continuity of being—for example, when a person feels that truth will kill him (or those whom he loves and depends upon). *Attacks on linking* is then a mental function in itself, safeguarding the individual's sanity from breakdown due to it being overwhelmed by internal and/or external reality more than can be borne or contained. Thus, one might explore manifestations of –K not driven by envy, but that rather serve the non-psychotic parts of the personality. This may communicate the prohibition on knowing and the psychic state derived from the person's fear that knowing will bring on psychological catastrophe.

In the first papers of *Second Thoughts* (1967), Bion writes that psychotic thinking is a product of the interaction between environmental and inborn factors, and predominantly disregards environmental ones in themselves. However, in the last three papers of this book, "On Arrogance" (1957), "Attacks on Linking" (1959), and "A Theory of Thinking" (1962b), he moves on to describe the infant's link with the environment and its contribution in the production of the psychotic part of the personality.

Furthermore, it is here that Bion conceptualizes projective identification as a primitive method of communication and not only as an omnipotent fantasy and a psychotic defense. Bion (1959) distinguishes between "a normal degree of projective identification" (p. 103), which is the infant's method of communicating with the receptive mother, and excessive projective identification, when the infant is left to bear its intolerable emotional experience on its own and is compelled to evacuate in order to survive. The capacity for communication is founded upon a good relationship between the infant and the breast, on the primary object's receptivity to realistic projective identification, where the mother succeeds in actually taking in the infant's primitive communication—for example, the fear that it is dying—and transforms it into a bearable emotion for the infant's psyche.

I suggest that attacks on linking may be a re-living, in the transference, of a disturbed primitive link between the infant and its environment. I would further like to suggest that the notion of attacks on linking, as depicted by Bion, may describe the patient's unconscious, primitive communication of an emotional experience to the analyst—an experience that he cannot otherwise communicate; moreover, this experience in which (the patient's and/or analyst's) thinking is being attacked in psychoanalysis is thus not only an attack on communication, but is also itself a communication. Hence, attacks on linking may be a manifestation of the drive to represent, as described by Bollas (2002), or the *truth drive*, as described by Grotstein (2004)—or a drive to communicate, as I propose.

## A DRIVE TO COMMUNICATE

Bollas (2002) writes of a drive to represent the self. The desire to represent the self presupposes the self's belief in a good object, which is based in turn on the self's communications of early infantile states to a mother who, to a lesser or greater extent, received and transformed these communications. Thus, the pleasure principle of representation drives the self to communicate with the other, and part of this complex action is the self's unconscious investment in seeking its own truth. The psychoanalytic process of free association, Bollas asserts, incessantly serves the drive to represent the self's unconscious.

Grotstein (2004) assumes a *truth drive* underlying the quest for emotional truth, which has the fortitude and characteristics of an instinctual drive. This assumption helps us understand why the patient is able to accept interpretations from the analyst, even though these work in favor of the reality principle and against the pleasure principle. Grotstein leans on Bion (1962a), who writes that truth is essential for psychic health. The effect on the personality of deprivation of truth is analogous to the effect of physical starvation on the body. Bion (1992) adds that, at first, the patient cannot find his emotional truth without the analyst's aid.

When speaking of *truth*, I do not refer to *The Truth* but rather to *truth in transit*, suggesting that truth becomes a dynamic feeling related to what is taking place at a certain point in the transference, depending

more on intuition than on byproducts of sensory perception (Horovitz 2007). This is not necessarily an empirical truth, but rather a *sense of truth* that emerges at a moment when different views of an emotional experience are “observed” from different vertices and conjoined in a way that feels *truth-ful*.<sup>1</sup>

And yet this truth is often disturbing and difficult to bear since it entails the *break-up* of a familiar meaning and the *breakthrough* of a new discovery. This in turn threatens the personality with a catastrophic *breakdown* (Bion 1977).

I suggest that in addition to the need to meet one’s inner truth and to represent it, and in addition to one’s need to know oneself, one also has a deep and essential urge to communicate this truth to another and to be known by him. This is one’s appeal to the other *in order to know and to become oneself*. Indeed, the revelation of emotional truth is dependent on an other to facilitate this search and the process of transformation, but this is an essential and yet insufficient condition. We require the other not just to facilitate the discovery of truth; we need him as someone whom we can communicate with and with whom we can share this emotional truth. We need him as an open and receptive container able to hear the truth and take it in—not so as to rid ourselves of it, but rather out of a compelling and uncompromising need to find a receptive object who might hold the intensity of the experience of encountering truth.

Referring to Bion’s last three papers of *Second Thoughts* (1967), Britton (2013) describes the original disaster that occurred when there was an attempt to form a link between infant and mother through normal projective identification. Instead of a prototype of communicative understanding being established between infant and mother, misunderstanding created a primitive superego that was hostile to empathic projective identification. This notion, according to Britton, gives *instinctual weight* to the wish to be understood—or, more accurately, the desperate *need to feel understood*. By *instinctual weight*, he means that, for such a patient, it is survival that is at stake, either literally or existentially.

<sup>1</sup> Bion offers a paradigm of this notion when he writes: “A sense of truth is experienced if the view of an object which is hated can be conjoined to a view of the same object when it is loved and the conjunction confirms that the object experienced by different emotions is the same object” (1967, p. 119).

We recall that a drive (*Trieb*) is a “dynamic process consisting in a pressure . . . which directs the organism towards an aim; . . . and it is in the object, or thanks to it, that the instinct may achieve its aim” (Laplanche and Pontalis 1967, p. 214, italics in original). The word *Trieb* is of Germanic origin and retains overtones suggestive of pressure, drawing attention to the irresistible nature of the pressure. Following the distinction—already clear in Freud—between the wholly psychic *Trieb*, on the one hand, and on the other, *Instinkt*, with its biological connotations, one might imaginatively speculate that having been transformed into the mental sphere, the instincts might have lost some of their strength and been split into their “byproducts.” One might further speculate that the transition, or caesura, from instinct to drive may entail what Bion conceptualized as a catastrophic change, thus changing the state of the instincts. In this vein, one might speak of life drives and death drives in the plural, and in this sense one might refer to the drive to communicate as a derivative of the life and death instincts.

I suggest that the drive to communicate, too, depicts the urge as well as *the imperative* to communicate one’s inner truth. By designating it as a drive, I would like to call attention to its fortitude as a powerful motivating force in the functioning of the psychic apparatus.

A powerful illustration of the drive to communicate one’s inner truth is found in Laub’s (1992) description of his experience of listening to testimonies in working with Holocaust survivors and their children. He writes:

The survivors did not only need to survive so that they could tell their story; they also needed to tell their story in order to survive. There is, in each survivor, an imperative need to *tell* and thus to come to *know* one’s story . . . This imperative to tell and to be heard can become itself an all-consuming task. Yet no amount of telling seems ever to do justice to this inner compulsion. There are never enough words or the right words . . . to articulate the story that cannot be fully captured in *thought, memory, and speech*. The pressure thus continues unremittingly, and if the words are not trustworthy or adequate, the life that is chosen can become the vehicle by which the struggle to tell continues. [p. 78, italics in original]



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An emotional stance of tolerating paradoxes is at the core of the psychoanalytic attitude, in general, and at the heart of Bion's psychoanalytic thinking (Sandler 2005). The notion of attacks on linking, to my mind, depicts a paradoxical, caesural experience in which the attack on linking is also a link in itself. The possibility of moving among different vertices without collapsing to linear, one-dimensional thinking facilitates psychic transformation and growth.

If Bion had simply wished to describe an attack on the analytic process out of aggression, envy, or hate, he would not have needed to coin a new concept. Theories of destructiveness, primary aggression, etc., have existed since the outset of psychoanalysis. However, Bion suggests a new dialectical and paradoxical thought, which as such remains unsaturated, inviting more and more metapsychological and clinical thinking, making it possible to approach unrepresentable and ineffable emotional truth.

## BION'S PATIENT<sup>2</sup>

Bion (1957) describes a patient with whom the establishment of an analytically potent relationship by means of verbal communication at a certain period in the analysis seemed to be impossible. The patient's speech lacked coherence and consisted of sentences that were remarkably deficient in various aspects of English grammar. Analyst and patient together formed a frustrated and impotent couple. The patient himself observed that the method of communication was so mutilated that creative work was impossible, and he despaired of the possibility that any transformation would come about.

It was tempting to assume, Bion says, that the patient could not bear any creative relationship as a result of envy and hate, yet such interpretations did not lead any further. Bion (1959) writes:

Increasing intensity of emotions in the patient . . . originated in what he felt was my refusal to accept parts of his personality.

<sup>2</sup> It seems that Bion is describing the same patient in both "On Arrogance" (1957) and "Attacks on Linking" (1959). I shall therefore refer to these two descriptions as complementary and will note which paper I am relying upon whenever I refer to one of these descriptions.

Consequently he strove to force them into me with increased desperation and violence. His behavior, isolated from the context of the analysis, might have appeared to be an expression of primary aggression. The more violent his phantasies of projective identification, the more frightened he became of me. There were sessions in which such behavior expressed unprovoked aggression, but I quote this series because it shows the patient in a different light, his violence *a reaction* to what he felt was my hostile defensiveness. The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had experienced in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient "I don't know what's the matter with the child." [p. 104, italics added]

In time, it became clear that the analyst's insistence on verbal communication was felt by the patient as a refusal to serve as a container for the patient's projections and as a mutilating attack on *his* method of primitive communication; the analyst was identified with an obstructive force that could not tolerate the patient's methods of communication. Bion deduced that he was felt by the patient to be curious about him, but unable to withstand the patient's need that he be a receptacle for his projections. This was experienced as an attack on linking.

Bion (1959) writes: "The link between patient and analyst, or infant and breast, is the mechanism of projective identification. The destructive attacks upon this link originate in *a source external to the patient or infant, namely the analyst or breast*" (p. 105, italics added). He goes on to say that the patient's ability to profit lay in the opportunity to split off parts of his psyche and project them into the analyst, in the hope that their dwelling in his psyche would enable their transformation. This possibility was felt as a primitive link providing a foundation on which, ultimately, verbal communication depended.

The psychological catastrophe experienced by the patient was not only a mutilating attack on his primitive link with the object, but also an introjection and identification with a communication-rejecting internal object. This was the experience the patient was desperately conveying in the only way he could, through primitive communication. Being identified with a destructive internal object, he was inflicting on the analyst

what he himself had been subjected to without being able to mentally integrate it (Roussillon 2013). Realizing this, and by referring to the transference as a total situation, Bion could ultimately experience what happened in the analysis as itself a communication, and not simply as an attack on communication.

Again, it is important to note that it is not a question of who is guilty or responsible for the obstruction. The significant issue at hand is not to identify the obstructive *object*, but rather the obstructive *link* re-lived by the analytic couple, whose realization has been facilitated by both parties. As Bion writes: “[The patient] realized already that he felt he was being obstructed in his aim to establish a creative contact with me, and this obstructive force was sometimes in him, sometimes in me, and sometimes occupied an unknown location” (1957, p. 90).

## MY PATIENT

Tom sought treatment as a result of feelings of emptiness and loss of meaning after losing his job. From our first session, he had yearned for me to tell him something he did not know.

The patient, forty years old, is married with two daughters. When he was two years old, his mother died abruptly of cardiac arrest, and he was sent to live with her unmarried sister in a distant town, since his father, a laborer, could not handle raising such a young child.

Without going into the details of this years-long analysis, I will say that Tom is very absorbed in his analysis, hardly ever misses a session, and that analysis has become a life-giving experience for him. He has made significant steps in deepening his relationship with members of his family, has widened his social milieu, and has begun to feel much more meaning in his life. Yet the atmosphere in the analysis is often tough, tiring, and at times despairing, especially as a result of his obsessive and laborious speech, with which he fills every minute of our four-times-weekly analytic sessions. He talks incessantly, explaining and developing piles upon piles of theories about himself. Tom is a very articulate person, loves to talk, and often seems to get sensuous and voluptuous pleasure from his words.

Maiello (2008) gives a strikingly similar description of a patient of hers, and I can only quote her words:

He tended to put in sequence several almost synonymous substantives or adjectives to describe one and the same thing. His conscious intention was to get as closely as possible to the central meaning of what he wanted to express. But the effect was the opposite. My countertransference sensation was of saturation and suffocation, and his circular verbal wrapping up of the content of his message immobilized my mind . . . . His rotatory language induced an almost irresistible sleepiness . . . . I occasionally felt . . . an equally irresistible impulse or urge to shout or to scream.

Tom often talks for some thirty minutes, then stops and waits for me to respond. When I remain silent or find it hard to gather myself after the barrage of words, he is hurt, withdraws into himself in silence, at times filled with rage—and at other times he falls asleep. Lately, I have begun to feel that Tom has lost his capacity for judgment and insight; he has begun to raise heretical questions about analysis, and elementary assumptions of the therapeutic alliance are beginning to crumble. It seems we are talking in two different languages. He has become very curious about my motives, and is obsessed with getting a direct answer as to what I feel or think. When I decline to respond, he withdraws in silence and falls asleep.

The two sessions I will report are clearly ones in which we managed to transform an unmentalized experience (Mitrani 1995) into a thought, a symbol, or a verbal formulation, as opposed to the many sessions in which we were both caught up in Tom's blurring and numbing functioning.

### *Session 1*

As Tom enters his session and lies down on the couch, I realize I have forgotten to lay his cloth napkin on the pillow. I go over to the drawer and take out his napkin, he raises his head, I place the napkin on the pillow, and I sit down behind him. He is silent for a few minutes and then says: "I thought I'd ask something, but I know I would have to answer it myself." A few more minutes of silence, and then he says: "I

wanted to ask if you mark the napkins in any way and if you keep a specific napkin for each patient, or do you randomly take one out."

I feel an urge to answer and yet I wait. He says he assumes these are not disposable napkins because that would be too much of a bother.

I ask if he has any thoughts about this and he, as always, replies with many words, while building abstract, remote, multistory theoretical constructions. He explains he has no answers, and that answers are of no interest to him. He thinks of it in principle and as reflecting thought processes. He assumes I have all kinds of complex thoughts out of which I arrive at my decisions. The answer in itself does not interest him, but rather the array of thoughts, the way in which they connect until they generate a choice.

I suggest it is important for him to know that my choice is driven by my thoughts about him and are not random or arbitrary.

He says it is nothing to him if it is one way or the other, and that he is only interested in the *principle* by which specific thoughts generate specific choices.

He goes on like this for some twenty minutes, developing his thoughts in an obsessive and exhausting manner, and I feel the threads of thoughts slip through my fingers. I try to break through his obsessive thinking and suggest we think about the feelings he has about the napkin, his relationship to it, what it may represent for him, but I fail to receive any emotional response.

At a certain point, I say: "But what do you *feel* about the napkin!?"

Tom replies spontaneously and very surprisingly, as if something is erupting from a very deep and encapsulated part within: "I can't answer this question, just as I can't answer you about what it feels like to grow up with a mother! I have no idea how to begin to answer this!"

I am stunned by his reply.

I realize the napkin has become equated with mother (and its absence with her absence), and after I regain my senses, I say: "When mother died, you felt nothing made any sense and that your capacity to generate meaning simply collapsed."

My strong urge to answer him at the beginning of the session makes sense now, and I realize that I felt he was turning to me as a curious child turns to his mother. The absence of the napkin seemed to have

evoked a multiplicity of questions about me and my inner state of mind. Not receiving any response from me, he must have felt as he had at all those times during his childhood when he failed to receive a meaningful response to his questions—for example: “Why did mother leave me?” or “Why does father not want me?”

In these situations, Tom is drawn into circular, unending thoughts that leave him with nothing. I now understand his obsessive and circular talk. His abstract, distant speech has often been experienced as an attack on my capacity to think—as sand in my eyes, as a smokescreen. However, I now realize that the way I feel in the face of his meaningless, obsessive thoughts, may, with the aid of my mind, tell the story of how *he* used to stand in the face of the vague, blurring answers to his crucial queries. In the absence of a real object with whom he could confront his meaningless experiences, he had remained alone, with nothing and no one but himself. He was caught up in a circular way of thinking by which he tried to explain and elucidate an unthinkable reality, resulting in explanations that are more evacuative than mental.

I interpret<sup>3</sup>: “Each person has his own napkin. I don’t mark them, but no two are alike. I know each napkin and to whom it belongs.”

Tom listens attentively and remains silent. After some time, I ask if that is the reply he expected, and he says he did not expect any reply, but the one I gave him has touched him.

These are not usual words from him and I ask him to say a little more. He says that when I responded, all the possible replies were nullified. That is not the reply he expected, but it is the one he *wanted* to hear.

I say: “So you had some possible replies in your head . . . ,” but he insists he had none whatsoever.

Indeed, I realize that the minute I replied, all other possible responses, which until now could not be thought, crystallized *in retrospect*—were there and yet were not. They were thoughts without a thinker, awaiting a thinker to think them. This is an illustration of the transfer-

<sup>3</sup> I deliberately say *interpret*, not *say* or *reply*. A major function of an interpretation is to illuminate something so as to help the patient release further material. This may often be known only *in retrospect*, after observing the patient’s response to the analyst’s verbal formulation.

ence as a new creation in the here and now, not simply a repetition. The contemporary happenings in the transference generated something that could not have been realized in the past (Faimberg 2012).

Tom recalls a barber whom he used to go to as a boy. The barber would take a cloth sheet from the previous customer, shake it, and put it around Tom's neck. Years later, when he visited as an adult, the barber would open a drawer, take out a sheet, and wrap it around him. He assumes that when he left, the barber shook it and returned it to the drawer to use for the next customer.

"This is what you thought I do, too," I say. He confirms.

I say: "And yet you didn't think of this option before." He says he had not.

The absence of thoughts that Tom described was not the result of an attack on his thinking, but rather indicated that the thoughts did not exist for him until *my* thinking generated/found them in retrospect. This demonstrates the need for an other, an analyst, who by moving among different vertices, might set the patient's halted dreaming back in motion (Bergstein 2013).

Needless to say, Tom did not talk obsessively or circularly until the end of this session, and in fact he spoke in an experience-near and moving manner. I could now see clearly that his obsessive thinking—or perhaps his *un-thinking*—was not just an attack on thinking, but rather a specific mode of being, re-lived in the session with me, presumably telling of an earlier, infantile mode of being. It was an uncompromising attempt to tell me we were speaking in two different languages.

In that period of the analysis, it was I who tried with all my might to communicate in verbal, experience-remote language, while the patient unconsciously communicated in a more primal form, re-living early experiences with me. It was he who unconsciously made me feel in my flesh his infantile experience, hence communicating experiences he could not do otherwise, except through primitive communication. It was not he who attacked my thinking, but I, in my refusal to hear the occurrence in the room as a communication and, with my stupidity, to think he could describe his feelings in a language that was unavailable to him, was the one who was felt as attacking his primitive communication. This re-created *and communicated* a –K link in the here and now of

the analysis. Both of us, analyst and analysand, were there on two rims of the caesura, so as to capacitate the realization of this specific link on the analytic stage.

Tom's obsessive speech immobilized my mind, inducing numbness and exhaustion, and could be seen as distancing us from encountering an internal emotional experience. Nevertheless, as Bion writes: "Thanks to the beta-screen, the psychotic patient has a capacity for evoking emotions in the analyst" (1962a, p. 24). These emotions lend themselves to psychoanalytic investigation and equip the analyst with a psychoanalytic vertex of what is going on (Sandler 2005). The analyst can then identify the emotions evoked in him so as to understand the function of the beta-screen, that is, the story hidden in the specific atmosphere evoked in the psychoanalytic situation. The confused state then becomes dreamable and communicative.

### *Session 2*

Tom begins the following session by saying he is still thinking of what I said the day before about the napkin and of the way I said it, and that there was something very kind in it. Something in my voice, a certain nuance that was pleasant—and yet it was hard for him to believe it. He feels it is momentary and ephemeral, and he wonders whether to surrender to it or whether not to pay too much attention to it since it is temporary anyway.

He goes on to speak of a teacher whom he had loved and who he felt loved him, too. He would talk to her and she would take an interest in him. He remembers a certain softness he was otherwise unfamiliar with. Once, after his aunt met this teacher, his aunt told him that he talked too much to the teacher about what went on at home, and that he should stop doing that. At the end of the year, the teacher got married and left the school, and he never heard from her again.

He says that the things I said the day before reminded him of that teacher.

I suggest that something in my voice reminded him of a motherly feeling.

He confirms, but immediately adds that he must beware not to get addicted to that feeling.



After some time, he adds: "On second thought, so what if it's just momentary—it's still something." And, after another minute: "I had to go through quite a bit to be able to say that. It's not trivial for me . . . I want to say," he adds, "that I don't think I ever expressed in words the feeling that she was motherly to me. I remember the sadness and disappointment when she left."

We remain silent for some time, and then I say: "Whenever something *is there*, you're immediately afraid you might soon lose it."

*Nothing* has now acquired meaning. It has become a *no-thing*. This may be a re-living of primitive object relations with an emotionally non-existent primary object (Bergstein 2009). As described by Rose (2007), communicating to the analyst an experience of nothingness, of absence, may compel the patient to be in some sense absent. In this way, nothingness as it exists in a patient is symbolized and communicated in the transference. The paradox of nothingness is that it is full of desire, a desire to communicate, but it can appear that the subject communicating nothingness in the transference wants nothing or wishes to nullify whatever there is.

Tom says: "Yes, because when there's nothing, there's no confrontation, just an experience of nothing. The disappearance of what there was opened up a huge abyss, a black hole. The only way to deal with it must have been to ignore it, and in some lengthy process I managed to annihilate it from my experience, but at the same time I annihilated myself. I didn't know this would be the result. I'm held up by some very thin cords—the rest is gone. With just that, I had to build myself up, my whole being."

I am deeply moved by his articulate speech, which succeeds in moving me—in contrast to the distancing and circular articulation we have been used to.

We sink into a long and reflective silence. There is no trace of his obsessive manner of speech. I notice that tears are running down from the corners of his eyes.

After some time, I ask him if he is thinking of something. He says: "I wonder if I could find that teacher today. She must be in her seventies.

But why do I even think of looking for her? It's as if I need to thank her for something. But why? For what?"

I say: "It's not her you're looking for." And after a moment, I add, "You must miss the feeling you once had, the kindness and the love you felt, the hope you had."

\* \* \* \* \*

Tom communicated his internal world in a primitive and unconscious way, the only way that he could. He had re-lived, or perhaps lived for the first time, an essential, unconscious<sup>4</sup> experience from his internal world *in the analytic setting*. This was an internal link that was actualized and lived through over and over again throughout his life, until mentalization in the analytic situation could, even if momentarily, stop the vicious circle. Thus, in the analytic setting, at times he was identified with a young boy standing bewildered and helpless in the face of meaningless actual and emotional experiences, when all that remained for him to do was to try to fit in with his environment in a pleasing manner, while I was experienced as an obstructive and attacking environment. At other times, it was I who was identified with the baffled, desperate boy, left numb and unable to think, being confronted by a blurring and dulling object. What at times appeared as an attack on thinking was in fact a profound expression and a primitive mode of thinking, stemming from an unrelenting drive to communicate.

"To some this reconstruction will appear to be unduly fanciful," Bion (1959) writes of his patient discussed earlier, "[but] to me it does not seem forced and is the reply to any who may object that too much stress

<sup>4</sup> When using the term *unconscious*, I am referring to the *unrepressed* unconscious (Bergstein 2014). *Repressed* unconscious experiences may be represented; hence they can appear in dreams, slips of the tongue, symptoms, and so on, and can be brought into consciousness by interpretation. However, when we speak of the *unrepressed* unconscious, we refer to impressions that are without representation and so do not require specific mental activity to keep them from consciousness. This is akin to Freud's (1915) conception of *primal repression* (or to Bollas's [1987] notion of the *unthought known*). However, primal repression is a difficult concept, partly because the label has an unsatisfactory and misleading implication that something mental had been or is being actively *primally repressed* (Kinston and Cohen 1986).

is placed on the transference to the exclusion of a proper elucidation of early memories" (p. 104).

## EPILOGUE

Steiner (2000) writes that sometimes the material confronting the analyst is chaotic, and he stands before various types of dissociation, splitting, and fragmentation of both the patient's and analyst's thinking and verbalizing. This may leave the analyst in various states of confusion and helplessness. Nevertheless, the potential to understand arises if the analyst recognizes that the disturbance is itself a clue to what is happening. Once recognized, chaos or contradiction in the patient's material, or an upsurge of feeling on the part of the analyst, may be used as a marker that alerts the analyst to the need to look in a different way at what is being communicated.

Many doors have opened up in Tom's life, but the essential experience of standing behind a closed door has not disappeared and continues to accompany him in many ways, in and out of the transference relationship. Painfully, he acknowledges that he will never be able to decipher something fundamental in our relationship and will never be able to know fully what goes on in my mind.

In one of the sessions that followed the two I have reported, Tom spoke in an exceedingly incoherent way, and I could not comprehend what he was saying. The sentences were disrupted and referred to material from previous sessions. He spoke as if we both knew what he was talking about, denying the separateness between us; but I had no idea. This had been common in Tom's analysis, but up until that moment I had not been able to capture it. I felt a growing sense of distress, detachment, and consequent alarm, with no anchor to hold on to, and despite Bion's demand to eschew memory and desire, I was stimulated to make futile attempts to recall what it was that he was talking about. I felt the growing gap between us and the pull to give up and withdraw.

After some time, I said that he assumed we both know what he was talking about, but in fact we did not "meet." He replied with much sensitivity and insight: "Perhaps this is what I do over and over again. I create an experience in which we can't communicate. Perhaps, more than the closeness I say I want to achieve, I want to arrive at a deep conviction that

this is not possible. This is the place I'm at. It's a sort of dance and, at its climax, one might feel the longed-for closeness—but then again, it's gone! I keep coming back to the recognition that it's impossible—it's a fracture I can't stitch together. It's the fracture of my mother's death! It's a break at the heart of my consciousness, the place that I pump myself up from."

I say: "It's a place you cannot give up because giving it up will be giving up something essential of yours."

The possibility of encountering unbearable emotional truth and communicating it has a tremendous impact on the mind and on its capacity to grow, and is at the heart of the potential for change.

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## MOTILITY, AGGRESSION, AND THE BODILY I: AN INTERPRETATION OF WINNICOTT

BY JEREMY ELKINS

*Among the central ideas associated with the name of Winnicott, scant mention is made of motility. This is largely attributable to Winnicott himself, who never thematized motility and never wrote a paper specifically devoted to the topic. This paper suggests both that the idea of motility is nonetheless of central significance in Winnicott's thought, and that motility is of central importance in the development and constitution of the bodily I. In elaborating both these suggestions, the paper gives particular attention to the connections between motility, continuity, aggression, and creativity in Winnicott's work.*

**Keywords:** Winnicott, motility, movement, aggression, creativity, "bodily I," self, environment.

### INTRODUCTION

"The I," Freud (1923) famously taught us, "is first and foremost a bodily I" (or bodily ego, in Strachey's translation, p. 26). In his own elaboration of this idea, Freud tended to focus on the bodily origin of the I in terms of *sensations*: "The ego [*Ich*] is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body" (p. 26n). In contrast, Freud tended to treat bodily *movement* not as constitutive of the ego, but as one of its *functions*. It is among the "principal characteristics of the ego" (1938, p. 145), he wrote, that it "has voluntary movement at its command" so that it "controls the approaches to motility" (1933, p. 75).

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Two beliefs underlie the present paper. The first is of the indispensability of Freud's general insight: to understand the I, it is essential to understand its bodily origins. The second belief is of the necessity to go beyond an understanding of this insight in terms of sensation, and to comprehend as well under the general statement the central role of movement in the development of the I; that is, to see movement not only as a function of the developed I, but as (partly) *constitutive* of its origin.

Attending to the constitutive role of movement—or, more specifically, as the term will be used here, of motility—has fundamental implications for our understanding not only of the origins of the I, but also of its processes; that is, (in different language) for our understanding of (certain kinds of) ego processes. While our ordinary tendency is to understand the ego as a kind of *container* (or, when understood in its agential sense, as a custodian of the container)—in relation to which we can talk, for example, about processes such as introjection and projection—the central pursuit of this paper is the idea that the self or ego needs *also* to be comprehended *as* movement. (In focusing here just on the significance of motility to the ego, I shall naturally be leaving aside a great deal that is also central to ego development, including the role of perception, affects, drives and erotogenic zones, and object relations.)

I have mentioned the term *motility*, and I need to say now how I shall be using it. Although motility is sometimes used to refer to the autonomic movement of particular organs (such as, notably, peristalsis), I shall use it here (as it is commonly used, including by Freud [*Motilität*], e.g., 1923, 1933, 1938) in a more restricted sense. The specific sense in which I shall use the term can be stated briefly as follows.

At the beginning of life, even of a life that is not yet that of a person, and even of a life that will never be that of a person, there is movement. And very early on, perhaps marking the very emergence of life as an organized entity, there is a kind of movement that we as observers will commonly regard as not merely the movement of this or that component system within the organism, but of the organism itself. (It does not matter for our purposes whether this arrives at one moment or in phases over time.) This is the kind of movement that we think of as the movement of an individual being—the kind of movement that, in the case of a person, when it ends, we commonly regard the life of the person as

having ended (there are exceptions). It is this kind of movement that is comprehended in what I shall refer to as *motility*. I add the following paragraph, though this gets further into the substance of the paper and cannot be *decided* as a matter of terminological usage.

At some point quite early on in the development of a human infant, there can be said to be, along with the purely somatic aspect of motility and bound together with it, a psychic component; and with respect to the psychic as with respect to the somatic, we may reasonably think that there is a stage (or a series of stages) in the development of motility that marks the emergence of an individual.

In the present paper, I shall pursue the issue of motility in relation to the I through an interpretation of the work of Donald Winnicott. To some, this may seem surprising, for while there are many terms and ideas that have commonly come to be associated with Winnicott, motility—and its relation to the self—is not usually among them. There is good reason for this. Although Winnicott discussed motility, it was not a concept that he explicitly relied on in organizing his thought, and it does not have the same pronounced presence as a trope in his work as do other ideas—such as the *facilitating environment*, the *good enough mother*, the *transitional object*, creativity, play, and so on. Part of the suggestion of this paper, however, is that motility is nonetheless a crucial idea connecting various strands within Winnicott's work, and that some of his most important ideas must be understood through the idea of motility if their significance is to be fully appreciated.

So I shall explore here the issue of motility in relation to the self as an interpretation and a reflection of a strand—what I shall claim is a central strand—within Winnicott's thought. Nonetheless, it is important, I think, to describe this paper in terms of a substantive question with Winnicott as the primary source, rather than first and foremost as an interpretation of "Winnicott's view." The difference, though one of emphasis, is significant. While the account that I shall offer here—speculative in places—is (as I see it) drawn entirely from Winnicott, it is the substantive question that concerns me; and because of this I shall not hesitate in pursuing that question to cull ideas from throughout Winnicott's work, to set them out and to organize them in a way that is some-



times different from the way in which he himself did, and to extend those ideas beyond his own explicit statement of them.

In the case of Winnicott, there is a special need for interpretation, and a special kind of interpretation that is needed. For he was not himself a writer who took pleasure in working his ideas into a systematic form or who took pains to do so. Though his writing is hardly the “chaos” that he reportedly warned his students they would find in his lectures (Milner 1987, p. 246), it is sufficiently allusive, pregnant, and even aphoristic at times that we can see what he meant by that. This was partly a matter of personal style. Winnicott often seemed to be most comfortable working out the details of his ideas in phrases and fragments. In his papers, we can experience a mind on the move—pointing to this, teasing at that, basking in a provocative phrase, experimenting with neologisms, sometimes seeming (or not just seeming) to contradict himself within the same essay, all the while leaving the reader—one can say inviting or abandoning, depending on one’s preference or mood—to put the ideas together, or to test whether, how, and to what degree they fit together. But beyond, and in part behind, matters of style, there is the matter of substance. Throughout Winnicott’s work, one can feel the exploratory drive of a clinician and theorist pressing against the limits of what he knows and of what has yet been conceptualized, striving to give expression to what he himself has not fully grasped and what cannot yet easily be said—“stammer[ing] towards grasping the facts,” as Khan (1975) described him (p. xi)—and refusing to be more definitive than was justified. As his ideas developed, Winnicott rarely felt the need to revisit earlier ideas in the wake of new ones, instead focusing now on this side of things and now on that, without worrying too much about how or whether this and that could stand together. The result of this is a body of work that is richly layered, but only partially integrated. I do not say this as a criticism (or commendation), only as a fact.

All of this is reflected in a striking characteristic of much of the secondary literature on Winnicott. Perhaps more than is the case with any other psychoanalytic writer, there is in this literature a heavy reliance on direct quotation, and often long quotations. This is sometimes explained as necessary to capture his style; and this is understandably so, for his was

indeed a unique voice. But one may also sense in this a fear (justified, I think) that to try to restate Winnicott in one's own words is almost of necessity to take a position on it, to have to recast this in order to make sense of that, to highlight not only the aporias and paradoxes to which Winnicott himself meant to draw attention, but also the gaps and inconsistencies in his account that did not much concern him. It is necessary, that is, to move from exposition down the road of interpretation. Because of this, Winnicott is often, quite literally, given the last word.

I am inclined to think that Winnicott got the last word (and the last laugh) in a different respect as well. For him, the act of thinking was a creative process, and he himself expressed an inability to read others except creatively (e.g., Khan 1975; Winnicott 1953, 1970b). And though he may not have set out to do so (quite) intentionally, he left a body of work that is, as it were, booby-trapped against attempts to describe it without at the same time continuing it. For me, then, his work is best read as an open invitation to continue along a path not yet fully cleared and in some cases only dimly perceived.

My intention here is to pick up that invitation, at least in a limited way—limited in that I will remain largely within the terms that he set out. But at the same time, I shall press these ideas, and in a direction and in a manner that may or may not correspond to what he might have said, had he been willing to press them further and more concertedly himself. Despite this, I shall venture to claim that the interpretation I shall offer is Winnicottian in several respects.

First—at least for me—everything I will say comes out of Winnicott's writing. Second, in pulling on strands of his thought from different points in his work and at times reformulating them, I shall try to treat his work with just the kind of respect that he himself showed to it. And third, Winnicott himself seemed to wish to be used—and as he well insisted, in using an object, there is both a destructive and a creative aspect.

The interpretation I shall give is of his work, which is to say that it is my way of understanding an aspect of his thought. It is implicit, I think, in this that I hope he would have agreed with it. But I shall use him in the only way in which I can use him—that is, without worrying too much at each step precisely how far he might have gone along.

## BEING AND CONTINUITY

Winnicott will not use the *term* motility in his writings until 1955. When he does come to use it, it is in the context of a discussion of aggression. But before this, Winnicott had begun to write about movement in the earliest states of the individual—late fetal and early neonatal life—from a different angle, in which the focus was on what he called *continuity of being*. This earlier strand of thought was never abandoned; it is “earlier” only in the sense that the original formulation was earlier, while the basic idea would be restated in a number of forms again and again. Yet this strand of thought was never more than partially integrated with Winnicott’s thinking about aggression. I shall read these two strands together and suggest that they are usefully read as a progression of ideas—*not* in the sense that the work on aggression *replaced* the earlier strand of thought, but that it added an important dimension to it.

So I shall begin with the general idea that Winnicott came to first. In doing so, I shall feel free to take a number of interpretive liberties: restating ideas in my own way, interspersing interpretation with quotations, combining various of Winnicott’s statements, and—where I quote Winnicott at length—reordering passages so as to bring out certain ideas more clearly.

We cannot say just when motility begins. Like most early processes, it “does not arrive at a certain time on a certain day” (Winnicott 1950–1955, p. 205), and yet there is a moment in which we can say that it has definitely arrived, such as at that point in which we can describe “babies [as] hav[ing] certain movements in the womb which at first are rather like the swimming movements of a fish” (1988, p. 127). This early motility is, first and foremost, bodily: it is the movement of a body through space, the movement that an observer can note and that a mother will feel.

Yet there is early on a psychic component to this physical movement as well, a psychic component that is immediately bodily: early on, the psyche is “not felt . . . to be localized” (1949b, p. 244), but is “at first fused” (1949a, p. 191) with soma—indeed, hardly “to be distinguished [from it] except according to the direction from which one is looking”

(1949b, p. 244), and only “gradually becoming distinguishable the one from the other” (1949a, p. 191). So there is the physical movement that an observer can record, and there is also what is “both physical and non-physical,” the experience of movement (1950–1955, p. 205). There is physical movement through space, and there is the experience of movement through space and in time. And when the environment is good and accommodating, the experience of movement through space in time is continuous and is felt as such. If “things are going well” (1949a, p. 182), even “before birth it can be said of the psyche (apart from the soma) that there is a personal going-along, a continuity of experiencing” (p. 191), and there is a “personal development of the infant ego . . . undisturbed in its emotional as in its physical aspect” (p. 182). This “continuity of being is health” and is a “state of being [that] belongs to the infant and not to the observer” (1988, p. 127).

If one takes the analogy of a bubble, one can say that if the pressure outside is adapted to the pressure inside, then the bubble [1988, p. 127] . . . that is to say, the infant’s self [1949a, p. 188] . . . has a *continuity of existence*, and if it were a human baby, this would be called “being” [1988, p. 127] . . . . [This] experience of being . . . [is] the simplest of all experiences. [1971a, p. 80]

In order to preserve the personal way of life at the very beginning, the individual needs a minimum of environmental impingements producing reaction [1949a, p. 182] . . . . [However,] this continuity, which could be called the beginnings of the self, is periodically interrupted by phases of reaction to impingement [p. 191] . . . . Here it may be observed that the infant that is disturbed by being forced to react is disturbed out of a state of “being,” . . . [for] when reacting, an infant is not “being.” [1949a, p. 185]

At its origin, *being is continuity is the self*, and what “interference with the personal ‘going along’” produces is a break in being, “a temporary loss of identity” (1949a, p. 184). Such “interruption of . . . continuity by reactions to impingement” need not be traumatic for the infant, so long as the interruptions “are not too severe or not too prolonged” (1988, pp. 128–129). And through “the experience of a natural return from

reacting to a state of not having to react," (1949a, p. 183) the infant can begin "to organise a way of dealing with [impingements]" (1988, p. 129). But where impingement becomes the dominant pattern, there is, by contrast, a "snapping of the thread of continuity of the self" (1949a, p. 184) and a break-up of "that very thing which would have formed itself into the ego of the differentiating human being" (1955-1956, p. 296). Because the early self *is* continuity of being, impingements that are extreme pose for the infant nothing less than a "threat of annihilation" (1956, p. 303).

What, then, is the relationship between motility and this early state of continuity of being? We need not say that they are merely one and the same. In addition to motility, there is also—for instance, and notably—"the sensory side," and Winnicott suggests that, for example, *in utero*, the infant will have experienced temporary "interruptions of continuity" from "changes of pressure and of temperature" (1988, p. 129). Yet these sensory experiences are themselves intimately bound up with the experience of movement, and if motility is not the whole of the continuity of being, it is central to it. Indeed, what distinguishes *being* from *reaction* most fundamentally is what Winnicott refers to as *personal impulse*, and this immediately refers us back to the significance of movement, and of a certain quality of movement. Let us call it *free movement* (my term) or *primitive motility* (Winnicott's term): movement that is uninhibited, non-defensive, and that originates "in the centre" (1950-1955, p. 211) or core of the individual. (See, e.g., 1950-1955, pp. 211-214; 1959; 1963a, p. 184.)

It is in relation to this kind of movement through space and in time that the language of impingement is most meaningful. In relation to this kind of personal impulse, changes in pressure or temperature may be experienced not only as a change, but as an interruption. And it is because of the centrality of motility to the early experience of continuity that, in his speculative account of birth, Winnicott suggests that what distinguishes traumatic birth from normal birth, which is not traumatic, is that in the former there is "the feeling of being in the grips of something external, so that one is helpless" (1949a, p. 184). In contrast,

. . . in the memory trace of a normal birth there [need be] no sense of helplessness. The infant would feel that the swimming

movements of which we know a foetus is capable, . . . the movements that . . . [can be] referred to under the word reptation, produce the forward movement. The actual birth can easily be felt by the infant, in the normal case, to be a successful outcome of personal effort owing to the more or less accurate timing. [1949a, p. 186]<sup>1</sup>

Over time, the *experience of continuity* will take on a more distinctly psychic character, still tied to the body but less directly bound up with physical movement. But first and foremost, early on and at the core of the healthy self, psyche and soma are bound together in free bodily movement in time.

What is true for the fetus is true as well for the newborn: that “health . . . entails continuity of being” and “early psyche-soma proceeds along a certain line of development provided its continuity of being is not disturbed” (1949b, p. 245). In the period immediately after birth, “the healthy development of the early psyche-soma” requires an environment that “actively adapts to” protect “the newly formed psyche-soma” (p. 245) against impingements, and that allows “for the infant to experience spontaneous movement” and thus to “become the owner of the sensations that are appropriate to this early phase of life” (1956, p. 303). Where “the environment impinges, . . . motility is . . . only experienced as a reaction to impingement” (1950–1955, pp. 211–212). And so a central task of the facilitating environment must be to prevent impingements from overwhelming the infant’s own activity, to keep the environment from pressing against the infant’s free movement through space and time, so that there is “a good basis for the building up of a body-ego” (1963b, p. 86), “a continuity of being which is the basis of ego-strength” (1960b, p. 52).

The key ideas here—that the I begins in the experience of movement through space and time (continuity), that the quality of the core self comes out of the quality of this movement (i.e., the extent to which it is free or defensive), and that environmental adaptation is crucially important—will all remain central to Winnicott’s thinking about motility.

<sup>1</sup> “Reptation, n. The action of creeping or crawling. [1842] . . . A mode of progression by advancing successively parts of the trunk, which occupy the place of the anterior parts which are carried forward, as in serpents” (*Oxford English Dictionary*, p. 672).

But later (Winnicott 1950s), he began to focus on an additional dimension of primary motility and its relation to the environment: aggression.

## MOTILITY AND AGGRESSION

One way of describing the shift in Winnicott's thinking is this. In the earlier line of thought, the emphasis was on the free movement of the infant *in* an environment and on the *inconspicuous* adaptation of the healthy environment to the infant's needs. And insofar as we are concerned with the role of the "environment"—that is, the facilitating environment, or the good enough mother or other caregiver—in protecting the infant against impingement, this is so. But what is missing from this statement and mostly absent from the earlier account is attention to the quality of the infant's encounter *with* the environment.

Put more starkly, in the earlier statement, the inclination was to see opposition in relation to the environment primarily in terms of opposition *from* the environment and the danger of impingement. What Winnicott later came to emphasize, however, was that what mattered was not *whether* there was opposition between the infant and the environment, but the *direction* of it. Opposition is indeed a characteristic of impingement—the environment forcing itself on the infant and requiring it to react. But it does not follow from this that opposition *in general* is a danger for the incipient self. Indeed, what Winnicott came to see was that, if some kind of opposition was a threat to health, there was a different kind of experience of opposition that was *necessary* for health, and that what distinguished these kinds of opposition was the relationship of each to personal impulse and primitive motility. What he came to see, that is, is that, *from the beginning* (or practically so), *motility itself, at the core of the developing self, has a quality of aggression.*

This key insight represented not only a development in Winnicott's thinking about motility, but also a development in his thinking about aggression. In his early work on aggression, he saw it as originating in the primitive love impulse: "originally a part of appetite, or of some other form of instinctual love. It is something that increases during excitement and the exercise of it is highly pleasurable" (c. 1939, pp. 87-88). Once again, the evolution in Winnicott's thought did not consist in his abandoning this earlier account of aggression: indeed, in one of the very

papers in which he offers a new account of the relation between motility and aggression (and on which I shall focus presently), he repeats the idea that "aggression is part of the primitive expression of love" (1950–1955, p. 205). We find this language appearing again in subsequent work (e.g., 1963c, p. 79; 1968c, pp. 315–316).

But at the same time, Winnicott came to see that aggression had roots that were not "instinctual" or drive-based—at least not in the way in which drives had been classically understood. Whereas drives in the classical conception involve an endogenous stimulus or force exerting pressure, one "that allows of . . . rising tension of general and local excitement, climax and detumescence or its equivalent, followed by a period of lack of desire" (1950–1955, p. 215), the root of aggression in motility has the continuous character of activity. It aims *not at the release of tension, but at the experience of a certain kind of tension: the experience of opposition*. As Winnicott noted, while there is an "erotic experience [that] can be said to exist in the muscles and other tissues involved in effort, . . . this erotism is of a different order from that of the instinctual erotism associated with specific erotogenic zones" (1950–1955, p. 215).

The relationship between motility and aggression, as Winnicott came to understand it, is double-sided. On the one hand is the idea that the root (or at least *a* root) of aggression is motility.<sup>2</sup> But on the other is the

<sup>2</sup> Winnicott will generally say *the* root. But it remains an important question how aggression that is based in motility comes to be related to drives. I do not believe that Winnicott ever fully resolved this question in his own mind. In "Aggression in Relation to Emotional Development," and in a number of later papers, he suggests that there is a "pre-fusion era," and that part of healthy development concerns "the task of fusion" in which the "infant must be able to pour as much as possible of primitive motility into the id experiences" (1950–1955, p. 214). This could be taken to suggest that it is motility that lends to id impulses their active quality. But late in his life, after writing "The Use of an Object," Winnicott suggested that "the first drive is itself *one* thing, something that I have called destruction, but I could have called it a combined love-strife drive. This unity is primary" (1969, p. 245). This can be taken to imply rather than there is no era of "pre-fusion," and that from the beginning, as Freud put it, "every instinct is a piece of activity" (1915, p. 122). (Freud [1930] wrote this before allowing the existence of a separate aggressive drive. And once he did recognize this in the form of a death instinct, he, too, left open the question whether "the two kinds of instinct . . . [ever] appear in isolation from each other," p. 119.) It is plausible to think that aggression, though it has an origin in motility, is not *only* an outgrowth of motility. It is also plausible to think (these are not mutually exclusive) that motility (which, as we are using that term, is already a fairly advanced development) and erotic impulses share a common root. These are important questions well beyond the scope of this paper.



idea that primitive motility itself has a quality of aggression. Insofar as commentators have taken up Winnicott's account of motility in relation to aggression, it is the first of these that has been emphasized. But for the central issue that we are concerned with here—the relationship of motility to the self—it is the second idea that deserves more of our attention. *This is the idea that free movement is not to be understood as movement that is unencumbered, but as movement that is free (uninhibited) to discover the resistance of the world and to press against it.*

Winnicott discusses the relationship between motility and aggression in a number of places. However, to my mind, the key text is his “Aggression in Relation to Emotional Development” (1950–1955)—a paper, I think, that has been unjustly neglected.<sup>3</sup> Perhaps one reason that it has not been given more attention is that it not an easy read. It bursts with ideas and with the evident excitement of a writer who feels he is onto something quite significant. At the same time, it is very much a work in progress. There is more than a little internal messiness, and this, combined with the fact that it is actually three papers consolidated for publication—written over a particularly generative five-year period in Winnicott's development—gives the impression of an account that is, let us say, richly stammering. With respect to a work such as this, there are two alternative approaches: either one can leave it behind, or one can walk with it. I shall try the latter. But in discussing this paper, I shall again be very much offering an interpretation of it. I shall take parts of it, and I shall not hesitate to cut out parts of it that (to my mind) gum up the account. (Some of these are directly contradicted by other passages in the same consolidated paper; some are remnants of earlier formulations and ways of thinking.)

I noted earlier that those commentators who have paid any attention at all to Winnicott's account of the relation of motility and aggression have tended to focus on the motility roots of aggression rather than (also) on the aggressive character of primitive motility. One reason for this may have to do with Winnicott's own shifting terminology. Particularly in the earliest of the three papers that make up “Aggression in Rela-

<sup>3</sup> A recent search of the Psychoanalytic Electronic Publishing database found that, of almost 9,000 papers citing Winnicott, only nine discussed his “Aggression in Relation to Emotional Development,” and only five referred to it in relation to motility.

tion to Emotional Development" ("Contribution to Symposium," written in 1950), Winnicott often uses the term *aggression* in a broad sense: to refer to the whole history of the impulse from origin onward. For example:

Prior to integration of the personality there is aggression. [In a footnote inserted after 1955, he adds, "I would now link this idea with that of motility."] A baby kicks in the womb; it cannot be assumed that he is trying to kick his way out. A baby of a few weeks thrashes away with his arms; it cannot be assumed that he means to hit. A baby chews the nipple with his gums; it cannot be assumed that he is meaning to destroy or to hurt. At origin, aggressiveness is almost synonymous with activity . . . . A complete study would trace aggressiveness as it appears at the various stages of ego development: Early (Pre-integration . . . ), Intermediate (Integration . . . ), Total Personal (Inter-personal relationships . . . ). [1950-1955, pp. 204-206]

And yet, even in this early paper, Winnicott sometimes uses *aggression* in a more restricted sense to refer to a later development: "It is these part-functions that are organized by the child gradually, as he becomes a person, into aggression" (1950-1955, p. 205).

By the time he wrote the second of the three papers that formed "Aggression in Relation to Emotional Development," almost five years later, Winnicott was becoming more inclined to speak of the original and general impulse in the language of motility, and to reserve the term *aggression* for the more specific impulse that occurs with integration. The adoption of the term *motility* to cover what was once described in the language of early aggression is indicated by the later addition of the footnote in the passage that I quoted earlier. Similarly, in the second paper, Winnicott writes:

Our task is to examine the pre-history of the aggressive element . . . . We have at hand certain elements which date from at least as early as the onset of foetal movements—namely motility . . . . To get to something in terms of aggression corresponding to the erotic potential it would be necessary to go back to the impulses of the foetus, to that which makes for movement rather than for stillness, to the aliveness of tissues and to the first

evidence of muscular erotism . . . . We need a term here such as life force . . . . [Subsequently, there is] the conversion of life force into aggression potential. [1950–1955, pp. 211, 216]

The shift in terminology is understandable: there is surely a form of aggression, more determinate and in time more intentional, that comes only with integration, and it is sensible enough to use different terms to refer to the more basic impulse and to the later form of it. But there are two potential dangers that come with the change in terminology.

The first is that reserving the term *aggression* for the later development may tempt one to read Winnicott's account as offering simply a theory of the origin of *this thing we call aggression*. In contrast, the advantage of the earlier language was to draw attention to the quite significant claim that was being offered: that what we tend to think of as aggression is a particular development of a deeper and broader impulse, and that to understand aggression is to continually insist that it be "link[ed]" with the basic "life force" (1950–1955, pp. 204, 210) of motility. That link is crucial, and it is a point on which Winnicott would insist for the rest of his life: that to understand the nature of aggression, it is necessary to "dissect down" below the ordinary understanding of it—beneath "reactive aggression," beneath "hate" (p. 210) and beneath "jealousy, envy, anger at frustration, the operation of the instincts that we name sadistic" (1970b, p. 287). Winnicott *is* offering an account of the roots of aggression. But in doing so, he is *also*, and more fundamentally, offering a different account of aggression.

A second potential danger, which brings us to the main point, is that distinguishing *between* aggression and motility may incline us to lose sight of the kind of aggressivity that Winnicott will insist is a fundamental characteristic of motility itself: namely, the pleasure in, and the eventual seeking of, opposition. In healthy development, "opposition" in this very early stage is not opposition or encroachment from the environment (impingement), *but rather the opposition that is the existence of an environment itself*—that which is met up against, that which we as observers would call (and what the infant will come in time to experience as) an *outside* and that, because it resists, can be pushed *against*.

Perhaps the first experience of this, in utero, is accidental: "The foetal impulses bring about a discovery of environment, this latter being

the opposition that is met through movement, and sensed during movement" (1950–1955, p. 216). But very early on, this experience of opposition becomes part of the experience of motility and of its pleasure. As Winnicott puts it in a later paper:

If we look and try to see the start of aggression in an individual, what we meet is the fact of infantile movement. This starts even before birth, not only in the twistings of the unborn baby, but also in the more sudden movement of limbs that make the mother say she is feeling a quickening . . . . A part of the infant moves and by moving meets something . . . . In every infant there is this tendency to move and to get some kind of muscle pleasure in movement, and to gain from the experience of moving and meeting something. [1964c, pp. 233–234]

Indeed, the motility impulse cannot "give any satisfactory experience *unless* there is opposition. The opposition must come from the environment, from the Not-Me which gradually comes to be distinguished from the Me" (1950–1955, p. 215, *italics added*).

Because of the aggressive quality of early motility, Winnicott will occasionally—even in the latter two of the consolidated papers—use the term *aggression* to refer to the very early impulse, as well as to its subsequent development. This can produce some confounding passages, such as this one:

It is true that to some extent aggressive impulses can find their opposition without external opposition; this is displayed normally in the fish movements of the spinal column that date from prenatal life . . . . In spite of those considerations can one not say that in normal development opposition from outside brings along the development of the aggressive impulse? . . . . Opposition affects the conversion of life force [that is, the original motility impulse] into aggression potential. [1950–1955, pp. 215–216]

So *aggression* here is used first to refer to early movement that must "find [the] opposition" it needs, and then also to that impulse (or form of impulse) that comes later, and that is produced in part *through* opposition. We could dismiss this as terminological confusion. But it is better

seen, I think, as a reflection of the phenomenon itself: that although one may wish to reserve the term *aggression* for the more particular impulse that develops through the experience of opposition, there is also a kind of aggression that characterizes the root motility impulse itself: that which finds satisfaction in encountering resistance and pressing against it. “*It is this impulsiveness,*” as Winnicott puts it, “*and the aggression that develops out of it, that makes the infant need an external object,* and not merely a satisfying object,” that “*needs to find opposition . . . something to push against*” (1950–1955, pp. 217, 212, italics in original).

From the beginning, then, or very nearly so, motility is bound up with aggression. First, this is so in that—in an idea that has by now become rather common, concerning the root of aggression—“at origin, aggressiveness is almost synonymous with activity” (p. 204). But it is also so in a second sense, one which I am wishing to highlight here, one that is less familiar and perhaps more extraordinary in its implications: that not only is aggression at origin activity, but that activity is, almost from its origin, aggressive, that the basic motility impulse needs (or very early on, comes to need) a world to press against; that at a fundamental level, there is a need for, and pleasure in, opposition, and that this need for and pleasure in opposition is not born of hatred and hostility, but is prior to them.

## MOTILITY, AGGRESSION, SELF

How is this early motility/primitive aggression related to the emerging self? I have noted one connection already: that with integration of the self, early forms of motility are consolidated into “aggression” in the more usual and determinate sense of the term. But the relation among these goes in the other direction as well. As Winnicott saw, it is the experience of meeting and pressing against the environment (primitive aggression) that itself helps to *establish* the distinction between a Me and a Not-Me that is central to integration of the I. So, if on the one hand it can be said that “prior to integration of the personality” (1950–1955, p. 204), there is motility-aggression—and that this comes to be “organized by the child gradually, as he becomes a person” from part-functions into more integrated patterns of aggression (p. 205)—on the other hand and

more foundationally, *it is motility/primitive aggression that helps to organize part-functions into a person*. It is *through the experience of moving against, of finding opposition and pressing on it*, that there arises a feeling of unity in the relation to an (incipient) outside, and “an early recognition” of the “distinction between what is the self and what is not the self” (1964c, p. 234). It is not only, then, that the motility impulse cannot “give any satisfactory experience unless there is opposition . . . from the environment . . . which gradually comes to be distinguished from the Me” (1950–1955, p. 215), but also that, as Winnicott adds just further on, it is precisely as the *result* of this opposition that there develops “an early recognition of a Not-Me world, and an early establishment of the Me” (p. 216). Of course, any such experience of a self can only be very incipient and very transient. (“In practice these things develop gradually, and repeatedly come and go, and are achieved and lost” [p. 216].) But the important point is not the precise timetable. It is Winnicott’s recognition of a fundamental link between the experience of pressing against a world and the development of a self.

What is at stake, however, is not only the development of a self, but the *kind* of self that develops—not just motility, but the character of motility and the experience of opposition. “The question,” as Winnicott puts it, “is *how* will contact [with the environment] be made? Will it be part of the life-process of the individual, or will it be as a part of the restlessness of the environment?” (1988, p. 127, italics added). What are “the patterns that evolve round this matter of motility”? (1950–1955, p. 211).

There are, of course, many patterns and variations, but in the “pattern . . . we call healthy,” “the environment is constantly discovered and rediscovered because of motility” (pp. 211–212). So we are brought back again to the idea of free movement—but now as the movement of an emerging *Me*. At first, there is “perhaps . . . [a] movement of spine or leg in the womb” (1988, p. 128); after birth, perhaps a movement of the head that finds a breast, or the flailing of an arm that comes up against the skin of the one holding it, eventually a more definite reach and push against a mouth or an eye, a touch, a pressing of legs into the stomach or chest or legs of another, a pushing up against, a feeling of (as it comes gradually to be felt) an outside, a Not-Me, a resistance that can hold the pressure against it. There is pleasure in this meeting an

outside, in pressing against an otherness that, through a combination of yielding and resisting, can receive it. Here, because it is the infant's "own movements . . . [that] discover the environment" (p. 128), "each experience" of this kind "emphasizes . . . that it is in the centre that the new individual is developing" (1950–1955, p. 211). "This, repeated, becomes a pattern of relationship" (1988, p. 128) for an "individual [who] can enjoy going around" discovering and rediscovering a Not-Me world and "looking for appropriate opposition" (1950–1955, p. 212).

All this requires, of course, what Winnicott calls a proper holding environment, one

. . . with love expressed (as at first it can only be expressed) in physical terms. The mother holds the baby (in womb, or in arms) and through love (identification) knows how to adapt to ego needs. Under these conditions, and under these alone, the individual may start to exist. [1950–1955, p. 212]

To be held is, in part, to feel the pressure of the environment; and the holding environment and the capacity of the individual to emerge (in health) is defined (in part) by the quality of physical pressure, the quality of "contact . . . [and] movement" (1948, p. 161) between mother (or other caretaker) and baby. For the baby to *make contact* with the environment depends on its *being already in contact* with it; the possibility of its *pressing against* depends on its *being pressed against* (in the right way); the possibility of discovering the environment depends on being contained. "The emerging self requires a combination of resistance and reception, a Not-Me strong enough to withstand the baby's pressure and pliant enough to receive the spontaneous gesture" (1963c, p. 73). And in addition to all that is entailed by physical holding, the word *holding* carries the sense (etymologically, its original sense) of guarding, preserving, or defending—in this context, holding *back* or "ward[ing] off" (1960b, p. 46) those "movement[s] from the environment" (1988, p. 127) that interfere with the capacity of "the infant [to] dominate" (1948, p. 161), to discover on its own and "at the baby's rate" (1947, p. 201) the "external shared world" (1948, p. 161). For it is only when impingements are sufficiently managed that "the infant starts living a personal and individual life" (1960d, p. 31).

In the "less fortunate case," the primary experience of opposition is of aggression from the other direction, and rather than the experience of meeting up against a world, moving and pressing against an outside, "the pattern of relationship is based on a movement from the environment" (1988, p. 128) in on the infant. In this case, "instead of a series of individual experiences," "motility is then only experienced as a reaction to impingement" (1950-1955, pp. 211-212).

In ill-health at this very early stage it is the environment that impinges, and the life force is taken up in reactions to impingement—the result being the opposite to the early firm establishment of the Me. In the extreme there is very little experience of impulses except as reactions, and the Me is not established. Instead we find a development based on the experience of reaction to impingement, and there comes into existence an individual that we call false because the personal impulsiveness is missing. [1950-1955, pp. 215-216]

Where this pattern dominates, the individual must remain in a state of dependence on environmental action: "To a lesser or a greater degree, the individual *must* be opposed . . . . Environmental impingement must continue," for "only if opposed does the individual tap the important motility source." Indeed, "since the individual cannot develop a personal pattern," "environmental impingement must continue . . . [and] have a pattern of its own else chaos reigns" (1950-1955, p. 212).

What is at stake here in the *quality* of motility is nothing less, then, than the constitution of the self. In the character of motility, in the particular pattern of movement in relation to an environment, the I develops. How will this occur? Will the encounter be on the infant's own terms? Will the environment allow itself to be discovered and probed and pushed up against by the infant in her own way, out of her own impulses? Can it receive the infant's movements, its gestures and forays? Can it hold itself and the infant as the infant presses against it, flailing, stretching, reaching, attacking? Or will the environment insist on being the dominant force, making demands on the infant, disrupting the infant's own movement and forcing it into reaction? Will the aggression come from the infant or will it come from the environment? So central



is the importance of the infant's own "impulses [in] bring[ing] about a discovery of environment," so significant is the feeling of "position that is met through movement," so crucial is the growth of aggression that has its "root in personal impulse, motivated in ego spontaneity" (pp. 216-217), that Winnicott will characterize the *true self* just in terms of this kind of movement. Only through this kind of movement, as Winnicott will sometimes put it, does the *individual*, in the full sense of the term, start to exist at all. By contrast, "where impingement is too overwhelming, the result is a failure . . . to evolve an individual" (p. 212).

Whether we use that language, or whether we use the term *individual* more inclusively (as Winnicott sometimes does as well), while distinguishing between *health* and *ill health*, the basic idea is the same: that through (in part) aggressive motility (in the sense that I have described), the self is born and takes shape.

## PSYCHIC MOTILITY AND OBJECTS

I have been focusing thus far on the experience of early physical movement, an experience that is both physical and psychic—two sides of the same coin, hardly to "be distinguished except according to the direction from which one is looking." But, "gradually, the psyche and the soma aspects of the growing person" "become distinguishable" (1949b, p. 244). What then becomes of the primitive motility impulse on the psychic side? Must it be understood as still restricted to the experience of physical movement? Or can we not also speak of a kind of psychic motility that goes beyond the experience and imaginative elaboration of physical movement?

One way of approaching these questions is by inquiring into the *negative* or *interruption* of free movement—or, in Winnicott's language, *impingement*. Impingement includes, perhaps most basically, restrictions on free physical movement, and we have discussed it thus far in those terms. Even with respect to *in utero* sensory impingements, I earlier suggested that, to the extent that "changes of pressure and temperature" (1988, p. 129) are experienced as interruptions, it is likely because of their connection to personal impulse, and that this in turn is originally bound up with the experience of physical movement.

But Winnicott also talks about such sensory impingements on neonatal activity as the sound of “low-flying aircraft” (1948, p. 161) or “the door banging as the baby goes to the breast” (1970a, p. 86), and this suggests something else. What is the nature of these impingements? Or, to put it from the other direction, what is the nature of the personal impulse or movement that is being impinged? In response to these noises, the mother may not turn away at all, and the breast may be no less physically available; yet there is (or may be) still an interruption. So if the baby’s physical movement of going to the breast is indeed interrupted, this must be as a consequence of (or part and parcel of) a different kind of interruption. Or, to say the same thing from the other side again, it is an interruption to a different kind of movement. That this is so is suggested by Winnicott’s apt phrase *going to the breast*. What is entailed in this *going to*? There is an *inclination toward*, an *impulse from here to that*. This impulse, though bound up with the body, is distinguishable from physical movement and may or may not actually be completed in physical movement. It is in reference to this kind of movement that a term such as *psychic motility* seems appropriate (though Winnicott himself does not use it).

Now, the aircraft and door-banging are what we (the observer) will take to be external impingements. However, for the infant who has not yet “separated off what is not-ME from what is ME” (1968b, p. 90), impingements on psychic motility are not limited to “external” (as we know them to be) events. There is also, as Winnicott writes, the sudden arrival of “instinct tension” (1960a, p. 141), and this—particularly when there has been scant memory of the experience—can be felt no less, and often much more, as a shock and an impingement: like “a clap of thunder or a hit.” “Instinctual demands can be fierce and frightening and at first can seem to the infant like threats to existence. Being hungry is like being possessed by wolves” (1964b, pp. 80-81). Another task of the holding environment, then, is to “hold the situation in time” (1988, p. 155), so that the infant can learn to assimilate instinctual events into the personal movement that is at the core of the healthy self. From an “ego [that] is not yet able to include” “id-excitements” and for which such excitements “can be traumatic,” there can thus develop “a personal ego . . . [that can] ride instincts” and “integrate . . . quiet and excited types

of relationships" (1988, p. 69). And in this way, "a rapidly increasing amount of" what once experienced as impingement "becomes expected and allowed for" without "disturbing [the] continuity of psyche-soma" (1949b, p. 247). Here, then, we have, once again, a kind of motility that is bound up with the body, but that is not as directly fused with physical movement. Instead, it is to be understood in terms of the baby's own continuous sense of movement through time.

I have come at the idea of what I am calling *psychic motility* from the perspective of impingements because, as with the associated concepts of the *true self* and *false self* (1960a, p. 148), it is perhaps most easily understood in relation to its disruptions. But we can come to psychic motility (and the true self) from the positive side as well. Psychic motility is, for instance, at the heart of what Winnicott calls the *creative gesture*, such as the "gesture of a baby who reaches out for the mother's mouth and feels her teeth, and at the same time looks into her eyes, seeing her creatively" (1971b, p. 106). It is through this creative gesture, as Winnicott describes it, that the infant imaginatively produces early objects.<sup>4</sup> In the passage that I quoted of the baby "go[ing] to the breast" (1970a, p. 86), the point of view is of the observer: the view of the breast as already in the world and external to the baby. Elsewhere, however, Winnicott will offer an account from the perspective, as he imagines it, of the very young infant, and from that point of view, *going toward* has a far more creative character.

"Let us imagine," he writes, "a theoretical first feed," meant to capture what is "represented in real life by the summation of the early experiences of many feeds" (1988, p. 106).

<sup>4</sup> For reasons of space, I shall leave for elsewhere a discussion of the relationship of psychic motility and the true self. I shall also leave aside the question of the connection, which I think is quite significant, between psychic motility and the needs of babies to "look round" and see "the mother's face" looking back, and in that special way to get "something of themselves back from the environment" (Winnicott 1967, p. 112). Is not looking around and being seen back a form of healthy "opposition" (involving, as I have said, a combination of yielding and resisting) toward, and of, the environment? We well know from the more recent literature on early mother-child interaction how much depends on the quality of what Beebe and Lachmann (1988) call *kinesic interaction*—that is, "movement [that includes] specifically . . . changes of orientation, gaze, and facial expression" (p. 318).

Imagine a baby who has never had a feed. Hunger turns up, and the baby is ready to conceive of something; out of need the baby is ready to create a source of satisfaction [1964a, p. 90] . . . . I would say that the infant is ready to believe in something that could exist; i.e., there has developed in the infant a readiness to hallucinate an object; but that is rather a direction of expectancy than an object in itself [1948, p. 163] . . . . If at this moment the mother places her breast where the baby is ready to expect something, and if plenty of time is allowed for the infant to feel round, with mouth and hands, and perhaps with a sense of smell [1964a, p. 90] . . . the baby begins to have material with which to create [1988, p. 106] . . . . At the start the mother allows the infant to dominate [1948, p. 163] [and if all goes well] gradually it can be said that the baby is ready to hallucinate the nipple at the time when the mother is ready with it [1988, p. 106] . . . . The baby eventually gets the illusion that this real breast is exactly the thing that was created out of need, greed, and the first impulses of primitive loving . . . . A thousand times before weaning [this will be repeated] . . . . A thousand times . . . the feeling has existed that what was wanted was created, and was found to be there. [1964a, p. 90]

Winnicott does not describe this explicitly in the language of motility. But what is happening here? The impulsive gesture, at first almost wholly taking the form of physical movement, now involves a more distinctly psychic reaching out, “a gesture that [arises] out of need, the result of an idea that [rides] in on the crest of a wave of instinctual tension” (1988, p. 110), a gesture that involves a creation of “nipple and . . . milk,” and everything else that is entailed by what we shall call “breast for simplification of description” (1948, p. 163). So there is the physical reach—for the actual breast that, we know, has been presented—but there is also, from the perspective of the baby, a creative movement, a psychic reach: from the *here* of immediacy of need to the *there* of an otherness that can satisfy it.<sup>5</sup> The primitive spontaneity of the physical gesture is now

<sup>5</sup> There is no need here, Winnicott cautions, to postulate an originary preconception of a physical breast. The actual breast may in reality first be found by the infant, who imagines having created it. But having “found” it, there is, then, in subsequent feeds the “material with which to create” it (1988, p. 106).

elaborated as a creative psychic gesture, one that is capable of finding a breast out of need.

I earlier emphasized Winnicott's key insight concerning the particular aggressive character of primitive motility: the pleasure of discovering an environment and pressing against it. At the "early stage," writes Winnicott, "when the Me and the Not-Me are being established, it is the aggressive component that more surely drives the individual to a need for a Not-Me or an object that is felt to be external," "an external object and not merely a satisfying object" (1950-1955, p. 215). Is it not precisely this aggressive component that we can understand to be at the core of the creative gesture? For what is imaginatively produced in the creative reach but an incipient otherness—not merely relief of instinctual tension, but an object that can be found in being made, that can receive the infant's pressure and its pressing need? What is produced in the creative reach is the beginning of a world. This psychic motility is a direct descendant of physical motility, still unmistakably bound to it but nonetheless distinguishable from it. Where the aggressiveness of physical motility finds pleasure in a world that resists and that can be pressed against—the experience of physical body pushing against physical body—the aggressiveness of this psychic motility takes the form of an imaginative reaching or pressing out that produces a world that can be pressed against. Thus "starts off the infant's ability to use illusion, without which no contact is possible between the psyche and the environment," and through which the "environment is discovered without loss of sense of self" (1952, pp. 222-223).

Eventually, "through the living experience of a relationship between the mother and the baby," "the capacity for illusion" will permit "gradual disillusioning" (1948, p. 163). But it is from this early experience of imaginative extension, of pressing toward a world that can meet the pressure, of producing a world that can be found, that there "develops a belief that the world can contain what is wanted and needed" (1964a, p. 90), and that "lay[s] down the foundation" for "reach[ing] to the world creatively, . . . enjoy[ing] and us[ing] what the world has to offer" (1968a, p. 25). From this, there develops the "ability to create the world" (1970c, p. 40), even if in a different way we also know that we can "only create what we find" (p. 53).

I have used the term *psychic motility* here, and it may well be asked: is such talk just a metaphor? The answer depends on what we mean by this, and the simplest answer is yes *and* no: if we should call it a metaphor, we should not call it *just* a metaphor. At its origin, motility is directly concerned with physical movement—just as, at first, *incorporation* is directly concerned with the “ingestion of food” and bound up with oral libidinal pleasures (Freud 1905, p. 198). For both, there is always a psychic aspect, but they are at first so connected to the immediate bodily processes that they elaborate that we can properly say they are first and foremost *bodily*: bodily movement and bodily incorporation. Over time, however, incorporation will become the model or *prototype* (in Strachey’s translation of *Vorbild*) “of a process which, in the form of identification” and psychic incorporation of objects “is later to play such an important psychological part” (Freud 1905, p. 198)—such as, for example, in Freud’s (1925) account of judgment:

Expressed in the language of the oldest—the oral—instinctual impulses, the judgement is: “‘I should like to eat this,’ or ‘I should like to spit it out’; and, put more generally: ‘I should like to take this into myself and to keep that out.’ That is to say: ‘It shall be inside me’ or ‘it shall be outside me.’” [p. 237]

Similarly, we can say that physical movement through space and in time becomes the model or prototype for psychic motility, including the experience of psychic continuity. Eating, chewing, sucking, devouring, and such; forward movement, “going-along,” reptation, pressure, impingements, and such—these are all, it could be said, metaphors of psychic life. But if they are metaphors, they do not merely describe psychic life; they organize it. In this sense, they are metaphors that thinking makes actual.<sup>6</sup>

## CONCLUSION

The idea that the self is formed in relation to an *other* or to a world—the *Me* as distinct from a *Not-Me*—has long been a truism, too trite to

<sup>6</sup> That metaphors can be made literal by the way they organize our understanding is not limited to these kinds of intrapsychic metaphors. “Once upon a time,” the late philosopher Donald Davidson observed, “rivers and bottles did not, as they do now, literally have mouths” (1978, p. 37).

bear repetition. Psychoanalysis did not discover this idea. But central to psychoanalysis's contribution to our understanding of human beings has been its exploration of the dynamics of this process, its pursuit of questions such as: *how* does the self emerge in relation to an environment; *what* comes to be felt as a part of the self and *why*; how is the self (or aspects of the self), as it comes to be organized at a particular moment, *related* to what is taken to be "the world" (or aspects of the world); and what determines the character of this relationship?

When we use the term *ego* to refer to a kind of "agency," what we are referring to *in part* is the self from the perspective of the active and continuing processes of organizing or constituting itself in relation to the world.<sup>7</sup> One important aspect of this is that which is captured in the language of introjection, identification, incorporation, projection, and such: the complex processes by which the contours and boundaries of the self are articulated and fantasized. I referred to these earlier as involving the idea of the self as a kind of container, and this important way of understanding the self is not only from the perspective of an outside observer, but is a self-conception.

A general aim of this paper—its substantive aim—has been to suggest that, *in addition* to these processes, there is another set of dynamics that is central to the development and organization of the self; it is these that I have discussed under the general heading of *motility*. (How these two sets of dynamics interact is a large and important question that deserves further inquiry.) While for the idea of the self as container, it is characteristic to think of the ego as a secondary process, concerned with organizing both primary impulses and objects, in the case of motility, the self and ego begin directly in impulse. Motility, that is, is not to be conceived in the first instance as an impulse *of* the self to be managed, but as at the core of the primitive self. The central or *true self*, in Winnicott's words, begins as "the inherited potential which is experiencing a continuity of being" (1960b, p. 46), and from "the summation of motility experiences . . . the individual . . . [can] start to exist" (1950–1955, pp. 213–214).

<sup>7</sup> I have placed the familiar word "agency" in scare quotes here because there is a danger of thinking of the ego as a kind of active subject that produces an object-self. We must always remember that the self is produced, *re*produced, and *re*constituted in part *through* these processes, not as a passive consequence of them.

The second general aim of this paper—the interpretive aim—has been to suggest the significance of motility within Winnicott's thought. In examining the place of motility in the emerging self, I have focused on several key ideas of his work. Most broad is the idea of what I have referred to as *free movement*. This includes, naturally, movement in space that is uninhibited and unencumbered by environmental impingement. But it also includes two characteristics that are less intuitive and therefore in need of emphasis. The first of these is the experience of movement through time. Although here I have touched only briefly on this, I have wanted to suggest, following Winnicott, that our understanding of ego development and the organization of the self is lacking unless we give an adequate place to the question of time. How does an individual experience time—how does she live in time? It is one implication of the discussion here that for an infant whose pattern of motility is dominated by the need to react to impingement, time will likely be experienced much more as a series of discrete moments than as a continuity. These important matters deserve more attention.

The second, less obvious aspect of free movement that I have meant to emphasize, and to which I have given here the greater share of attention, is the centrality of a primary form of aggression. This aggression refers to the pressure exerted against an otherness, and the pleasure of meeting (which includes creating) a world that can receive this pressure and hold it, without being destroyed and without retaliation: an environment that offers resistance without impingement. Again, there is more to be said about this, which must be left for a different occasion.<sup>8</sup> The general point, however, is this: that we cannot adequately understand ego development or the constitution of an individual without attending to the significance of patterns of aggressive-motility experience, and that what distinguishes healthy motility from an unhealthy pattern is not the existence of resistance, but the relation to it.

How will the self come to be organized? To what extent will it be along the lines of "personal impulse, motivated in ego spontaneity," 1950–1955, p. 217) "impulse-doing" (1970c, p. 39), with an emphasis on the pleasures of probing, pressing, discovering, and creating a world

<sup>8</sup> In particular, I shall take up elsewhere the relationship of the motility impulse to destruction.



in and out of fantasy? To what extent will it be organized, instead, "on the pattern of reacting to stimuli," "dependent on the experience of opposition" from without, or even "persecution" (1950–1955, p. 217): "reactive-doing" (1970c, p. 39)?

What will be the response to the experience of "objects that get in the way" (p. 42)? Will there be a disposition to reach out "in some way so that if an object is in the way there can be a relationship" (p. 41), and will this encounter "feel like a part of life and real" (1988, p. 128) and bring about a feeling of being alive? Will the individual "experience reaching out and finding an object as a creative act" (1970c, p. 42)? Or will the individual experience the world as demanding compliance, and the resistance of objects that "get in the way" as "detract[ing] from the sense of real living, which is only regained by return to isolation in quiet" (1988, p. 128)? Will the need be felt to "develop a technique of withdrawal," lest the individual be "stifle[d] . . . and . . . cease to be" (1970c, p. 52)?

Will life be led on the maxim: "Reach out and it shall be there for you to have, to use, to waste," to create? Or on the basis of a feeling that nothing means anything: "I couldn't care less" (p. 50)? Can the individual live creatively, feeling pleasure in creating a world while in relationship with "all that exists already" (p. 53) and engaging "collectively . . . with others" (p. 50)? Or will the individual, "in the guise of being creative and having a personal view of everything," retain the need for constant "omnipotence . . . and control" (p. 50)? "When seeking a reassurance that life is worth living," will a "person go out for experience or withdraw from the world" (1988, p. 128)? Will the individual, even with the arrival of "an intellectual understanding of the fact of the world's existence prior to the individual's," still be capable of "feeling . . . that the world is personally created" (p. 111)? Will otherness be experienced as a threat to the self or as enlivening? Will aggression be experienced as destructive only, or as destructive-creative?

For Winnicott, early motility experiences are pivotal in constituting core patterns of the self and, by virtue of this, basic dispositions toward the world.<sup>9</sup> In the common state of affairs, these patterns will be suffi-

<sup>9</sup> There is an apt analogy here with the view that early affective experience is pivotal in shaping id impulses. Here Kernberg's work has been central; for a summary of this, see Kernberg (2001).

ciently complex and multiform that they can, alongside and in relation to other ego processes, continue to develop over a lifetime. Yet here as elsewhere, it is those "basic patterns . . . laid down . . . near the beginning . . . [that will] have the greatest influence" (1970c, p. 39). These are ideas vital to Winnicott's thought, and in no area are his contributions more vital to ours.

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## "AFTER THE EVENT": FREUD'S UNCANNY AND THE ANXIETY OF ORIGINS

BY ANDREW BARNABY

*This essay aims to revise Freud's theory of the uncanny by re-reading his own essay of that name along with the key material Freud drew on in formulating his theory: E. T. A. Hoffmann's short story "The Sandman" (1816a) and Ernst Jentsch's essay "On the Psychology of the Uncanny" (1906a). While arguing, initially, both that Jentsch's work is fundamentally misconstrued by Freud and that it offers a better account of what happens in Hoffmann's story, the essay moves beyond Jentsch's account to offer a more philosophically oriented theory of the uncanny, one more in line with Freud's ideas in *Beyond the Pleasure Principle* (1920a).*

**Keywords:** Uncanny, *heimlich/Unheimlich*, Jentsch, "The Sandman"/"Der Sandmann," animate/inanimate, belatedness, death drive, Wolf Man, origins, castration, Oedipus complex, filial ambivalence, Hoffmann, Freud.

For Man to tell how human Life began  
Is hard: for who himself beginning knew?  
—John Milton [1674, 8:250-251]

What stakes are raised by these questions? One doesn't need to be an expert to foresee that they involve thinking about what is meant by living, speaking, dying, being, and world as in being-in-the-world or being-within-the-world, or being-with, being-before, being-behind, being-after, being and following, being followed or being following, there where *I am* . . . . It is too late to deny it . . . . We shall have to ask ourselves, inevitably, what happens . . . when a son is *after* his father?

—Jacques Derrida [2008, pp. 11-12; emphases in original]

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Freud's 1918 case history of the Wolf Man is the text in which he first fully describes his concept of the primal scene. Reflecting on that concept toward the end of the piece, Freud includes the following as part of a long footnote:

I admit that this is the most delicate question in the whole domain of psycho-analysis. I did not require the contributions of Adler and Jung to induce me to consider the matter with a critical eye, and to bear in mind the possibility that what analysis puts forward as being forgotten experiences of childhood (and of an improbably early childhood) may on the contrary be based upon phantasies created on occasions occurring late in life . . . . On the contrary, no doubt has troubled me more; no other uncertainty has been more decisive in holding me back from publishing my conclusions. I was the first—a point to which none of my opponents have referred—to recognize both the part played by phantasies in symptom-formation and also the “retrospective phantasying” of late impressions into childhood and their sexualization after the event. [1918, p. 103n]

Elsewhere, Freud claimed to have completed the case history by November 1914, but even if this is true, one must ask—as is the case with many of his writings—why he chose to delay publication; or, conversely, we might speculate on the later developments in his thought that might have prompted him to return to, and finally publish, work that for whatever reason he had set aside. Reading the footnote in relation to “The Uncanny” (published in the fall of 1919; 1919a) and, to a lesser degree, *Beyond the Pleasure Principle* (1920a), Neil Hertz has argued that in the footnote “Freud again is engaged with questions of origins and their subsequent rehearsals” (1979, p. 319).<sup>1</sup> As Hertz observes, moreover, these questions are bound up with concerns over priority and originality (e.g., “*I was the first . . . to recognize*”)—concerns that, set in the context of his rivalry with Adler and Jung, suggest how much Freud's professional interests were intertwined with vexed personal ones.

We might extend Hertz's suggestion to note more broadly that “subsequent rehearsals” should be taken to include the many ways in

<sup>1</sup> Freud was at work on *Beyond the Pleasure Principle* (1920a) while finishing “The Uncanny” (1919a).

which, within psychoanalytic interpretation, later moments in our experience are understood not just as deriving from, but also, in some inexplicable way, as pathologically drawn back to earlier ones (the "origins")—whether those earlier moments actually happened or are rather the product of what Freud here calls "retrospective phantasying." However the experience of being drawn back is to be conceptualized (and, among other possibilities, we might include the notions of repetition compulsion, *Nachträglichkeit* or deferred action, and the return of the repressed), Freud imagines a sequence unfolding in time (from earlier to later) in which the impact of an original event is deferred and, only thereafter, experienced backwards (for example, as something repeated). And read in relation to the sequence of writings that includes "The Uncanny" (1919a) and *Beyond the Pleasure Principle* (where the concept of repetition compulsion is fully articulated; 1920a), the 1918 footnote—and indeed the whole of the case history—can be seen as caught up in Freud's emerging or renewed interests in how the past is problematically retrieved in the present, in the anxiety over what it means to come before or after (and thus including questions of origins, originality, and priority), and in the struggle to distinguish actual experiences from what is imagined after the fact.

While it is not clear that he is endorsing this concept, it is yet worth noting that Hertz places all of these issues under the broader heading of "Freud's oedipal model" (1979, p. 318). We should give some special consideration to that phrase because, in the 1918 footnote, Freud reluctantly acknowledges that the "sexualization" that appears so central to "symptom-formation" might itself come late(r) and thus not belong to the original experience. In other words, the sexual motive that is so fundamental to his theorizing (and opposed, of course, by both Adler and Jung) might have very little to do with "the experiences of childhood," and mark instead what is imposed upon those experiences only belatedly.

Does this retrospective imposition of the sexual belong only to the patient, or is Freud here calling into question the work of the analyst as well? In other words, is Freud expressing a concern that the sexualization of the experiences of childhood may simply be part of psychoanalytic discourse, and thus a perspective produced and imposed "after the

event” on something that may not have happened in the patient’s life at all?

We might go even further here. Hertz is certainly correct that the footnote powerfully expresses Freud’s anxiety over priority and originality in the context of a deepening rivalry with his two former disciples (we might almost think of Adler and Jung as unruly sons). And we might speculate that the Freudian inclination to sexualize psychical experience (the “oedipal model” itself) actually serves to displace or even deny an intense preoccupation with those other concerns, which, though still grounded in some filial-paternal conflict, could conceivably derive from another motive-force entirely.<sup>2</sup> Might it be, then, that Freud retrospectively imposes a sexual meaning upon a patient’s past experience to explain or even explain away the more intractable problem of what priority and originality mean within human relationships? We might wonder, in short, if Freud’s footnote unwittingly calls attention to how the obsessive need to look back, to refer the present to the past (for Freud, at least, especially within the context of the father–son relationship), marks the human psyche’s even more primal struggle with what it means to come after.

What the remainder of this essay will explore is how, in dialogue with his own conceptual precursors on the topic (E. T. A. Hoffmann and Ernst Jentsch), and despite his efforts to offer a sexualized account, Freud will most provocatively locate the uncanny in the vexed experience of having an origin in relation to which one is always and necessarily belated. Especially pronounced for Freud in the son’s ambivalent relationship to his father, this experience is registered, as we shall see, in the obsessive revisiting of the past that is itself marked simultaneously by a desire to know, a revulsion at knowing, and the impossibility of knowledge. Admittedly trying to use Freud’s own ruminations to articulate a meaning of the uncanny that he would have rejected, I offer what follows as a way of addressing the question that Derrida, in my essay’s second epigraph, sees as already marked by belatedness (“it is *too late* to deny”),

<sup>2</sup> For a brief discussion of “the child’s ambivalence toward his father” in relation to repetition compulsion, see Hertz (1979, p. 303). The son’s ambivalence toward his father in relation to Freud’s understanding of the uncanny is a key issue in Kofman (1991); for discussion of this issue in Freud’s thought more generally, see Barnaby (2013).



"what happens . . . when a son is *after* his father?" (2008, pp. 11-12; first emphasis added; second emphasis in original).

— | —

The most well-known part of Freud's reading of the uncanny deals with Hoffmann's short story "The Sandman" (1816a) (originally, "Der Sandmann" [1816b]), which we will look at in detail in section II. Freud's interest in this story was no doubt prompted by Jentsch's passing reference to Hoffmann's writings in "On the Psychology of the Uncanny" (1906a), an essay Freud cites and that itself must have spurred his initial attention to the psychological aspects of the broader topic. Of course, Freud famously dismisses Jentsch's interpretation, suggesting that Jentsch's primary locating of the uncanny in "intellectual uncertainty" misstates its true cause, at least in terms of its application to Hoffmann's story:

Jentsch writes: "In telling a story, one of the most successful devices for easily creating uncanny effects is to leave the reader in uncertainty whether a particular figure in the story is a human being or an automaton, and to do it in such a way that his attention is not focused directly upon his uncertainty, so that he may not be led to go into the matter and clear it up immediately [Jentsch 1906a, p. 13]." This observation . . . refers primarily to the story of "The Sand-Man" in Hoffmann's *Nachstücken*, which contains the origins of Olympia, the doll . . . But I cannot think—and I hope most readers of the story will agree with me—that the theme of the doll Olympia, who is to all appearances a living being, is by any means the only, or indeed the most important, element that must be held responsible for the quite unparalleled atmosphere of uncanniness evoked by the story . . .

There is no question . . . of any intellectual uncertainty [in Hoffmann's story] . . . The theory of intellectual uncertainty is thus incapable of explaining that impression. [Freud 1919a, pp. 227, 230-231]<sup>3</sup>

<sup>3</sup> The *Standard Edition* has "Olympia" rather than "Olimpia." For the sake of consistency (and in conformity with Hoffmann's own spelling), I will use the latter throughout. The *Standard Edition* also has "Nathaniel" where Hoffmann has "Nathanael" (I will use the latter throughout).

Freud is playing a bit loose here in that Jentsch's brief mention of Hoffmann (he never even explicitly references "The Sandman"), and even his broader interest in the confusion as to whether a figure is "a human being or an automaton," are only parts of his *theory* of intellectual uncertainty as that idea shapes his understanding of the uncanny. And Freud will later complicate matters even more in asking—though without recalling Jentsch—whether "we are after all justified in entirely ignoring intellectual uncertainty as a factor" in the evocation of uncanny feelings (1919a, p. 247).<sup>4</sup>

But at the point in the argument where he is explicitly addressing Jentsch's essay, Freud makes an extended reference to Hoffmann's story in which he substitutes for Jentsch's intellectual uncertainty Hoffmann's "theme of the 'Sand-Man' who tears out children's eyes" (p. 227). At least in the context of "The Sandman," it is this "theme" (in the figure of the Sandman) to which, according to Freud, "the feeling of something uncanny is directly attached" (p. 230; *daß das Gefühl des Unheimlichen direkt an der Gestalt des Sandmannes . . . haftet* [1919b, p. 242]). "Directly attached" is somewhat misleading in that "the idea of being robbed of one's eyes" is itself a replacement based on the "substitutive relation between the eye and the male organ"; hence, what is really at stake in the uncanny, at least as Freud reads Hoffmann's story, is not the fear caused by intellectual uncertainty about a figure's status as animated or lifeless, but rather "the dread of being castrated" (p. 231), which, in its deferred form—the return of the repressed—becomes the chief instance and a synecdochic emblem of Freud's new interpretation.<sup>5</sup>

We might observe here that the main reason Freud needs to reject Jentsch's notion of intellectual uncertainty is that, psychically speaking, repressed material is *not* uncertain. It is, rather, psychically forgotten or lost sight of; or, we might say, it is because this material is *all too* certain—too close, too familiar—that the mind must hide it away in the unconscious as what cannot be faced. Thus, clarifying his earlier remark, Freud will state that "the uncanny is something which is *secretly familiar*,

<sup>4</sup> Even before he gets to his key disagreement with Jentsch, Freud associates the uncanny with "that which is obscure, inaccessible to knowledge" (1919a, p. 226).

<sup>5</sup> At one point in the essay, Freud states emphatically that the uncanny "can be traced *without exception* to something familiar that has been repressed" (1919a, p. 241; emphasis added).

which has undergone repression and then returned from it" (1919a, p. 245; emphasis in original). Still, by dismissing Jentsch's reading so quickly, Freud not only avoids any real confrontation with the idea that doubt as to whether some figure is alive or not is central to the experience of the uncanny, but also misses the opportunity to explore the relation of that idea to his own notion that the uncanny is primarily enacted through the recurrence of the secretly familiar.

Those remarks require some qualification. Although he does rightly observe Jentsch's interest in automata as a prime example of how the uncanny is grounded in uncertainty over a figure's status (alive or lifeless), Freud misses Jentsch's broader point: the deeper, more troubling questions as to what actually constitutes aliveness, how we respond to our own confusion regarding that issue, and, even for something that is unquestionably alive, what it means to be externally determined (by natural laws, or by something or someone else), as opposed to being free, autonomous, and self-determined.

Still, it would be misleading to suggest that Freud completely fails to register these matters. He does, for example, note that Jentsch's interest in a diverse range of particular objects and experiences links them all to the animate-inanimate question in the special way that they "excite in the spectator the impression of automatic, mechanical processes at work behind the ordinary appearance of mental activity" (1919a, p. 226). And later, though without reference to Jentsch, he will link uncanny effects to other material that is "offensive to the ego" in the way it undermines those "acts of volition which nourish in us the illusion of Free Will" (p. 236).

That said, Jentsch's point is more developed and much more central to his argument than even these comments register. Jentsch's linking of the uncanny to "the impression of automatic, mechanical processes at work behind the ordinary appearance of mental activity" is founded on how certain objects and situations give their spectators the eerie impression (rebounding on the spectators themselves) that human consciousness itself is but a mechanical process. (This impression is perhaps less uncertain than it is disorienting.) Going well beyond Freud's almost passing reference to the "illusion of Free Will," Jentsch's "psychology of the uncanny" enters into the realm of existential speculation.

For Jentsch, that is, the uncanny is not about intellectual uncertainty simply, or even about that more specific uncertainty over a figure's status as alive or lifeless. The uncertainty at the heart of the uncanny is not, that is, about the simple "what" of the figure (person or object). If a faith in what Jentsch variously calls "man's individuality," "a unified psyche," and "psychical freedom" (what we might call self-possessed volitional autonomy; 1906a, pp. 14-15) and a belief that this human condition might be traced ultimately to our *transcendental origin*, are central to our normal impressions of existence, the uncanny marks the unnerving evocation that such impressions might be wrong.

Or, as Jentsch puts it, in the experience of the uncanny, we are confronted with the possibility of "hidden psychological" or "mechanical processes" in the mind that "undermine one's hasty and careless conviction of the animatedness of the individual" (1906a, pp. 14-15). Within the context of Jentsch's own argument, the word translated here as "animatedness" (*Beseelung* [Jentsch 1906c, p. 205]) does not simply point to the simple difference between alive or not alive (a person versus a doll, for example). Rather, it calls our attention, problematically, to our assumptions as to what constitutes life—specifically, conscious *human* life—at all.

In the context of elaborating on the animate-inanimate problematic, Jentsch observes how one can be disoriented by something that, having "at first seemed completely lifeless, suddenly reveals an inherent energy." He adds that "this energy," which might "have a psychical or a mechanical origin," is capable of generating a "feeling of terror" precisely because of "the obscurity of its cause" (1906a, p. 11). Jentsch does not make the connection himself, but we might associate the phrase "obscurity of its cause" with an earlier part of his discussion in which he relates the uncertainty-uncanny link to "processes . . . whose *conditions of origin*" (p. 10; emphasis added) are unknown.

While at this point in his argument, Jentsch has not yet delved into the richer existential implications of the uncanny, he goes on to observe that "a slight nuance of the uncanny effect . . . can be explained psychologically in terms of *one's bafflement regarding how the conditions of origin . . . were brought about*" (p. 10; emphasis added). I would like to suggest that such "bafflement" (*Rathlosigkeit* [Jentsch 1906b, p. 197])

can and should be associated with the anxiety over whether what we thought possessed "psychical freedom" might actually be determined by mere mechanical processes. In other words, the phrase "bafflement regarding how the conditions of origin . . . were brought about" might be applied to Jentsch's later discussion of the confusion over "the animateness of the individual" (1906a, p. 15). For the existential question at the heart of this confusion is not simply how one is to distinguish what is alive from what is lifeless, but in what sense a living thing (something undoubtedly "animated") might not be able to call its life its own. And this question arises because the *cause* of one's animate condition is obscure.

In the experience of the uncanny, Jentsch remarks, "dark knowledge dawns" (1906a, p. 14). If this darkness is yet more "bafflement" than knowledge, it is because what we once thought we could take for granted about existence is, at best, uncertain. The uncanny unnerves, in short, by reminding us that we exist—we are conscious, we think, we are *animate*—without knowing how or why.

But how exactly do the conditions of origin become a problem of knowledge? As we have already noted, one of the points Freud picks up on from Jentsch is the notion that the experience of the uncanny is often grounded in a certain temporal lag:

In story-telling, one of the most reliable artistic devices for producing uncanny effects is to leave the reader in uncertainty as to whether he has a human person or rather an automaton before him in the case of a particular character. This is done *in such a way that the uncertainty does not appear directly at the focal point of his attention, so that he is not given the occasion to investigate and clarify the matter straight away.* [Jentsch 1906a, p. 13, emphasis added; quoted by Freud 1919a, pp. 226-227]

Jentsch is more obviously addressing an aspect of narrative technique—how to build fictional suspense—but he hints more broadly that the experience of the uncanny is typically grounded in a similar temporal lag: the lag between an original moment when an event or situation's meaning is not fully registered and a later moment at which intellectual uncertainty gives way to clarity, but clarity about an idea or state of affairs that one finds repulsive or horrifying.

Although he is rather more implicit than explicit on this point, we might say that, for Jentsch, one of the keys to the uncanny is a process of discovery that we would avoid if we knew what was coming. But because we fail to focus our attention directly upon this scene of uncertainty when we first encounter it—since we do not recognize it, or perhaps we simply miss it—we are set in motion toward a later epiphany that we do not want and whose full force produces feelings of dread, horror, shock, and revulsion.

In dealing with definitions of the uncanny in the first section of his essay, Freud makes a similar point in linking his notion of the “secretly familiar” (1919a, p. 245) back to his earlier philological analysis of the two words *heimlich* and *unheimlich*, and in particular to his finding “that among its different shades of meaning, the word ‘*heimlich*’ exhibits one which is identical with its opposite, ‘*unheimlich*.’ What is *heimlich* thus comes to be *unheimlich*” (1919a, p. 224).

Although Freud does not acknowledge it here, this sense of the uncanny as involving a reversal of meaning—what is familiar suddenly being perceived as containing within itself something unfamiliar—appears in Jentsch’s formulation as well:

That which has long been familiar appears not only as welcome, but also . . . as straightforwardly self-evident . . . . It is only when one deliberately removes [an idea] from the usual way of looking at it . . . that a particular feeling of uncertainty quite often presents itself . . . . It is thus comprehensible if a correlation “new/foreign/hostile” corresponds to the psychical association of “old/known/familiar.” . . . The emergence of sensations of uncertainty is quite natural, and one’s lack of orientation will then easily be able to take on the shading of the uncanny. [Jentsch 1906a, pp. 8-9]

But Freud alters Jentsch’s formulation by offering a different way of understanding the correspondence between “new/foreign/hostile” and “old/known/familiar.” For Freud, that is, what appears new, unfamiliar, and thus uncertain is actually something we already know without recognizing that we do. Of course, the unfamiliar can be something we already know (the secretly familiar) because of repression. But, by itself,

repression is not enough to cause uncanny feelings. The emergence of such feelings also requires that what has been repressed returns in an unfamiliar way, a process in which our normal forward movement in time (from past to present) turns back on itself: if "the *heimlich* . . . comes to be *unheimlich*," it is because the uncanny "*leads us back* to what is known of old and long familiar" (1919a, p. 220; emphasis added).<sup>6</sup>

For Freud, the uncanny is thus precisely a belated revelation of something the mind has kept a secret from itself: the "secret and hidden" (1919a, p. 224) is somehow familiar (we have experienced it before in some form) and so it is *heimlich*; but because it has come to light unexpectedly (and in some deferred way) it also has the quality of the *unheimlich*.<sup>7</sup>

What Freud recognizes, in short, is that what is *unheimlich* is hidden away precisely in the *heimlich*. In that context, what is repulsive or horrifying in the experience is not just something frightening in itself. Rather, we are unnerved by the experience of coming to see *subsequently* that some other reality—something uncertain or unexpected—is concealed within what is most familiar, personal, and intimate. In other words, the experience of the uncanny is a moment of reversal, the point at which our sense of reality as what is comforting, safe, or friendly (*heimlich*) is suddenly exposed as unfamiliar, obscure, or self-estranging.

We might even say that the experience of the uncanny resides in this disorienting duality: what is at once insufficiently and too secretive, insufficiently and too concealed, insufficiently and too familiar. And to the extent that, as I have already suggested, a *deferred* coming-to-know (a temporal lag) defines this experience, the uncanny also, typically, refers to a past that we cannot fully grasp, conceptualize, or remember—a past we did not or could not know directly at the time, even though, in some inexplicable way, we must have been present for it.

<sup>6</sup> Looking ahead to Hoffmann's story, we might observe that Freud's concept of being led back, so central to psychoanalysis generally, is imagined in the opening: "You [the reader] will apprehend that this incident must gain its significance from associations peculiar to myself [the protagonist, Nathanael], *reaching far back into my own life*" (Hoffmann 1816a, p. 86; emphasis added).

<sup>7</sup> It is this paradox that leads Freud to cite Schelling's definition three times: the "*Unheimlich*" is the name for everything that ought to have remained . . . secret and hidden but has come to light" (1919a, p. 224; see also pp. 225, 241).

But there is another crucial factor to consider. For if, as Freud notes, the uncanny compels us to revisit (and also revise) “what is known of old and long familiar” (1919a, p. 220), what it means to be “known of old and long familiar” is precisely what is at stake: known by and familiar to whom? I would like to go beyond Freud to suggest that what is most frightening in the uncanny is that its deferred coming-to-know marks a recognition of something “known of old”—only *not by us*. In other words, a key part of the uncanny is experienced through our slowly dawning awareness that others do not share our ignorance. At one stage, Freud notes as an aspect of the shared definition of *un/heimlich* the notion that it can mean “concealed . . . so that others do not get to know about it, [it is] withheld from others” (p. 223). But it is more likely that behind this sense of a *knowledge withheld* is the terrifying prospect of knowledge being withheld from us *by* others: it is as if part of what we discover is that others have known this secret all along (known of old and long familiar *to them*).

Summarizing Jentsch, Freud notes that the notion of *intellectual uncertainty* means that “the uncanny would always, as it were, be something one does not know one’s way about in” (1919a, p. 221; see Jentsch 1906a, p. 8). But this disorientation exists in relation to intimate and forbidden knowledge that is not denied to others, who, by contrast, know *their* way about in it. The image Freud himself offers of being lost in the red-light district of a certain “provincial town in Italy” perfectly captures this feeling. Freud’s “feeling of helplessness” in inadvertently returning “again and again to one and the same spot” is exacerbated by the fact that the onlooking “painted women” (1919a, p. 237) seem perfectly at home in the situation and thus have an easy and familiar knowledge of what is unfamiliar to him. In other words, they already know precisely what baffles Freud, and the fact that others know what he does not makes the situation worse. Indeed, their knowledge as against his ignorance, along with the fact that Freud keeps returning to where he began (his origin), is central to making the experience uncanny and not just frustrating.

The secret unearthed in the experience of the uncanny is something that has been known to others who appear to know more about us than we do ourselves and who therefore appear to have direct access to a



past—*our* past—that we do not share. And if, then, we experience the uncanny when we feel a sudden exposing of what we would prefer to stay hidden, part of its terror is the fact that the secret has been known by others whose strange power over us is defined by their prior knowledge.

To sum up this part of the discussion, although on one level Freud explicitly rejects Jentsch's notion of intellectual uncertainty as a central feature of the uncanny, he effectively reinstates that notion in psychoanalytic terms by positing an *un/heimlich* duality. More specifically, he revises Jentsch's idea of a temporal lag through which certainty replaces uncertainty, so that the uncanny comes to be experienced expressly in terms of delayed recognition: what had seemed normal and so comforting is defamiliarized; or the *unheimlich* comes to be seen as residing within the *heimlich* (what Freud calls the *secretly familiar* is thus also the strangely unfamiliar). Without perhaps being fully aware of the reworking, Freud also adds to Jentsch's theory of the uncanny the sense that what is uncertain is not simply what is not known. For beyond what is obscure to us—what we cannot see or understand—is the sense that we may not truly want to see, that we refuse knowledge offered.

But against Freud's position that such refusal is a mark of repression (and the knowledge that returns from that state), I am suggesting that, in the uncanny, what we seek to disavow is knowledge at once there and not there—available yet inaccessible, something we actually missed and did not simply psychically forget. Returning from Freud to Jentsch, we might observe, finally, that in linking intellectual-psychical processes to the very question of our animate condition, Jentsch—more so than Freud—situates the uncanny at a moment of existential anxiety, a dawning awareness of our own previously unrecognized bafflement regarding the conditions of our very origins as conscious and self-conscious creatures. And what is most disconcerting in the uncanny is the self-estranging experience of coming to see how the origin that defines us—indeed, that must define us—is our own and not our own simultaneously.

In what remains of this essay, I would like to combine Jentsch's (1906a) and Freud's theories of the uncanny, adapted as I have thus far suggested, and read them in relation to Hoffmann's "The Sandman" (1816a). I would like to suggest that the narrative structure of the story plays on the interconnected issues I have just described: the uncanny as

a moment we cannot fully understand as it happens (and which, inexplicably, we have missed despite having been present), a truth of our past denied to us but not to others, knowledge that comes to us only belatedly and even then without full certainty.

Borrowing from Jentsch, I want to suggest, further, that "The Sandman" (Hoffmann 1816a) can and should be read precisely as dealing with the existential question *par excellence*: how do we understand the animatedness of the individual? As we shall see, in the tale of young Nathanael, who must confront the very possibility that he is but an automaton, Hoffmann treats the question of animatedness metaphorically to raise a series of broader questions: How are we to understand our animate/d condition? What does it mean to have had an origin we seem not to remember? Why is the secret of our origin known only by others? And how does this origin mark our present as forever belated?

– II –

Before we take up specific plot details,<sup>8</sup> it is worth observing how Hoffmann's play with points of view offers a kind of oblique commentary on the issues we have been addressing. While the story's basic chronology moves through four major temporal episodes, starting with the childhood of the protagonist, Nathanael, its narrative structure is divided between an initial epistolary section (three letters comprising roughly one-third of the whole) and a larger section narrated by an anonymous friend of one of the minor characters (Lothar).

The latter section begins as follows: "No invention could be stranger or more extraordinary than the fate which befell my poor friend, the young student Nathanael, and which I have undertaken to recount to you, dear reader" (Hoffmann 1816a, p. 97). The origins of this statement are obscure: it is unclear who is speaking or how this person is connected to Lothar or Nathanael (both termed friends); it is unclear why the story begins with the letters rather than with the narrator's deferred observation (why is that observation only now being related?); and it is unclear just what motivates the telling in the first place ("I must confess, kind reader, that nobody has actually asked me to tell the story" [p. 98]).

<sup>8</sup> For a synopsis of "The Sandman," see the Appendix.

Moreover, as Hertz astutely notes, the narrative intrusion calls to mind "the classic problem of the Romantic writer: how to begin" (1979, p. 305). Our narrator (female or male?) thus tells us that s/he has "laboured in vain to find words with which to begin," that s/he has "racked [her/his] brains to find a portentous, original, and arresting way of beginning," and that, finally, "unable to find words . . . to reflect . . . [her/his] "inner vision, [s/he] decided *not to begin at all*" (Hoffmann 1816a, pp. 97-98; emphasis added). Of course that last statement is contradicted both by its very writing and by the inclusion of the letters, which, the narrator tells us, were "communicated" by Lothar and which provide a suitable introductory "sketch" of the full story (p. 98).

In short, even as s/he actually does begin, or perhaps begins again (are the letters the beginning or not?), our narrator marks her/his (re)beginning by disavowing it: "I resolved not to begin." But after s/he has already begun, what is such a resolution worth?

For the narrator, then, the story begins with a beginning that, as Freud might say, has lost its way. On the one hand, identifying the origin is difficult because it is unavailable for some reason (no words with which to begin; a resolution not to begin). On the other hand, it is not so much missing as displaced: either it is not to be found where we expected it, or it is present where we did not expect it. It is as though the story's origin must always lie elsewhere, even as we are left to wonder how we missed it.

The problematic nature of the story's origin (including the fact that it may simply be missing or otherwise inaccessible) is strangely marked, for example, in the narrator's claims regarding her/his own representational practice: "As I tell the story, . . . I may, like a good portraitist, succeed in depicting some figures so well that you find them good likenesses *even without knowing the originals*" (Hoffmann 1816a, p. 98; emphasis added). Where the origin(al)s are missing, how can we even begin to assess the quality of the representation? Indeed, what would representation (*re*-presentation/repetition) even mean in this context?

In short, the story's narrative structure thematizes as problematic the very notion of what it means to begin, to have an origin. And read in conjunction with Jentsch's phrase—"bafflement regarding how the conditions of the origin were brought about" (1906a, p. 10)—the narrator's

(non)beginning might be taken as a warning that any origin is always already uncanny.

If this missing or misplaced beginning is the situation of the tale's telling, it is also, and more importantly, a major element of Nathanael's situation. Although, as we have seen, Freud dismisses its relevance to the production of uncanny feelings, most readers no doubt see Nathanael's discovery of what Olympia really is (a mechanical doll created by the joint efforts of Spalanzani and Coppola) as the central event of the story. But while her status becomes clear as the story proceeds, the revelation also forces Nathanael (or at least the reader) to look back, retrospectively, to redefine what *he* is.

We thus get the following two passages, the first describing Nathanael's recognition of what Olympia is, the second Nathanael's earlier and rather more cryptic description of an incident from his youth while he was in his father's study:

Nathanael stood stock still. He had perceived only too clearly that Olympia's deathly pale wax face had no eyes, just black caverns where eyes should be; she was a lifeless doll. Spalanzani was writhing on the floor . . . but he summoned all his strength and cried: "After him, after him! Why are you standing there? Coppeli—Coppelius—he's stolen my best automaton—twenty years work . . . the clockwork—language—walk—all mine—the eyes—he stole your eyes . . . Fetch Olympia—here are her eyes!" [Hoffmann 1816a, p. 114]

The two of them [Nathanael's father and Coppelius, the Sandman] donned long black smocks. I did not notice where these came from. My father opened the folding doors of a cupboard; but I saw that what I had so long taken for a cupboard was instead a dark recess containing a small fireplace. Coppelius walked over to it, and a blue flame crackled up from the hearth . . . Brandishing a pair of red-hot tongs, [he] was lifting gleaming lumps from the thick smoke and then hammering at them industriously. It seemed to me that human faces were visible on all sides, but without eyes, and with ghastly, deep black cavities instead.

"Bring the eyes! Bring the eyes!" cried Coppelius in a hollow rumbling voice. [The hidden Nathanael is then discovered by Coppelius.]

With a piercing laugh, Coppelius cried: "All right, the boy may keep his eyes . . .; but let's examine the mechanism of his hands and feet." And with these words he seized me so hard that my joints made a cracking noise, dislocated my hands and feet, and put them back in various sockets. [Hoffman 1816a, pp. 90-91]

Although Freud himself can do no better than to link the paired disassembling of Nathanael and Olimpia as a "new castration equivalent," the general connection between the two scenes is clear enough: the image of what even Freud recognizes as Coppelius "screw[ing] off [Nathanael's] arms and legs as an experiment" (1919a, p. 232n) is linked to the discovery that Olimpia is a "lifeless doll." In short, the second scene in some sense reenacts (without simply repeating) the first so as to reveal what is not clear initially. Perhaps more accurately, what Nathanael finds in Olimpia is, inexplicably, himself or at least what he experienced of himself, though unknowingly, in that earlier episode.<sup>9</sup>

Though without reference to Jentsch, Stefani Engelstein (2008) has shown that Hoffmann's interests anticipate Jentsch's interpretation of the uncanny in certain key respects. Writing explicitly in response to late 18th- and early 19th-century developments in biological science and natural history, especially those studies with an emphasis on procreative and regenerative processes, Hoffmann is attuned to how the body might be said to govern itself; or, with a more philosophical bent, he creatively engages the period's conceptual interlacing of an emerging view of the mechanistic-materialist "instrumentality of the body" with a "wider confusion in the boundaries of the self." This confusion could "elicit with urgency the question of the final purpose of human existence, and whether it proceeds in a determinate fashion from our physical structure" (Engelstein 2008, pp. 145, 175).

That said, Engelstein is closer to the core concept of the uncanny in her analysis of another Hoffmann story, "Die Automate." There, she more aptly notes, the author "sets up the puzzle of human consciousness *through* the automaton" (2008, p. 175; emphasis in original). Applying that idea to "The Sandman," we might observe that the final aim of the

<sup>9</sup> Freud himself suggests that "Olimpia is, as it were, a dissociated complex of Nathanael's which confronts him as a person" (1919a, p. 232n).

story is not simply to reveal that Nathanael is not human (or even, as Jentsch might put it, to leave us in doubt for as long as possible about whether an apparently living being is animate). Rather, it aims to puzzle us—even, in Jentsch's words, to “undermine . . . [our] hasty and careless convictions” (1906a, pp. 14-15) about consciousness, what it means to be animate, and how the simple fact of being alive can become uncanny. I would venture further that Hoffmann's puzzle anticipates Jentsch's undertheorized intuition that the uncanny is connected to our bafflement regarding how the conditions of origin come about.

Let us return, then, to Nathanael's special connection to Olimpia. Clearly, for a time, Spalanzani and Coppola (or is this Coppelius?) alone know what Olimpia is, a secret identity that only later comes to light. But, cryptic as it is, Spalanzani's wording in his final meeting with Nathanael strongly suggests that he and Coppola (and perhaps also Nathanael's father) possess a similar secret about Nathanael himself:

Spalanzani was writhing on the floor . . . but he summoned all his strength and cried: “After him, after him! Why are you standing there? Coppelius—he's stolen my best automaton—twenty years work . . . the clockwork—language—walk—all mine—the eyes—he stole your eyes[!]” [Hoffmann 1816a, p. 114; emphasis added]

It is not just that Spalanzani is here revealing some secret knowledge about Nathanael (although that may also be true). Rather, Spalanzani's revelation is marked precisely as delayed—knowledge that, for some reason, could not be recognized earlier. Clearly, the discovery that Olimpia is a machine—and in particular Spalanzani's association between her eyes and Nathanael's—is intended to draw us back to the earlier scene in Nathanael's father's study. And the relation between the two scenes highlights what was so strangely missing in the first: at the very moment when Coppelius is shown dismantling the young Nathanael, Nathanael remains strangely oblivious. What thus gets revealed as the latter scene *leads us back* is not simply that Nathanael is an automaton, but rather that he cannot recognize himself in the first instance. Faced with how the conditions of his origin were brought about, Nathanael can only (re)discover himself after the event.

But why must this (self-)knowledge be deferred? I would venture that this belated structure of knowledge is linked to the temporal lag that Jentsch associates with fictional representations of the uncanny and points to the uncanny's most fundamental characteristic: it is an experience of always already coming after, of having an origin that, inexplicably, remains obscure (inaccessible at least to ourselves, though perhaps known to others) and in relation to which we always come too late.

Aptly observing that Hoffmann's story represents "an *unheimlich* episode in the history of the subject," Françoise Meltzer argues that Hoffmann's Nathanael marks such an episode precisely in the way that he is caught up in "the preordained order into which the subject is situated *before* he acquires knowledge of his relation to 'others'" (1982, pp. 223-224; emphasis added). I place special stress on that "before" because it defines the history of the subject as the history of one who has a *before* in his relation to others, but who acquires knowledge of it only later (after the event). And it is in part the vexed nature of this temporal contrast that makes a situation uncanny.

Beyond this specific contrast, however, to the extent that the plot of "The Sandman" hinges on Nathanael's deferred knowledge of his very identity (rendered visible only in the mediating figure of Olimpia), that self-knowledge is precisely what is not available even from the later perspective. The fundamental inaccessibility of Nathanael's origin is powerfully, if subtly, on display in Coppelius's most cryptic remark in the scene in the father's study:

And with these words he seized me so hard that my joints made a cracking noise, dislocated my hands and feet, and put them back in various sockets. "They don't fit properly! *It was alright as it was! The Old Man knew what he was doing!*" hissed and muttered Coppelius. [Hoffmann 1816a, pp. 90-91; emphasis added]

We have no idea who the "Old Man" ("Der Alte" [Hoffmann 1816b, p. 10]) is, but Coppelius's reassembling of Nathanael's joints ("put them back in various sockets") appears to be repeating the moment at which Nathanael was first assembled. In other words, what both Nathanael and the reader encounter in the father's study is the very inaccessibility of that earlier scene. Conceptualizing the incident in the study as the sto-

ry's primal scene, Meltzer refers to it by its French term: *la scène originaire* (1982, p. 230). But she fails to register that Nathanael's true origin is what the story is at pains *not* to give us. Indeed, in relation to Meltzer's "before"—the subject's situatedness within relationships prior to a knowledge of them—Nathanael's present can but gesture toward a time existing prior to the scene in his father's study. And that before-time can thus only be known through a repetition that belatedly marks the original as missing. For Nathanael as for the reader, the knowledge of how our very identities are caught up in the conditions of our origin remains, in some fundamental sense, at once belated and obscure.

In his first mention of primal scenes in a May 1897 letter to Fliess, Freud links them to "phantasies [that] arise from things *heard* but only understood *later*"; he adds in his notes that such "phantasies serve the purpose of refining the memories, of sublimating them. They are built up out of things that have been heard about and then *subsequently* turned to account" (Freud 1954, pp. 196-197; emphases in original). In his first formulation, then, the Freudian primal scene appears to have something in common with the temporal lag that Jentsch will associate with the experience of the uncanny. Just as important, what is "understood *later*" or "*subsequently*" typically leads us back to an event that is not immediately available to the mind, something we may have "heard about" without our having an actual memory. In this context, Freud notes that these "psychical structures . . . are not properly speaking memories" (1954, p. 196) because we may not in fact have experienced them except as reconstructions after the fact.

Hoffmann offers his own version of a not-quite-being-there in Nathanael's almost passing description of how his repeated attempts at knowledge could never quite catch up with their object: "I would slip out of my bedroom into the corridor, but I never managed to discover anything; for the Sandman had always entered the room *before I reached the spot at which he would have been visible*" (Hoffmann 1816a, p. 88; emphasis added). As Freud (1919a) himself did, we might recognize Hoffmann's doubling of the father image in Coppélius (the Sandman) and Nathanael's actual father (significantly, always referred to as "father" even by his wife). It is as though the situation of always arriving late at the scene of knowing cannot escape the existential urgency of the



question posed by Derrida: "What happens . . . when a son is *after* his father?" (2008, p. 12; emphasis in original). For both Hoffmann and Freud, then, the uncanny may be precisely that psychical response of the son who, when confronted with the question, discovers that he cannot answer it.

It is as both an attempt and a failure to answer that impossible question that we should read Nathanael's suicidal leap from atop the town hall at story's end.

He uttered a horrible bellow, like a tormented animal; then he sprang aloft and cried in a piercing voice, interspersed with hideous laughter: "Spin, wooden dolly! Spin, wooden dolly!". . . Nathanael was raving . . . , leaping into the air and shrieking: "Fiery circle, spin! Fiery circle, spin!". . . Suddenly Nathanael paused and stood stock still; he bent down, perceived Coppelius, and, with a piercing shriek of "Beautiful eyes-a! Beautiful eyes-a!" he jumped over the parapet. By the time Nathanael was lying on the pavement, his head shattered, Coppelius had vanished. [Hoffmann 1816a, pp. 117-118]

This scene leads us back to the final incident at Spalanzani's house, in which Nathanael goes mad after he is hit by the "pair of bloody eyes" taken from Olimpia:

Spalanzani picked them up . . . and threw them at Nathanael, so that they struck him in the chest. Madness seized him . . . , tearing his mind to pieces. "Hey, hey, hey! Fiery circle, fiery circle! Spin, spin, fiery circle! Come on! Spin, wooden dolly, spin, pretty woman dolly . . . ," and with these words he flung himself on the Professor and clutched him by the throat. [p. 114]

More impressionistically, the shared image of the "fiery circle" (*Feuerkreis* [Hoffmann 1816b, pp. 38, 43]) leads us back to the scene in Nathanael's father's study and the "small fireplace" with crackling "blue flame" (Hoffmann 1816a, p. 90) onto which Coppelius hurls Nathanael. If, as I have suggested against Meltzer's reading, the scene in the father's study marks a repetition of precisely what cannot be witnessed (an earlier scene figured in the unidentified "Old Man"), we might interpret Nathanael's suicide as another kind of repetition of that scene,

an attempt to force what is missing into the open. In other words, if the missing scene must have shown the Old Man first assembling Nathanael, Nathanael's disassembling of his body ("his head shattered") returns him to the lost origin by undoing it.

Of course, the very self-destructiveness of this act reveals the essential helplessness that one feels in the uncanny. In killing himself by undoing the work of his creator—the "father" who exists in the son's before—Nathanael tries, in fantasy (and thus futilely), to reclaim what was never his: the choice to exist. For in the wake of that inaccessible origin—*la scène originnaire*—what we experience (or, more accurately, what we are forced to experience against our will) is our absence precisely where we should have been present. If, whatever Freud might have thought, the primal scene is best understood as the belated discovery that we were, inexplicably, absent from the scene of our own creation, the uncanny registers that the choice of our existence belongs to another, someone mysteriously residing at the origin in relation to which we necessarily come forever after.

### CODA: AFTER "THE UNCANNY"

Françoise Meltzer (1982) and Sarah Kofman (1991) both interpret the scene in Nathanael's father's study as a proleptic representation of Freud's (1918) concept of the primal scene as formulated in the case history of the Wolf Man. Implicitly reminding us that Freud was simultaneously at work on the case history and "The Uncanny" (1919a), they suggest that uncanny feelings are akin—perhaps even identical—to what is experienced in the primal scene.

But where we earlier observed Hertz's (1979) effort to align the case history, "The Uncanny," and, to some extent, *Beyond the Pleasure Principle* in terms of their shared concern with origins, originality, and priority, Meltzer and Kofman—despite some attention to these issues—understand Freud as moving toward the concept of endings, and in particular toward the death drive as that notion gets its full articulation in *Beyond the Pleasure Principle* (1920a). In other words, Meltzer and Kofman both view the place of the primal scene in "The Uncanny" (the link established by the role Hoffmann's story plays in Freud's essay) as

bound up with what is perhaps the key postoeidipal insight in Freud's metapsychological thinking.

Meltzer and Kofman both argue that, in the experience of the uncanny (in Hoffmann's story, most powerfully expressed through a proto-Freudian representation of the primal scene and its subsequent repetition), the subject encounters the ultimate incomprehensibility: how our being-in-the-world is always our being-toward-death. To put this idea most simply, they both read the uncanny as the sudden, inexplicable awareness (best understood as a drive or instinct in the Freudian sense) of how death shadows life as its *unheimlich* double.

Although a full engagement with Meltzer's and Kofman's arguments is beyond the scope of this essay, I would like to suggest that a link between "The Uncanny" and *Beyond the Pleasure Principle* does exist, and that this link is itself associated with Freud's earlier effort to theorize the primal scene. That said, although he does not trace the complete development, I would also venture that Hertz's (1979) understanding of what is at stake in these texts more accurately captures the particular trajectory of Freud's thought. In short, Freud's notion of the death drive as formulated in *Beyond the Pleasure Principle* conceptually points towards a crisis of origins, and not—as Meltzer (1982) and Kofman (1991) would have it—the other way around. So how should we understand the relationship between "The Uncanny" and *Beyond the Pleasure Principle*?

Let us return to Freud's reworking of Jentsch's psychological theory of the uncanny. Because he knows in advance what he is looking for, Freud fails to grasp what Jentsch's theory really entails: intellectual uncertainty over the disturbing border between the animate and the inanimate—exactly what is on display in Hoffmann's story. But what does it mean to be animate? In what we might call a kind of anticipatory gloss on Jentsch's essay, Hoffmann clearly imagines that *animate* does not simply mean being alive, that which has life as opposed to what is lifeless (a human being, for example, as opposed to a mechanical doll). After all, a central issue of "The Sandman" is that the apparently human Nathanael shares something with the inanimate Olympia without actually being a doll: he is too much like her without being identical to her in any literal sense.

In other words, there is something potentially inanimate—some latent inanimateness, we might say—within the animate. So perhaps the better question would be: what does it mean to move from one state to the other; what, in short, does it mean to become animate/d? There are two words here, or two parts of the same concept, and I give both to stress that, at least as far as *Hoffmann's* uncanny is concerned, the condition of being animate is precisely a condition registered in the passive voice: something imposed upon one by someone else.

But if in “The Uncanny” Freud turns away from Jentsch’s animate-in-animate problematic to reassert a central element of the oedipal model (castration anxiety), in an important sense, he returns to it in *Beyond the Pleasure Principle*. More specifically, Freud there describes the origin of the death-drive as a crisis of the ending that is, in reality, a crisis of the beginning:

The attributes of life were at some time evoked [*erweckt*/awoken] in animate matter by the action of a force of whose nature we can form no conception . . . . The tension which then arose in what had hitherto been an inanimate substance endeavored to cancel itself out. In this way the first instinct came into being: the instinct to return to the inanimate state. [1920a, p. 38; 1920b, p. 40]

For Freud, this sudden and largely unwelcome awakening into life from an inanimate state marks consciousness itself as originating in a kind of trauma, but a wound registered by the incomprehensibility of its cause: “by the action of a force of whose nature we can form no conception.”

In his typically cryptic fashion, Hoffmann provides a symbolic mini-narrative of precisely the moment at which something inanimate first becomes animate/d:

With a piercing laugh, Coppelius cried: “All right, the boy may keep his eyes . . . ; but let’s examine the mechanism of his hands and feet.” And with these words he seized me so hard that my joints made a cracking noise, dislocated my hands and feet, and put them back in various sockets. “They don’t fit properly! It was alright as it was! The Old Man knew what he was doing!” hissed

and muttered Coppelius; but everything went black and dim before my eyes, a sudden convulsion shot through my nerves and my frame, and I felt nothing more. A warm, gentle breath passed over my face, and *I awoke from a death-like sleep*; my mother was bending over me . . . her darling boy who was thus restored to life. [1816a, pp. 90-91; emphasis added]

Nathanael's recovery from his encounter with Coppelius—the unnerving experience of seeing himself as a constructed, perhaps even inanimate object—is *re*-presented in this passage as a naturalized event: his birth, with a real mother “bending over . . . her darling boy,” replaces the work of fathering that, within the confines of Hoffmann's story, actually created (“animated”) him.

We might compare Hoffmann's description of Nathanael's (re)birth to the account of Adam's creation (Genesis 2:7) as elaborated by Milton (1674) in *Paradise Lost*, Book 8. (This is the passage from which I draw my opening epigraph.) Adam is here recounting his memory of first coming to consciousness:

For Man to tell how human life began  
Is hard: for who himself beginning knew?  
. . . *As new waked from soundest sleep*  
Soft on the flow'ry herb I found me laid  
In balmy sweat.

[8:250-255; emphasis added]

Hoffmann's reference to the “warm, gentle breath” that “passed over [Nathanael's] face,” thus causing him to awake “from a death-like sleep,” might be alluding even more directly to Genesis 2:7: “The LORD God formed man from the dust of the earth. He blew into his nostrils the breath of life, and man became a living being” (*Tanakh* 1985, p. 5). Milton will again link Adam's creation—his condition of being animated—to awakening by contrasting it to a sleep that is, for Adam, indistinguishable from a return to inanimatedness:

Pensive I sat me down. There *gentle sleep*  
First found me and with soft oppression seized  
My drowsèd sense, untroubled, though I thought

---

I then was *passing to my former state*  
*Insensible*, and forthwith to dissolve.

[8:287-291; emphases added]

But whether or not the text from Genesis stands behind the scene in “The Sandman,” the full movement of Hoffmann’s passage about Nathanael’s return to consciousness marks the coming into existence we know as *birth* as an awakening out of some state we might call *inanimate*. Perhaps of even more significance, given my full argument, while Nathanael’s recovery seems like birth, it is yet only a *restoration* “to life”; that is, his quasi-birth is marked as a return, a secondary event that, at best, looks back to an unrepresentable earlier one. What we thus get is an image of birth as both a movement from inanimate to “animate matter” and a repetition of an origin that remains inaccessible, the experience of missing what necessarily came before.

Just what all this might mean for an understanding of the uncanny in its relation to the death drive more generally is hinted at in one of Nathanael’s more obscure ruminations. Although it largely stands apart from the main action, this passage seems, in retrospect, to address the existential threat at the heart of Hoffmann’s story:

He fell into gloomy reveries . . . . To him, all life consisted of dreams and premonitions; he kept saying that each individual, fancying himself to be free, only served as a plaything for the cruelty of dark forces; that it was in vain to resist, and one must acquiesce humbly in the decrees of destiny. He went so far as to assert that artists and scholars were under a delusion when they believed that their creative endeavors were governed by the autonomy of their will: “for,” said he, “*the inspired state which is indispensable for creation does not arise from ourselves; it is due to the influence of a higher principle that lies outside ourselves.*” [1816a, p. 100; emphases added]

At the common-sense level, the wording I have italicized is simply a statement about artistic inspiration. But this aesthetic commonplace might also be understood as a cryptic gloss on the “gloomy reveries” of the uncanny itself: we lack freedom and autonomy of will, we are subject to the decrees of destiny, because some essential part of our own creative

agency "does not arise from ourselves" (*komme nicht aus dem eignen Innern* [Hoffmann 1816b, p. 21]).

Earlier, I made much of Jentsch's observation that a "slight nuance of the uncanny effect . . . can be explained psychologically in terms of one's bafflement regarding how the conditions of origin . . . were brought about" (1906a, p. 10). In *Beyond the Pleasure Principle* (1920a), Freud asserts that this perplexing and unsettling situation ("of whose nature we can form no conception") marks the beginning of the death drive ("the instinct to return to the inanimate state," p. 38), but the drive toward that ending becomes a solution to living only because the "conditions of origin" are so problematic. For, as Jentsch intuited but could not fully articulate, to be animate/d is precisely the condition of having been brought into existence by an "influence . . . that lies outside ourselves" ("das Einwirken irgendeines *außer uns selbst liegenden*" [Hoffmann 1816b, p. 21; emphasis added]).

These conditions are uncanny because they whisper of what we cannot fully know about ourselves ("dark knowledge dawns" [1906a, p. 14], as Jentsch aptly puts it). And the incomprehensibility of this situation resides both in our paradoxical absence from the scene of our own creation and, more pointedly, in the temporal lag between our creation and our retrospective understanding, precisely the condition of *afterwardsness* that Laplanche (1999) puts at the center of traumatic experience. Following Laplanche, Cathy Caruth observes that "the peculiar temporality of trauma" resides in "the sense that *the past it foists upon one is not one's own*," a "perspective," she adds, that may "be understood in terms of a temporality of the other" (1996, p. 143n; emphasis added).

In a related context, Laplanche himself adds that, in trauma, there is always "*something that comes before* . . . the [other's] implantation of [an] enigmatic message" (1999, p. 265; emphasis in original). Coming after our origin does not simply mean, then, that we can never know it; it means, more precisely, that a true knowledge of this moment always resides elsewhere and that, in relation to which, our knowing always comes too late.

The problematic, perhaps insurmountable distance to one's very beginning is figured in Hoffmann's story by the spyglass through which Nathanael observes Olimpia, as described in the following.

He picked up a small, beautifully made pocket spyglass and tested it by looking out of the window. Never before in his life had he come across a spyglass that brought objects before one's eyes with such clarity, sharpness, and distinctness. He involuntarily looked into Spalanzani's room; Olimpia was sitting as usual at the little table . . . Only now did Nathanael behold Olimpia's wondrously beautiful face. [1816a, p. 106]

Seeing through the spyglass is represented here as a revelation of something that is necessarily viewed over a distance and, as the story recounts it, not properly viewed before. The spatial distance overcome by Nathanael's use of the spyglass thus also figures the temporal distance to his own origin. Of course, the fact that Nathanael needs the spyglass at all—when he first sees Olimpia without the spyglass he cannot see her clearly—suggests that his vision of his own past is always mediated: he cannot see his origin directly but only as represented and so as repetition.

In "The Uncanny," Freud will make a brief, anticipatory comment on his forthcoming elaboration on the theory of repetition in *Beyond the Pleasure Principle*. We might give special attention to the odd phrasing Freud employs there: "all these considerations prepare us for the discovery that whatever reminds us of this inner 'compulsion to repeat' is perceived as uncanny" (1919a, p. 238). To the extent the experience of the uncanny "leads us back" (p. 220), we are expecting Freud to tell us that we revisit some experience from the past (or at least the mental residue of an earlier event). But Freud's phrasing makes the actual content of the earlier event seem curiously beside the point. For what is "perceived as uncanny" is not the recollection of the past itself, but the reminder of our own compulsion to repeat (*was an diesen Wiederholungszwang mahnen kann* [1919b, p. 251]).

That is, what is most at stake in the uncanny is our *awareness* of the compelling force of repetition and not the repetition *per se*. To put this another way, for Freud the uncanny resides, at least in part, in the unexpected reminder of the simultaneous inescapability and necessity of what comes before and our belated relationship to an origin(al) that constantly draws us back.



That said, even with the spyglass Nathanael does not fully understand what he is seeing in Olimpia: at the literal level, he does not yet know that she is a mechanical doll; at the figurative level, he does not yet grasp that he is looking at a version of himself. And so, within the full design of the narrative, Nathanael's awareness of his origin as revealed in the mediating figure of Olimpia is not just deferred until the incident in which Spalanzani throws Olimpia's eyes at him. That revelation must also point backward to an earlier time at which, inexplicably, understanding was not truly available. The revelation at the heart of the story thus points to something lost or at least lost sight of, just as the earlier scene in Nathanael's father's study can but point backward in time to the unidentified Old Man who, mysteriously, must have been present from the beginning. As a synecdoche of the entire story, the knowledge that comes through his use of the spyglass suggests, in short, that Nathanael never achieves full access to his own originary moment. Read in terms of Laplanche's (1999) *afterwardsness*, Nathanael's seeing is always after the event. *Pace* Freud, then, there is much intellectual uncertainty both in Hoffmann's story and in the experience of the uncanny because, in paradoxically being absent from the scene of its own origin, the subject is always belated in relation to what the origin at once reveals and conceals: what is most intimately oneself.

## APPENDIX: SYNOPSIS OF "THE SANDMAN"<sup>10</sup>

As noted earlier, the story can be broken down into four major temporal episodes. The first of these, narrated in the opening letter from the protagonist, Nathanael, to his fiancée's brother, Lothar (the friend of the anonymous narrator of the full account), describes scenes from Nathanael's childhood. These scenes feature the mysterious Coppélius—the Sandman (so called because Nathanael takes him to be the living embodiment of a fictional bogeyman described by the family nurse). They include an initial episode in which Coppélius first captures the young Nathanael, who has been spying on his father and Coppélius at

<sup>10</sup> Freud provides his own summary of Hoffmann's story (1919a, pp. 227-230).

work on some strange project, and then threatens to burn Nathanael's eyes with hot coals, only to be dissuaded from the act by Nathanael's father<sup>11</sup>; and they culminate in the death of Nathanael's father in an unexplained chemical explosion, one associated with Coppelius's presence and suggesting either the completion or the failure of their project.

The second episode recounts the increasing strain in the adult Nathanael's relation with his fiancée, Clara, over his morbid obsessions, and in particular over his belief that an optician he has met while away at university, Giuseppe Coppola, is none other than Coppelius, who had disappeared at the time of the explosion. The centerpiece of this episode is the narration of a poem that Nathanael writes for Clara.

The third and longest episode is a third-person account of Nathanael's meeting and falling in love with Professor Spalanzani's daughter, Olympia, while back at university. This episode concludes with Nathanael's shocked discovery that Olympia is actually a mechanical doll, the shared creation of the mechanic Spalanzani and the eye-maker/optician Coppola. Nathanael's discovery and, more particularly, Spalanzani's action in throwing at him Olympia's "bloody eyes"—inexplicably left behind by Coppola, who escapes with the mechanized body—send Nathanael into a temporary madness: he begins to chant words that appear to have some association both with the initial episode with Coppelius and with a poem he had earlier composed for Clara. He then tries to strangle Spalanzani, who is saved by others but banished from the town for his deceit.

Finally, after Nathanael has recovered from his madness and has returned home and to Clara's love, there is a second incident in which he is drawn into murderous insanity. Clara and Nathanael together climb to the top of the town hall, while Lothar remains on the street. Taking out the spyglass that he received from Coppola and first used to observe Olympia from afar, Nathanael sees something through its lens (Freud says it is Coppelius but, although Coppelius has in fact returned, Hoffmann does not make it clear just what Nathanael has seen). In a fit of madness, Nathanael begins to repeat certain words and actions from

<sup>11</sup> Freud correctly observes that "Hoffmann . . . leaves us in doubt whether what we are witnessing is the first delirium of the panic-stricken boy, or a succession of events which are to be regarded in the story as being real" (1919a, p. 229).

previous scenes; these culminate in his attempt to kill Clara. Lothar races to the top of the town hall and manages to free Clara from Nathanael's clutches; all the while Nathanael continues to rave. Before the townspeople can get to him, Nathanael throws himself off the building to his death.

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## BOOK REVIEWS

THE PLAY WITHIN THE PLAY: THE ENACTED DIMENSION OF PSYCHOANALYTIC PROCESS. By Gil Katz. Hove, UK/New York: Routledge, 2014. 208 pp.

When the modern history of psychoanalysis is written, the half century spanning the last quarter of the twentieth century and the first quarter of the current one may well be labeled the period in which the role of action in the psychoanalytic situation was recognized as a mode of communication equal in importance to verbalization.

Freud understood, of course, that action was an important component of treatment, a view he most clearly articulated in 1914.<sup>1</sup> It is also true that, until the last part of the previous century, the concept of acting out was often employed to designate unthinking, driven behavior that escapes conscious recognition.

It was not until the term *enactment* entered our lexicon,<sup>2</sup> however, that the behavioral aspects of communication in analysis became the focus of intense interest and investigation. Since that time, the phenomenon of enactment has been one of the most extensively explored, discussed, and utilized concepts in contemporary psychoanalysis.

In *The Play within the Play*, Gil Katz makes enactment the focus of his scholarly, informative, and important study. And when future historians seek to educate themselves about the history, development, and use of the term *enactment*, they will do no better than to consult this book. In a most readable and yet comprehensive way, it reviews, discusses, and expands the idea of enactment, so that it serves as both a scholarly resource for those interested in the concept, and a novel work in itself—one that sheds new light on enactments as an integral part of the analytic situation.

<sup>1</sup> Freud, S. (1914). Remembering, repeating and working-through. *S. E.*, 12.

<sup>2</sup> Jacobs, T. J. (1996). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.

Katz has clearly been a keen student of enactments for some time, and his chapter on the history of the concept is both comprehensive and enlightening. In this overview, he points out that, initially, most authors viewed enactments as discrete events in treatment—ones that involved behavior on the part of the patient and/or the analyst, developed out of the transference-countertransference relationship, and constituted a repetition of prior behavior that was rooted in the history of the individual who carried out the action.

While a few authors<sup>3</sup> have held that psychoanalytic treatment can best be viewed as a continual series of enactments—the analysis of each having the potential to yield fresh insights for both patient and analyst—this view has not been the prevailing one. For the most part, analysts have regarded enactments as discrete events that take place in treatment, similar in many ways to the older concept of acting out, but without the pejorative connotations that the earlier term has acquired.

Over time, as analysts have become more familiar with enactments, the view of them has shifted. Rather than holding to the idea that enactments could involve only one of the analytic pair, enactments came to be seen as always involving both parties. However, the idea that enactments are discrete events that from time to time arise out of the transference-countertransference relationship held sway until very recently.

It was Katz himself who challenged this idea. Enactments, he said, are not isolated events, but rather an ongoing, ever-present part of the analytic situation. In his view, they constitute a second stream or layer of nonverbal communication that exists parallel to the overt, symbolic one that contains the verbal exchanges between patient and analyst.

Calling attention to, discussing, and defining what he calls the *enacted dimension in analysis* is Katz's unique contribution, and this is what *The Play within the Play* is all about. Here he elaborates and develops the concept of the enacted dimension in analysis in multiple ways.

Taking his title from *Hamlet*, Katz demonstrates with vivid clinical examples that, as in the Shakespeare play, in analysis there is often a drama within the drama—that is, a mini-drama that takes place within

<sup>3</sup> See, for example, the following work: McLaughlin, J. (1992). Nonverbal behavior in the analytic situation: the search for meaning in nonverbal cues. In *When the Body Speaks: Psychological Meanings in Kinetic Clues*, ed. S. Kramer & S. Akhtar. Northvale, NJ/London: Jason Aronson.

the larger drama that is the changing, shifting relationship of patient and analyst. This second drama is the enacted dimension of analysis played out nonverbally and in nonsymbolic form. Unless one is alert to it, Katz points out, this second-level drama can escape attention. It is, however, of equal and sometimes greater importance than the more obvious drama, and not infrequently holds the key to achieving insight for both patient and analyst.

Once Katz lays out his thesis, he proceeds to demonstrate the existence and importance of the enacted dimension in many aspects of analytic work. Illustrating his ideas with well-written and compelling clinical material, he takes up the role of the underlying enacted dimension in such diverse matters as dissociative disorders and the related issue of unformulated experience in analysis, analytic technique, object loss and mourning, supervision, and the transgenerational transmission of trauma.

In discussing these and other issues, Katz writes with conviction born of extensive clinical experience. Not content to make general assertions, he backs up his theoretical statements with hard and convincing clinical evidence, which makes his book pragmatically useful as well as convincing. Katz not only breaks new ground in enlarging our understanding of the role of enactments, but also demonstrates that, in many aspects of analytic work, a force of unquestionable importance exists beneath the surface of the overt, readily observable exchanges that form the outer or higher communicative level of analytic discourse.

Thus, Katz has done us a valuable service. *The Play within the Play* breaks new ground, and as in *Hamlet*, the mini-dramas to which it calls attention often contain keys to the players' conflicts and motivations. Katz's message is a most important one. Enlarging both our vision and our technique, it makes a notable contribution to our field.

**THEODORE J. JACOBS (NEW YORK)**

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is a ‘third’ thing—the particular form or shape aspects of the transference and countertransference have taken through their interspsychic interaction” (p. 161, italics in original).

Regarding supervision, he helpfully describes how

. . . the enacted dimension is as inevitable, and as important, a part of the supervisory process as it is of the treatment process, and it is a potential source of data for investigation by the supervisory dyad. Moreover, the interpenetration of unconscious issues in the patient–analyst–supervisor triad allows the candidate’s difficulties in the *treatment case* to become affectively alive in the *supervisory setting* in an immediate and powerful way, adding emotional conviction to the candidate’s educational experience and analytic work. [p. 99, italics in original]

A particular topic in the psychoanalytic literature often takes the form of a question such as: “How can we use our interventions to create emotional change, not just intellectual insight?” Katz shows us how the concept of the enacted dimension provides us with one of the tools to address this question. Here is how he puts it: “When these actualization processes become conscious, they form the basis for experientially based interpretive work in the verbal dimension of the treatment, creating the kind of *experiential insight* that produces meaningful psychoanalytic change” (pp. 37–38, italics in original). It is a pleasure to see something that we sort of knew all along articulated so well.

This book can be fruitfully read by individuals at every level of training and experience. It summarizes and integrates an important trend in our existing literature, while at the same time laying the groundwork for further research. I highly recommend it.

**HARVEY H. FALIT (ANN ARBOR, MI)**

**RUPTURE OF SERENITY: EXTERNAL INTRUSIONS AND PSYCHOANALYTIC TECHNIQUE.** By Aisha Abbasi. London: Karnac, 2014. 208 pp.

*The Rupture of Serenity* is that breed of book that is rare in the psychoanalytic literature—a real page-turner. Abbasi has written a brave and power-

fully evocative volume that touches on issues relevant to all of us: how do we manage those moments when external events find their way into the consulting room and demand that we reckon with them—whether we want to or not? At times, Abbasi reminds us, life intrudes in spite of our most careful attention to the preservation of the analytic frame.

As I began to read, I was reminded of a presentation I heard in the earliest days of my training, in which the analyst described without irony how he had popped behind a potted palm in the lobby of the Plaza Hotel to avoid running into a patient. Abbasi, rather than darting into a dark doorway, meets these challenges head-on: “In the not-so-distant past,” she writes, “psychoanalysts liked to believe that we function in a kind of therapeutic cocoon” (p. xvi). Analysis was considered to unfold in hushed seclusion. Yet in reality, events in the analyst’s life, whether writ large or small, can no more be banished from the consulting room than they truly can from the analyst’s mind. Abbasi invites us to consider how we can think clearly and conceptually about these events and mine them for meaning in the service of deepening the analytic work.

In our fast-spinning world, there are few places where we can find serenity. Life can become a constant blur of motion, and our minds follow suit. In this cyber age, it seems that our attention is in constant demand. How quickly are we meant to respond to messages in our in-boxes? What can we do to relieve the feeling that we are moving faster and absorbing more than our minds can process?

We can no longer control how information comes to us, or how accessible information about us has become. Do we embrace it? Text and e-mail with patients, manage friend requests on Facebook, keep a Twitter account? Or do we duck behind a virtual potted palm and strive to have no presence at all in Cyberland? The truth is, it has become nearly impossible for analysts to hide.

I found that, as I read through Abbasi’s book, the notion of *serenity* began to intrigue me. Serenity is a state of mind, a state of being, and also describes one’s sense of a place. Yet the more I pondered, the more curious I became. Whose serenity, I wondered, has been ruptured when external events intrude? Our patients, who bring to treatment their conflicts, their struggles, their grief, longing, and shame, are rarely serene. Yet as they immerse themselves in the analytic work, in the presence of

the analyst's calm, focused, and thoughtful attention, they gradually develop the capacity for self-reflection and for contemplative introspection. The growing ability to tolerate, observe, and consider affect increases and expands the patient's ability to engage in quiet reverie.

As Chessick (2008) writes:

As the patient experiences the analyst's self-reflection, he or she incorporates this and in so doing strengthens the ego and develops a similar capacity. The same is needed to happen as the patient experiences the analyst's capacity for reverie, intuition, and tolerance of whatever occurs in a dreamlike state or in dreams themselves . . . .

There is a curious similarity of Heidegger's notion of *Gelassenheit*—composure, release, a state of relaxation, a disposition that “lets be”—to Bion's advice to approach therapeutic sessions without memory, desire, or understanding, allowing the patient to place in us what the patient has to place in us.<sup>1</sup>

As analysts, we strive to create a calm, tranquil space, where likely the hum of white noise machines in the background mingles with far-off traffic and other external sounds to create a tender muffle.

Yet our consulting rooms are only as still as our own attention and state of awareness. Each day brings something unexpected to ruffle our feathers, and we rely on our training, our experience and our thoughtfulness to meet each challenge with equanimity as best we can. Abbasi addresses those moments when external events intrude not only into the space between analyst and patient, but also into the analyst's interior world. Then it is our serenity that is ruptured, and thus our ability to function as a calming, reflective presence for our patients.

In her book, Abbasi speaks to a range of experiences in the analytic work that may serve to “rupture serenity.” These include events in the analyst's life, the intrusion of others into the analytic space—including “waiting room dramas” and extra-analytic revelations about the analyst—the intrusion of machines into the analytic space, and the occurrence of world events that impact the analytic space, as well as race, ethnicity, and

<sup>1</sup> Chessick, R. D. (2008). The cultural ambiance of contemporary psychoanalysis: a view from Heidegger's study of Hölderlin's hymn, “The Ister.” *J. Amer. Acad. Psychoanal.*, 36:495-515. Quotation is on pp. 509-510.

gender. Abbasi is not afraid to tackle the thorniest of issues. She considers each topic thoughtfully, providing us with detailed and carefully constructed clinical material that invites our curiosity and awareness of such difficult moments—moments that surely will resonate with all of us who have experienced the unexpected with our patients.

Abbasi begins her exploration of extra-analytic disturbance with a difficult period in her own life in which she was undergoing infertility treatment, requiring occasional alterations in her schedule on short notice. Citing her anticipation of difficult and stressful days ahead of her, she decided to tell her patients in advance the reason for her upcoming unscheduled absences. Abbasi is as generous with her readers as she is with her patients. She takes us through both her conscious attempts to prepare her patients for her absence and her unconscious wish—understood only in retrospect—to guard against having to confront difficult transference responses at a time when she felt vulnerable and emotionally fragile. In effect, she felt as though she was asking her patients, as it were, to “be reasonable adults who could understand my situation, and . . . have associations that were tolerable to me” (p. 7).

Only later was Abbasi able to appreciate the limitations on her ability to fully engage with transference responses, especially as they related to rage, hate, and envy. Over time, she recognized as well the extent to which her patients “waited,” largely unconsciously, for her full analytic robustness to return—“until [the analyst] could be relied on again to be useful” (p. 19)—before revealing to her the depth of their emotional reactions to her fertility treatment.

There is much in the analytic literature about the analyst’s pregnancy and its effects on the analytic treatment. Appelbaum and Diamond (among others) point out the complex emotional matrix that can be stimulated by the pregnancy of the analyst:

There has been a general trend within psychoanalytic thought toward focus upon the impact of gender, and female analysts have explored this issue with particular depth and intensity, perhaps because the sexual and reproductive life of women is potentially more visible than that of men, or perhaps because it reflects an essential aspect of women’s sense of self. An analyst’s pregnancy is a breach of anonymity that cannot be cir-

cumvented. Even the most polite and well-trained patient can preserve for only so long the fictive ignorance of the pregnancy or of how it happened. The actuality of what is usually the most private and personal of all the realities of the analyst's life—the sexual act—is now forced upon the patient and is there to be contended with in the conversation.<sup>2</sup>

There is little in the literature, however, about the analyst's experience of infertility. While pregnancy cannot be concealed indefinitely, as Appelbaum and Diamond point out, infertility treatment, though less visible unless and until it is successful, is potentially even more psychologically laden for both patient and analyst. It invokes not only the sexual act, but also the reproductive complications that stand in the way of the analyst's pregnancy. Such complications may take on complex, conflictual, and at times uncomfortable meanings for patients, who may wonder whether the analyst will function analytically as a viable maternal object, a reliable container, or will instead be a barren maternal figure preoccupied with her own disappointment. Or perhaps the patient may fear that she herself is not gratifying enough to fulfill the analyst's generative desires, and may envy the analyst's fantasied, sought-after baby.

During the period of time spanning her fertility treatment, its failure, and her subsequent successful pregnancy, Abbasi's work with one particular patient—a woman also struggling with her wish to become a mother—highlights the delicate balance of attending simultaneously to the needs of both patient and analyst in the service of restoring serenity. The analyst's fertility treatment stirred feelings of envy, abandonment, and longing for her patient, alongside competitive strivings. Abbasi shows us how she navigated these complicated waters by acknowledging the reality of her situation, her own feelings of sadness and loss, and her patient's wish to take care of her analyst while at the same time wanting to surpass or outdo her. In this section, Abbasi notes that her goal in analysis is not to control or limit the inevitability of her patients' exposure to events in her life, but rather to withstand the onslaught of their reactions and, ultimately, to discover their meaning both to herself and her patients.

<sup>2</sup> Appelbaum, A. & Diamond, D. (1993). Prologue. *Psychoanal. Inquiry*, 13:145-152. Quotation is from p. 142.

Nowhere is this more poignantly discussed than in Abbasi's description of her work with two patients who each learned through an external source about the analyst's transgendered child, recently transitioned from female to male. In the first instance, the patient was a man who longed for unconditional love from his mother and from his analyst. His yearnings notwithstanding, he vigorously kept his analyst at an emotional arm's length. When this patient first learned about Abbasi's trans son, he berated her for what he imagined to be her inability to detect gender dysphoria early on in her child's development. Later, he acknowledged that he knew the analyst's family had handled the transition in a way that was, according to his friend, "moving and powerful" (p. 53).

This patient grumbled, "It pisses me off, this whole everyone's-all-lovey-dovey shit . . . I wish there was someone who was unhappy in all of this. Seems fucking unnatural that all of you are one big happy family" (p. 54).

We can practically hear Abbasi take a deep breath before she offers her passionate, sensitive, and deeply resonant reply:

Do you imagine, perhaps, that it was all effortless, all along? That there was no conflict, no one had a hard time? That loving deeply and consistently is an easy thing to do—comes smoothly, to me and to my family? That dealing with a change like this in one's life and family would not require massive internal and external work, *and* good help from many, many people? Because if so, yes, I can understand *that* must seem fucking unnatural. The question, though, is *what makes it necessary for you to believe that that's how it happened—that it was all such smooth sailing?* [p. 54, italics in original]

With this powerful response from his analyst, the patient breaks down in tears for the first time in the analysis. Together, they begin to understand in a much deeper way than ever before the patient's profound feelings of rejection by a mother who did not offer unconditional love, and who perhaps would have preferred that he had been a girl. In this moment, Abbasi not only reaches out a steadying hand toward her patient's most painful affective state; she also shows how she allows herself to bear his pain alongside her own private and complex emotions about her experiences of losing a daughter and gaining a son.



With the second patient, a teacher in her fifties who learned about Abbasi's transgendered child from a friend, what came to the foreground were the patient's guilty feelings about knowing something difficult about her analyst, something that proved to the patient that her analyst's life was hard, too, although she imagined her analyst "sort[ing] out, clean[ing] up and . . . mov[ing] on" (p. 59). Together, they were able to understand the patient's fear that her own life, far from being perfect, would never be good enough. As the treatment deepened, both patient and analyst came to understand the patient's fear of her messy, rageful, and envious feelings, and began to work together with more hope and satisfaction.

These two patients, who learned about Abbasi's transgendered child at two very different moments in the analyst's life, offered an opportunity to examine the analyst's own developmental progression as the parent of this child. Abbasi writes movingly about her commitment to stand unwaveringly on the side of her child's psychological health and well-being, but also how that was held in delicate balance alongside mourning the daughter whom she thought she had.

For parents of transgendered individuals, the process of transition is highly complex. As Hansbury reminds us:

Transition, the passage from one state to another, always involves gains and losses. Optimally, the gains outweigh the losses. Yet, even when what gets lost is given up gladly, the loss demands mourning. This is evident in normal life transitions, such as the movement from childhood to adolescence, young adulthood to middle age, and so on, as well as in everyday rites of passage, like graduating high school, starting a new job, getting married, and having children. Every transition is, in some way, a kind of death.<sup>3</sup>

Parents' grief over the loss of their pre-transition child parallels in many ways the trans child's experience of mourning the prior self, while simultaneously embracing the transition. Such grief can sometimes go unattended in the parents' efforts to support and affirm their child's

<sup>3</sup> Hansbury, G. (2005). Mourning the loss of the idealized self: a transsexual passage. *Psychoanal. Soc. Work*, 12:19-35. Quotation is from p. 22.

journey through transition, avoiding or concealing negative emotional reactions in favor of more hopeful responses, thereby driving underground the mourning that must nonetheless find a voice. Hansbury describes one analyst's work with a transsexual patient in light of the ambiguity the patient brought to her analysis:

The analyst, though clearly unfamiliar with the issues of transsexual individuals, nonetheless respected her patient enough to refer to her with female pronouns, and was able to confront countertransferential feelings of uncertainty and anxiety in the face of what she (the analyst) perceived to be ambiguity. By allowing herself to be comfortable with paradox, the analyst gave her patient the space to accept her own paradoxical nature.<sup>4</sup>

Abbasi's experience with her transgendered child evoked, for her, the very feelings her first patient scornfully accused her of. She writes that she had doubts of her own: "What had I done wrong, what had I missed, how could I have prevented this?" (p. 51). She shows how deeply she has grappled with her own feelings, and in turn came to understand the "paradoxical nature" of her child and, indeed, her own internal paradoxes. Abbasi's understanding of her son's needs and the difficult internal work she embarked on allowed her, ultimately, to move through her son's transition with clarity and deep affection.

Indeed, Abbasi provides a most intimate view of how analysis itself is a journey of transition, in which we all grapple with the loving and hating aspects of our patients who inevitably are changed by their treatment, just as we begin to feel we know them. As it is with our children, so it is, too, with our patients—we may long to hold onto old, familiar parts of them even as we welcome their newly formed, emerging healthier selves.

Ultimately, Abbasi brings this understanding to bear with each patient she describes. Whether working with a patient who insists on recording sessions, or bringing a phone to sessions, or whether listening to her patients' pained, suspicious, or sadistically aggressive responses to cultural and ethnic differences after the events of 9/11, Abbasi strives

<sup>4</sup> See the source in footnote 3. This quotation is from pp. 31-32.

to find serenity in how she listens and what she can hope to help her patients understand. She learns from her patients

. . . the usefulness of inviting in a patient's communications in whatever form he or she is able to bring them to my analytic door . . . [and] to consider each communication as a guide to a part of the mind in which the patient cannot yet fully recall, feel, or articulate—and, in some instances, an aspect of the mind that has yet to be formed. [p. 73]

*The Rupture of Serenity* is written with warmth, humor, and liveliness, and entreats us to think deeply and honestly about ourselves and our work with patients when internal or external events threaten to overtake the treatment. All analysts, no matter how far along in their career, will benefit from the clinical wisdom and astuteness contained within this significant volume.

**ANNE ADELMAN (CHEVY CHASE, MD)**

TRAUMATIC RUPTURES: ABANDONMENT AND BETRAYAL IN THE ANALYTIC RELATIONSHIP. Edited by Robin A. Deutsch. New York/Hove, UK: Routledge, 2014. 236 pp.

In preparing to write about this book on the important subject of ruptured treatments, notably emphasizing the analyst's ethical misconduct, I came upon the following passage in a recent collection of essays about Winnicott:

The negative images of sex in his [Winnicott's] writing resonate with a report Strachey wrote his wife about a dream Winnicott had during his analysis: "Winnie had a virulent anxiety dream a few days ago in which his wife, disguised as a Bear (bare) skin, embraced him; and her penis came out . . . woop . . . and castrated him" (Meisel and Kendrick, 1985, p. 329).<sup>1</sup>

<sup>1</sup> Meisel and Kendrick quoted in: Anderson, J. W. (2015). Winnicott's constant search for the life that feels real. In *The Winnicott Tradition: Lines of Development—Evolution of Theory and Practice over the Decades*, ed. M. B. Spelman & F. Thomson-Salo. London: Karnac, p. 36.

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TRAUMATIC RUPTURES: ABANDONMENT AND BETRAYAL IN THE ANALYTIC RELATIONSHIP. Edited by Robin A. Deutsch. New York/Hove, UK: Routledge, 2014. 236 pp.

In preparing to write about this book on the important subject of ruptured treatments, notably emphasizing the analyst's ethical misconduct, I came upon the following passage in a recent collection of essays about Winnicott:

The negative images of sex in his [Winnicott's] writing resonate with a report Strachey wrote his wife about a dream Winnicott had during his analysis: "Winnie had a virulent anxiety dream a few days ago in which his wife, disguised as a Bear (bare) skin, embraced him; and her penis came out . . . woop . . . and castrated him" (Meisel and Kendrick, 1985, p. 329).<sup>1</sup>

<sup>1</sup> Meisel and Kendrick quoted in: Anderson, J. W. (2015). Winnicott's constant search for the life that feels real. In *The Winnicott Tradition: Lines of Development—Evolution of Theory and Practice over the Decades*, ed. M. B. Spelman & F. Thomson-Salo. London: Karnac, p. 36.

The passage, with its casual, barely noticed betrayal of confidentiality, exemplifies why *Traumatic Ruptures* is an important book, despite its imperfections. This book reflects not just the problematic history of psychoanalysis, but also the avoidance, approaching silence, about the long record of questionable behaviors, broken confidences, breaches of trust, and more catastrophic ruptures in the analytic relationship. The standard euphemism *boundary violation* refers to something so familiar and reaching so far back that one may read right past a violation like Strachey's startling note to his wife about Winnicott's dream, barely taking it in. These twelve personal essays are a commendable effort to rectify that avoidance, to break that relative silence. "Consider this a book of witnessing and testimony," writes Muriel Dimen to open the volume's foreword (p. xv).

In her introduction, editor Robin A. Deutsch uses the term "off-limits" about that silence: "In this book, it is my intention to offer the reader a first-hand experience of issues that have been off-limits and yet need to be articulated" (p. 3). The central subject, she writes, is "the effects of sudden traumatic rupture within the psychoanalytic world in which we live. It is an intimate exploration of psychoanalytic treatments and communities where betrayal and abandonment have left their mark" (p. 1). Deutsch locates the origin of her own interest in the subject in her analyst's sudden death partway through a productive treatment. Turning to the psychoanalytic literature for help, Deutsch found "scant first-person reports on traumatic rupture in the analytic dyad" (p. 3). Included in the volume is Deutsch's account of her own loss (chapter 3).

In this regard, I was pleased to find Deutsch's point echoing mine in a paper written following my own therapist's sudden death:

Looking for a way to lessen my pain and confusion, I turned to the body of papers on the illness and death of the therapist. I found instead of comfort a great deal of avoidance, confusion, condescension, self-delusion and dissimulation. Rarely did I find the voice of the patient.<sup>2</sup>

<sup>2</sup> Pinsky, E. (2002). Mortal gifts: a two-part essay on the therapist's mortality. *J. Amer. Acad. Psychoanal.*, 30:173-204. Quotation is from p. 174.

Among this book's strengths are the range of experiences represented and the variety of perspectives offered. Not only do we see the analyst's death as it affects the patient (as in Deutsch's essay), but also as it affects the subsequent treater (Randles and Thomson-Salo, chapter 4; Bachner, chapter 6). We also view the analyst's own mourning of catastrophic loss from two perspectives: the sudden death of a spouse (Harris, chapter 2) and the therapist's bereavement, from inside the treatment, through patient suicide (Tillman and Carter, chapter 5). In each instance, the author tracks the effect of the loss on her personal and professional identity.

Anne Carter's prose stands out for its straightforward freshness, an effective simplicity that keeps the reader with her. She writes, for example, about losing more than one patient to suicide: "I have spent years trying to understand what happened, both why these patients killed themselves and what it has meant to me that they did" (p. 70). And, a little later, "The consequences of suicide can be compared to a kind of psychological shrapnel, hitting and wounding areas of the mind and heart often quite tangential to the event of suicide itself" (p. 72).

Several of the essays focus on the analyst's ethical misconduct—indeed, questions circling ethical practice are at the book's center. While neither the perspective of an abusing therapist nor that of a sexually abused patient is offered, we do view the analyst's sexual exploitation from the perspective of his other patients<sup>3</sup> (Wallace, chapter 7; Young, chapter 8; Burka, chapter 9). Some of the essays approach the topic from further outside the consulting room, considering the reverberations of unethical conduct in the wider analytic community (Sinsheimer, chapter 10; Fromberg, chapter 11).

A final chapter considers the pain, and poignance, of all "good-byes," speaking particularly to the profound effect of absent termination for those whose therapy is ruptured (Elise, chapter 13). In not limiting itself to the more dramatic instances of treatment collapse and clinical betrayal, such as sudden death, or the extreme of sexual exploitation, the volume opens up a broader range of ethical considerations, including

<sup>3</sup> Though commonly known, it bears repeating: the sexually exploitive analyst is usually a man, the patient most often a younger woman.

the vulnerabilities and inevitable strains all analysts are subject to in the course of conducting any treatment, and over a lifetime.

Adrienne Harris, in the essay immediately following the introduction, makes clear that ethical considerations are always hovering in the treatment room. Though taking many individual forms, the questions Harris raises are ever present for the working analyst. Near the end of the paper, for example, she reflects on her grief over her husband's death as it has preoccupied her and, in time, taken its course, and as it continues to play out in her return to clinical work:

I was aware that (except for my gender) I now met the demographic criteria for analysts at risk for boundary violations. Was my bereavement a dangerous vulnerability? How would I know this? For several years, I and a number of colleagues have been considering and processing a number of significant boundary violations, inevitably entertaining the important discussion of how such breaches so relentlessly stain and enter our communities and institutions and, at the same time, remain so silenced and unthinkable. [pp. 28-29]

In the paper's closing paragraph, Harris then speaks directly to the issue of silencing, with its ethical implications:

In an earlier version of this chapter, read by colleagues, someone giving me feedback read my concern about boundary violations and said, summarily, that I should take that section out. I did so, without much thought until I sat in a committee meeting for a conference on sexual boundary violations and, listening to my colleagues talking about silence and disavowal, suddenly remembered my quite dissociated obedience to censoring those thoughts. [p. 29]

What matters here is the acknowledgment of "dissociated obedience to censoring," and with that acknowledgment, Harris is freed to put the passage questioning her own vulnerability back into the text. With that choice, she breaks the silence and articulates the "unthinkable," countering an easy self-righteousness: "The silencing," says the smug denier, "that's not about *me*, it's about *them*." Harris demonstrates that the urge toward denial exists in all of us. Indeed, it is embedded in the fabric of

the discipline: self-deception is at the heart of the psychoanalytic view of human beings.

However, despite editor Deutsch's invocation of the "off-limits" and the many forms of silencing that weave throughout its papers, this volume does not address in any depth the question of why the analytic relationship in particular is so vulnerable to traumatic rupture, or why the fact of betrayal and harm is so regularly silenced. That such things happen is made clear; *why* they happen, and with relative regularity, is less examined. Issues of character are implicit, as is the analyst's ordinary human vulnerability and fallibility: the body may fail and he (or she) can also err. The exploitive analyst is responsible for making a choice; the analyst who suddenly dies obviously is not (though both clinician and community may be held responsible for neglecting to think ahead about how to manage the circumstance).

But not much attention is given to examining the dangers built into to the psychoanalytic situation or the problematic culture within which it lives. Initiating treatment itself, for example, may be viewed as a "traumatic rupture": a breaking off of normal social interaction. It is not a natural way for two people to be together! The oddness of an exchange deliberately structured to breach the norms of ordinary discourse, coupled with the power imbalance of that structure—it is, in a way, a controlled psychological seduction—may offer a partial explanation for the silence, inclining us to resist looking closely at the troubling nature of the very thing that we do.<sup>4</sup>

Elizabeth Wallace effectively captures the responsibility as well as the necessary discomfort in the analyst's position (chapter 7): "I remain humbled," she writes, "by the power of transference, and the vulnerability of the analysand under the sway of these powerful forces" (p. 106). And here is John Klauber, writing thirty-five years ago on the traumatic and on transference forces:

Psychoanalysis has both traumatic and therapeutic elements . . . .  
The sudden, traumatic development of transference creates a distance between the patient and the analyst. The patient feels

<sup>4</sup> See Pinsky, E. (2014). The potion: reflections on Freud's "Observations on Transference-Love." *J. Amer. Psychoanal. Assn.*, 62:455-474.



he is not his own master, while the analyst is elevated to a magical superiority.<sup>5</sup>

When one holds such power, the potential to cause harm may be something one is reluctant to face; at the same time, rigorous examination of that threat is the best way to preserve the potential to help. A central question becomes: how best can we understand these forces—for the clinician's sake, the profession's sake and, most important, for the patient's protection?

Charles Levin's contribution (chapter 12) is one exception to this avoidance. Oddly, Levin's is also the volume's only essay by a man. Levin suggests something corrupt—like an infection—passed down and reenacted through the psychoanalytic generations.<sup>6</sup> In his view, central to this miscarriage is the training analyst system, a disavowed “trauma of [the profession's] own institutional life” (p. 177). Those most affected are analytic candidates: “Their psychological abuse by the training analyst system,” he writes, “constitutes the greatest loss to the future of psychoanalysis with all its varied potential to contribute to human welfare” (p. 177). Levin invokes Kernberg, who almost thirty years ago described “an illness affecting the educational structures of psychoanalytic institutes and societies” (Kernberg quoted on p. 176 of this volume).

Kernberg, Levin tells us, identifies “the authoritarian structures and practices of training institutes and psychoanalytic societies as a major source of the ‘illness’ he diagnoses” (p. 176). Essentially agreeing, Levin writes in strong terms of abusive authority and disavowed trauma, historically and in institutional life, narrating his own experience as the analyst of an authoritarian training analyst. “One of the on-going traumas of being an analyst is that one is implicitly expected to represent a corrupt authority,” Levin writes (p. 194). He returns in closing to Kernberg, who in his view successfully identifies—in Levin's words—“the hatred of creativity on the part of vested authority” (p. 194).

<sup>5</sup> Klauber, J. (1980). Formulating interpretations in clinical psychoanalysis. *Int. J. Psychoanal.*, 61:195-201.

<sup>6</sup> See the following: (1) Faimberg, H. (2004). The telescoping of generations: genealogy of certain identifications. *Contemp. Psychoanal.*, 24:99-117; and (2) Pinsky, E. (2011). The Olympian delusion. *J. Amer. Psychoanal. Assn.*, 59:351-375.

Like Harris, Levin concludes his powerful argument by tying the difficulty his essay examines to sexual exploitation and silence: "I believe these facets of institutional illness also underlie the problem of sexual boundary violations in analysis and, more importantly, the difficulty we have as a group discussing our collective complicity in this tragic betrayal of the psychoanalytic spirit" (p. 195).

However, I question Levin's so emphatically locating the problem in the training analyst system, with the implication that eliminating that element does away with "vested authority" and issues of power. Whatever the institutional defects in psychoanalytic education, a deeper trouble lies, I believe, in the nature of the psychoanalytic situation itself, that "trouble" engendering the training analyst system. If the old tyranny were removed, would these dilemmas and agonies vanish? I am not suggesting that the situation is corrupt, but that it is *corruptible*, perhaps inherently so. The analyst is always resisting provocations and enticements: *to seduce* is to lead away, with the goal, of course, of a productive, healing return (see the source cited in footnote 4, p. 1027).

This collection might have benefitted from casting a wider net. Relational theory is favored, and I especially missed, for example, the profound thinking, flexible yet crisp, of Loewald. Also, I have alluded to a curious gender imbalance in the authorship of the essays. There are fifteen contributors in all (counting Dimen, with her foreword), and fourteen of these are women. I could find no comment on this imbalance in Deutsch's introduction. Are the striking numbers meaningful or merely coincidental? How does the editor think about it? Surely readers will come up with their own speculations, as I did: do the numbers reflect the growing gender imbalance in the field? Have women been more often the victims of sexual exploitation? Are women more courageous than men, or simply more blunt, and willing to speak the forbidden? Is it that women are just different from men? Paradoxically, reference to the puzzling imbalance is absent in a volume that sets out to address difficult and avoided topics.

Germaine to these issues is Donna Fromberg's piece (chapter 11) about the experience of her candidate community in Boston following the loss of three eminent senior analysts to ethical misconduct. In the heated debates among her peers (none of whom were closely involved

personally in the catastrophes) about how an analyst can ever have sex with a patient, Fromberg distills the argument down to two opposing possibilities. On one side, she mulls, “there must be something wrong with this person”—a character problem (here she is echoing Harris’s “unthinkable”). On the other side, the argument goes, “we are all susceptible”; no one is immune from such behavior (p. 171).

Neither explanation satisfies Fromberg, but instead leaves her further unsettled. She elaborates her candidate group’s view:

My candidate group is divided along gender lines. More men think that everyone is vulnerable, and more women believe only certain character styles are at risk. I find this difference very interesting, but see no reference to this idea in the literature. I wonder if women are less likely to exploit a patient because of the long history of exploitive acts against women. Perhaps men, who have not been the target of as many exploitive experiences, are more empathic toward someone whose drives have gone awry. [p. 172]

I consider it no exaggeration to say that Fromberg speaks to the heart of the profession’s dilemma: “*I want relief from this collective anxiety*,” she writes (italics added); and she continues, “We know these crises have been with us since the beginning of psychoanalysis, but what have we learned about what to do or why they happen?” (p. 172). Appropriately, Fromberg’s chapter comes right before Levin’s.

I will conclude by turning to the matter of writing. Invoking Ogden on the function of writing to create an experience for the reader rather than merely telling *about* an experience,<sup>7</sup> Deutsch comments in the introduction: “This book demonstrates that writing can help name and relocate what’s been lost. My voice, for example, evolved after the death of my analyst from a mourner’s voice to an authorial voice” (p. 4). Fair enough, and writing surely involves for each of these contributors a process of mourning—in Freud’s term, “working-through,” a creative, healing process.<sup>8</sup>

<sup>7</sup> Ogden, T. H. (2001). Reading Winnicott. *Psychoanal. Q.*, 70:299-323.

<sup>8</sup> Freud, S. (1914). Remembering, repeating and working-through. *S. E.*, 12.

This emphasis on writing makes it all the more necessary to note a ponderous, formulaic quality in the introduction. For example, in summarizing the contents, Deutsch relies on repetitive use of modifiers to praise each contribution (“touching chapter,” “revealing chapter,” “heartfelt chapter,” “intriguing chapter”); better, and more convincing than these rigidly parallel, adjectival epithets, to let the chapters speak for themselves, showing us the “heartfelt” and the “touching” as we read them.

More problematic and more distracting still, for this reader, is a reliance on the all-purpose intensifier *impact*, as both noun and verb—the word appearing so frequently in the introduction, and also with remarkable frequency throughout the papers, that I took to circling it. There are also moments of plain sloppiness—for example: “Bachner offers an emotionally rich illustration of subsequent clinical work with patients whose analysts have suddenly and unexpectedly died” (p. 6). “Suddenly and unexpectedly” almost makes sense, but not quite. Greater attention to variety, and to precision, would create a deeper, more convincing experience for the reader (in Ogden’s sense).

Reservations aside, I applaud Deutsch and those bold enough to acknowledge and examine such matters, close up and personal. “Daring to disturb,” as Dimen puts it, “this unavoidably melancholy volume ruptures complacency” (p. xvi). Melancholy reading, yes, and essential. It is a step in the right direction.

ELLEN PINSKY (CAMBRIDGE, MA)

FREUD, PSYCHOANALYSIS AND DEATH. By Liran Razinsky. Cambridge, UK: Cambridge Univ. Press, 2013. 303 pp.

Liran Razinsky, a lecturer in the Department of Hermeneutics at Bar-Ilan University in Israel, has written an extremely interesting, heuristically valuable, wisdom-filled book. It concerns the neglect, avoidance, and denial that tends to exist, within psychoanalytic theory and practice, about the fear of death—despite the fact that fear of dying is intense and pervasive among human beings. It is a book that very much merits the attention of psychoanalysts and psychotherapists.

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Razinsky presents a convincing argument, developed as the result of thorough, scholarly research, that psychoanalysts have been looking away from and denying their patients'—*and their own*—fear of death by rationalizing it, via theoretical legerdemain, as coming from elsewhere. Most commonly, it is interpreted as a displacement from castration anxiety or from fear of punishment by the superego. This tendency started with Sigmund Freud, Razinsky asserts, and it has continued to occur into the present. He makes an early, cogent observation that then reverberates throughout the rest of the book:

Theory creates blindness. Even useful, fruitful theories bring about a certain blindness. In illuminating reality, they *ipso facto* relegate other parts of it to the darkness. Concepts we use sharpen our perception of certain aspects of reality, but necessarily blind us to others. [p. 6]

This admonition is reminiscent of Blaise Pascal's observation, made more than 400 years ago, that things can exist despite theory. It also calls to mind the well-known fable, which has come to us from India, about a group of blind men, each of whom handled just one part of an elephant and then strenuously asserted that the part of the animal each man touched constituted the whole animal. Razinsky goes even further, however. He emphasizes that theory can be and often is utilized to distort, adumbrate, or deny that which is unpleasant or anxiety provoking.

In his early papers, Freud vacillated between recognizing that fear of death is a common, basic anxiety and attributing it to another, "deeper problem, mostly [fear of] castration" (p. 2). Razinsky notes that there is ample evidence throughout Freud's writings, especially in *The Interpretation of Dreams* (1900) and in "Thoughts for the Times on War and Death" (1915), that Freud oscillated between "theoretical resistance to death [and] his personal engagement with it" (p. 3).

Razinsky observes:

In his private life, death was a constant worry for Freud, and death anxiety a daily experience. At all times aware of his mortality, he can be said to have lived his life under the shadow of death, the same shadow he claimed in his writings to be but an insignificant specter. [p. 7]

It is evident from his own admission that Freud worried constantly about his health (in part in relation to cardiac issues that struck fear into him when he was in his forties, and then the mouth cancer that plagued him during the last decade of his life). He made it clear in his letters to Fliess and to others that he expected to die young. It is also evident, from the personal dreams he recorded, that Freud lived in terror that death was creeping up behind him and would soon overtake him.

Despite this—or, in fact, as a reaction to his fear—in his theoretical formulations, Freud very largely ignored evidence of the universality of the fear of death, and he rationalized it when it did appear as representing a displacement away from fear of separation, fear of castration, or pangs of guilt. He backed away from his early view that internal anxiety is based on awareness of external danger that poses a threat to one's life, instead focusing almost entirely on *internal* sources of anxiety. He constructed theoretical models that centered around fear of loss of love, and therefore of loss of protection from powerful loved ones; fear of castration (that is, fear of being rendered powerless); and then fear of internalized, critical, parental representations in the form of the superego. Psychoanalysts, Razinsky maintains, by and large have followed in his footsteps in this regard ever since.

Razinsky examines Freud's struggles with his own fear of death in detail within the first four chapters of the book. He offers a fresh reading, for example, of Freud's Irma dream and of the "*non vixet*" and "castle by the sea" dreams in the Dream Book, in which he "aims at uncovering a hidden theme of death as a motor force in Freud's dreams, associations, and interpretations" (p. 46). Razinsky also seriously questions Freud's claim that death is nonrepresentable in mental life. He is skeptical of Freud's assertion that "death has little meaning or value for the child, for whom it is the equivalent of a long absence or trip, and therefore the child is not influenced by it" (p. 46). I can certainly attest, as a result of clinical experience and from child observation, that even very young children can and do comprehend that people die and that death is permanent.

The youngest child I ever treated, for example, was just two years, seven months old, when we began our work together. When she was not quite three, her grandfather died. Knowing that she had been very close

to him, I commiserated with her on her loss. "It's all right," she said. "Why should I be sad? My parents told me that Grandpa is very happy. He's up in heaven. It's like a beautiful park, with sunshine and flowers and angels singing. So I'm not sad. *Oh!* Let me tell you something else. You know what I did last night? I couldn't fall asleep. So I got out of my bed. I went over to the window. I opened it up, and I climbed up on the window sill. I flapped my arms and I flew up to the moon. Then I flew down, closed the window, got back in bed, and went to sleep. So *there!*"

Is it children who cannot contemplate death, or is it adults who protect themselves from contemplating it by telling children tall tales to divert attention away from their contact with the finality of death and from their anxiety about finitude and human mortality? I have worked with children, including very young ones—some little more than three years of age—who had lost a parent. They were exquisitely aware of the finality of their loss. The searing anguish and the confused and confusing mix of wrenching sorrow and murderous rage at having been abandoned with which they were encumbered were both intense and technically challenging.

I carried out a neurological examination of a barely-six-year-old girl whose analysis, for encopresis, was just coming to a close. Two pediatricians, two child neurologists, and a pediatric ophthalmologist had all denied the seriousness of some strange new symptoms that she had recently developed. It fell to my lot to go to her home, perform a neurological exam, and make the diagnosis of what proved to be an inoperable tumor that pressed upon her lower medulla oblongata and her upper spinal cord, and that took her life a year and a half later.

When the diagnosis I was forced to make was confirmed—to my great horror—by other physicians, my young patient asked me, "Am I going to die?" When I informed her that indeed she would, she said, "Please help me die." We spent months together during which she practiced saying goodbye to her loved ones, dying, and being buried—and she had me practice attending her funeral and going into mourning for her. It was very difficult for both of us! She greatly appreciated my visiting her at the hospital a year later for a final farewell, just a few weeks before her life came to an end.

During a family trip to the American Museum of Natural History in New York City, my then-four-year-old granddaughter was fascinated



by an exhibit of a small pre-Columbian burial chamber that contained some skeletal remains and a few shards of pottery. When we passed by the exhibit again on our way out of the museum, she stopped once more and peered into it, at length, in rapt attention. "What is it about this that interests you so much?" I asked. She stared through the glass and said, with a soft voice and a somber look on her face, "I don't want to die! I don't want to die!"

Psychoanalysts also do not want to die, Razinsky observes. They do not even want to think about it! And they do not want to recognize the genuineness of their patients' references to the fear of dying!

Razinsky addresses the way in which ambition and death are to be found as recurrent, interwoven themes throughout *The Interpretation of Dreams*. He focuses in particular on Freud's allusions to the way in which the ambitious striving to accomplish and achieve can unconsciously derive from the wish to conquer death, either directly or via the attainment of one or another kind of immortality. He alludes to that form of procrastination that seeks to postpone death by putting off realization of ambitions, so that more time is needed to fulfill one's destiny. He critiques Freud for contradicting himself by observing on the one hand that external anxiety is the model for internal anxiety, with fear of death as the ultimate fear of danger to one's integrity and existence, while at the same time minimizing or negating fear of external danger as a vital, primary source of anxiety. In the last line of his lecture on "Anxiety," Freud does allude to recognition of the centrality of fear of death, but he does so in an intellectual, theoretically garbed manner that distances itself from emotional impact when he indicates that "realistic anxiety must be regarded as a manifestation of the ego's self-preservative instincts."<sup>1</sup>

Razinsky focuses in some detail on Freud's struggle to reconcile his awareness of widespread existential anxiety over human mortality—especially during the period that both of his sons were at the front during the First World War—with his need to deny it and to attribute fear of death to displacement from oedipal anxieties. Razinsky faults Freud for asserting that both primeval and contemporaneous human beings have been able to be aware of wishing their enemies dead, but have had great

<sup>1</sup> Freud, S. (1916–1917). *Introductory Lectures on Psycho-Analysis*. S. E., 15/16, p. 411.

difficulty admitting to being ambivalent about the lives of their friends, allies, and even loved ones. Razinsky attributes conflictual feelings about the lives of those whom we love to narcissistic concern about our own finitude, precarious existence, and inevitable demise—in an unconscious attitude of “better him than me.”

Razinsky’s argument is convincing, but he may be somewhat overstating his point. Human beings are multidimensional. We are quite capable of harboring ambivalent feelings toward our loved ones, but we are also more or less capable of splitting our awareness of this so as to effectively separate our affectionate and loving feelings toward others from our narcissistic investment in our own welfare. Emotional conflict and inconsistency are universal human characteristics.

The author is convincing, however, in his assertion that Freud vacillated in his views about human attitudes about one’s own inevitable death. In “On Transience” (1915), for example, Freud appears to waver between asserting that people are unable to think about their own deaths and that they do, indeed, fear death, but deny that they do. He states: “It is evident that war is bound to sweep away the conventional treatment of death. Death will no longer be denied; we are forced to believe in it. People really do die (1915, p. 291)” (quoted by Razinsky, p. 126). Additionally, Razinsky observes that “Freud has two competing views of death, whose interplay is so complex that they lead to inconsistencies, bungled writing, and contradictions” (p. 127).

Chapter 7 focuses on Freud’s theoretical concept of a death drive. Razinsky asserts that theorizing the existence of an internal death drive serves to deny death’s “most frightening” (p. 138) aspect, that is, its arbitrariness. Death ceases to be meaningless, incomprehensible, and imposed from outside when its source is viewed as located internally and as self-directed. Death thereby becomes personal, self-owned, and challengeable.

It is quite a clever solution to theorize that we are driven from the beginning of life toward its end. The view that we die because of forces operating inside us can facilitate our focus on internal forces and away from outside dangers that pose a threat to our existence. We are able to

use awareness of the biologically based inevitability of death to focus attention away from the fear of being killed by external forces.<sup>2</sup>

In the following chapter, Razinsky examines Freud's attitudes about death as expressed in his cultural writings, such as *Totem and Taboo* (1912–1913), "The Theme of the Three Caskets" (1913), "The Uncanny" (1919), and *The Future of an Illusion* (1927). He calls attention to the themes in these works of the illusion of being able to attain immortality, fear of the dead, and denial of death. He supports Freud's philosophical appreciation of the "influence of death upon the valuation of life and [of] . . . the necessity of acknowledging, confronting, and coping with death to lend life content and make it worth living" (p. 164).

In the penultimate few chapters of the book, Razinsky chides Fenichel for attributing the fear of death to displacement from fear of loneliness (separation anxiety), fear of castration, and fear of retaliation for death wishes toward others. He also disputes the assertion of Swiss psychiatrist Elisabeth Kübler-Ross and of a number of psychoanalysts that the most mature reaction a person can have to the approaching end of life is "acceptance." Instead, Razinsky applauds Dylan Thomas's "desperate appeal to his father, 'Do not go gentle into that good night. Rage, rage against the dying of the light'"<sup>3</sup> (p. 182). He also examines the views of Klein and of a number of Kleinian post-Freudians who "see death as a major source of anxiety and a dominant focus in psychic life," although he laments Klein's "transformation of death into a completely internal matter" (p. 192).

Razinsky critiques both Jung and Kohut for viewing acceptance of death as a glorious completion of the self. He questions the validity of their expecting a mature person to accept death in a manner that is "fully rational and devoid of fear" (p. 205). (Kübler-Ross was reportedly unable to do that herself when she became terminally ill.) He derides their "refusal to recognize the meaninglessness of death" and indicates

<sup>2</sup> The relatively recent discovery, I might add, that progressive shortening of telomeres at the ends of strands of DNA leads us toward death via a process of gradual apoptosis does not necessarily refute Razinsky's argument, since this biological process, thrust upon us by nature, actually occurs *outside* our psychological existence.

<sup>3</sup> Thomas, D. (1939). *The Collected Poems*. New York: New Directions.

that their espousal of “the idea that death is what life aspires to denies its pointless, incomprehensible, and unjustifiable nature, which lies at the heart of our misery” (p. 205).

The author praises Lacan for recommending that psychoanalysts confront their analysands with the reality of death and with the inherent helplessness vis-à-vis the threat of and inevitability of dying. At the same time, he faults Lacan for then intellectually pushing the terror of death aside via “a very Lacanian gap, between the signifier and the signified” (p. 209). He also makes the point that psychoanalysts, beginning with Freud, have wanted to focus on what they feel able to do something about—i.e., to overcome neurotic anxiety and depression—rather than on what is beyond their reach. Death is something that has to be seen as inevitable, even if it can be viewed as an aspect of reality that can be put off as long as possible.

Razinsky, in summing up, observes that “every human being fears death in her own way. The fear is also interrelated with a host of other feelings, idiosyncratic fantasies, and unique prior experiences” (p. 250). He disputes Freud’s assertion, however, that castration anxiety is the central fear in human psychology. He asserts:

Death is the most universal aspect of human lives . . . . Freud’s solution of establishing this universality through the postulation of a fantasied event—castration—seems a poorer solution than pointing to the one real event that we know will happen to everyone. [p. 251]

Although we might question the author’s seeming dismissal of castration anxiety as a frequent and powerful motivator of neurotic behavior, because of what our ongoing clinical experience tells us, we cannot dispute his argument that fear of death is also a major force in determining human behavior and contributing to neurotic conflict. We certainly cannot dismiss the very convincing argument made in this volume that Freud and psychoanalysts in general have tended to deny, minimize, and rationalize away the fear of dying, even though it frightens all of us. As my four-year-old granddaughter articulated that day at the American Museum of Natural History, none of us wants to die—and none of us even likes thinking about it.

We can wonder about the significance of the fact that this book was written by a resident of the state of Israel. When one lives in a country ringed on three sides by people who want to destroy it and its population, and who periodically try to do so—a country that came into existence as a direct result of the cold-blooded murder of 6,000,000 Jews, within a conflagration that brought the lives of tens of millions of people to an untimely end—it must be difficult to deny that the fear of death weighs heavily upon human beings.

*Freud, Psychoanalysis and Death* is a scholarly, well-thought-out, carefully reasoned work. It very much deserves our attention. We can only be grateful to Liran Razinsky for having written it. I recommend it highly.

**MARTIN A. SILVERMAN (MAPLEWOOD, NJ)**

**WILFRED BION: LOS ANGELES SEMINARS AND SUPERVISION.** Edited by Joseph Aguayo and Barnet Malin. London: Karnac, 2013. 156 pp.

In Los Angeles during the 1960s, a small group of analysts interested in British object relations theory began inviting Kleinian analysts Donald Meltzer, Hanna Segal, and Herbert Rosenfeld to give informal seminars and supervisory sessions on a yearly basis. Following this, in 1967, Wilfred Bion came to present a series of seminars on psychotic states.

The publication of *Wilfred Bion: Los Angeles Seminars and Supervision* has reactivated interest not only in Bion's work on psychosis, but also, and even more so, in his technical stance. Mazzacane (2015) points out that this book can be read through many different analytic lenses—that each analyst can and should read the seminars in a unique way.<sup>1</sup>

Bion was seventy when he gave these seminars. He was a leading figure in the British Psychoanalytical Society, where he was known for his vast clinical acumen on psychosis and for his methodological interest in expanding psychoanalytic theory, and he had published three important books on theoretical ideas. During the same year as the seminars, he published a book of his early papers on psychotic states, written between

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1950 and 1962, with a new commentary on his current thinking that emphasized clinical technique.<sup>2</sup> In 1968, Bion moved to Los Angeles, where he lived for the remaining eleven years of his life; he wanted to be free to write, rather than continuing to spend his time on the administrative tasks with which he found himself burdened at the British Psychoanalytical Institute.

Since his death in 1979, Bion's work has been in the forefront of psychoanalysis. Many commentaries, articles, and books have been published to explicate his complex views of the psychoanalytic method. His complete works are now available as a sixteen-volume set comprising more than 4,000 pages.<sup>3</sup> Unfortunately, however, this collection does not include his Los Angeles seminars.

Fortunately for later scholars, Arthur Malin had tape-recorded Bion's seminars in 1967 and subsequently stored the tapes in a box in his garage. When his son Barnet Malin recently discovered these tapes, he and Joseph Aguayo became enthusiastic about the idea of transcribing, editing, and publishing them. The resultant book comprises an introduction, four seminars by Bion, and a group supervision. Of particular note, it also contains an appendix: a classic paper, "Notes on Memory and Desire," which Aguayo and Malin have reproduced in its full, unabridged version, complete with commentaries from various analysts who have either praised it or bitterly critiqued it.<sup>4</sup>

In their introduction to the seminars, the editors comment on the climate of psychoanalysis in Los Angeles at that time and on the dominant view of American psychoanalysis, which followed the theoretical model of ego psychology. In the United States during that period, psychotic states were conceptualized as a deficit in the structure of the ego. The treatment of psychotic states was patterned on a supportive model, with no focus on the analysis of negative transference. In contrast, the Kleinian model focused on the role of the internal object and the analysis of the transference.

<sup>2</sup> Bion, W. R. (1967). *Second Thoughts*. London: Karnac/Maresfield Library, 1984.

<sup>3</sup> Bion, W. R. (2014). *The Complete Works of W. R. Bion*, ed. C. Mawson & F. Bion. London: Karnac.

<sup>4</sup> Bion, W. R. (1967). Notes on memory and desire. *Psychoanal. Forum*, 2:272-273, 279-280.

Bion spoke extemporaneously in a clear and colloquial manner, avoiding complex theoretical explanations and sticking to the clinical phenomena of psychotic states. He wanted the audience to ask as many questions as they wished; his aim was to create an atmosphere of collaboration.

Bion introduced a letter that Freud had sent to Lou Andreas-Salomé on May 25, 1916, in which he wrote, "I know that I have artificially blinded myself . . . in order to concentrate all the light on one dark passage" (Aguayo and Malin, p. 8). Using Freud's letter, Bion gradually introduced a new way of thinking in which the analyst, during every session, should have no memory and no desire. This articulation was the starting point and the main theme of the seminars.

For Bion, in the psychotic mind everything was confusing and disconnected. How, he asked, does one begin to make some sense of this chaos? Bion did not suggest fast interpretations, but rather a certain accumulation of facts with which to identify a pattern that could help the analyst make transference interpretations. With these patients, the transference was not the typical neurotic transference but one that, according to Bion, was

. . . extremely tenuous. One feels it to be a sort of umbilical cord, as it were—very, very tenacious, the patient sticks to you very tightly—and it's just a thin line, a very thin line, a very thin connection between you and the patient. [p. 19]

It took some time for the audience to interact with Bion at the seminars. Ralph Greenson opened the discussion. There was an interplay between the two of them that reflected their divergent points of view: an ego psychological model and a Kleinian one. Greenson believed in interpretations that were correct—well constructed and well timed. Bion followed a model according to which interpretations were in the present and touched deep structures of the mind.

In the first two seminars, Bion discussed his view of countertransference, which he saw as a given in treatment, something the analyst had to deal with. He clarified some of Klein's basic ideas, such as her conceptions of the paranoid and depressive positions and of projective identification. In particular, he gave a detailed view of pathological pro-



jective identification: if the mother is not able to contain the infant's projections, a pathological configuration will emerge. The role of the actual external object was essential to Bion. In this way, he outlined the essential elements of object relations theory.

The third seminar was on psychotic patients. Bion focused on the language and thinking process in psychosis, in which aggression and sadism predominate. Intolerance of frustration and of reality are its hallmarks. He presented some of his clinical work with schizophrenics and commented on other cases. His clinical acumen is difficult to describe. He presented a patient's long and complex dream, but rather than commenting on the content of the dream, he made an interpretation on the patient's emotional state after the dream. The patient was in emotional agreement with Bion's intervention; however, Bion was not able to say anything more. He was struggling; he was not able to understand what was going on with the patient or with himself. He was moving away from a position of knowing to a position of uncertainty. This shift was one of the unifying themes of his seminars.

In this regard, Parthenope Bion Talamo provided an interesting description of her father's extension of Freudian thought, noting that he stayed close to Freud's ideal of free-floating attention. But she also observed:

One could say, then, that Bion's new vertex on Freudian theory takes our ignorance and our unknowing into account, not only as patients but as analysts, too, and that this is a radical departure from the picture of the analyst as the person who "knows." With Bion, experiencing "knowing," "not-knowing," "being," and "understanding" has become a matter of team-work, and the analyst finds that he no longer stands alone, but has become a member of a psychoanalytical pair.<sup>5</sup>

Bion himself articulated the difference between his own thinking and Freud's. Freud believed that the psychotic patient rejects reality. In contrast, Bion thought that the psychotic avoids understanding his own thinking and that of the analyst. The psychotic also attacks the links in

<sup>5</sup> Talamo, P. B. (1997). Bion: A Freudian innovator. *Brit. J. Psychother.*, 14:47-59. Quotation is from p. 57.

his own thinking and the link he has with the analyst. Bion thought that the psychotic's sadistic attacks on the analyst were a form of love.

The seminar in which this was discussed was a lively one, and the audience seemed absorbed by the portrayal of Bion's skills and his theoretical brilliance. My reading of the dialogue suggests, however, that in the context of these seminars, listeners were not able to fully comprehend Bion's ideas.

In the fourth seminar, Bion spoke confidently about borderline states. He presented an initial clinical hour with a young woman who was contemptuous of analysts, especially Kleinians. During this hour, she was exceedingly belligerent and enraged. Afterward, Bion was concerned about her pathological state. However, he went beyond this concern to the deeper understanding that her attacks were a way to prevent him from thinking. In 1967, this idea—that the analyst's feeling of having been violated was a source of understanding the patient's pathological structure—was quite revolutionary.

In contrast, Greenson asserted that this patient was not analyzable. Bion responded that in that moment she was not analyzable, but that she returned nonetheless and continued her analysis. Bion maintained that there are psychotic and nonpsychotic aspects to the personality and that the patient oscillates between these two elements.

The last seminar was a group supervision of a clinical case. Bion noted that historical material was obscuring the patient's pathology for the group's participants and interfering with their understanding of that pathology. In this seminar, particularly, Bion's emotional connection with the attendees reflects his deepening emotional connection with his patients.

As mentioned, the appendix of this book is a republication of Bion's "Notes on Memory and Desire." The thinking expressed in this short paper was the nodal point of the seminars, Aguayo and Malin note. The paper articulated the shift in Bion's thinking over the years from what he had expressed earlier<sup>6</sup> to the emphasis on experiential and emotional states—in Bion's own terminology, a movement from K to O. Elsewhere,

<sup>6</sup> See, for example: Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.

co-editor Aguayo, using archival records, developed the idea that “Notes on Memory and Desire” is the succinct expression of a theme that permeates the Los Angeles Seminars: namely, Bion’s emphasis on establishing direct emotional contact with patients and his shift away from excessive theorizing about patients outside the boundaries of the session.<sup>7</sup>

Ogden points out the difficulty of understanding this seminal paper of Bion’s. According to Ogden, Bion was not discussing memory and desire, but rather the analyst’s intuitive aspect:

[Bion] proposes a new analytic methodology that supplants awareness from its central role in the analytic process, and in its place, instates the analyst’s (largely unconscious) work of intuiting the (unconscious) psychic reality of the present moment by becoming one with it.<sup>8</sup>

I tend to agree with Ogden that the intuition that takes place unconsciously between patient and analyst opens another avenue in the unfolding of the analytic process. Kurpinsky has expanded on this in a compelling way.<sup>9</sup>

My own views of the seminars and of the paper on memory and desire have been influenced by my interest in and clinical exploration of psychosis over the last three decades. I think that in these seminars, Bion is addressing two topics. First, psychotic states are an inferno: a battle between life and death. I think that Bion’s experience in World War I uniquely prepared him to work with psychosis. The psychotic patient is in terrible pain, but at the same time fights internally against his own aliveness and well-being. Bion proposed that if the analyst shows great courage and authenticity in enduring the unknown and holding its negative capacity, the psychotic patient can be reached.

I believe we can infer that Bion was saying that the psychotic can be treated if we listen in a different manner, using intuition, tact, and flexibility. Indeed, in his seminars, he stated the following.

<sup>7</sup> Aguayo, J. (2014). Bion’s “Notes on Memory and Desire”—its initial clinical reception in the United States: a note on archival material. *Int. J. Psychoanal.*, 95:889-910.

<sup>8</sup> Ogden, T. H. (2015). Intuiting the truth of what’s happening: on Bion’s “Notes on Memory and Desire.” *Psychoanal. Q.*, 84:285-306. Quotation is from p. 285.

<sup>9</sup> Kurpinsky, M. (2014). [Book review essay on] *Wilfred Bion: Los Angeles Seminars and Supervision*. *Fort da*, 20:101-106.

Psychoanalysis cannot be done by feeble personalities and so forth, because is too tough an assignment. And the reason why it's too tough an assignment is that we have to do it, whether we've been analysed properly or not (whatever that may mean). [Aguayo and Malin, pp. 23-24]

One must not be afraid to enter the patient's psychosis in order to touch him, in short.

Bion was an analyst who remain attached to the classical traditions of Freud, Klein, Ferenczi, and Reik. At the same time, he proposed a new vision of the analyst's mind. It is the humanity of the analyst, his courage and conviction about the unconscious, that makes psychoanalysis alive. He was proposing not a static psychoanalysis, not a ritualistic or conforming one. My impression is that, in his late writing and especially in "Notes on Memory and Desire," he was proposing a certain elasticity to the psychoanalytic method. Thus, psychoanalytic transmission and training should emphasize the analyst's creative mind, a recommendation rooted in his firm conviction that there are many ways to reach the patient.

While *Wilfred Bion: Los Angeles Seminars and Supervision* is an engaging volume for an evening's read, it is also much more than that. It deserves a revered place where it can be returned to again and again for further in-depth study. It is a must-read for analysts interested in Bion's theoretical work and its clinical application.<sup>10</sup>

LUCA DI DONNA (SAN FRANCISCO, CA)

PIONEERS OF CHILD ANALYSIS: INFLUENTIAL THEORIES AND PRACTICES IN HEALTHY CHILD DEVELOPMENT. By Beatriz Markman Reubins; edited by Marc Stephan Reubins. London: Karnac, 2014. 268 pp.

In this earnest and carefully researched book, Reubins has produced a text that adheres most closely to its subtitle: that is, its principal attention

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is devoted to the writings of a number of eminent psychoanalysts from three continents concerning the necessary conditions for optimal child development, with considerations and illustrations of clinical technique playing a far lesser role. In each case, a brief biological account (in the case of Freud, not so brief) is followed by a synopsis of the subject's work as it applies to the author's principal interest.

With Freud, of course, this entails an encapsulation of the essential elements and evolution of his theory, emphasizing the *Three Essays*<sup>1</sup> and the case of Little Hans.<sup>2</sup> In her explications, the author essentially follows Strachey's path (including in the unexplained use of *cathexis*, which might trouble the novice reader) and offers brief accounts of the several members of the Wednesday group, including their influence and their defections.

It is with the succeeding chapters on Anna Freud and Melanie Klein that diverging pictures of child analysis begin to emerge. Reubins skillfully expounds their specific contributions, crediting Anna Freud—given her now-well-known intricate biography—with the delineation of the mechanisms of defense, the pattern of developmental lines, and the diagnostic profile, as well as with a clinical technique that involved collaborative work with parents. Klein receives a somewhat more extended treatment (consistent, perhaps, with Reubins's training), which delineates her complex life history, her emphasis on the first year of life, her conception of the paranoid-schizoid and depressive phases of development, and her commitment to play therapy and direct interpretation in her clinical work.

Donald Winnicott is the beneficiary of the volume's longest chapter, which cites with enthusiasm his theoretical and clinical work in great detail and compares and contrasts it with that of Klein, whom he initially sought as mentor but from whom he increasingly diverged as he pursued his study of the critical relationship between infant and mother (epitomized by his famous saying, "There is no such thing as an infant"<sup>3</sup>).

<sup>1</sup> Freud, S. (1905). *Three Essays on the Theory of Sexuality*. *S. E.*, 7.

<sup>2</sup> Freud, S. (1909). Analysis of a phobia in a five-year-old boy ("Little Hans"). *S. E.*, 10.

<sup>3</sup> Winnicott, D. W. (1960). The theory of the parent-infant relationship. *Int. J. Psychoanal.*, 41:585-595. Quotation is from p. 587n.

Appropriate emphasis is given to his concepts of the *transitional object* and *true and false selves*. (Curiously, this chapter is replete with errors in style, language, and orthography, suggesting that it benefitted from less editorial scrutiny than did the rest of the book.)

The following chapter is an attempt at a representation of the clinical approaches of each of these masters. Reubins describes a troubled five-year-old girl and then proposes their respective therapeutic efforts, including differences in the conception of pathology, the treatment relationship, interpretation, use of the family, and management of the transference (Anna Freud “*did not interpret the negative transference*,” p. 163, italics in original).

Subsequent sections are devoted to concise contributions—some clinical, others purely theoretical—to our understanding of child development and therapy, from of a variety of analysts around the world. These range from Phyllis Greenacre and Edith Jacobson, who never practiced child analysis, to Sabina Spielrein, Berta Bornstein, Margaret Mahler, Erik Erikson, and Serge Lebovici, who did. An excellent brief chapter on John Bowlby and the development of attachment theory reads as though it was provided by another source. And Reubins’s description of the work of Arnaldo Rascofsky and Arminda Arberastury will doubtless acquaint many Anglophone readers with the thinking of some of the Argentine analysts who were the author’s mentors in her training days.

In sum, *Pioneers of Child Analysis*, authored by a widely traveled and scholarly practitioner, is a commendable effort to bring together in one volume some of the essentials of the history, thought, and experience of her profession as a child psychoanalyst. Despite a certain unevenness in its text, the book can serve as an introduction for students who may wish to pursue the field through formal training and clinical experience. The extensive bibliography that the author has generously provided, based on works that have guided her in her own development as a child analyst, will be of considerable support to the novice.

AARON H. ESMAN (NEW YORK)

## ABSTRACTS

### REVUE FRANÇAISE DE PSYCHANALYSE

Translated and Abstracted by Emmett Wilson

Volume LXXIII, Number 5 (2009): *L'Après-Coup*

#### *Introduction*

This issue of the *Revue Française de Psychanalyse* is focused on Freud's concept of *Nachträglichkeit*, known in English by Strachey's much criticized translation as *deferred action* and to the French as *après-coup*. There has been a more recent attempt to introduce an English neologism, *afterwardsness*, for the concept. The French regard the concept as extremely important, even fundamental, to psychoanalysis, and it has also sometimes been claimed as an exclusively French contribution to psychoanalysis, so important that it is sometimes regarded as the central concept in French psychoanalysis. It has been used as a shibboleth that separates Francophone from Anglophone psychoanalytic theory. It is a notion that, aside from a few articles, seems relatively little used, little known, little discussed, and poorly understood in Anglophone psychoanalytic literature.

*Après-coup* is not an easy concept to explain; there are controversies around the various interpretations of it. Attempts at clarification are the concern of most of the articles in this issue of the *Revue* and will be my task as well. Since most, if not all, of the contributions to this volume give, expound, or assume a rather detailed knowledge of the history of the concept, perhaps the best approach is to summarize its intriguing history by way of introducing its complex and sometimes puzzling aspects and the various modes of addressing these problems. Some of this historical material has already appeared in English—for example, in ar-



ticles by Thomä and Cheshire (1991) and Faimberg (2007) and in a book by Perelberg (2008).

However, the discussions have moved on since these publications, and this issue of the *Revue* gives us access to additional material, historical details, further developments, and new takes on problems with the concept, as well as an opportunity to observe the uniquely French approach to it, and thus to help us understand why it is so important to the French. My information comes mostly from articles in this issue, and I have relied most heavily on the detailed history found in Jacques André's report (see the article summary that follows).

The work of Jean Laplanche requires our attention as well. Although Laplanche was not a contributor to this issue, the participants often refer to him and presuppose familiarity with his work. Laplanche's important monograph (2006) is often mentioned.

There is a developmental history of *après-coup*, as well as a developmental history of thought about the concept. This history itself has been compared to a working through (*Durcharbeitung*). Freud's first use of the terms *nachträglich* and *Nachträglichkeit* occurs in his letters to Fliess (Masson 1986) and in the "Project" (1895), during the years 1888 to 1900. The notion then resurfaces, with special emphasis, in his description of the Wolf Man case (1918).

First, some basic etymological considerations are in order. The German word, both as adjective or adverb, is *nachträglich*. *Nach* means *after* and *tragen* means *to carry*; the word thus basically means *carried afterward*. For example, we sometimes understand something on reflection, after thinking about it. Freud comments about a book he has read that he understood only *nachträglich*. A perception might become conscious only *nachträglich*, not at first noticed. The adjective and adverb are in all German dictionaries; the word carries the idea of a retard or lateness. This is ordinary, colloquial usage. The word *nachträglich* often occurs in Freud's published writings in this colloquial usage, as retrospection, where it is translated correctly by Strachey as *posthumous*, *subsequently*, or *afterward*.

Freud, however, invented a neologism, the substantive *Nachträglichkeit*. The substantive use occurs for the first time in a letter to Fliess dated November 14, 1897 (Masson 1986). This new word is not in German dictionaries. Laplanche remarked that the word would be unfamiliar to

a German speaker unless he just happened to be a Freud specialist, and the Wolf Man case is hardly a bedside book. Although a native German speaker would of course understand the word, it would not mean much; an appeal to ordinary language would fall somewhat flat.

Finding the right translation—or, if not, a placeholder—has also been a problem. As some of the *Revue's* discussants remark, all psychoanalytic language is a foreign language, as much for the original German as for the languages into which it has subsequently been translated; psychoanalysis itself is a “referential third” language. These terminological difficulties illustrate the slipperiness of the concept, as well as the fact that this topic is the object of and the scene of a tendency toward conflict. These problems have given rise to a curious series of misprints and *lapsus calami*, slips of the pen.

For example, in Laplanche and Pontalis (1973), the authors mistakenly use the word *differed* instead of *deferred* when referring to Strachey's English translation. Moreover, in a volume concerning the problems and guiding principles for the French translation of Freud's *Complete Psychological Works* (OCFP), again in referring to Strachey, Bourguignon et al. (1989) use the neologism *deffered*.

French psychoanalysts have now adopted a common, colloquial French expression, *après coup* (“after the blow” or “after the strike”), without a hyphen, for adverbial or adjectival use, *nachträglich*. But since French has greater difficulties in forming substantives than does German, rather than using the gross neologism *après-coup-ité* for *Nachträglichkeit*, after some uncertainty, the French ultimately settled for using the hyphenated form, *après-coup*, as the translation of Freud's *Nachträglichkeit*.

The substantive, the neologism, occurs in Freud's (1895) discussion of the case of Emma. As readers may recall, Emma was suffering from agoraphobia: she could not go into a store alone after an experience when, as an early teenager, she had been mocked by some shop clerks for her clothes. In the course of working with Freud concerning her agoraphobia, however, Emma recovered an earlier, “unprocessed” scene, a prior event—in which, when she was eight, a grocer made improper advances to her. Freud's explanation seized upon the two scenes and sought to explain the traumatic, neurosis-inducing, second scene as activating the earlier scene with the shop clerks. (Freud's word was *activ-*

ieren.) Some event from the past, not traumatic at the time, was activated by a subsequent event leading to Emma's neurosis, the agoraphobia.

Again, in the Wolf Man's analysis, the wolf dream was understood by Freud (1918) as an effort by the four-and-a-half-year-old child, Sergei, to deal with a primal scene experience thought to have occurred when he was only one and a half. The infantile neurosis that Sergei manifested began after, and apparently was triggered by, the wolf dream. Freud's case history is concerned with the detailed, painstaking reconstruction of the primal scene from the wolf dream.

The trauma in *après-coup* leading to neurosis seems to come from an *internal* source: the ego is attacked from the interior. The memory of the second scene (the mockery of the shop clerks, the wolf dream) becomes traumatic, but what is *activated* by this second scene is the unrecalled and unprocessed earlier experience, the *first* scene that was not available in memory to either Emma or the Wolf Man, and in fact was never recalled but only reconstructed for the Wolf Man.

Subsequently, the concept seemed to drop out of Freud's writings, and an apparently long lapse occurred until its rediscovery by Lacan (1953). Some reasons for the lapse of attention have been suggested, with the *lapsus* explained by each writer according to his own perceptions. The history of psychoanalysis, André remarks, similarly to an individual's history, is an object of rewriting. Freud himself did not help things much, for there is no specific Freudian text devoted to *Nachträglichkeit*. The concept seems intimately related to the seduction theory.

The question of whether to believe or not in his *neurotica* was Freud's anguished concern in the Fliess letters (Masson 1986), as he found difficulties in completely voiding and essentially emptying the unconscious, and as he despaired of finding the underlying unconscious memories causing neurosis. Then, in a letter of September 21, 1897, the so-called Equinox letter, Freud stated he no longer believed in his *neurotica*. Subsequently, however, *Nachträglichkeit* made an important reappearance in the Wolf Man case, one in which there were a lot of seductions. Freud then seemed to abandon the concept after 1920.

Even so, this disappearance was only relative. Subsequent references to *nachträglich* and *Nachträglichkeit* occur in Freud's later works, but they

often have to be deduced. The later Freudian texts also include failures of the process, its absences, and its unusual forms, rather than accomplished realizations as in Emma and the Wolf Man. Even though Freud took care to underline typographically his references to *après-coup*, with the manifest intention to keep the concept from failing to be noticed, the index of the *Gesammelte Werke* was rather lax and left it out entirely: neither *nachträglich* nor *Nachträglichkeit* is to be found there. However, the *Concordance to the Standard Edition* and the *Indice* to the new French complete translation (OCFP) clearly show occurrences of the phenomenon in Freud's later works, including those of much later (Freud 1937).

Still, it would seem that we are in the presence of two clearly separated groups of theory: on the one hand, the prestructural theory (*première topique*), developed around infantile sexuality, autoerotism, repression, and the effect of *après-coup*. On the other hand, after 1920, with the structural theory (*deuxième topique*), there is emphasis on narcissism, destructive forces, and repetition compulsion, and *après-coup* drops out of the picture. Some theorists have claimed that the concept of repetition compulsion invalidated the claim that *après-coup* could be responsible for a psychic reworking or rearrangement. To some, the distinction is clear: on the one hand, there is *après-coup*, which repeats and transforms, and on the other, the compulsion to repeat—even to the point of destruction.

An "English explanation" has sometimes been offered to deal with this curious disappearance. Strachey certainly contributed to the obfuscation surrounding the notion by his translation as *deferred action*, a choice reportedly influenced by Jones. Moreover, not all the occurrences in Freud were translated by Strachey. Strachey's work on the *Standard Edition* was carried out during the period following an apparent lapse in the importance of the concept. Anglophone authors have often used variations, even though they are influenced by Strachey's version; *retrogression* and *retroactive attribution* have been put forward.

The English explanation also focuses on the geographical shift of psychoanalysis to England, due in part to the war and Freud's exile to London. Then there was the spectacle, in the Controversial Discussions, of the two nice German ladies, Anna and Melanie, fighting it out between themselves, but both in concert against the French notion of *après-*

*coup*. The English Channel thus seemed to separate two views of psychoanalytic theory. Klein appeared to accept only one *après-coup*, the loss of the mother, something none of us ever gets over, and from this she derived all else, with no use for the concept of *après-coup*. Otherwise, the concept dropped out of the English version of psychoanalysis.

The history of the concept in France essentially begins when it was rediscovered by Lacan (1953). Probably denying his own countertransference issues, Lacan subsequently made use of *après-coup* as justification for his notorious *scansion*, the abrupt shortening of sessions as a means of dealing with, for example, obsessive compulsive rumination. Lacan cited Freud's ultimatum to the Wolf Man in setting a time for termination. The practice of *scansion* ultimately led to Lacan's expulsion from the International Psychoanalytical Association, and to the beginning of various schisms and reorganizations of French psychoanalytic groups.

Still, there was a relative silence about Lacan's rediscovery of *après-coup*. An example cited by André is Guillaumin (1982), in which Lacan is scarcely mentioned. *Après-coup* is an entry in Laplanche and Pontalis's *Vocabulaire de la Psychanalyse* (1973), but even though the two authors gave due credit to Lacan for its rediscovery, Lacan never thought he got enough credit. Consequently, Lacan, as André wryly points out, became somewhat petulant—and thus, ironically, he was *nachträglich*, for the German word also means *resentful*.

Lacan was not entirely happy with *après-coup* as a translation for *Nachträglichkeit*, feeling that the word *coup* was too colloquial for the concept. He teased out of Freud's texts the notion of *Prägung*, a word that, to a German speaker, would imply Lorenz's notion of imprinting, and a word that suggests in French the stamping (*frappe*) involved in the minting of a coin. Lacan seemed to feel this notion of *frappe*, or *strike*, was more apt than the common colloquial word *coup*. The *Revue's* contributors use *frappe* and *coup* interchangeably in discussing *après-coup*.

*Après-coup* thus took its own long time to reappear, but it has since made up for that silence. The relevant bibliography is extensive, and includes three full issues of the *Revue Française de Psychanalyse*, in 2006, 2007, and in the 2009 issue that is the subject of this review, that have focused on the concept.

A central question about the *après-coup* phenomenon is its relation to time. There seem to be several conceptions of *après-coup*. Laplanche had concluded that the pubertal *après-coup* as described by Freud in the Emma case (1895) adheres to normal temporality: it is linear and unidirectional. Freud seemed at that time to link the notion of *après-coup* with the biphasic nature of human development, and thus to puberty. So, for Emma's *après-coup*, Strachey's translation of the term as *deferred action* is, according to Laplanche, adequate and appropriate; it respects the common-sense view of time (as well as Freud's determinist viewpoint). Time flows in one direction, from the past toward the present.

*Deferred action* seems to imply that the traumatic effect was simply delayed in its occurrence. The phenomenon, then, has been compared to a delayed bomb (*bombe à retardement*): the trauma of an earlier experience is simply delayed in its effect until a later time. That such a development could happen and be observable seems obvious and common knowledge, but—one has to ask—do we need a new concept in psychoanalysis for that?

However, to some theorists, the *après-coup* phenomenon has been taken as contrary to our ordinary notion of time: that is, as an arrow moving in one direction only, from past to future. Some, including both André and Laplanche, argue that Freud's conception of *Nachträglichkeit* contains something new in that it incorporates a view differing from conventional representations of temporality. The difficult question for some occurrences of *après-coup* is whether the psychological process involved is going backward or forward, *progradient* or *retrogradient*.

Laplanche, in an earlier work, distinguished between a descriptive *après-coup* and a dynamic *après-coup*, a distinction parallel to Freud's notion of descriptive and dynamic unconscious. (A similar distinction was made by Perelberg [2006a, 2006b].) For Laplanche, the descriptive *après-coup* was forward moving; it followed the arrow of time from past to future. The term refers to the retrospective signification found in the moment-to-moment progress of a session, a common enough experience.

In the dynamic *après-coup*, however, the phenomenon of *Nachträglichkeit* would seem to move backward in time—to activate, interpret, or translate an earlier, unremembered experience, leading to a current,

present trauma or neurosis. Laplanche, delving into some comments in Freud's letters to Fliess (Masson 1986), developed his *traductive* theory of *après-coup*, by which the enigmatic messages of earlier experiences are retrospectively translated. It is claimed that this type of *après-coup* mixes up our common representation of time: the arrow of time curves back on itself.

*Après-coup* thus upsets both our ordinary representation of temporality and that of rudimentary casualty (past to present). Furthermore, *après-coup* is not content to upset chronology; it disorganizes it. *Nachträglichkeit* condenses into a paradox two movements that logic excludes, and confuses the movement of past to present and of present to past. It turns the sense of time upside down and supposedly ignores these contradictions of physical time.

To counter the argument that physical or cosmological time is violated, *après-coup* time-warp proponents have argued that the concept and phenomenon of *Nachträglichkeit* deals with human time, a time that is different from cosmological or physical time, and thus they argue that human psychological events can readily proceed in a reverse direction from the ordinary forward-moving arrow of time. Heidegger, with his theories of human time at variance with physical time, has sometimes been invoked in this context. One might also think of the *Simultanbühne*, a theatrical device in which characters from different eras appear simultaneously on stage, a phenomenon that occurs often enough in dreams, when figures from many strata of one's life might appear in the same scene.

**The Event and Temporality: *Après-Coup* in Treatment.** By Jacques André, pp. 1225-1352.

Perhaps one cannot isolate *après-coup* in psychoanalysis from the psychoanalytic concept of *temporality*. André points out that Freud's thinking about time runs through his work from beginning to end. It begins with *après-coup* and is intensely involved in the *Interpretation of Dreams* (1900); developmental time is explored in *Three Essays on the Theory of Sexuality* (1905); and so on, all part of the process of developing a theory of human time. *Après-coup* is part and parcel of the psychoanalytic concept

of time. It belongs to the ensemble of which the Freudian notion of the atemporality of the unconscious is the most original formulation. Philosophical or physical theory of time is not the object of psychoanalytic study or theory. On the other hand, forms of human time are involved as much in the theory of psychoanalysis as in its practice.

In André's view, among the most banal considerations on the subject of *après-coup* is the claim that the phenomenon shows that the *memory* of the first trauma is more traumatic than the event itself. The claim is that the most violent aspect of the attack comes from within—the *memory* of the grocer's hand for Emma, for example—and not from outside. This "memory" interpretation is an unsatisfactory formula; it is too approximate and loses the originality of the *après-coup* phenomenon. It places the accent on the attack from within, the memory, and not on an essential factor: that the most violent aspect is not the memory but *the grocer's hand*, what came from *without*. If one leaves out this real aspect, one misses the contribution of the "foreign body" that is psychic reality—the grocer's hand. Something coming from outside is traumatic.

To André, there is a risk of losing the originality of the effect of *après-coup* by putting it into a chronology of development: first, trauma at an early stage, and then a transformation of trauma when maturity comes. André emphasizes that analytic experience teaches us at least one thing: that the infantile has no age, nor do bad *coups* have an age. It should be emphasized that both Laplanche and André stress the trauma, the real event, as potentially coming from an *adult's* unconscious, in Ferenczi's (1932) sense.

André emphasizes that trauma is not always sexual, or not only so, but the subsequent psychic process is always sexual. Whether it is a matter of a dream, as in the case of the Wolf Man, or of psychoanalytic treatment, this operation of and by the sexual is an essential piece of it, and is never absent. Explaining trauma by the fragility of the precocious ego—its immaturity, the violence of the impact of early traumas—relates to only one aspect of *après-coup* and neglects an essential fact: it is always, without exception, an adult who *pre-matures* a child. There is no primitive trauma that is not the crystallization of an interhuman experience and that does not preserve the trace of that experience.



"A baby doesn't exist" without a mother, to paraphrase Winnicott's (1960, p. 587n) later comment, which provocatively underscores the complexity of the beginning in life. For whatever is deposited, engraved, struck (*frappé*) during childhood, there must be another interspsychic encounter, that of the transference, in order for the trauma to be reopened and not simply repeated—that is, for a psychic reworking to occur. André argues for "profound complicity between *après-coup* and the dynamic of the transference in psychoanalysis" (p. 1337).

In treatment, the trauma enters as "the real event" with the arrival of meaning. This is characteristic of the *après-coup* in the transference and in interpretation. Trauma is complex; it cannot be reduced to a single, quantitative breakthrough of an external barrier, overwhelming the psyche. This reminder is all the more necessary when one approaches the early injuries of the ego, the *Frühzeitige Schädigungen des Ichs* that Freud discussed later on (1939).

André and Laplanche, as well, link *après-coup* phenomena with primal fantasies and primal repression (*Urverdrängung*). *Après-coup* phenomena lead us to think more about repression and the enigmatic question of primal repression. Freud makes an interesting, provocative comment when he writes that the correction *après-coup* (*nachträgliche Korrektur*) of the process of *Urverdrängung* would thus be the proper function of psychoanalytic treatment. Strachey's version somewhat misses the point: "The real achievement of analytic therapy would be the subsequent (*nachträgliche*) correction of the original process of repression" (Freud 1937, p. 227). This comment might be taken as simply what psychoanalysis has always been about, but André suggests that it might also be an important turning point, poised to go well beyond the author's intention. What is important in the second interpretation is not *après-coup*, but the *Ur*—the primal aspect. The *après-coup* lifting of repression, repression proper, is always a postrepression.

Primal repression, so inappropriately named, is that which has *not* undergone repression; there remains only a trace, a *frappe*, that was not dealt with, not corrected. The first *frappe* may remain encysted, encrypted, forever. But what Freud seems to portray—when he assigns to treatment the task of correction, *après-coup* primal repression—is a plea

for treatment to succeed where (post-)repression has failed. Or, if not to repress it, certainly, the goal is to transform it.

**Discussion of André's "The Event and Temporality: *Après-Coup* in Treatment."** By Silvie Dreyfus Asséo, pp. 1353-1359.

Asséo focuses on three of André's themes that relate to treatment:

1. André emphasizes the fundamental asymmetry between patient and analyst in analytic treatment, beginning with the very first encounter. Asséo argues that in recentering the theory of trauma around a primitive passivity, exceeded and overwhelmed at the beginning of treatment, André raises the question of primal seduction, the correlate of this fundamental asymmetry. With this André widens the elaborative and organizational capacity of trauma, as well as its extensive generative capacity.
2. Asséo also stresses André's basic anthropological position of a primary feminine passivity in the patient, and the intrusion (*effraction*) involved in this asymmetry—an inevitably compromising situation captured in the analytic setting, which echoes the inevitable compromise of care given to the infant by the unconscious of the adult.
3. The uncanny: André's analytic listening is applied to all the pathologies, Asséo notes, including those in which the experience of the familiar is lacking. From this comes André's ability to generalize *après-coup* to all the modalities of psychic process.

These three axes all lead back to the *frappe* or *coup* and to its potential meanings.

Asséo agrees with André when he recalls that the *après-coup* "keeps one foot in the unconscious" (p. 1355). Not only does the *après-coup* "disorder" chronology, but even more, it causes chronology to "explode," to take up Green's (2000) formula.

On the other hand, André's emphasis on the link to the other (the interpsychic), in order for the traumatic event to be transformed into *après-coup*, raises questions for Asséo. She sees here a risk of the weak-

ening of the function of the third in the treatment, even before any particular frame is established.

***Après-Coup: The Attempt to Inscribe What Tends to Disappear.*** By Bernard Chervet, pp. 1361-1441.

In a paper that even French commentators call exacting and difficult, Chervet offers a broad interpretation of *après-coup*, as he attempts to develop the concept into a veritable theory of treatment as well as a treatment of trauma. The title of his paper is somewhat misleading, for the second part of it refers to his parallel notion of *contrecoup* or counter-coup. The *après-coup* involves the relative disappearance of the past, avoiding the discovery of signification, meaning, and understanding, while the counter-coup is “the attempt to inscribe what tends to disappear” (p. 1361).

Chervet’s paper focuses on the tension between these two concepts. He introduces his discussion with what he calls some “theoretical filigrees” (p. 1361). These are theoretical elaborations that are quite problematic and idiosyncratic, and perhaps are best summarized briefly before I move to his main points. Subsequent contributors to this issue of the *Revue* praise Chervet for avoiding a “recitation of Freud” (p. 1443). However, this penchant involves Chervet in some rather difficult and tenuous metapsychological speculations of his own. He offers many interesting observations and suggestions that I cannot do justice to here. Still, in spite of all the complex theoretical difficulties, Chervet presents some intriguing suggestions and a very broad view of *après-coup* that deserves attention.

Chervet also undertakes a careful review of Freud’s comments in various works—relating to *Nachträglichkeit*, specifically, or that seem to imply it without invoking the name, in order to trace Freud’s conceptualization of *après-coup*. He also reviews some of the subsequent history of *après-coup*, including Lacan’s writings. According to Chervet, Freud introduced the notion of *après-coup* when he realized the biphasic genesis of symptoms; then the term and concept disappeared after 1917, upon his realizing the metapsychologically deeper fact of the regressive dimension that characterizes both the drives in drive dualism. Freud ceased to

use *Nachträglichkeit* when he perceived that trauma is linked to a fundamental quality of the drive.

*Après-coup* phenomena are complex and elusive, and there are many clinical vicissitudes and pitfalls involved in trying to understand them. Chervet points out two conceptions of *après-coup* in Freud: one is a narrow, restrictive one, while the other is extensive. Chervet emphasizes the extended notion that, for him, becomes the model of all thought processes. Linked to biphasic sexuality, it becomes a universal phenomenon, determined by physiology. For Chervet, *après-coup* is thus to be understood as a form of organization of human sexuality, with its biphasic aspect *in two times*, involving a period of latency *between two times*, in French terminology. *Après-coup* is the common denominator of human sexuality, with its physiologically based biphasic nature. Furthermore, *après-coup* involves a *retrogradient* movement, a going back in time to the past, and by an imperative to move forward, a *progradient* movement toward signification and language. This metapsychological complexity of *après-coup*, according to Chervet, contributed to Freud's abandonment of *Nachträglichkeit*.

Chervet identifies what he refers to as three steps in Freud's drive theory. The first two steps were the recognition of *infantile sexuality*, then of *narcissism*. Chervet emphasizes especially the third step as the one that must be considered here: *drive conservatism*, that is, its regressive equality, the tendency to return to an earlier state, even to the inorganic. In these postulates, Freud broke with the positivism that had dominated his first notions concerning the drives. With the development of drive theory (Freud 1920), the conservative nature of drive was seen to involve two extremes, the *inert* for the death drive and the *infinite* for Eros. Chervet replaces Freud's long formula for this conservatism with the condensed term *extinctive regressivity*, applicable to both the death drive and Eros. Nonetheless, according to Chervet, this double regressivity does not invalidate, in any sense, the asymmetry of the drives.

Chervet introduces into his metapsychology a corollary of this drive regressivity, the *procedural imperative*—the imperative of psychic operations aimed at finding meaning and signification through language. He regards the procedural imperative as a counterimperative opposed to the extinction involved in both the drives. This procedural imperative

involves the work of binding, of moving into consciousness, secondary elaboration, and putting the content into a code or language. These two tendencies are involved in treatment, and it is this couple (extinctive regressivity and processual imperative) that establishes the basis of the operations of *après-coup*.

These imperatives can be recognized as those already present at the level of technique, i.e., the reasons for the fundamental rule, an impersonalized constraint developed after the abandonment of suggestion and the use of influence. The fundamental rule allows these two imperatives to function. Understanding the function of these two imperatives of psychic operation permits the concept of *après-coup* to become intelligible to us and allows us to envisage how psychic work becomes transformational.

*Après-coup* is linked to the double constraint that characterizes it: the regressive constraint toward extinction and the counterconstraint of the imperative to realize and inscribe meaning and signification in a progradient move toward understanding. The first of these two poles is the tendency toward disappearance; the second is the work of retaining and acquiring meaning.

Chervet emphasizes the traumatic dimension involved in *après-coup* and sees this as essential in psychoanalytic treatment. There is sadomasochism in the *tragen* aspect, which means both *to carry* (*porter*), but also *to endure* (*supporter*). This is involved, too, in the notion of *coup* (*blow* or *strike*), indicating both sadomasochism and the traumatic. The dynamic of *après-coup* involves the two participants in analysis. This dual involvement has been the focus of many works: Winnicott's *space* and the *transitional object*, the *chimère* of de M'Uzan, Green's *analytic object*, and Ogden's *analytic third*.

The quarrel between the two shores of the English Channel comes from the tendency toward an inherent conflict in the process of *après-coup*, and is thus imposed on the schools of analysis through geography and history. The economic tension that the process of *après-coup* is charged to reduce and change tends to actualize itself in the polemics of the schools. *Après-coup* becomes the missing concept implied in the Controversial Discussions; it functions as a shibboleth of recognition

and exclusion—justifying curses, explaining quarrels. The differences evoked between the various schools tend to accord privilege at any one moment to one or the other aspect of *après-coup*. Still, all the exchanges, debates, and presentations that take place or are published show that an encounter can happen, and demonstrate that debates are possible and that incompatibility is more a result of simplification.

Two facts are emphasized by Chervet to explain some of the confusion about *après-coup*: first, the phenomenon of *après-coup* is often recognized without being named. Second, the term *après-coup* is frequently utilized by analysts with the meaning of temporal displacement and antero-grade reflexivity, without implying the involvement of the unconscious to the same degree as in the psychoanalytic concept.

**Transformation and *Après-Coup*.** By André Beetschen, pp. 1443-1452.

To Beetschen falls the rather difficult task of assessing Chervet's report and offering criticisms and clarifications. He praises Chervet for offering hypotheses and metapsychological speculations that are not reduced to a simple recitation of Freud, commenting on the courage of anyone undertaking such a project.

Chervet's arguments upset some of the classical conceptions of *après-coup* à la Laplanche and his *traductive* theory. However, Chervet's viewpoint may clarify what awaits development in Laplanche's work: the nature of the *traductive* apparatus. Chervet makes *après-coup* into a treatment of trauma and a theory of this treatment.

Chervet's view, however, seems to neglect the single event, the *coup* or traumatic scene, according to Beetschen. There is no place in Chervet's report for the traumatic attack by internal fantasy that was the main element in Freud's introduction of the notion of *après-coup*. Chervet's view neglects as well the determining function of the other person involved in the resolution of an *après-coup*, even if this other is refound with the "procedural identification with the object" (p. 1444), either in the environment or with the analyst.

Chervet is less concerned with issues of temporality, past/present, or the recovered past; these issues hardly seem to be the principal object of his report. Certainly, Chervet emphasizes the double movement of pro-

gradience/regradience, but he relates this entirely to an instinctual and procedural dynamic, not to temporal factors.

*Après-coup* forms, for Chervet, a veritable theory of the work of the session. Chervet markedly extends the concept of *après-coup*: for Chervet, *après-coup* “contains theories of temporality, causality, disappearance and generativity . . . . It is the matrix of all scientific conceptions that attempt to understand the world and its genesis, mentalization and its arrival, life and the disappearance of life” (p. 1444). But, Beetschen notes, this extension amounts to reinventing the concept of *après-coup*. The double movement of *après-coup*—regradience and progradience—aims less at modifying the memory, in Chervet’s view, and more toward bringing it to consciousness. Thus, *après-coup*, for Chervet, assures the modification of the traumatic organization in the process of treatment.

To establish this “generative conception” (p. 1444) of *après-coup*, Chervet develops a particular conception of trauma. His conception is somewhat paradoxical, however, because it is both general and limited: it is the effect of the drive, but as a regressive threat rather than an internal attack. Beetschen raises questions about Chervet’s concept of drives and especially of the death drive. What would be the basis of the trauma for Chervet? The traumatic effects of regressivity need elaboration. How can they be grasped clinically?

Beetschen himself does not share the Freudian idea of a return to zero or the inorganic, at least for a psychic life with its basis in biology. We should also note that Freud (1920) uses the term *extinction* only one time, but when he does, it refers to the moment of excitement to a high degree, namely, sexual pleasure.

Would Chervet place extinctive regressivity in the rank of primary process? Can one isolate extinctive regressivity from the other qualities of the drive? What is the relationship between extinctive regressivity and repetition compulsion? In other words, what do we make here, in the process proposed for the *après-coup*, of the productivity of repetition, of acting out, and indeed, for Eros, of the plasticity of the impulse?

What Chervet proposes as an essential function of *après-coup* is its capacity to modify or qualify the traumatic quantities against the traumatic effect of extinctive regressivity of *reducing* and *extracting*. Beetschen

argues that this function is, above all, a process of binding. In using this word, Beetschen acknowledges that its usage may be too facile or banal.

Chervet emphasizes the notion of transformation (*Umsetzung*). In a text that in some ways continues his elaboration of *après-coup* from the Wolf Man case (1918), Freud (1917) describes his notion of transformation as dealing with meanings and symbolic links, leading to the formulation of a *symbolic equation*. Chervet seems to view transformation as a fundamental postulate; he emphasizes it as a principle of transference.

However, Beetschen suggests that Chervet draws his conception of transformation more from *The Ego and the Id* (1923), in which Freud states that “anything arising from within . . . that seeks to become conscious must try to transform itself into external perceptions” (p. 20). The appeal to transformation as an antitraumatic process invites us to question how this leaves behind the modification and reworking of the *après-coup*. How, moreover, do we make the economic function of transformation more precise? Does transformation differ from displacement, from derivation, from retracing one’s steps, or from reversal? In brief, does it differ from those processes that, aside from the blind, regressive urge, belong to the plasticity of the sexual instinct? Does it not plead, again, for a primary instinctual alliance animating the process of *après-coup*?

***Après-Coup in the Theory of Temporality: The Wolf Man Case.*** By André Green, pp. 1495-1502.

Freud’s model of temporality was elaborated throughout his work, from beginning to end. Though his view of temporality first appeared in the “Project” (1895), its subsequent development gave rise to multiple temporal schemes.

Green stresses that *après-coup* was the first of Freud’s original conceptions of temporality, and it was as well the first in the chain of causality specific to psychoanalysis. These two postulates cannot be separated—that is, one cannot understand causality in Freud without linking it to his conceptions of temporality. Even though the Emma case was prepsychoanalytic, Freud’s notion of *après-coup* as described in relation to that case was a brilliant insight and a very rich one. It broke the model, once and for all, of the succession *past-present-future* in the comprehension of the



unconscious. Freud stressed the importance of the *après-coup* when he stated in relation to the Emma case: "We invariably find that a memory is repressed which has only become a trauma by *deferred action*" (1895, p. 356, italics in original).

Early on, Freud (1900) noted the centrality of the problem of temporality, focusing on different regressions and taking care to distinguish them. This work also describes the bi-directionality of psychic processes in the very composition of the dream: a progradient movement, then a return and the appearance of regradience. Subsequently, other aspects of temporality appear in Freud, such as the developmental process in *Three Essays on the Theory of Sexuality* (1905). Then there is the essential time of metapsychology: the unconscious ignores time. This revises all the constructions that can be made on the successions of unconscious mechanisms, for they are not ordered by time.

*Après-coup* reappeared with the Wolf Man case (Freud 1918), the principal forum for discussion of the concept. It then undeniably disappeared in the rethinking represented by the structural theory, which completely upset Freud's previous thinking on temporality. Subsequently, a new concept developed: binding or linking in *Beyond the Pleasure Principle* (1920); *après-coup* thus became just one element among a group of concepts.

Green focuses on the polemical aspects of the Wolf Man case. It was written to deal with Jung's position with respect to retrospective fantasies, the *Zurückphantasieren*, a view that reappeared more recently in the writings of Serge Viederman, Roy Schafer, and Donald Spence. Jung was suggesting that Freud was duped—that the "recovered memories" were fictions constructed in the light of present or contemporary needs. The Wolf Man case was written, *pace* Jung, to demonstrate the role of childhood and childhood memories, from which came choices, problems, and theoretical solutions.

In his discussion of the Wolf Man, one sees Freud (1918) oscillating between taking issue with Jung and the inverse position; there is perhaps something that he has not thought about and that might be another manner of seeing. However, Freud ends with temporal hypotheses that are his most audacious and most contestable. His position is to defend the reality of the infantile. At the end, he emphasizes that no one before him has tackled these very early phases of the deep strata of psychic life.

The importance of the Wolf Man case is not only the notion of *après-coup*, but also the fact that the problem obliges Freud to pose hypotheses entirely new for him. He affirms that we must go back as far as possible into the infantile. But the issue is not just precocious trauma; it is how childhood deals with trauma. Freud (1909) previously wrote on infantile sexuality in the case of Little Hans, but Little Hans no longer satisfies him. What he now emphasizes are phenomena for which the proof remains in suspense and will require a new hypothetical causality, a causality to be entirely constructed.

The value of reading the Wolf Man case is to follow Freud in his hesitations—"it can be this . . . it can be that"—and to appreciate that, in the process, Freud completely transforms our ideas on reality and fantasy. The dream becomes a way of remembering. Here Freud seizes and deals with various phenomena of psychic life: memory, fantasy, and remembering as a new form of reality and as a manner of expression. Infancy has a predictive value; it cannot be considered simply an infantile production.

Even so, constructions may be all that are left to us. As well, the child's primal fantasies may represent a sort of instinctive knowledge that will act as a prescience. One does not yet know, one cannot know, and yet one almost knows and does so without knowing. Then *après-coup* appears and disappears. This position, at a point between effacement and inscription, is Chervet's focus; it touches on discussions of primal repression and primal fantasy by André and Laplanche.

***Après-Coup and the Two Topographies: M. Jourdain and the Smell of Roses.*** By Adela Abella, pp. 1517-1522.

The author focuses on the centrality of the concept of *après-coup* in French psychoanalysis as if it were its own concept, its label of origin *par excellence*. In no other psychoanalytic culture is this notion so important. So the question becomes, when a particular concept is not explicitly named by a given psychoanalytic community, is the clinical reality to which it refers not recognized or worked on?

Chervet invoked "simplification" to explain why the concept exists on one side of the English Channel but not on the other. In contrast, as

a metaphor to describe the situation, Abella proposes a common quotation from Shakespeare's *Romeo and Juliet* (1597): "What's in a name? That which we call a rose/By any other name would smell as sweet" (2.2.43-44).

In his focus on psychic transformations, the development of thought, and the discovery of the new, Bion made no explicit mention of *après-coup*. Does this mean that he did not recognize the process of resignification that accords a new psychic efficacy to previous emotional experiences (to keep to the definition favored by Laplanche)? Or rather, must one admit that Bion and many other psychoanalysts resemble Molière's (1670) M. Jourdain, who was surprised to learn that he spoke in prose without knowing it? Others, such as Sodré, have proposed similar themes—for example, that the insight produced by a mutative interpretation (in Strachey's sense) is the equivalent of Freud's notion of *Nachträglichkeit*.

The author discusses the problem of *après-coup* from the viewpoint of a philosophy of science. An initial question concerns the internal logic of the given doctrine: because the notion of *Nachträglichkeit* is intimately wedded to the prestructural theory (*première topique*), that doctrine must have needed it in some way; what theoretical or clinical lacunae was *après-coup* brought in to fill? Theoretical innovations are far from arbitrary; on the contrary, they are born in a precise context and are called in to resolve certain difficulties encountered by the preexisting theory in its confrontation with the facts it tries to explain.

Green pointed out that the structural theory accords a prominent place to the drives and thus to the object. Where the unconscious was previously, now we find the id. The most novel idea here proposed by Green is that the major difference between the two topographies concerns the idea of *movement* or *transformation*: the difference between formulations about the unconscious and those about the id is that what is most important is not the representation situated in the unconscious; rather, it is *movement*, and the expression *drive motion* underlines this movement. Otherwise stated, the structural theory, animated by the drives, permits us to conceive of conflict—and thus of change—much more radically. We experience the passage from a psychoanalysis of contents to a psychoanalysis of process.

Abella proposes that *Nachträglichkeit* supplied prestructural theory with the surplus of movement and change that it needed to accord with clinical reality. In a letter to Fliess of December 6, 1896 (Masson 1986), Freud spoke of *après-coup* in terms of a psychic mechanism established by stratifications or layers; as a function of new conditions, the material present in the form of mnemonic traces undergoes a reorganization from time to time, a reinscription. The repressed or split-off representation, conscious or unconscious, would not be recovered, remembered, or reconstructed as such, but would assume another visage and take on a new psychic role.

Without the notion of *après-coup*, it is not possible to conceive of why or how the reworking and modification of psychic layers occur. *Après-coup* is a necessity within the internal logic of our theoretical corpus. One can envisage it as a reworking and modification brought in to address and resolve certain aporia prior to the formulation of the structural theory, which was already in gestation. With the structural theory, Freud no longer had need of the concept of *après-coup* to introduce motion and conflict. Movement was already there at the center of the new theoretical edifice.

**Fear of Breakdown, Frozen Mourning: Time at a Standstill.** By Denys Ribas, pp. 1507-1515.

Ribas argues for maintaining a differentiation between *après-coup* and Winnicott's (1974) *fear of breakdown*. Some writers, including André, have considered this fear of breakdown paradigmatic of *après-coup* (on condition, of course, of an enlarged concept of *après-coup*, as André favors).

To Ribas, it seems important to preserve the specificity of Winnicott's clinical description. The fear of breakdown indicates a tactic of survival in the face of threats to a nascent psyche, and is a mutilating price for its continued integrity. The risk of death is clearly evident in this concept. André and Chervet have pointed out how *après-coup* constitutes psychic functioning itself, being the very process of psychic life. Ribas's point is that we should not confuse a survival technique with the process of psychic life.

Temporal and other elements lead Ribas to consider it appropriate to retain the specificity of the fear of breakdown. The initial *coup*, the initial trauma coming from outside, from the failure of the environment, threatens psychic life and therefore life itself. This external origin is essential to Ribas. Mechanisms of survival are engaged: danger is recognized, a mutilating defense is set up, and time is stopped. (Here Strachey's faulty translation, *deferred action*, is adequate.) Internal consequences lead to temporal disjunction. The catastrophe is projected into the future and remains in suspense—a reprieve from a pronounced condemnation; it is a death on credit for which anxiety pays the interest.

Furthermore, a paradox permits Winnicott to write his second and contradictory affirmation on the experience, in which he noted that the patient must continue to search for the detail of the past that has not yet been experienced: "This search takes the form of a looking for this detail in the future" (1974, p. 105). This paradox indicates a topical splitting in the personality. Winnicott writes, in effect, that the patient knows the breakdown has already taken place; it is a fact that he carries hidden in the unconscious. The ego is incapable of integrating something, of enclosing it. Ribas considers that the trauma has been treated by the psyche in a defensive mode of survival; it is not integrated by the personality, but *disintegrates* it with a disjunction of time.

*Après-coup*, on the other hand, is present in the treatment of fear of breakdown, as André and Faimberg maintain. The analyst's inevitable failures bring about a first *coup*, but it is not inaugural; it is more an aftershock that leads to the experience of breakdown. Until then, this fear has been kept outside the personality and in suspense. Its reintegration into the ego is then permitted, along with a reattribution of the trauma from the past into the subject's history, suturing the temporal rift and restoring suspended temporality.

It is important to Ribas to note the urgency in Winnicott's original description of the fear of breakdown. The subject encounters danger in speaking of the greatest traumata. Ribas uses the metaphor of a bomb disposal agent who explodes a bomb under a containing and protective bell of treatment. With these split-off, fragmenting anxieties, it is not always a given that the patient will come out unharmed, nor even that the bomb disposal agent himself will!

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**The Effect of *Après-Coup* and the Patient's Awareness.** By Jean-Luc Donnet, pp. 1555-1561.

Donnet points out that, after the theoretical shift of the 1920s, the place for *après-coup* in analysis was no longer clear. With the concept of repetition compulsion, the transference no longer necessarily contained the symbolic elements that would render it a priori analyzable through the repetitions it brings about. Transference acting out is no longer intrinsically linked to the psychic transformations that structurally define *après-coup*.

Still, *après-coup* remains the most assured guarantee of a method of bringing the unconscious into play. For this to occur, the patient's conscious awareness is crucial. However, with these theoretical revisions, identificatory rearrangements can sometimes be allowed to remain partly unconscious, even though manifest in *après-coups* that the analyst discerns in listening to the patient's associations. To bring *après-coups* into sessions, the analyst sometimes has to play a more direct role. The links between instances of transference acting out of which the symbolizing mission is uncertain—an *après-coup* that can be "produced" and its interpretation—become more problematic.

Donnet sees a trace of this problem in the way in which Freud (1918) found himself forced to introduce the notion of a *second après-coup* in describing the Wolf Man's case and the wolf dream. The author takes up certain themes from an earlier article of his (Donnet 2006). It seems to him that Freud showed a trace of uneasiness about his analytic response when faced with this repetition of a transference acting out. Freud's text suggests to Donnet that Freud was skirting around the eventual risks of this second *après-coup*. Freud's discussion of this was accompanied by a partial denial of its range, scope, and reach. According to Donnet, this denial stemmed in part from Freud's polemic with Jung concerning retrospective fantasy (*Zurückphantasieren*) and the risk of suggestion.

Freud presented the impact of his innovation of the second *après-coup* in a minimal way. Here the *après-coup* was confused with a conscious guess. As often occurred when he introduced a new concept, Freud was tempted to assign a quantitative or economic value to it; he termed it *Be-trag*, or sum—a notion about *après-coup* already present in the Fliess let-

ters (Masson 1986). In the Wolf Man case, Freud wanted to assure that the second *après-coup* introduced nothing new, and that its economic tension (*Betrag*), because it occurred temporally later, could be considered negligible.

Freud's hesitation in restoring "amnesic memory" to transference acting out went along with his fear that the experience appropriate to a transference action might cause his method to veer toward a new catharsis. Thus, in making a "new royal road" of transference acting out, Freud manifested a certain reticence that would later find expression in conflicts around the work of Ferenczi and Rank. The technical challenge of transference acting out is therefore described in outline form only, reserved for Ferenczi and his followers to develop.

With the introduction of instinctual duality and the structural theory, links between transference acting out and *après-coup* become all the more crucial as they become more uncertain. The critical question is: how does one bring about symbolizing or resymbolizing? This calls for a dual answer: the analytic situation, in its mixture of refusal and seduction, offers favorable conditions for transference repetition; the transference becomes the carrier of *après-coup*. The analyst, with his various interventions and "failures," hopes to trigger *après-coups*, but its effects will ordinarily be delayed.

This separation corresponds to the delay linked to bringing the unconscious into play. Psychoanalytic ethics must take on the risky character of this situation, including its potentially disorganizing aspect. All things considered, attempts to take into account with precision the work of *après-coup*—whether in a session or a period of treatment—may encounter an inextricable tangle. The recognition of an *après coup* sometimes happens . . . only *après coup*. The time for its reappearance cannot be foreseen.

In summary, Donnet suggests that the manifestations of transference acting out are so heterogeneous—their destiny in treatment so frequently unforeseen, the register of their interpretability so uncertain, the postponement of their coming onto the scene so common, and the unexpected arrival and quality of their effects in *après-coup* so unpredictable—that it is difficult to identify the most effective operator of change. That is why, in practice, we accord more privilege to working through as

a marker of the temporal progress of treatment. In the recovery from breaks and discontinuities, working through constitutes a prudent and pertinent response to the complexity of the entanglements of *après-coup* that are most often minor, and may even be invisible.

**The Concept of *Après-Coup* in Great Britain.** By Christine Miqueu-Baz, pp. 1575-1581.

According to this author, the British psychoanalytic society is still not unified, and the disunity might be seen as beginning with meetings in the mid-1940s (King and Steiner 1992). In these meetings, the two *grandes dames* were at odds until the whole thing ended in a “ladies’ agreement” (or, perhaps, a disagreement). The main concerns were with unconscious fantasies, with what happens in the first months of life, the splitting of internal objects into good and bad, projective identification, and auto-erotic narcissism.

The two immigrant ladies fought it out, each attempting to prove the other wrong, while the Middle Group (which included Edward Glover, Ella Sharp, and Sylvia Payne) accepted moderate positions, keeping certain ideas from each camp. This group was the most critical on the themes of regression and metapsychology. The nature of unconscious fantasy also divided the two camps. Yet in all this debate, the theme of *après-coup* was not even mentioned—although, the author suggests, it might have been utilized to clarify the differences between the two camps on questions of temporality.

Authors in Britain who write of *après-coup* are few: Rosine Perelberg, Ignes Sodré, Dana Birksted-Breen, and Gregorio Kohon; generally, it is not a concept with which British analysts are familiar. Strachey was responsible for this, in part, with his translation that pointed in the direction of the arrow of time—toward the future and not toward the past.

The author reviews some of the English contributions that deal with notions close to *après-coup*. Perelberg related *après-coup* to Winnicott’s (1974) article on fear of breakdown, in which the dreaded breakdown has already happened in the past, seeking in Winnicott a parallel to Freud’s *après-coup*.

Ernest Jones brings in the idea of a genetic continuity that will give a double movement to time, of regression and progression, and the fan-



tasies that reinforce it. Would that be the equivalent of *après-coup*? What is missing here is a grasping of meaning, a restructuralization of the significance of past events in the light of new events.

Sodré (2005), in her discussion of *après-coup* as *the missing concept*, brings up Strachey's (1934) paper on mutative insight: Strachey evoked the mutative interpretation of the *après-coup*. Sodré distinguishes *après-coup* of long duration (over a long time span) that corresponds to *mutative insight*—and that permits a transformation of the past, of past object relations, and a permanent psychic change—from a shorter *après-coup* (of a brief time span), referring to movements within the session, to known changes of identification, to projections, mood, and affect.

**Dynamic *Après-Coup*: Implications for a Theory of Clinical Practice.**

By Rosine Jozef Perelberg, pp. 1582-1589.

Earlier, Perelberg (2006a, 2006b) drew a distinction similar to that of Laplanche, between descriptive and dynamic *après-coup*. She stresses the multiple temporalities in psychoanalysis, with the transference as the point of access to the infantile unconscious. The transference is the expression of the *après-coup* in the very process of the session. The interpretation of unconscious fantasies in the transference constitutes a link between the past, the present, and the future, and between the genetic and the structural. During this process, the present reinterprets the past in terms of *après-coup*, just as the past contains the grains that permit comprehension of the present without any sense of predetermination.

The descriptive *après-coup* is ubiquitous in French psychoanalysis. On the other hand, the dynamic *après-coup*, Perelberg suggests, subsumes different notions of temporality. These different notions constitute a heterochronic situation in psychoanalysis as developed by French psychoanalysts, notably Green. Moreover, the notion of *après-coup* is inserted into a web of concepts, such as trauma, castration, passivity, and sexuality, making it an integral component of metapsychology.

Perelberg regards the *après-coup* as totally central in Freud. It is crucial in understanding Freud's formulations, and it operates as a sort of general enlightenment of his conceptual framework. It expresses the

multiplicity that characterizes the unconscious. She also emphasizes that *après-coup* is a link between temporality and causality.

Perelberg criticizes what she sees as a shortcoming of British psychoanalysis: a “metatheory,” she calls it, of psychoanalysis. For Freud, the archaic was constructed *après-coup*, while for Klein the child was still present in the adult. Klein eliminated time and space, since infantile sexuality exists in the *here and now*. In British psychoanalysis, impulse and fantasy are equated, while for Freud, a disjunction between impulse and representation led to various pathologies.

The equation of impulse and fantasy risks producing fixed linkages between affect and representations, Perelberg continues. This approach has several consequences: there are no lacunae, and nothing is missing among representations. There is no sense of the negative or of absences. Moreover, Freud insisted on a metapsychological understanding of the formation of the unconscious that included economic, topographic, and dynamic aspects, while British literature portrays an endogenous vision of the formation of the unconscious, a conviction of continuity between past and present. In recent works, an analogy has been drawn between what happens in interactions between baby and mother, on the one hand, and in what occurs between patient and analyst, on the other. When the now, the *nunc* of the present, becomes a reproduction of the past, then there is no *après-coup*. Finally, the theory of seduction is lacking in this literature; the analyst is considered as above all a good object.

**How to Translate *Nachträglichkeit* in Italian.** By Maurizio Balsamo, pp. 1453-1456.

A paper by Rome psychoanalyst Maurizio Balsamo highlights the many problems and issues that have arisen around the notion of *après-coup* and its translation, with suggestions that pertain equally to the Italian psychoanalytic culture and to others. In the midst of some rather heavy metapsychological ruminations, Balsamo's paper brings in a refreshing note of good sense and rationality.

Balsamo begins by pointing out a paradox. There is an official Italian translation of *après-coup*: a *posteriori*. But this term is not really informa-

tive, nor can the rationale for using this translation be reconstructed. Balsamo reflects on difficulties in the history of the concept and in its reception and translation in Italy. There is actually a plurality of Italian translations for this concept. The term *a posteriori* sometimes appears in Italian followed by references to French and English translations in parentheses—a practice, he notes, that is also to be found in the work of Anglophone writers, who use in parentheses either French or German terms.

Balsamo thinks this is not simply a matter of translation difficulties, but rather that there are metapsychological difficulties about the concept leading to this plurality of terms and the avoidance of a choice between one meaning and another. There is indecision in the psychoanalytic community, and not only the Italian one, about the meaning of *après-coup*. Is it the equivalent of *a posteriori* in the sense of something that simply comes after and results in a more complex understanding, or is it something that radically upsets our conception of temporality?

This initial difficulty thus relates to a conflict with a hermeneutic reinterpretation of the concept (e.g., “afterward, one understands that . . .”), which causes no general malaise; everyone knows that with age one becomes wiser and more intelligent, and one can understand things that one did not when at the stage of *Hilflosigkeit*. The second difficulty is that one must believe that the several terms used are indistinguishable. (Balsamo quips that one could call this a *belle indifférence* to translation.) This supposes that the translation has no relation to a specific metapsychology considered in a larger sense, with no attention paid to whether it is the British interpretation (linear evolution) or the French interpretation (diachronic discontinuity). What the Italian translations show, then, is a conflict between linearity and discontinuity. This anxiety about the diachronic concerns not just different metapsychologies, but rather the necessity to protect ourselves from the temporal confusion provoked by anachronism and progression.

Finally, the multilinguistic translations of *Nachträglichkeit* are a sort of allusion to the history of psychoanalytic cultural traditions that have played such an important role in the construction of Italian psychoana-

lytic culture. Balsamo emphasizes the multilingual aspects of the translations of Freud in general. The complete Italian translation of Freud's works was accomplished in Italy with a complex history of interrelations: the German text, French translations, and, after 1945, English translations, indicating that, from the beginning, for Italian psychoanalysts there has been a history of different relations and metapsychological traditions.

Balsamo asks whether this represents an allusion to the historical and cultural traditions, or an anxiety about the influence of these other cultures. The fact of not choosing between different translations, the necessity of citing one beside the other—is this a sign of indecision, or is it a sign of an effort to demarcate these influences? Is the debate between translations only about the concepts, or is it also a debate between the effects of force, influence, anxiety about influence, and anxiety about contamination?

Balsamo maintains that each language—each metapsychological language—represents an aspect, a level, of psychic functioning, a fashion of thinking. He is sure that there will always be someone, somewhere, who believes in the virtues of monolingualism. For Balsamo himself, however, it would be a veritable nightmare.

The last paradox he wishes to invoke is that this linguistic indecision and plurality of translations are the result of the existence of several metapsychological languages, of several approaches. This plurality gives us the possibility of reflecting among ourselves on our divergences, our incapacity to understand, and on the difficulties that each of us has of getting out of the narcissistic bastion. Balsamo believes we must reject the illusion of a unique language as a way of escaping from the anxiety of influence.

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## CONTENTS OF VOLUME LXXXIV

### Original Articles

AISENSTEIN, MARILIA: The Question of the Father in 2015	351
BALSAM, ROSEMARY H.: Oedipus Rex: Where Are We Going, Especially with Females?	555
BARNABY, ANDREW: "After the Event": Freud's Un- canny and the Anxiety of Origins	975
BERGSTEIN, AVNER: Attacks on Linking or a Drive to Communicate? Tolerating the Paradox	921
BROWN, LAWRENCE J.: Ruptures in the Analytic Setting and Disturbances in the Transformational Field of Dreams	841
DIAMOND, MICHAEL J.: The Elusiveness of Mascul- linity: Primordial Vulnerability, Lack, and the Chal- lenges of Male Development	47
EIZIRIK, CLÁUDIO LAKS: The Father, the Father Function, the Father Principle: Some Contempo- rary Psychoanalytic Developments	335
ELKINS, JEREMY: Motility, Aggression, and the Bodily I: An Interpretation of Winnicott	943
GENTILE, JILL: Parrhesia, Phaedra, and the Polis: Anticipating Psychoanalytic Free Association as Democratic Practice	589

GROSSMAN, LEE: The Object-Preserving Function of Sadomasochism	643
HAFT, JACQUELINE: "I Hear My Voice, But Who Is Talking?": Understanding Depersonalization	867
HOULDING, SYBIL: Mourning in the Psychoanalytic Situation and in Shakespeare's <i>The Tempest</i>	1
KATZ, GIL: Repressed Ghosts and Dissociated Vam- pires in the Enacted Dimension of Psychoanalytic Treatment	389
KERNBERG, OTTO F.: Narcissistic Defenses in the Distortion of Free Association and Their Under- lying Anxieties	625
MAHON, EUGENE J.: <i>Insight Agonistes</i> : A Reading of Sophocles's <i>Oedipus the King</i>	665
MANDELBAUM, GEORGE: O'Neill's Journey	125
MANOLOPOULOS, SOTIRIS: <i>Medea</i> by Euripides: Psychic Constructions for Preverbal Experiences and Traumas	44 <sup>1</sup>
OGDEN, THOMAS H.: Intuiting the Truth of What's Happening: On Bion's "Notes on Memory and Desire"	285
ROLNIK, ERAN J.: Before Babel: Reflections on Reading and Translating Freud	307
SALBERG, JILL: The Texture of Traumatic Attach- ment: Presence and Ghostly Absence in Trans- generational Transmission	21



SCHNEIDER, JOHN A.: Bion's Thinking about Groups: A Study of Influence and Originality	415
SCHRÖTER, MICHAEL: Max Eitingon's Rise and Decline: The Berlin Years	103
SIMOGLU, VASSILIKI N.: On Love and Melancholia in Marguerite Duras's Autofiction	719
STEINER, JOHN: The Use and Abuse of Omnipotence in the Journey of the Hero	695
TUCH, RICHARD: The Analyst's Way of Being: Recognizing Separable Subjectivities and the Pendulum's Swing	363
WHITE, ROBERT S.: Hansel and Gretel: A Tale of Terror	893

### **Brief Communications**

GROSSMAN, LEE: The Syntax of Oedipal Thought in the Case of Little Hans	469
JACOBS, THEODORE J.: An Anniversary Reaction in a Four-Year-Old Child	463
MAHON, EUGENE J.: Insight as Defiance: A Neglected Aspect of Self-Awareness	169
SIROIS, FRANÇOIS: On the Dream of Convenience	159

### **Editor's Introduction**

GREENBERG, JAY: The Paternal Principle	331
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### **Book Review Essays**

BALTER, LEON: Adventures in Psychoanalytic Concepts and Treatment	745
BAUDRY, FRANCIS: Working Psychoanalytically with Nonneurotic Patients: Theory and Technique	223
FERRELL, DONALD R.: Creativity and Change in Psychoanalysis: Jungian Perspectives	175
PIVNICK, BILLIE A.: Grief and Reason: A Response to Eric Kandel's <i>Age of Insight</i>	209
SILVERMAN, MARTIN A.: The Third Reich in the Third Person: Exhuming the Horrors of the Holocaust	479

### **Book Reviews**

ABBASI, AISHA: Rupture of Serenity: External Intrusions and Psychoanalytic Technique (A. Adelman)	1015
AGUAYO, JOSEPH and MALIN, BARNET, eds.: Wilfred Bion: Los Angeles Seminars and Supervision (L. Di Donna)	1039
AKHTAR, SALMAN and PARENS, HENRI, eds.: Revenge: Narcissistic Injury, Rage, and Retaliation (R. Reichbart)	806
AZZONE, PAOLO: Depression as a Psychoanalytic Problem (P. Gibbs)	523

BIGLIANI, CARLOS GUILLERMO; MOGUILLANSKY, RODOLFO and SLUZKI, CARLOS E.: Shame and Humiliation: A Dialogue Between Psychoanalytic and Systemic Approaches (J. Lieberman)	797
BLEGER, JOSÉ: Symbiosis and Ambiguity: A Psychoanalytic Study (D. Van der Heide)	256
CAVALLI, ALESSANDRA; HAWKINS, LUCINDA and STEVNS, MARTHA: Transformations: Jung's Legacy and Clinical Work Today (D. Ferrell)	175
CLARKE, GRAHAM S. and SCHARFF, DAVID E., eds.: Fairbairn and the Object Relations Tradition (M. San Martino)	777
COOPER, RACHEL: Diagnosing the Diagnostic and Statistical Manual of Mental Disorders (M. Silverman)	239
DETHIVILLE, LAURA: Donald W. Winnicott: A New Approach (A. Esman)	499
DEUTSCH, ROBIN A., ed.: Traumatic Ruptures: Abandonment and Betrayal in the Analytic Relationship (E. Pinsky)	1023
DIEM-WILLE, GERTRAUD: Young Children and Their Parents: Perspectives from Psychoanalytic Infant Observation (L. Hoffman)	801
EMDE, ROBERT N. and LEUZINGER-BOHLEBER, MARIANNE, eds.: Early Parenting and Prevention of Disorder: Psychoanalytic Research at Interdisciplinary Frontiers (L. Hoffman)	801

FIUMARA, GEMMA CORRADI: Psychoanalysis and Creativity in Everyday Life: Ordinary Genius (R. Fritsch)	263
FROSCH, ALLAN, ed.: Absolute Truth and Unbearable Psychic Pain: Psychoanalytic Perspectives on Concrete Experience (E. Gelman)	247
GILMORE, KAREN and MEERSAND, PAMELA: Normal Child and Adolescent Development: A Psychodynamic Primer (A. Esman)	254
JACOBS, THEODORE J.: The Possible Profession: The Analytic Process of Change (J. Hall)	495
JACOBS, THEODORE J.: The Year of Durocher (T. Robbins)	261
KANDEL, ERIC: The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present (B. Pivnick)	209
KATZ, GIL: The Play within the Play: The Enacted Dimension of Psychoanalytic Process (H. Falit)	1011
KATZ, GIL: The Play within the Play: The Enacted Dimension of Psychoanalytic Process (T. Jacobs)	1009
LEVINE, HOWARD B.; REED, GAIL S. and SCARFONE, DOMINIQUE, eds.: Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions (F. Baudry)	223
MAHON, EUGENE J.: A Psychoanalytic Odyssey: Painted Guinea Pigs, Dreams, and Other Realities (L. Balter)	745

MUCCI, CLARA: Beyond Individual and Collective Trauma: Intergenerational Transmission, Psychoanalytic Treatment, and the Dynamics of Forgiveness (S. Richman)	502
OGDEN, THOMAS H.: The Parts Left Out (G. Graham)	517
RAZINSKY, LIRAN: Freud, Psychoanalysis and Death (M. Silverman)	1031
REUBINS, BEATRIZ MARKMAN: Pioneers of Child Analysis: Influential Theories and Practices in Healthy Child Development (A. Esman)	1045
ROSNER, BERNAT and TUBACH, FREDERIC C.: An Uncommon Friendship: From Opposite Sides of the Holocaust (M. Silverman)	479
SALGÓ, ESZTER: Psychoanalytic Reflections on Politics: Fatherlands in Mothers' Hands (J. Frankel)	527
SINKMAN, ELLEN: The Psychology of Beauty: Creation of a Beautiful Self (S. Newman)	813
VOLKAN, VAMIK D.: Animal Killer: Transmission of War Trauma from One Generation to the Next (M. Silverman)	510
WILLIAMS, PAUL; KEENE, JOHN and DERMAN, SIRA, eds.: Independent Psychoanalysis Today (L. Zeavin)	789

## **Abstracts**

<i>Annuel de L'Association Psychanalytique de France</i> (H. Tessier)	539
--	-----

Notes on the Seventeenth National Congress of the Italian Psychoanalytical Society (L. Nicoli, S. Anastasia, and E. Facella)	273
<i>Revue Française de Psychanalyse</i> (E. Wilson)	1049
<i>Revista Uruguaya de Psicoanálisis</i> (I. Katz)	819
<b><u>Name Index</u></b>	1091

## NAME INDEX

KEY: (A) Abstract  
(R) Book Review

ABBASI, AISHA

*Rupture of Serenity: External Intrusions and Psychoanalytic Technique* (R) 1015-1023

ABELLA, ADELA

on *après-coup* (A) 1067-1069

ABRAHAM, NICOLAS and TOROK, MARIA

on loss and mourning (Simoglou) 722

ADELMAN, ANNE

reviewer of Abbasi, 1015-1023

AGUAYO, JOSEPH

coeditor of *Wilfred Bion: Los Angeles Seminars and Supervision* (R) 1039-1045

AISENSTEIN, MARILIA

on paternal issues (Greenberg) 331ff.

on psychosomatic illness (Baudry) 232

*The Question of the Father in 2015*, 351-362

AKHTAR, SALMAN

coeditor of *Revenge: Narcissistic Injury, Rage, and Retaliation* (R) 806-813

AMIEL, HENRI FREDERIC

on depersonalization (Haft) 867

ANASTASIA, SERGIO

*Notes on the Seventeenth National Congress of the Italian Psychoanalytical Society* (A) 273-284

ANDERSON, MAXINE

on psychic reality (R) 249-250

ANDRÉ, JACQUES

on analytic treatment (A) 1059  
on *après-coup* (A) 1050, 1052, 1054-1059, 1067, 1069-1070

ANZIEU, DIDIER

role of in French analysis (A) 541, 545, 547-548, 550

APPELBAUM, ANN and DIAMOND, DIANA

on analyst's pregnancy (R) 1018-1019

ARENDT, HANNAH

on the *polis* (Gentile) 601-603

ARLOW, JACOB A.

on the self (Haft) 868-870, 874

ASSÉO, SILVIE DREYFUS

on *après-coup* (A) 1059-1060

AZZONE, PAOLO

*Depression as a Psychoanalytic Problem* (R) 523-526

BALSAM, ROSEMARY H.

*Oedipus Rex: Where Are We Going, Especially with Females?* 555-588

- BALSAMO, MAURIZIO  
on Italian translations of analytic terms (A) 1075-1077
- BALTER, LEON  
*Adventures in Psychoanalytic Concepts and Treatment*, 745-773
- BARNABY, ANDREW  
"After the Event": Freud's *Uncanny* and the *Anxiety of Origins*, 975-1006
- BARROS, ELIAS MALLET DA ROCHA  
on transformation in analysis (A) 279-280
- BASS, ALAN  
on concrete patients (R) 251-252
- BAUDRY, FRANCIS  
*Working Psychoanalytically with Nonneurotic Patients: Theory and Technique*, 223-235
- BEETSCHEN, ANDRÉ  
on *après-coup* (A) 1063-1065
- BERGSTEIN, AVNER  
*Attacks on Linking or a Drive to Communicate? Tolerating the Paradox*, 921-942
- BIGLIANI, CARLOS GUILLERMO  
coauthor of *Shame and Humiliation: A Dialogue between Psychoanalytic and Systemic Approaches* (R) 797-801
- BION, WILFRED R.  
on alpha function (Brown) 849, 861  
on analytic relationship (Bergstein) 930-932  
on "attacks on linking" (Bergstein) 921ff.  
on beta elements (Ferrell) 180; (Schneider) 427  
on communication (Bergstein) 921ff.  
on countertransference (R) 1041  
on dreams/dreaming (Brown) 849, 858, 860  
on groups (Schneider) 415ff.  
influence of Freud on (Schneider) 418-420  
influence of Klein on (Schneider) 424-425, 437-438  
on interpretation (Ogden) 301-302  
on intuition (Ogden) 295-296  
and Jungian analysis/therapy (Ferrell) 198-200, 202  
Los Angeles seminars of (R) 1039-1045  
"Notes on Memory and Desire" (Ogden) 285ff.  
on projective identification (Bergstein) 926, 931; (R) 1041-1042  
on psychic reality (Ogden) 292-295  
on psychotic functioning/thinking (Brown) 845-846; (Bergstein) 926, 937; (R) 1042-1043  
on reconstruction (Bergstein) 939  
on "selected facts" (Brown) 859



- BION, WILFRED R. (*continued*)  
 on thinking/thought processes (Schneider) 417, 421  
 on truth (Bergstein) 927-928, 930  
 on unconscious thinking (Ogden) 287-292  
 wartime experiences of (Bergstein) 922-923; (R) 1044  
 on work groups (Schneider) 429
- BLEGER, JOSÉ  
 on "analytic situation" (Brown) 841ff.  
*Symbiosis and Ambiguity: A Psychoanalytic Study* (R) 256-261
- BLOOM, HAROLD  
 on Shakespeare's *Tempest* (Houlding) 18
- BOESKY, DALE  
 on countertransference enactments (Tuch) 365-366, 384
- BOHLEBER, WERNER; FONAGY, PETER; JIMÉNEZ, JUAN PABLO; SCARFONE, DOMINIQUE; VARVIN, SVERRE and ZYSMAN, SAMUEL  
 on enactment (Tuch) 377
- BOLLAS, CHRISTOPHER  
 on self-representation (Bergstein) 927  
 on "unthought known" (Bergstein) 939
- BOLOGNINI, STEFANO  
 on the future of analysis (A) 280-281
- BOTELLA, CÉSAR and SARA  
 on psychic figurability (Baudry) 229-230
- BOWLBY, JOHN  
 on attachment theory (Salberg) 24, 26-27, 30  
 on fear (Salberg) 35, 35  
 relationship with Klein of (Salberg) 26  
 on trauma (Salberg) 33, 35
- BRIGHT, GEORGE  
 on Jungian analysis/therapy (Ferrell) 202-206
- BRITTON, RON  
 on oedipal issues (Balsam) 573
- BROMBERG, PHILIP  
 on dissociative experience (Salberg) 31, 35; (Haft) 871-874, 876  
 on trauma (Salberg) 34
- BROWN, LAWRENCE J.  
*Ruptures in the Analytic Setting and Disturbances in the Transformational Field of Dreams*, 841-865
- BRUNI, ALESSANDRO  
 on analysis and philosophy (A) 278
- CAMDEN, VERA J.  
 on oedipal issues (Balsam) 574
- CAMPBELL, JOSEPH  
 on journey of the hero (Steiner) 695ff.

- CANTARELLA, EVA  
on Ancient Greek life (Gen-  
tile) 604-605, 614, 620
- CARVALHO, RICHARD  
on Jungian analysis/therapy  
(Ferrell) 199-203
- CASSORLA, ROOSEVELT  
on "dreams-for-two" (Brown)  
849-851, 863
- CAVALLI, ALESSANDRA  
coeditor of *Transformation:  
Jung's Legacy and Clinical  
Work Today* (R) 175-207
- CHABALGOITY, ANA MARÍA  
on analyst's ethics (A) 833-836
- CHASSEGUET-SMIRGEL, JANINE  
on masculinity (Diamond) 63-  
64, 70, 72-74, 76, 84, 89
- CHERVET, BERNARD  
on *après-coup* (A) 1060-1065,  
1067, 1069
- CHESSICK, RICHARD D.  
on analytic interaction (R)  
1017
- CLARKE, GRAHAM S.  
coeditor of *Fairbairn and the  
Object Relations Tradition* (R)  
777-789
- COOPER, ARNOLD M. and SACKS,  
MICHAEL H.  
on sadism (Grossman) 644
- COOPER, RACHEL  
*Diagnosing the Diagnostic and  
Statistical Manual of Mental  
Disorders* (R) 239-247
- COURNUT, JEAN  
on masculinity and femininity  
(Diamond) 55, 62, 73-76
- DAVIES, JODY MESSLER and FRAW-  
LEY, MARY GAIL  
on depersonalization (Haft)  
872, 878, 889
- DELOURMEL, CHRISTIAN  
on the paternal principle  
(Greenberg) 333; (Eizirik)  
342, 344-345
- DERMAN, SIRA  
coeditor of *Independent Psycho-  
analysis Today* (R) 789-797
- DERRIDA, JACQUES  
on father-son relationship (Bar-  
naby) 975, 978-979, 995
- DETHIVILLE, LAURA  
*Donald W. Winnicott: A New  
Approach* (R) 499-501
- DEUTSCH, ROBIN A.  
editor of *Traumatic Ruptures:  
Abandonment and Betrayal in  
the Analytic Relationship* (R)  
1023-1031
- DIAMOND, MICHAEL J.  
*The Elusiveness of Masculinity:  
Primordial Vulnerability, Lack,  
and the Challenges of Male De-  
velopment*, 47-102
- DI DONNA, LUCA  
reviewer of Aguayo and Ma-  
lin, 1039-1045

- DIEM-WILLE, GERTRAUD  
*Young Children and Their Parents: Perspectives from Psychoanalytic Infant Observation* (R) 801-806
- DONNET, JEAN-LUC  
 on *après-coup* (A) 1071-1073
- DRUMMOND DE ANDRADE, CARLOS  
 poetry of (Eizirik) 336-339, 347-349
- DUNN, STEPHEN  
 poet and author of "Achilles in Love" (Diamond) 47-48, 92
- DURAS, MARGUERITE  
 autofiction of (Simoglou) 719ff.
- EITINGON, MAX  
 contributions to analysis of (Schröter) 103ff.  
 correspondence with Freud of (Schröter) 104ff.  
 relationship with Anna Freud of (Schröter) 112  
 relationship with Radó of (Schröter) 115
- EIZIRIK, CLÁUDIO LAKS  
*The Father, the Father Function, the Father Principle: Some Contemporary Psychoanalytic Developments*, 335-350  
 on paternal issues (Greenberg) 331ff.; (Aisenstein) 351ff.
- ELKINS, JEREMY  
*Motility, Aggression, and the Body I: An Interpretation of Winnicott*, 943-973
- ELLMAN, STEVEN J.  
 on oedipal dynamics (Balsam) 558
- EMDE, ROBERT N.  
 coeditor of *Early Parenting and Prevention of Disorder: Psychoanalytic Research at Interdisciplinary Frontiers* (R) 801-806
- ENGEL, EDWIN A.  
 on O'Neill's *Anna Christie* (Mandelbaum) 133
- ESMAN, AARON H.  
 reviewer of Dethiville, 499-501  
 reviewer of Gilmore and Meer-sand, 254-256  
 reviewer of Reubins, 1045-1047
- EURIPIDES  
 on father-son relationships (Mandelbaum) 151  
*Hippolytus* (Gentile) 589ff.  
*Medea* (Manolopoulos) 441ff.
- FABOZZI, PAOLO  
 on primitive states (A) 273  
 on Winnicottian thinking (A) 276
- FACELLA, ELISABETTA  
*Notes on the Seventeenth National Congress of the Italian Psychoanalytical Society* (A) 273-284

- 
- FAIRBAIRN, W. R. D.  
 contributions of (R) 777ff.
- FALIT, HARVEY  
 reviewer of Katz, 1011-1015
- FARRAR, CYNTHIA  
 on the *polis* (Gentile) 603-604
- FELDT, GLORIA  
 on women's rights (Gentile)  
 605-606
- FERENCZI, SÁNDOR  
 contributions of (R) 788-789  
 political thinking of (R) 535-  
 536  
 relationship with Freud of (R)  
 784  
 on trauma (R) 783-784, 788-  
 789
- FERGUSON, FRANCIS  
 on O'Neill's plays (Mandel-  
 baum) 135-136
- FERRELL, DONALD R.  
*Creativity and Change in Psycho-  
 analysis: Jungian Perspectives*,  
 175-207
- FERRO, ANTONINO  
 on the analytic viewpoint (A)  
 275
- FIUMARA, GEMMA CORRADI  
*Psychoanalysis and Creativity in  
 Everyday Life: Ordinary Genius*  
 (R) 263-271
- FLECHNER, SILVIA  
 on maternal violence (A) 822-  
 826
- FONAGY, PETER  
 on psychic reality (R) 247
- FOUCAULT, MICHEL  
 on parrhesia (Gentile) 597-599,  
 601, 603, 617-619
- FRANKEL, JAY  
 reviewer of Salgó, 527-537
- FREEMAN, DANIEL  
 on child analytic work (R) 809
- FREUD, ANNA  
 controversy with Klein of (R)  
 789-790; (A) 1053-1054, 1073  
 relationship with Eitingon of  
 (Schröter) 112
- FREUD, SIGMUND  
 on aggression (R) 779, 781;  
 (Elkins) 953  
 on Anna O. (Gentile) 599-600,  
 617  
 on artists (Steiner) 701-702  
 on bisexuality (Diamond) 58-  
 59, 75, 85, 88, 93; (R) 781  
 on castration anxiety (R) 1038  
 collaboration with Janet and  
 Charcot of (R) 780  
 concern with origins of (Bar-  
 naby) 978  
 correspondence with Eitingon  
 of (Schröter) 104ff.  
 on death (R) 1031-1039  
 on deferred action (Barnaby)  
 977; (A) 1049ff.  
 on Dora (Rolnik) 321; (Gen-  
 tile) 607; (Bergstein) 922  
 on dreams/dreaming (Sirois)  
 159ff.; (Ferrell) 186; (Bau-  
 dry) 230-231; (Ogden) 301;  
 (Balter) 757, 771; (White)  
 911-912; (R) 1033

FREUD, SIGMUND (*continued*)

on drive (instinct) theory (Baudry) 232; (Schneider) 427; (R) 782-783, 788; (Bergstein) 929; (Elkins) 953  
 early followers of (Schröter) 105ff.  
 on ego functioning (R) 787  
 on "Electra complex" (Balsam) 570  
 on Elisabeth von R. (Gentile) 607  
 on Emma (A) 1051-1053, 1055, 1057, 1065-1066  
 on Emmy von N. (Gentile) 607, 617, 619  
 on emotions (Pivnick) 212  
 on fairy tales (White) 912  
 on fantasy (White) 915  
 on fathers (Eizirik) 335ff.; (Aisenstein) 352ff.  
 on female psychology (Balsam) 555ff.  
 on *fort-da* (Houlding) 3, 6; (Grossman) 651-653  
 on free association (Gentile) 590ff.  
 on groups (Schneider) 419, 424  
 on Hoffmann's "Sandman" (Barnaby) 975ff.  
 on hysteria (Schneider) 431  
 on identification (Greenberg) 331-332; (Aisenstein) 356  
 influence on Bion of (Schneider) 418-420

on initiating treatment (Gentile) 601  
 Irma dream of (R) 1033  
 on judgment (Elkins) 967  
 on Little Hans (Grossman) 469ff.; (A) 1067  
 on masculinity and femininity (Diamond) 57ff.  
 on maternity (Aisenstein) 352  
 on melancholia (Simoglou) 721-722; (Balter) 769-770  
 on memory/memories (Balter) 761-762  
 on mourning (Houlding) 2, 5; (Balter) 769-771  
 on object relations (Houlding) 6  
 on oedipal phase/issues (Diamond) 51-52; (Aisenstein) 356-358; (Grossman) 469ff.; (Mahon) 666ff.; (Barnaby) 977  
 on paternal principle/issues (Eizirik) 335ff.; (Aisenstein) 352ff.  
 on "penis envy" (Gentile) 607  
 on preoedipal phase/issues (Diamond) 52-55  
 on psychic processes/structure (Ogden) 288-289; (Schneider) 417, 419-420  
 on reality testing (Houlding) 2-3  
 relationship with Eitingon of (Schröter) 104ff.  
 relationship with Ferenczi of (R) 784

- 
- FREUD, SIGMUND (*continued*)  
 relationship with Jones of (Schröter) 116-117  
 relationship with Jung of (Ferrell) 180, 182-184, 199-200  
 relationship with Rank of (Schröter) 105, 113-114  
 on religion (Aisenstein) 351-352  
 on repetition compulsion (Baudry) 229; (R) 789  
 on repression (Balter) 748; (Bergstein) 939  
 on sadomasochism (Grossman) 645ff.  
 on scientific procedure (Rolnik) 319  
 on sexuality (Diamond) 49ff.; (Eizirik) 344; (Balsam) 558ff.; (Grossman) 645ff.  
 on the superego (Aisenstein) 357  
 on symptoms/symptomatology (Pivnick) 209  
 on transference (Baudry) 229; (Schneider) 419  
 translation of (Rolnik) 307ff.  
 on the uncanny (Balter) 760; (Barnaby) 975ff.  
 on unconscious processes (Pivnick) 214-215, 217  
 view of in French analysis (A) 540, 543-544, 547-548  
 on the Wolf Man (Baudry) 233; (Rolnik) 311, 321; (Barnaby) 976, 996; (A) 1050-1054, 1057, 1065-1067, 1071-1072
- FRITSCH, RICHARD C.  
 reviewer of Fiumara, 263-271
- FROMBERG, DONNA  
 on boundary violations (R) 1029-1030
- FROSCH, ALLAN  
 editor of *Absolute Truth and Unbearable Psychic Pain: Psychoanalytic Perspectives on Concrete Experience* (R) 247-254
- GALLESE, VITTORIO  
 on neuroscience (A) 276-277
- GELMAN, ELLIE  
 reviewer of Frosch, 247-254
- GENTILE, JILL  
*Parrhesia, Phaedra, and the Polis: Anticipating Psychoanalytic Free Association as Democratic Practice*, 589-624
- GIBBS, PATRICIA L.  
 reviewer of Azzone, 523-526
- GILMORE, KAREN  
 coauthor of *Normal Child and Adolescent Development: A Psychodynamic Primer* (R) 254-256
- GOLDBERG, PETER  
 on dissociation (Haft) 872, 876-877
- GRAHAM, GREGORY D.  
 reviewer of Ogden, 517-523

- GRAND, SUE  
 on trauma (Salberg) 29-30, 34, 41
- GREEN, ANDRÉ  
 on "analytic object" (A) 1062  
 on analytic setting (Brown) 841, 843, 847-848  
 on *après-coup* (A) 1059, 1065-1067, 1074  
 on the "dead mother" (Salberg) 29-30, 41; (Simoglou) 723, 733, 736  
 on development of analysis (Brown) 859-860  
 on dreams/dreaming (Brown) 848  
 on the father principle (Eizirik) 343-344  
 on Freud's two topographies (A) 1068  
 on "fundamental rule" (Brown) 847-848, 860-862  
 on seriously disturbed patients (Baudry) 224-227  
 on transformation (Brown) 849
- GREENBERG, JAY  
*The Paternal Principle: Editor's Note*, 331-334
- GREENSON, RALPH  
 on the self (Haft) 872-873, 889
- GROSSMAN, LEE  
*The Object-Preserving Function of Sadomasochism*, 643-664  
*The Syntax of Oedipal Thought in the Case of Little Hans*, 469-478
- GROTSTEIN, JAMES S.  
 on narrative accounts (White) 916  
 on the "truth drive" (Bergstein) 927
- GUNTRIP, HARRY  
 on ego splits (Haft) 870-871, 871
- HAFT, JACQUELINE  
*"I Hear My Voice, But Who Is Talking?": Understanding Depersonalization*, 867-892
- HALBERSTADT-FREUD, HENDRIKA  
 on "Electra complex" (Balsam) 576-577  
 on female development (Balsam) 575-577, 581
- HALL, JANE S.  
 reviewer of Jacobs, 495-499
- HANSBURY, GRIFFIN  
 on transitions (R) 1021-1022
- HARRANG, CARON E.  
 on concrete thinking (R) 250
- HARRIS, ADRIENNE  
 on boundary violations (R) 1026, 1029-1030  
 on life and death (Salberg) 33  
 on transgenerational transmission (Salberg) 36-37
- HASSOUN, JACQUES  
 on melancholia (Simoglou) 723, 730-731

- HAWKINS, LUCINDA  
coeditor of *Transformation: Jung's Legacy and Clinical Work Today* (R) 175-207
- HEIMANN, PAULA  
on countertransference (Tuch) 374-375, 384
- HERTZ, NEIL  
on Freud's concern with origins (Barnaby) 976, 996-997  
on Freud's oedipal model (Barnaby) 977  
on repetition compulsion (Barnaby) 978
- HIRSCH, IRWIN  
on countertransference (Tuch) 366
- HOFFMAN, LEON  
reviewer of Diem-Wille and of Emde and Leuzinger-Bohleber, 801-806
- HOFFMANN, E. T. A.  
"The Sandman" (Barnaby) 975ff.
- HOULDING, SYBIL  
*Mourning in the Psychoanalytic Situation and in Shakespeare's The Tempest*, 1-20
- HOWELL, EVE  
on revenge (R) 810-811
- JACOBS, THEODORE J.  
*An Anniversary Reaction in a Four-Year-Old Child*, 463-468
- The Possible Profession: The Analytic Process of Change* (R) 495-499  
published clinical vignette of (Tuch) 366ff.  
reviewer of Katz, 1009-1011  
*The Year of Durocher* (R) 261-263
- JACOBSON, EDITH  
on the self (Haft) 868, 872, 878-879
- JENTSCH, ERNST  
on the uncanny (Barnaby) 975ff.
- JONES, ERNEST  
as historian of analysis (Schröter) 109, 115-117  
relationship with Freud of (Schröter) 116-117
- JUNG, CARL  
psychology of (Ferrell) 175ff.  
relationship with Freud of (Ferrell) 180, 182-184, 199-200
- KAHN, LAURENCE  
on the "protopsychic" (Baudry) 230-231
- KANDEL, ERIC  
*The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna 1900 to the Present* (R) 209-222



KATZ, GIL

*The Play within the Play: The Enacted Dimension of Psychoanalytic Process* (R) 1009-1011; (R) 1011-1015

*Repressed Ghosts and Dissociated Vampires in the Enacted Dimension of Psychoanalytic Treatment*, 389-414

KATZ, ISRAEL

abstractor of *Revista Uruguaya de Psicoanálisis*, 819-840

KEENE, JOHN

coeditor of *Independent Psychoanalysis Today* (R) 789-797

KERNBERG, OTTO

*Narcissistic Defenses in the Distortion of Free Association and Their Underlying Anxieties*, 625-642

on narcissistic transference (R) 810

KLAUBER, JOHN

on trauma in analysis (R) 1027-1028

KLEIN, MELANIE

on aggression (R) 779, 781-783; (R) 791

and British "Independents" (R) 791

controversy with A. Freud of (R) 789-790; (A) 1053-1054, 1073

on the death instinct (Schneider) 417

on infantile sexuality (A) 1075

influence on Bion of (Schneider) 424-425, 437-438

on reality testing (Houlding) 8

relationship with Bowlby of (Salberg) 26

KLIMT, GUSTAV

*Adele Bloch-Bauer I* (Pivnick) 213, 215

as illustrative of human unconscious (Pivnick) 210

KOHLER, BRIAN

on transgenerational transmission (Salberg) 24

KOHUT, HEINZ

on revenge (R) 810-811

KRISTEVA, JULIA

on Freudian language (Gentile) 593, 596

on loss and mourning (Simoglou) 723

on the *polis* (Gentile) 602-603

KULISH, NANCY and HOLTZMAN, DEANNA

on oedipal complex in women (Balsam) 574-577, 579

LACAN, JACQUES

on *après-coup* (A) 1052, 1054, 1060

on desire (Simoglou) 722-723, 729

on language/translation/writing (Diamond) 54, 60; (Simoglou) 721, 738, 741-742

LACAN, JACQUES (*continued*)

- on "Law of the Father"/  
"Name of the Father" (Diamond) 65, 88-89, 91; (Aisenstein) 358; (R) 528, 531
- on masculinity (Diamond) 61, 63, 65, 73, 76
- role of in French analysis (A) 539-540, 542, 549-550

## LAPLANCHE, JEAN

- on *après-coup* (A) 1050, 1055-1058, 1067-1068, 1074
- on identification (Diamond) 77-78
- role of in French analysis (A) 541-543, 545-546, 548, 552
- on sexuality and gender (Diamond) 49, 54-56, 59-60, 64, 77-78, 89-90
- on "traductive theory" (A) 1063

## LAUB, DORI

- on trauma and concept of "empty circle" (Salberg) 29-30, 34, 42
- on treatment of Holocaust survivors (Bergstein) 929

## LEMMA, ALESSANDRA

- on body modification (A) 279

## LEUZINGER-BOHLEBER, MARIANNE

- coeditor of *Early Parenting and Prevention of Disorder: Psychoanalytic Research at Interdisciplinary Frontiers* (R) 801-806

## LEVIN, CHARLES

- on analytic institutions (R) 1028-1030

## LEVINE, HOWARD B.

- coeditor of *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions* (R) 223-235

## LIEBERMAN, ALICIA F.

- on transgenerational transmission (Salberg) 35-36

## LIEBERMAN, JANICE

- on concrete patients (R) 251
- reviewer of Bigliani, Moguilansky, and Sluzki, 797-801

## LOEWALD, HANS W.

- on analytic termination (Houlding) 6
- on analytic "ghosts" (Katz) 390ff.
- on development (Grossman) 650-651, 654-655
- on ego development (Balsam) 565
- on internal objects/internalization (Houlding) 9; (Grossman) 655
- on oedipal issues (Balsam) 555ff.
- on parricide (Balsam) 564-568
- on personal myths (White) 916
- on psychic structure (Katz) 398-399
- on therapeutic action (Katz) 389ff.

## LYONS-RUTH, KARLEN

- on attachment theory (Salberg) 24, 34-36

- MACRONE, MICHAEL  
on *Hippolytus* (Gentile) 610
- MAHLER, MARGARET  
on development (Steiner) 696,  
703-706
- MAHON, EUGENE J.  
*Insight Agonistes: A Reading of  
Sophocles's Oedipus the King*,  
665-693  
*Insight as Defiance: A Neglected  
Aspect of Self-Awareness*, 169-  
174  
*A Psychoanalytic Odyssey: Painted  
Guinea Pigs, Dreams, and  
Other Realities* (R) 745-773
- MAIELLO, SUZANNE  
on work with difficult patients  
(Bergstein) 933
- MALIN, BARNET  
coeditor of *Wilfred Bion: Los  
Angeles Seminars and Supervi-  
sion* (R) 1039-1045
- MANDELBAUM, GEORGE  
*O'Neill's Journey*, 125-158
- MANOLOPOULOS, SOTIRIS  
*Medea by Euripides: Psychic Con-  
structions for Preverbal Experi-  
ences and Traumas*, 441-461
- MÁRQUEZ, GABRIEL GARCÍA  
on aging and dreaming  
(Brown) 841, 862
- MASSON, JEFFREY M.  
on Freud-Fliess correspon-  
dence (Balsam) 556; (A)  
1050, 1052, 1056, 1069,  
1072
- MATTE BLANCO, IGNACIO  
and Jungian analysis/therapy  
(Ferrell) 199-202
- MC LAUGHLIN, JAMES T.  
on analytic roles (Tuch) 374,  
377  
on countertransference (Tuch)  
379, 384-385
- MEREDITH-OWEN, WILLIAM  
on Jungian analysis/therapy  
(Ferrell) 178-181
- MEERSAND, PAMELA  
coauthor of *Normal Child and  
Adolescent Development: A Psy-  
chodynamic Primer* (R) 254-256
- MEISEL, PERRY and KENDRICK,  
WALTER  
on Winnicott's analysis (R)  
1023
- MELTZER, FRANÇOISE  
on Hoffmann's "Sandman"  
(Barnaby) 993-997
- MILTON, JOHN  
*Paradise Lost* (Steiner) 695-  
696, 698-703, 715-716; (Bar-  
naby) 975, 999-1000
- MIQUEU-BAZ, CHRISTINE  
on *après-coup* (A) 1073-1074
- MOGUILLANSKY, RODOLFO  
coauthor of *Shame and Hu-  
miliation: A Dialogue between  
Psychoanalytic and Systemic  
Approaches* (R) 797-801
- MONTI, MARIO  
as Italian prime minister (R)  
533-534

- MOSS, DONALD B.  
 on masculinity (Diamond) 55, 66, 68, 72, 75, 85-87, 94
- MUCCI, CLARA  
*Beyond Individual and Collective Trauma: Intergenerational Transmission, Psychoanalytic Treatment, and the Dynamics of Forgiveness* (R) 502-510
- NEUBAUER, PETER B.  
 on Freud's discussion of Little Hans (Grossman) 475
- NEWMAN, STEPHANIE  
 reviewer of Sinkman, 813-817
- NICOLI, LUCA  
*Notes on the Seventeenth National Congress of the Italian Psychoanalytical Society* (A) 273-284
- NOVICK, KERRY KELLY  
 on revenge (R) 807-808
- OGDEN, THOMAS H.  
 on analyst's intuition (R) 1044  
 on analytic interaction (Brown) 850  
 on analytic third (Brown) 849, 858  
 on Bionian theory (Schneider) 421; (R) 1044  
 on Fairbairn's contributions (R) 781-782  
 on female development (Balsam) 568-570; 580-583  
 on Freud's view of Oedipus (Balsam) 569-570  
 on group functioning (Schneider) 430  
 on influence and originality (Schneider) 418  
*Intuiting the Truth of What's Happening: On Bion's "Notes on Memory and Desire,"* 285-306  
*The Parts Left Out* (R) 517-523  
 on reverie (Tuch) 385-386; (Brown) 861
- OLINER, MARION  
 on unrepresented mental states (Baudry) 231
- O'NEILL, EUGENE  
*Anna Christie* (Mandelbaum) 128ff.  
*Long Day's Journey into Night* (Mandelbaum) 125ff.
- ORNSTEIN, ANNA  
 on transgenerational transmission (R) 508
- PARENS, HENRI  
 coeditor of *Revenge: Narcissistic Injury, Rage, and Retaliation* (R) 806-813  
 on female development (Balsam) 571, 576, 584

- PARSONS, MICHAEL  
on "Independent" tradition  
(R) 792-793
- PERELBERG, ROSINE JOSEF  
on *après-coup* (A) 1050, 1055,  
1073-1075
- PINSKY, ELLEN  
reviewer of Deutsch, 1023-1031
- PIVNICK, BILLIE A.  
*Grief and Reason: A Response to  
Eric Kandel's Age of Insight*,  
209-222
- PONTALIS, JEAN-BERTRAND  
role of in French analysis (A)  
539ff.
- PRESS, SANDRA  
on sexuality (A) 836-840
- PROUST, MARCEL  
on psychic forebears (Katz)  
394, 400
- RACKER, HEINRICH  
on countertransference (Tuch)  
374-375
- RADÓ, SANDOR  
relationship with Eitingon of  
(Schröter) 114, 118
- RAFAEL-LEFF, JOAN  
on "Independent" tradition  
(R) 794-795
- RANK, OTTO  
as analytic pioneer (Schröter)  
113-114  
relationship with Freud of  
(Schröter) 105, 113-114
- RAZINSKY, LIRAN  
*Freud, Psychoanalysis and Death*  
(R) 1031-1039
- REED, GAIL S.  
coeditor of *Unrepresented States  
and the Construction of Meaning:  
Clinical and Theoretical Contri-  
butions* (R) 223-235
- REICHBART, RICHARD  
reviewer of Akhtar and Pa-  
rens, 806-813
- REUBINS, BEATRIZ MARKMAN  
*Pioneers of Child Analysis: Influ-  
ential Theories and Practices  
in Healthy Child Development*  
(R) 1045-1047
- RIBAS, DENYS  
on "Fear of Breakdown" (A)  
1069-1070
- RICHMAN, SOPHIA  
reviewer of Mucci, 502-510
- RIMANO, VIVIAN  
on transgenerational transmis-  
sion (A) 826-829
- ROBBINS, TARA S.  
reviewer of Jacobs, 261-263
- ROLNIK, ERAN J.  
*Before Babel: Reflections on Read-  
ing and Translating Freud*, 307-  
330
- ROSNER, BERNAT  
coauthor of *An Uncommon  
Friendship: From Opposite Sides  
of the Holocaust* (R) 479-492
- ROSOLATO, GUY  
role of in French analysis (A)  
541, 545, 546-548, 550

- RUBIN, JEFFREY B.  
on Freud's view of Oedipus  
(Balsam) 558
- SALBERG, JILL  
*The Texture of Traumatic Attachment: Presence and Ghostly Absence in Transgenerational Transmission*, 21-46
- SALGÓ, ESZTER  
*Psychoanalytic Reflections on Politics: Fatherlands in Mothers' Hands* (R) 527-537
- SAMUELS, ANDREW  
on Jungian analysis/therapy  
(Ferrell) 176-177
- SANDLER, JOSEPH  
on analytic roles/role responsiveness (Tuch) 369, 374-377, 379  
on countertransference (Tuch) 371, 376
- SAN MARTINO, MARY  
reviewer of Clarke and Scharff, 777-789
- SARLIN, C. N.  
on the self (Haft) 868, 872-873, 889
- SCARFONE, DOMINIQUE  
coeditor of *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions* (R) 223-235
- SCHAFER, ROY  
on personal myths (White) 916
- SCHARFF, DAVID E.  
coeditor of *Fairbairn and the Object Relations Tradition* (R) 777-789
- SCHKOLNIK, FANNY  
on analytic process (A) 819-822
- SCHNEIDER, JOHN A.  
*Bion's Thinking about Groups: A Study of Influence and Originality*, 415-440
- SCHRÖTER, MICHAEL  
*Max Eitingon's Rise and Decline: The Berlin Years*, 103-123
- SHAKESPEARE, WILLIAM  
*As You Like It* (Mahon) 688  
*Hamlet* (Mandelbaum) 151;  
(Balter) 760, 767-768; (R) 1010-1011  
*Henry IV, Parts 1 and 2* (Mandelbaum) 151  
*Henry VI, Part 1* (Mandelbaum) 151  
*Julius Caesar* (Balter) 758  
*King Lear* (Houlding) 10; (Mandelbaum) 151; (Mahon) 682  
*Richard III* (R) 809  
*Romeo and Juliet* (A) 1068  
*The Tempest* (Houlding) 1, 10ff.
- SHAPIRO, BARBARA  
on revenge (R) 808
- SILVERMAN, MARTIN A.  
reviewer of Cooper, 239-247  
reviewer of Razinsky, 1031-1039  
reviewer of Volkan, 510-517

SILVERMAN, MARTIN A.

(continued)

*The Third Reich in the Third Person: Exhuming the Horrors of the Holocaust*, 479-492

SIMOGLU, VASSILIKI N.

*On Love and Melancholia in Marguerite Duras's Autofiction*, 719-744

SINKMAN, ELLEN

*The Psychology of Beauty: Creation of a Beautiful Self* (R) 813-817

SIROIS, FRANÇOIS

*On the Dream of Convenience*, 159-167

SLUZKI, CARLOS E.

coauthor of *Shame and Humiliation: A Dialogue between Psychoanalytic and Systemic Approaches* (R) 797-801

SODRÉ, IGNE

on disillusionment (Steiner) 696-697, 703-707

SOPHOCLES

portrayal of father-son relationships of (Mandelbaum) 150-151

*Oedipus Rex* (Mahon) 171; (Aisenstein) 355; (Gentile) 608-609; (Mahon) 665ff.

*Philoctetes* (Mahon) 689-690

SPRENGNETH, MADELON

on ego construction (Houlding) 9

STEINER, JOHN

*The Use and Abuse of Omnipotence in the Journey of the Hero*, 695-717

STEVNS, MARTHA

coeditor of *Transformation: Jung's Legacy and Clinical Work Today* (R) 175-207

STOLLER, ROBERT J.

on gender identity/sexuality (Diamond) 49, 53-54, 56, 75  
on perversion (Grossman) 660-661

on "primary femininity" (Diamond) 70

STOLOROW, ROBERT D.

on depersonalization (Haft) 874, 877

STRACHEY, JAMES and ALIX

as translators of Freud (Rolnik) 320, 323-325; (A) 1049-1051, 1053, 1055, 1058, 1068, 1070, 1074

TALAMO, PARTHENOPE BION

on W. R. Bion's view of Freudian theory (R) 1042

TATAR, MARIA

author of retelling of "Hansel and Gretel" (White) 903-906, 915

TESSIER, HÉLÈNE

abstractor of *Annuel de L'Association Psychanalytique de France*, 539-553

- 
- TROTTER, WILFRED  
     on groups (Schneider) 419, 421-427  
     on instincts (Schneider) 422  
     as physician to Freud (Schneider) 421
- TUBACH, FREDERIC C.  
     coauthor of *An Uncommon Friendship: From Opposite Sides of the Holocaust* (R) 479-492
- TUCH, RICHARD  
     *The Analyst's Way of Being: Recognizing Separable Subjectivities and the Pendulum's Swing*, 363-388
- VALLIER, JEAN  
     on Marguerite Duras (Simoglou) 724-725, 727-728
- VAN DER HEIDE, DOUGLAS  
     reviewer of Bleger, 256-261
- VIÑAR, MARCELO  
     on paternal function (A) 830-833
- VOLKAN, VAMIK D.  
     *Animal Killer: Transmission of War Trauma from One Generation to the Next* (R) 510-517
- WILLIAMS, PAUL  
     coeditor of *Independent Psychoanalysis Today* (R) 789-797
- WILSON, EMMETT  
     abstractor of *Revue Française de Psychanalyse*, 1049-1079
- WINNICOTT, DONALD W.  
     on aggression (Elkins) 943ff.  
     analysis of (R) 1023-1024  
     on analytic setting (Brown) 843-844, 847  
     contributions of (R) 499-501  
     on ego structure (Elkins) 943-944  
     " Fear of Breakdown " (A) 1069-1070, 1073  
     on infant's environment (Elkins) 961  
     on love (Elkins) 960  
     on mother-infant interaction (Elkins) 964-966; (A) 1058  
     on motility (Elkins) 943ff.  
     on object relations (Brown) 844  
     on the self (Elkins) 958ff.  
     on transitional phenomena (A) 1062
- ZEAVIN, LYNNE  
     reviewer of Williams, Keene, and Derman, 789-797
- WHITE, ROBERT S.  
     *Hansel and Gretel: A Tale of Terror*, 893-920