MY FATHER, MYSELF

BY ILANY KOGAN

This essay presents material from the second analysis of an offspring of two Holocaust survivors, each of whom lost a child during the war. The first analysis (Kogan 2003) focused primarily on the patient's relationship with her mother. This second analysis revolves around the elaboration of the complex and painful father–daughter relationship, centering on the events surrounding the death of the patient's father. The discussion includes an exploration of the father's deferred action on account of his Holocaust trauma, which he passed on to the next generation; the break in the idealized paternal representation; and the daughter's identification with her father's disavowed aggressive aspects. It also examines some of the unique transference and countertransference problems that arose, mainly because patient and analyst belonged to the same traumatized large group.

It is repeatedly asserted that, in one way or another, offspring of Holocaust survivors tend to be preoccupied with their parents' suffering. Surprisingly, children who were conceived in order to reaffirm life often suffer from trauma transmitted by their parents. The transmission of trauma from Holocaust survivor parents to their offspring is a subject that I have explored in depth elsewhere (Kogan 1995, 2007a, 2007b,

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2012). In this essay, which describes an analysis of the daughter of two Holocaust survivors and her relationship with her father, I will examine the transmission of trauma from the following perspectives: (a) The father's *deferred action* (Freud 1918) on account of his Holocaust trauma, which he passed on to his daughter; (b) The break in the daughter's idealized representation of her survivor father; and (c) The daughter's unconscious identification with the father's disavowed aggressive aspects.

I will also discuss some unique transference and countertransference problems that arose mainly because patient and analyst belong to the same traumatized large group. To illustrate my theme, I will present material from the second analysis of Nurit, whose first analysis served as the inspiration for an earlier paper (Kogan 2003).

NURIT

Nurit is the daughter of two Holocaust survivors who each lost a child during the war. Nurit's first analysis focused mainly on her relationship with her mother. The mother's first daughter had been murdered in an *aktion* at the start of the Holocaust, after which the mother was transported to Bergen-Belsen and imprisoned there for several years. Nurit's parents met and married in Israel but eventually moved to Europe with Nurit.

When Nurit reached eleven years of age—the age at which the mother's first daughter was killed—the loving relationship between Nurit and her mother broke down completely. Throughout adolescence, Nurit suffered terribly at the hands of her mother—she would burst out in anger toward Nurit, totally ignore her, not talk to her for days, and harshly accuse Nurit of being the cause of her unhappiness. In this first analysis, we dealt mainly with the impact of the bereaved mother's unresolved mourning on the relationship with her daughter and on the daughter's character structure.

Nurit came to this first analysis seeking help for her obsessive-compulsive symptoms that had not yielded to behavioral treatment, and also because of conflicts with her young adolescent daughter. Nurit recounted horrific memories of her own adolescence but described them without affect, having earlier learned to hide her feelings from her mother. Even

her voice held a metallic quality, as though it were enclosed within a wall. In this analysis, Nurit, who was fluent in several languages, learned a new language: the language of feelings.

Nurit left her parents' home at age eighteen, moving back to Israel to live with her paternal grandmother. Nurit earned a university degree in science and married a man who had a successful career; he gave her constant love and support. She was proud of her marriage and her two children.

Nurit's parents remained in Europe. Her father was well known in his academic field and was also a successful businessman. His philanthropic activities included furthering research conducted in several scientific institutions. After Nurit's mother died of cancer, he lived as a widower for many years, eventually remarrying at the age of ninety-seven. He spent his last years writing his memoirs.

The Father of Nurit's Childhood and Adolescence

In the course of her first analysis, both of us, analyst and patient, partially uncovered Nurit's internal representation of her father. Before beginning analysis, Nurit had truly idealized him. He was clever and successful, and throughout her childhood had showered her with love. They had enjoyed walking and talking together, and he had always been proud of her. Nurit's oedipal attraction to her father, and the love and admiration she felt for him, were in sharp contrast to her negative feelings toward her mother. In Nurit's first analysis, we worked through her oedipal conflicts at length.

The Father of Nurit's Adulthood

Nurit returned for her second analysis twelve years after ending her successful first analysis. The second analysis revolved around her father's recent death. The local notary had given Nurit three letters that her father had written to her during the last sixteen years of his life; he had requested that they be given to her upon his death. In these letters, Nurit was excoriated for being a bad daughter and a failure as a person. Nurit felt her father had intended that she carry this guilt for the rest of her life, forever tainting the material wealth he left her with his scorn for

her and for the life she had built. The events surrounding her father's death were totally unexpected and left a strong impact on her and on her paternal representation.

Nurit was haunted by her father's accusatory and derogatory re-marks. Until then, she had believed that her father loved her in spite of not supporting her in her troubled relationship with her mother. She had loved and admired him very much; he had been a godlike figure for her. Now she felt hurt, devalued, betrayed by someone who was sup-posed to give her love and support. She was devastated and full of rage. Nurit needed analysis to elaborate the painful and complex relationship with her father, in order to eventually free herself from the persecution and guilt that her father had passed on to her through his letters.

In analysis, angry and deeply hurt by her father's attitude toward her, Nurit insisted on reading excerpts of the letters to me. I will focus on some of these excerpts and on her reactions to her father's letters. I have selected material from seven sessions: two from the first year of this second analysis, two from the third year, two from the fourth, and a recent session. All these sessions took place after the father's death.

Session 1 (From the First Year of Analysis)

> NURIT: [angry and upset] You know, in his first, most bitter letter, which he wrote soon after Mother's death, Father tried to explain why he and Mother did not have a close relationship with my husband and me. He writes here that, even though I was a very talented child, I squandered my abilities—mostly by helping to promote my husband's career, with rather limited success. He claims that my husband is not made of academic material, and that he has no real vocation. [She begins to shout.] It makes me so angry! I'm furious! I don't want to cry, I'm simply mad! It isn't criticism, it's garbage! What am I going to do with it? How can he say that I squandered my abilities on an undeserving husband? What did he want from me? I have a good life and my husband is very successful; he's well known in his field. I don't think I have an undeserving husband—I truly feel

I had undeserving parents! Can you imagine—he stresses that although our behavior did not hasten Mother's death, it added quite a bit to her suffering!

I was struck by Nurit's father's "negation" (Freud 1925)—and, apparently, so was she.

> NURIT: Well, he obviously considered the idea that my husband and I *did* hasten her death. I think I know why he said that. Mother hid her breast cancer from him for two years. When she finally sought help, her physician said that he had never seen such a badly neglected case of breast cancer in his entire career. She was clearly suicidal, my mother. Father didn't know about my mother's cancer, even though they shared the same bed and the same bathroom. This made him feel so guilty that he accused us in order to dilute his own guilt.

> ILANY: Your father felt that you were the persecutor who embittered his beloved wife's life during her final years. Now you feel that he's *your* persecutor, and you're tormented by him.

Nurit confirmed my interpretation, and her further associations regarding her father's views about her children (his grandchildren) reinforced this confirmation:

> NURIT: Yes, absolutely. What makes me terribly angry is his attitude toward my children. In this letter, he refers to them as "the respective mix of genes" and claims that they cannot be considered a success. He stresses that although they are dear to him, they share little of our family characteristics, which, he says, are a love of learning, working for the benefit of society, and professional and economic success. [She shouts.] Only a racist can call his grandchildren a "mix of genes"! My father held fascist beliefs! He claimed that there are superior races and inferior ones, each with specific characteristics. My children don't belong to his elitist family because they don't have their characteristics.

I suddenly found myself asking a bizarre question.

ILANY: Your children—who do they belong to?

NURIT (with a grin): They belong to their father, to his family.

A myriad of thoughts crossed my mind after this episode. How could I have asked a mother who her children belonged to? Was it possible, I deliberated silently, that my question reflected the unconscious fantasy that had dominated the lives of Nurit's parents, as well as Nurit's adult life: to whom did Nurit really belong? In her angry outbursts, Nurit's mother had often stressed that Nurit was cold and egocentric like her father; thus, she was her father's daughter and not hers. Was it possible, I wondered to myself, that Nurit's father had felt that Nurit and her children did not belong to his family either?

I wondered silently what Nurit's father's expectations of her had been. Were they only narcissistic wishes for her fame and glory, or her economic success? Or was something deeper hidden behind them? We would deal with the answer to this question later on in analysis.

Session 2 (The Next Session)

NURIT: I remember my father once saying, "The Czechs were clever—they didn't resist the Germans; that's why Prague wasn't damaged. The Poles were stupid, they resisted the Germans, and as a result, Warsaw was destroyed." I asked my father what he meant by that, and he explained, "Beautiful historical buildings were destroyed, that's a pity; but people are expendable, more of them are born all the time." My father definitely held fascist beliefs.

ILANY: Are you saying that your father believed people are expendable because they are replaceable by others, just as your dead sisters—your mother's daughter and your father's daughter—were replaced by you?

NURIT: Exactly. I was actually a double replacement child: I replaced a child for each of my parents, and as such, I should have been treated like a miracle; but

as an adult I disappointed them. So did my children, who, as you can see from Father's letter, were also unworthy of his appreciation. [Silence.] You know, my father acquired real estate; he bought some buildings in a city in Eastern Europe. They were cheap; it seemed to be a good business investment. I learned about this problematic piece of property several years ago, when my father made me the heir to his estate. These buildings are falling apart, and the lives of the tenants living in them—old, helpless people—are in danger. I was especially afraid for them during the harsh winters. I talked to my father about it, but he said, "Nothing will happen to them. And if something does, who will come looking for me, an old Jew living in Western Europe?" I was shocked by his response. And now that I'm the heir, I'm responsible for whatever happens to these people, but he never cared that someday it would be my responsibility, since he never felt that it was his.

ILANY: From what you're saying, I gather that although your father spent his entire life furthering research and thus helping others, he was actually cold and indifferent toward people.

NURIT: Exactly. He cared only about himself.

ILANY: You told me once that when you were a child, your father was a big, powerful haven for you. Now, in adulthood, that haven is crumbling like those buildings in Eastern Europe, and you feel like the old, helpless tenants who are living in the rundown houses.

NURIT: My father's image is like a bubble that burst. I spent long, sleepless nights worrying about the people living in those houses. Finally, I was advised by an expert in the field to donate the houses to the city. The municipality will help me renovate them so that they'll be livable and safe. That's very important for my peace of mind.

ILANY: Perhaps here, in analysis, you want to unload your
father's damaged emotional legacy. You want me to
help you repair your father's broken image so that
you can live with it and restore your peace of mind.

NURIT: You helped me many years ago to come to terms
with my mother. I definitely need your help now.

Session 3 (From the Third Year of Analysis)

From time to time after her father's death, Nurit would go to stay
abroad at a home that had belonged to her parents. Returning to anal-
ysis after a month there, Nurit complained mainly that she still felt a lack
of confidence in dealing with her father's estate. She believed she was
still intimidated by her parents' critical voices, which she had internal-
ized and which today were part of her.

When the session ended, Nurit said that she wished to go to the bath-
room. After a few minutes, she opened the bathroom door and beck-
oned me twice to come in. Taken by surprise, I went in. She looked at
me severely, pointed to the small cabinet near the sink, and said harshly,
"Do you know there are ants here?"

I was taken aback. Feeling attacked, I found that my immediate reac-
tion was to ask, "Where?" Nurit pointed to three tiny ants on the cabinet.
They were so small that I probably would never have noticed them had
she not pointed them out to me. I was astonished and ashamed, as if
caught being a sloppy housekeeper. Trying to defend myself against what
I experienced as a harsh accusation, I murmured something like, "It's
probably because of the heat of the last few days . . ."

After Nurit left, it took me a while to regain my composure. I was to-
tally shaken by her abrasiveness. Calling me into the bathroom to scold
me because of some tiny ants on the cabinet was an exceedingly strange
thing to do. But I realized that my strong reaction to her remark was
due to my countertransference feelings of humiliation and vulnerability
that her harsh tone had evoked. In this incident in the bathroom, I had
become a little girl in the presence of a critical, menacing adult, and I
felt attacked by the unexpected criticism. Working through my feelings,
I realized that Nurit had needed to enact a situation from her childhood
to enable me to experience what she had experienced as a child.

But who was this critical, menacing adult, I asked myself. Could this be the introjected Nazi aggressor, a disavowed aspect of Nurit's father's self-representation, with which Nurit unconsciously identified? If so, by showing me the tiny ants that should be exterminated (the Jewish people), she had become the powerful Nazi aggressor whose orders I must obey.

From a different perspective, I felt in the transference that I was the servant who had not done a good enough cleaning job. "Whose 'dirt' was this?" I asked myself. In pointing at the ants, Nurit was pointing at filth that belonged to me—or did the filth contain her persecutory thoughts that she was trying to evacuate in the treatment (the "toilet-breast" [Meltzer 1967, p. 197])? If these were her own persecutory thoughts, then I was the ineffective analyst who had not succeeded in exterminating them, and some of those thoughts were still roaming about freely.

Session 4 (The Next Session)

> NURIT: I'm afraid of making mistakes with my father's estate. I feel insecure about so many things. I feel less self-confident now than I did several years ago.

> ILANY: We haven't met for about a month, and you seem to be less happy than you were before your trip to Europe.

> NURIT: That's possible. I wasn't here this past month, and when I was in my father's house, the memories returned. I found papers that show my father hadn't paid all his taxes, and so he's shoved the payment, including the fine, onto me. I found magazine clippings accusing him of fraud, although he was never found guilty and the case never went to trial.

> ILANY: It seems to me that these thoughts are like the ants on the bathroom cabinet that you pointed out to me at the end of the last session.

> NURIT: The ants may indeed be something symbolic, because treatment is necessary to get rid of them.

> ILANY: You know, when you called me into the bathroom and pointed out the ants to me, I trembled like

a little girl who was being harshly criticized by an adult. In trying to understand my feelings about this incident, I realized that I was probably identifying with you, and that I was experiencing what you had experienced when you were criticized by the harsh voices of your father and mother during your child-hood.

NURIT: That wasn't my intention, but I can see that you try to understand me. I called you into the bathroom to tell you that you have to find out where those ants are coming from—it's important to treat their place of origin.

ILANY: And you probably felt that I haven't been effective in treating their place of origin. What do you think may be the source of your persecutory thoughts?

NURIT: I didn't get much support from my parents—no re-inforcement. I had many problems with my mother, but I was certain my father loved me and adored me, and that gave me strength. I knew that he didn't understand what was going on between my mother and me, but I still hoped that he loved me a lot. I found out that his love wasn't what I believed it was. His love was conditional; it was ambivalent. It's hard for me to accept that the legacy my father left his only daughter is that she and her family are un-worthy, a disappointment. It's the last straw, and it is very painful indeed. [Silence.] You know, you said today that in the bathroom, you felt like a little girl scolded by an adult—like me when I was young. I find that touching. In my opinion, to understand— to get inside the head of another person—that's the ultimate love. My father never tried to understand me; he wasn't able to do that.

Session 5 (From the Fourth Year of Analysis)

NURIT: Now, after three and a half years of dealing with them in analysis, I can regard my father's letters dif-ferently. You know, I found a place at home where I can keep them.

ILANY: Where were your father's letters before you found this place?

NURIT: I always took them with me whenever I left the house or on my trips abroad. I didn't want any of the members of my family to find them because they, too, would be hurt by them.

ILANY: You wanted to spare your family from being exposed to the harsh criticism that was inflicted on you and them. But is it also possible that, by taking the letters with you, you were holding your father's persecution close to your heart, so that nobody could take it away from you?

NURIT: I understand what you're saying, but I wasn't aware of doing that. I think that if someone in my family were to find the letters now, they wouldn't be so hurt. I myself feel that I'm better able to live with what happened. [Silence.] You know, I think that Father's attitude to me may have also been the result of what he went through. He never spoke much about the family that he lost. It was a well-known fact that he had lost a wife and child prior to marrying my mother, but he never expressed any feelings of pain or guilt. Only recently, in rereading his last letter, did I become aware of how guilty he felt about the family he had lost. In his last letter, he wrote that as he approached the end of his life, he regretted that earlier he had not shown enough appreciation to persons who deserved it—his first wife and their daughter—who both perished during the Holocaust. He stressed that after more than half a century, he still mourned them and cherished their memory, that he thought about them every day of his life and would remember them until the day he died.

It seems to me that he never overcame the loss of his first wife and child. Outwardly, he enjoyed his worldly success, but inwardly, he was stuck in his mourning all those years. I believe that part of the bitterness in his letters stemmed from his painful

losses that I couldn't repair. My father had an obsessive need of success, and his success gave him some consolation. He was an authoritarian and impressive man, but inside he was insecure. Now I know that no matter what I did for him, I could never have made him happy.

I also realize, as a result of our work here, that my father's lack of sensitivity to human life increased with age. He helped many people throughout his life. But with age, he became terribly egocentric and needed more fame and glory. I became aware of how pathetic he was in his old age; he sometimes donated money to buy flattery. Perhaps I or my family didn't give him the kind of support that he so badly needed. I wasn't aware of his weaknesses, only of his strength. I'm also aware that he loved me in his own way. He begins his last letter by saying that he owes his last good years to me. [Silence.] But it's a shame that he had to write those letters.

ILANY: Why do you think he had to write them?

NURIT: I know only that, after my mother's death, he must have felt terribly guilty of being unaware of her illness. Until almost the end of his life, he went to visit her grave every week. Although she clearly wanted to die, the fact that he didn't notice anything was a kind of abandonment.

ILANY: He abandoned her just as he abandoned his first family, leaving them behind to death and destruction?

NURIT: Yes, and then he felt terribly guilty. And because he couldn't bear his guilt, he accused me and my family of being responsible.

ILANY: Is it possible that he passed on to you his sense of persecution so that you would feel haunted after his death, just as he had felt—both after losing his first family and after losing your mother?

NURIT: Well, he didn't succeed in making me feel guilty. But I do feel haunted by his accusations. Instead of

love, I was given a terrible mixture of love and hate. After my mother's death, I sometimes felt that my father was angry and disappointed in me, but I always stopped him when he started to say something negative about my husband or me. I knew that if he said something harsh, I would get angry and answer back, and an ugly quarrel would develop that might lead to his completely abandoning me. My father had already used this threat several times in the past when he was dissatisfied with me. [Silence.] You know, the things I have discovered during these years in treatment have caused me a lot of pain. The bursting of the bubble of my father's image and his love for me hurts a lot.

ILANY: Then you probably feel that I caused you pain by facilitating the discovery of these things. Is it possible that sometimes you were angry with me but were afraid to say so because, like your father, I might retaliate and sever my connection with you?

NURIT: Perhaps. I'm often in touch with my pain here, and that's not easy, but I know that the goal is to heal my wounds. It's my nature to always want to discover the truth. I think that if I had read those letters without being here with you . . . I don't even want to think what could have happened. With my mother, when I couldn't deal with the past, I developed serious symptoms that impaired my life. Now my relationship with my mother is clear; the difficulties are behind me. The fact that I was able to work through the relationship with her is our success. I believe that this is the only way to heal the wounds my father inflicted on me. Every time I leave here, I feel better. I feel that I have succeeded in elaborating on something; we're putting things in order. And I'm very glad that I have the opportunity to do that.

Session 6 (Some Months Later)

NURIT: I want to tell you a little episode that occurred recently. There's a small park not far from my home.

> I was driving to my gym lesson, and suddenly I saw
> a dead dog hanging from a rope tied to the branch
> of a tree in the park. The dog had the rope in his
> mouth and didn't move. A young woman was sitting
> on a bench near the tree, reading a book. I stopped
> my car and approached her. I asked her about the
> hanging dog, and she laughed, saying that this
> puppy is full of energy, and that he likes to play with
> the rope. I looked, and the dog sprang down from
> the tree; it was alive.

Nurit's story seemed to me like a dream arising from the navel of
her unconscious. I waited, then said:

> ILANY: You saw a dog hanging from a tree, and you thought
> that somebody had tortured it, had hung it on the
> tree . . . an image of a horrible death . . . .

> NURIT: From the angle that I was looking, the dog defi-
> nitely looked dead. We recently discussed the fact
> that my own dog died this year. It was a very painful
> experience for me. You once said that dogs can be
> like children. [Silence.]

> ILANY: Perhaps you are telling me that I, the person who
> is supposed to take care of you, am so immersed in
> other things that, in seeing you alive and thriving,
> I am not aware of the suffocated, dead aspect that
> you carry around with you?

> NURIT: Something different occurred to me. When you
> mentioned that the dog might have been tor-
> tured, I thought about my sisters. Both my moth-
> er's daughter and my father's daughter were prob-
> ably tortured before they were killed. My mother's
> daughter was taken away from her and cremated in
> Treblinka.

> ILANY: Then perhaps the young lady and her playful dog in
> the pretty little park represent your external reality,
> and the hanging dog represents your dead sisters
> who inhabit your inner reality. This time, your fan-
> tasy about them was so strong that it overflowed into

external reality. [Sighing unintentionally.] Such a terrible story, which accompanies you to this day!

NURIT: Yes, that is so very true.

Session 7 (A Few Weeks Before This Paper Was Written)

Nurit brought a list of her publications to the session in order to show me the scientific papers she had written. In the transference, I was the beloved father of her childhood, and she was the little girl showing me her school report card and her excellent grades. At the same time, I was the father of her adulthood, and she was an adult woman showing me her scientific achievements so that I would give her the love and appreciation she felt she deserved from her elderly father but had not received.

NURIT: I visited an acquaintance, a woman whose father died recently. It was so clear that she had inherited much love! I wish I had inherited less money and more love.

I wondered silently to myself whether, in the transference, I was the envied acquaintance who had inherited more love and less money. The confirmation of this—of Nurit's wish to be me—came up at the end of this session.

NURIT: [She continues.] Through the letters attached to his will, Father conveyed to me the message, "Remember, you failed to make me happy!" During his last years, I put so much effort into his well-being; I tried to revive his relationship with me and with my family. I was happy that he had a new wife and I supported his marriage. He appreciated that, but nothing was good enough for him.

ILANY: It seems to me that you feel so hurt because, in spite of trying so hard, you were unable to restore his happiness.

NURIT: Absolutely! I failed to do that for both my parents. I told you that once I became an adult, my parents never bragged about me; they were never proud of

my achievements. They didn't appreciate the fact that I had created such a lovely family, that I have a good relationship with my husband. They were happy with me when I was a gifted, successful child, but when I grew up and began to have a life of my own, they disowned me. My father proved his worth to the world; he was successful both financially and academically, but it's only now that I realize he wasn't such a godlike figure. And I clearly disappointed him.

ILANY: What do you think he expected of you?

NURIT: Father probably wanted me to be an exact copy of himself. I was different from him; I had different interests, a different outlook on life. This caused him great disappointment. There were some black holes in Father's relationship with me. I loved him unconditionally, but he loved me only on condition that I fulfill something that was impossible for me.

At the end of this session, as she was going out the door, Nurit turned around to me and spoke again:

NURIT: I know somebody with the name *Ilany*, a little girl, the daughter of an acquaintance of ours. She was fathered by a homosexual. He contributed his semen, a woman donated her egg, and the fertilized egg was put in the womb of a surrogate mother. That's how this charming little girl was born, and she bears your name.

Nurit left, once again leaving me with an amazing story to ponder. I realized that she was talking about herself. She was the charming little girl, born from two people who wanted to have a child despite all odds. These people were the girl's biological parents but, in order to be born, the fetus had to be placed for a while in my analytic womb. In the transference, I was Nurit's surrogate mother. But at the same time, the little girl bore my name. Did Nurit want to be reborn as Ilany, so that she, too, would inherit all the love she thought I had received from my parents, as in the story of her acquaintance?

DISCUSSION

In this discussion, I will first examine two sources of my patient's traumatization: (a) the father's deferred action on account of his traumatic Holocaust past, which he passed on to his daughter, and (b) the break in the daughter's idealized paternal representation. I will then analyze the daughter's unconscious identification with the father's victim/aggressor aspects, as demonstrated in the patient's enactment in the incident of the ants. This will be followed by a discussion of some of the unique transference and countertransference problems that arose, mainly because patient and analyst belonged to the same traumatized larger group.

The Father's Deferred Action on Account of His Holocaust Trauma, Which He Passed on to His Daughter

A brilliant scientist and highly successful businessman, Nurit's father coldly and deliberately composed a series of bitter, written tirades over a period of sixteen years, saving them to be delivered to Nurit upon his death. All these letters, and especially the first one, expressed his grievances against Nurit for her insufficient love and respect for him, and his scorn of her and her family. Rather than speaking to Nurit directly, the letters seemed to be addressing a courtroom audience that sat in witness and judgment of his plight (Poland 2000). Both my patient and I were stunned by his cruelty in planning such an utterly annihilating attack on his daughter. How can we understand this hateful deed?

I wish to suggest that the traumatized, aged father, under the sway of repetition compulsion (Freud 1920), may have enacted upon his daughter his own trauma regarding the family he had abandoned and lost in the Holocaust. Through his letters, he left her, like himself, with painful conflicts that she would find difficult to work through after his death.

Nurit's father wrote the first letter soon after his wife's death from breast cancer. As mentioned earlier, Nurit's mother had hidden her illness from her husband for two years before disclosing her secret to him. When she finally sought help, her physician asserted that he had never

seen such a badly neglected case of breast cancer in his entire career. In Nurit's view, the fact that her father had known nothing of her mother's breast cancer, despite sharing the same bed and bathroom, aroused terrible guilt feelings in him.

As we can see from the last letter described by Nurit, her father never worked through his mourning over the loss of his first family. Hence, the death of Nurit's mother may have retrospectively revived his Holocaust trauma, endowing it with great force (Freud 1918).[1] As a result, after his wife's death, the father may have felt compelled to enact his traumatic history and to pass it on to his daughter. Nurit was haunted by her father's letters, just as her father was persistently haunted by the family he had abandoned and lost in the Holocaust. Thus, the traumatic experience of the father was actualized in the life of the daughter. By enacting his own trauma upon his daughter, the father became the victim of his past, as well as his daughter's persecutor.

The Break in the Daughter's Idealized Paternal Representation

In both analyses, the break in the daughter's paternal representation was experienced as the downfall of an idolized figure. In the first therapy, the patient faced the terribly painful dashing of a romantic fantasy that had sustained her throughout her difficult times with her mother: her father loved her, witnessed her suffering, but dared not intervene lest her mother decompensate further. Even more painful was the break of the father's image in the second analysis, when the idealized father of Nurit's childhood, the greatly admired, generous, and loving father, became the bitter, persecutory figure whom she experienced after his death.

I would like to examine the nature of the father's expectations and the bitter disillusionment he expressed in the letters he left Nurit. I believe that in spite of his vast achievements, Nurit's father never healed the wounds of his past. Holocaust survivor parents often assign to their offspring the fantasy role of restoring their own narcissism through the

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[1] We can understand this reactivation through the psychoanalytic model of trauma, which posits two events: a later event that revivifies an original event, which only then becomes traumatic (Laplanche and Pontalis 1967).

offspring's personal achievements. But why did this not work in the case of the father, when in fact Nurit's life *was* a success, in terms of her career, her marriage, and her husband's career?

One possible answer to this question is that Nurit had rebelled against her parents in her unwillingness to give up her independent self. Nurit's parents, who regarded her as an extension of themselves, had loved her as a child but apparently could not accept her growth and separation, experiencing it as an act of betrayal (Freyberg 1980). As a result, Nurit suffered from a split self-representation: the beloved child who brought joy to her parents in childhood, and the denigrated daughter who left home at age eighteen—whose growth and separation from them they could not tolerate.

I believe that the letters express the father's rage and disappointment that Nurit had dared to develop an autonomous set of values that differed from his own. I would further suggest that the father may have perceived his daughter's survival after his death as a betrayal (as he may have perceived his own survival after the destruction of his first family). The letters may have served as an expression of the father's unconscious wish to kill his daughter, so that she would not continue to live after his death, and thus they would remain united forever.

Because she had failed in her assigned task of healing his wounds and making him happy, a hostile bond was created between father and daughter, with each experiencing the other as a persecutor. Nurit observed that, although her father had contributed greatly to the well-being of many people, he sometimes adopted a fascist morality. In his old age, he experienced her as a harsh external superego, a persecutor (Kestenberg 1982) who judged his moral standards and lack of empathy for others.

I believe that the father's behavior in his later life was due, in great part, to the deformation of his superego under the threat of death and his pathological mourning, which damaged the normal function of the superego's guardianship (Kogan 2014). Freud (1914) postulated that the narcissistic wound caused by our mortality is at the core of the inevitable tendency to avoid facing death. I find this view relevant to Nurit's father, who avoided facing the depression accompanying the decay of his body, as well as the pain and guilt caused by Nurit's mother's death,

which was superimposed upon the death of his first family. Moreover, the father's confrontation with death was particularly traumatic, as it constituted a repetition of his recurring confrontation with death as a young man (Laplanche and Pontalis 1967). To counter his feelings of helplessness and depression, he became *master of the universe* (Grunberger 1993; Wolfe 1987)—invincible and superior to the law and to ordinary mortals.

The father's advanced age also led to a marked loss of empathy toward others (Grubrich-Simitis 1984). An example is the father's indifference to the fate of the elderly, helpless tenants in Eastern Europe who lived on his rundown property. In Erikson's (1959) terms, the father's fear of death damaged the integrity of his ego, thus causing a split between his generous behavior that contributed to the well-being of others, and his indifference and lack of empathy toward them.

As a result of the break in Nurit's idealized paternal representation, her superego was no longer able to internalize her father as a protective agent on her behalf, causing her enormous disappointment. The disillusionment and rage of father and daughter were mutual.

In analysis, Nurit realized that her father's derogatory, critical attitude toward her was due not only to his narcissistic and unempathic personality, but also to his traumatic losses and his advanced age. She understood that she had been assigned the impossible mission of healing the wounds of his past. Nurit also realized that her father's advanced age had increased his feelings of helplessness, exacerbating his great need for flattery and narcissistic gratification. Nurit strived to understand her parents' conscious and unconscious reactions to their traumatic past in order to free herself from their problematic legacy.

The Patient's Unconscious Identification with Her Father's Disavowed Aggressive Aspect

In the transference, I was aware that the split father representation had been projected onto me. I was often the idealized figure from whom Nurit sought love and appreciation. At the same time, I was the persecutory father who caused her pain and suffering. In this analysis, Nurit was no longer the emotionally constricted woman who had come for analysis

the first time. She was in touch with her feelings of hurt and anger and could express them. An example of this is her reaction to her father's letters, when she shouts, "I'm furious! I don't want to cry, I'm simply mad! It isn't criticism, it's garbage!" Yet, as in her relationship with her father while he was alive, she protected me from her anger because of her fear that I would reject and abandon her. As a result, Nurit was incapable of expressing her narcissistic hurt and aggression in symbolic speech alone; she needed to make me actually feel it by enacting it within our relationship (the incident of the ants).

A thorough and formidable review of the definitional ambiguities of the term *enactment* and their technical implications is provided by Ivey (2008) and Bohleber et al. (2013). I have applied this concept to Holocaust survivors' offspring, defining it as their compulsion to re-create their parents' experiences in their own lives (Kogan 2002, 2007a).

At the core of the offspring's compulsion to reenact the parents' traumatic experiences is a kind of identification with the damaged parent, termed *primitive identification* (Freyberg 1980; Grubrich-Simitis 1984; Kogan 1995, 1998, 2007a, 2007b, 2012). This identification leads to the loss of the offspring's separate sense of self and his inability to differentiate between the self and the damaged parent.[2]

Nurit's enactment in the ant episode was her only means of reliving her inner experience of being her parents' victim, thus identifying with their victim aspect. At the same time, she became the aggressor, while I became her victim. In this sense, her enactment included attributes of *acting in*.[3] Eventually, I was able to offer interpretations of her acting in, in order to help her understand the origin of the fantasies that led her to behave in this way. My countertransference feelings of humiliation and hurt that were induced by Nurit's enactment were an index of her own inner state (Levine and Friedman 2000), and they provided the most near-to-experience way for me to understand her traumatization at

[2] I find this phenomenon similar to the identification that takes place in pathological mourning. Freud (1917) described this as a process whereby the person in mourning attempts to possess the object by becoming the object itself, rather than bearing a resemblance to it. This occurs when the mourner renounces the object while at the same time preserving it in a cannibalistic manner (Green 1986; Grinberg and Grinberg 1974).

[3] This concept has been defined as *acting in the transference* or *acting in the analytic situation* (Hinshelwood 1989).

the hands of her parents, as well as her identification with her parents' disavowed aggressive aspects.

Nurit experienced herself not only as a *replacement child,*[4] but also as a Nazi aggressor responsible for the earlier deaths of her siblings. This is demonstrated in the episode of the girl sitting on a bench in the park reading a book, while her dead dog hangs from a tree. The girl and the playful dog represent Nurit's pleasant external reality, while the horrible image of the dead, hanging dog symbolizes the dead siblings who inhabit her fantasy. This episode took on a terrifying quality because the boundary between inside and outside, between reality and fantasy, was destroyed (Auerhahn and Prelinger 1983). The communication from inside to outside was damaged to the point that Nurit's inner spaces could no longer contain her inner world (Janin 1996), which overflowed into external reality. Nurit had internalized and rebelled against both roles, and because of that, she was trapped in a situation whereby love and hatred had become inextricably fused, and in which her survival itself became a betrayal.

Unique Transference and Countertransference Problems

Nurit's enactment also helped make me aware of the special countertransference problems that arose in this analysis, which had an impact on my understanding of her dynamics and my interpretive technique. These problems presented several hurdles that I had to overcome. By working through the feelings evoked by her enactment, I realized that my empathy with her victimized aspect (the helpless 11-year-old child persecuted by two terrifying adults) had hampered my ability to elaborate upon the Nazi introject, the aggressive aspect of her father's self-representation, with which she identified.

I had first interpreted Nurit's enactment in the transference as her desire to make me feel how she had experienced herself as a child, criticized by her menacing parents. Only later on was I able to overcome my difficulty and relate to Nurit's aggressive aspect, pointing out to her

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[4] According to Blum's (1983) description of the so-called *replacement-child syndrome,* what is deposited by the parent in the new child's self-representations is not only the image of the lost child, but also the unconscious fantasy that this child will repair the parent's grief.

that she had turned me into an ineffective, unworthy analyst who was incapable of helping her rid herself of her tormenting thoughts. As in Nurit's first analysis, this was due to the fact that both she and I belonged to the same traumatized large group: the offspring of Holocaust survivors (Blum 1985; Volkan, Ast, and Greer 2002). My difficulty in dealing with the Nazi introject (expressed through Nurit's injunction that I exterminate the tiny ants—the Jewish people) was also due to my desire to avoid becoming the Nazi perpetrator and inflicting further shame and humiliation upon my patient (Oliner 1996).

An additional countertransference problem stemmed from the fact that my patient and I shared a common traumatic historical experience of the break in a Holocaust survivor's daughter's idealized paternal representation. In an earlier contribution, I explored the break of the paternal representation in the offspring of infamous, high-ranking Nazi perpetrators (Kogan 2010). While familiar with the psychoanalytic literature on this subject, which postulates that the confrontation with aging and death may also lead to changes in the superego, thus damaging the normal function of the superego's guardianship (Bergmann 1982; Grubrich-Simitis 1984; Kogan 2014), I found myself reluctant to explore the superego lacunae of a survivor father. I believe this was because, in our collective Jewish unconscious, Nurit's father represents all of our survivor fathers. Thus, despite his fame, philanthropy, and vast efforts to improve the lives of thousands of people, the father's manipulative, cruel, and reprehensible behavior, and his psychic numbness, evoked in me feelings of shame and narcissistic hurt that I had to overcome in order to write about and discuss the profile of a survivor father.

Nurit's analysis continues as we strive to work through her complex and painful relationship with her father. This will help her to eventually repair, to some extent, her father's split inner representation and her own split self-representation, thus strengthening her feelings of healthy narcissism and facilitating better psychic integration.

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PSYCHOANALYSIS AS APPLIED AESTHETICS

BY STEPHEN H. RICHMOND

The question of how to place psychoanalysis in relation to science has been debated since the beginning of psychoanalysis and continues to this day. The author argues that psychoanalysis is best viewed as a form of applied art (also termed applied aesthetics*) in parallel to medicine as applied science. This postulate draws on a functional definition of modernity as involving the differentiation of the value spheres of science, art, and religion. The validity criteria for each of the value spheres are discussed. Freud is examined, drawing on Habermas, and seen to have erred by claiming that the psychoanalytic method is a form of science. Implications for clinical and metapsychological issues in psychoanalysis are discussed.*

Keywords: Aesthetics, science, art, theories, philosophy, reductionism, culture, metapsychology, modernism, Adolf Grunbaum, validity, literature, music.

One of the prominent themes in contemporary psychoanalytic theorizing involves a shift away from characterizing the internal world in terms of objectified, reified concepts. Epistemologically, this involves a shift away from the view of truth as based on correspondence (Stolorow 1998; Stolorow, Atwood, and Orange 2002). The correspondence view of truth says that our theories are true to the extent to which they ac-

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curately correspond to some separate, objectively existing reality. Such a view came under vigorous attack by the postmodern critique of Enlightenment thinking; in contemporary psychoanalytic theory, it has been replaced by a view of the inner world as intersubjectively co-created. Despite this shift, the question of whether psychoanalysis should be considered a science continues to be active to this day (Kandel 2005; Wilson 1998).

Hoffman (2009) highlighted many of the points of continued controversy in his plenary address to the American Psychoanalytic Association. He framed the discussion in terms of, on the one hand, the call for greater empirical research (more scientific rigor) versus, on the other hand, a needed appreciation for the inherent complexity—and with it the fundamental uncertainty—of the psychoanalytic encounter. He articulated this as follows:

> Many feel it is clear that we need systematic research in order to arbitrate among multiple psychoanalytic points of view and in order to decide which theoretical perspectives are the best and which treatments are best for whatever forms of sufferings out patients bring to us. The alternative, as Westen (2002), Schachter (2005), Wolitzky (2006), Eagle (2003), Eagle and Wolitzky (1989), Wallerstein (2003, 2006), Kernberg (2006), and others see it is a radical postmodern relativism in which virtually any theory is as valid as any other. [Hoffman 2009, p. 1047]

Thus, as one current in contemporary psychoanalytic thinking moves us away from an objectivist position that relies on the correspondence model of truth and toward a greater immersion in subjectivity, a countermovement argues for even more systematic grounding in objectivity, and with it a comforting and orienting certainty. "A way to formulate this challenge is to say that we aspire to a kind of grounded and responsible, yet free and creative, relational engagement," wrote Hoffman (2009, p. 1051). How can we retain free and creative relational engagement without descending into "a radical postmodern relativism in which virtually any theory is as valid as any other" (p. 1047)?

I propose a view of psychoanalysis as a form of applied aesthetics, addressed to a particular kind of emotional and mental healing. Just

as medicine is a form of science applied to healing of the objectively existing physical body, psychoanalysis is a form of art applied to healing of the subjectively existing personhood. This idea is an elaboration of Stolorow's (1998) contention that the proper purview of psychoanalytic investigation is the subjective realm; the *method* for that exploration, I contend, is *aesthetic*. As I will discuss in what follows, this view argues that the concerns about radical relativism described earlier amount to a category error and can be resolved once the differing validity criteria for science as opposed to aesthetics are fully appreciated. I believe this view is generally consistent with and elaborates on Hoffman's (1999) social constructivist model, as well as the metatheoretical arguments of Stolorow (Stolorow, Atwood, and Orange 2002; Stolorow, Brandchaft, and Atwood 1987) and Bacal (1998; see also Bacal and Herzog 2003).

CULTURAL CONTEXT

In order to understand the distinctions I will draw between the methods of science and art, it is necessary to sketch out the general intellectual development of at least the past 1,000 years or so. Space constraints limit my ability to approach this task comprehensively. These ideas are well known and extensively discussed elsewhere (Durant 1926; Gebser 1985; Mumford 1934; Tarnas 1991; Wilber 1995, 1998). I will content myself here with outlining the broad themes as a way of providing background to a discussion of the implications for psychoanalysis as applied aesthetics.

To understand the place of psychoanalysis in relation to the natural sciences and to art, we must examine how science and art were affected by the cultural and intellectual developments known as the Western Enlightenment. While there are many descriptions of what is meant by the term, there are broad commonalities that can be used to anchor this discussion. Wilber (1998) describes *modernity* as the general period, having roots in the Renaissance, that blossomed in the Enlightenment and continues in many respects into the current day. A key functional definition of modernity—used by various scholars, including Max Weber and Jurgen Habermas (Wilber 1998)—is something called the *differentiation of the value spheres*. This refers to the differentiation, on a societal level, of art, morality, and science.

It was the emergence, in differentiated terms, within society (meaning at the level of group consciousness) of these three realms–the *beautiful,* the *good,* and the *true*—that allowed for many of the great achievements of modern culture, achievements in all three realms. The impact of the accelerating development of modern science on our lives is so profound as to have become a commonplace. The great achievements of human-kind are often vividly summed up by the incredible strides in medical science over the last 150 years, as well as by the image of human travel to the moon. Both examples are credited to the gradual, continued application of the scientific method, which follows an approach that weeds out the influence of emotion and subjectivity. The evolution of the scientific method, in which contaminating bias from religion and emotion was gradually sifted out and removed, has been extensively chronicled (see the foregoing citations). To give but one example, Kepler's demonstration that planetary orbits are elliptical necessitated the abandonment of the religiously based idea of heavenly movement as constructed using circles, seen as an image of God's perfection.

But the differentiation of value spheres allowed for great moral achievements as well. Enlightenment values included not only *truth* and *rationality*, but also *justice* and *freedom.* One effect of the Enlightenment was to spawn *liberation movements.* Civil and human rights movements are important examples. Whatever else might characterize the modern era, the twentieth century saw, for the first time in human history, a consensus on the level of nation states: that slavery should be outlawed. This great moral achievement cannot be attributed to the development of science. Science can give a description of slavery and may be able to comment on why there is such a thing as slavery, but it cannot say anything about the wrongness or rightness of slavery. Science is neutral to moral distinctions and therefore blind to them.

In the realm of art, modernity saw a blossoming of aesthetic development in the Western world as the stifling influence of the Catholic Church was increasingly shrugged off. Politically, such a differentiation can be seen, for example, in the separation of church and state as institutionalized in the United States Constitution. So modernity can be seen as involving the emergence of broad cultural institutions that manifest the differentiation of these "big three" value spheres.

Wilber (1995, 1998) described the great strides that the Enlighten-ment and modernity wrought as the *dignities of modernity*. Walking hand in hand with the dignities were the *disasters of modernity*. The numerous problems that modernity spawned can be seen as due to incomplete dif-ferentiations of the value spheres, or to an overdifferentiation to the point of dissociation of a value sphere, with subsequent lack of integra-tion with the other two. These are societal pathologies.

The same period of history in which Pinel introduced the revolu-tionary approach of treating the mentally ill humanely (by literally re-moving them from chains and refraining from beating them) also saw the dramatic inhumanity of the industrial revolution. A key principle in industrial development is the shift toward mechanization, which is specifically geared toward teasing out and removing the human ele-ment. This is the shift from craftsman to machine (Mumford 1934). The squalor and desperate inhumanity that unfolded in 19th-century industrial England came about not just from the application of scientific principles to mechanization, but also from the absence of an adequate countervailing moral influence. Of course, the Holocaust stands as the great lesson of 20th-century mis-development; it will forever evoke the specter of aspects of science run amuck. This is not to say that the Nazis experienced no moral sentiments, but that their moral sensibility was stunted and perverted. In the Holocaust, the Nazis' moral and aesthetic realms were primitive and dissociated, while certain scientific sensibilities involving mechanization and precision were extended to the extremes of soullessness and inhumanity.

The deepest devastation of the Holocaust was not that the Nazis rev-eled in the suffering of the Jews, which would have involved some recog-nition of that suffering, but that they completely discounted and ignored anything of their humanity. The Nazis strove to maintain a dispassionate, "scientific" approach.

ASPECTS OF THE "BIG THREE" VALUE SPHERES

Examples of the big three value spheres abound, but in philosophy, Kant's trilogy of critiques embody the differentiation. These three great works

(*Critique of Pure Reason* [1781], *Critique of Practical Reason* [1788], and *Critique of Judgment* [1790]) describe and delimit the approaches to, successively, science, ethics, and aesthetics (Wilber 1998). Kant is often viewed as the beginning of modern philosophy, precisely because his thinking embodies the first methodical explication of the differentiation of the value spheres. In these three great critiques, Kant lays out the limitations of each of these spheres, describing the constraints that delimit these realms of reality, including the general methods by which we can be in contact with each realm, and limits in the type and extent of knowledge that are possible in each realm. What Kant calls *pure reason* refers to rational apprehension of the objective world. Pure reason, as Kant argued, is concerned with the data of sense impressions, just as the natural sciences are, and in this sense is blind to *transcendental realities.* By transcendental realities, Kant certainly had in mind the metaphysical realm, and part of his project was to show that objective rationality is not able to disprove the reality of God—that is, one cannot "know God" using the methods of objective science. But his description of the limits of objective rationality apply to many other important aspects of the world, including most of the salient aspects of reality that are accessed through the psychoanalytic method.

Open systems theory might help illustrate how psychoanalytic realities could in some way be "transcendental." Systems theory can be applied to phenomena of complexity that emerge as higher-order organizations from sub-elements within a system. "The whole is greater than the sum of the parts" is one of the truisms of systems theory. The subjective world can generally be seen as emergent from the physical system of our biology (Wilson 1998). This includes our whole mental and emotional experience. That the mental world in some important way transcends the physical world is readily evident. Think of Piaget's classic description of the gradual emergence of cognition. There is a sequential unfolding, in which thinking becomes gradually less bound by the particular, concrete image. This eventually results in the development and comprehension of abstract concepts, which by their nature are freed from the particulars of time and space.

PSYCHOANALYSIS AND THE CRITIQUE OF MODERNISM

The critique of modernist thinking has supplied a major strand of contemporary psychoanalytic theory; it is a significant element of constructivist, hermeneutical, and intersubjective theory. Each of these theories applies in important ways the larger critique of the Enlightenment project's emphasis on objective rationality. A key component in the critique of modernism involves the assertion that science and technology have lead to a suppression of subjectivity, what Habermas called "colonization of the lifeworld" (Wilber 1995 p. 652). Science, with its emphasis on objective truth and its materialistic, mechanistic shift, was so powerful that it tended to invade and "colonize" the other value spheres. Since cataloging is key to the natural sciences, science lends an impression of comprehensiveness to the description of life. This can contribute to the illusion that nothing that is important in reality cannot be cataloged and described by science. This was taken to the extreme in the early twentieth century among the *logical positivists*, who argued that if something could not be described in objective, physical terms and investigated by science, then it had no real existence.

Freud, of course, was greatly influenced by this same reductionistic mindset; his early attempted paper "Project for a Scientific Psychology" (1895) was an effort to render psychological processes purely in reductionistic, scientific terms (Bernfeld 1949). He abandoned the effort as premature given the state of the neuroscience of the day, but always continued to hold out hope that this endeavor could be taken up again someday. Few contemporary thinkers affirm a purely logical positivist standpoint, but elements of reductionist thinking continue to influence current debates. Richard Dawkins, an evolutionary biologist, continues to claim that religion constructs what are essentially scientific hypotheses—that is, that religion is not qualitatively different from science—but it is simply bad science, and that these hypotheses have been scientifically disproven (Dawkins 2006). This is in opposition to the view that religious questions and scientific questions are of a different order from one another. But this view—that those questions that cannot be an-

swered scientifically actually lack reality—fails. Many of the most mean-
ingful questions in life (such as whether slavery is wrong, or what is the
meaning of justice) have no scientific solution.

One of the major effects of this overdevelopment and inappropriate
application of science has been a consequent underdevelopment of the
other values of art and morals. The malaise of modern life that Mitchell
(1993) speaks of is a consequence. The clockwork universe may not
have been godless or soulless to Newton, but it has become so in the
first decades of the twenty-first century. Wilber (1998) notes that Weber
spoke of "the disenchantment of the world," Marcuse of the birth of
"one-dimensional man," Schuon of the "desacralization of the world,"
Mumford of the "disqualified universe" (in the sense of a world made up
only of quantitative distinctions, without qualitative ones), and Eliot of
the "dawn of the wasteland" (Wilber, p. 76).

Scientific laws themselves are examples of Kantian *transcendental
truths*: they are decontextualized truths, freed through abstraction of the
constraints of time and place. One of the strongest demonstrations of
the incompleteness of a strict materialism, which would argue that only
what is scientifically demonstrable is real, is that it cannot account for
science itself. Because of this, such arguments partake of what is called
the performative error: they logically undermine their own position by in-
validating their own starting premises. It is like cutting off the branch of
a tree that one is sitting on. And recall that we are quite familiar with the
thorough critique of postmodern thought of the decontextualized truths
of science. These critiques were triggered by the fact that science had
come to dominate and suppress the other two broad methods for being
in touch with reality and, by doing so, had overlooked and undervalued
those aspects of reality.

So in Western culture generally, an overdevelopment of science has
flowed from the Enlightenment program, and scientific techniques have
been inappropriately applied to areas of life (such as the inner world
and the world of ethics) that science actually obscures rather than il-
luminates. This is a kind of societal neurosis, analogous to intellectual-
ization on the individual level. Psychoanalysis showed promise as a cor-
rective in that it was a methodical, disciplined inquiry into the inner
world (Habermas 1971). Freud, to the extent that he is read as "poet of

the soul," continues to be relevant, just as all great artists from the past have continuing relevance to the extent that they reverberate deeply within us. But the development of psychoanalysis was adversely affected by Freud's insistence that he was a scientist first and foremost, and by his introduction of scientific jargon that tended to obscure rather than illuminate a deepening inquiry into the internal world.

A key consequential confusion that I hope to clarify is the conflation of scientific theorizing and psychoanalytic theorizing. Psychoanalytic theories should *not* be considered subtypes of scientific theories more generally. They are conceptually distinct. They are evaluated differently, and their value is of a different order than scientific theories. Psychoanalytic "theory" is more like music theory than it is like scientific theory.

VALIDITY CRITERIA

A key concept in this approach is that there are different criteria as to what is valid in each of the different value spheres. An attempt to apply a criterion from one value sphere to another for which it is not suited results in something that is not so much wrong as nonsensical. We are all very familiar with the validity criterion of the objective, physical world—objective truth. The scientific method has been developed since the Renaissance as a series of practices designed to eliminate subjective bias and allow the elucidation of empirically verifiable and objectively existing truths.

Within the objective realm, validity means *truth versus falsehood.* The objective realm is binary, in that the determination is between *true* and *false.* Modern scientific practice has a clear hierarchy of types of data. At the bottom of the hierarchy are data that may be useful but are relatively more infused with potential observer bias, such as the *case study.* At the top of the hierarchy, we find the gold standard of empirical science: double-blinded, prospective experimental observations. A point that Grunbaum (1984) repeatedly stressed, and rightly so, was that a valid science cannot ground its data in case studies but must move up the hierarchy of data in the direction of well-designed experimental studies. This was a major point in his critique of psychoanalysis because, indeed, psychoanalysis does ground itself precisely in the case study (Atwood and Stolorow 1979).

Of course, there are realms of the physical world that for logistical reasons cannot be brought under examination by the experimental gold standard, but that does not mean that we do not apply the same validity criterion of objective truth; we may not be able to perform prospective studies of the weather, for example, but we would not deny the objective reality of a hurricane. Critiques of psychoanalysis, such as Kandel's (2005) and Grunbaum's (1984), have faulted psychoanalysis for apparently not attempting to move beyond the case study; this was the basic conflict in the field that Hoffman (2009) highlighted. Remember Grunbaum's twofold argument: psychoanalysis is a science, and it is a failure as science. This parallels Dawkins's (2006) contention that we should view religion as a form of science and then use scientific criteria to conclude that it fails.

In the subjective realm, the validity criterion is *truthfulness with oneself*, rather than objective truth. The psychoanalytic method engages the patient in an examination of—and, just as important, an enacted experience of—his or her own truthfulness (or lack thereof). Because this is a particular moment of lived, subjective experience, it involves aspects of reality that are inaccessible to objective inquiry, and it is inappropriate to attempt to apply the validity criterion from science to these realities. The artistic moment in psychoanalysis is the moment of engagement within the psychoanalytic situation—parallel in music to the moment of performance, in literature to the moment that a work is actually read, and in painting to the moment that a piece is viewed and impacts the viewer. The case study is central to psychoanalysis because it is the primary means for describing and communicating the aesthetic moment that is the central concern of psychoanalysis, and as such, it is a form of *applied art criticism*. (I will have more to say about this later when I discuss implications for the psychoanalytic literature.)

Let us consider some additional aspects of this validity criterion of the subjective realm: truthfulness with oneself. Truthfulness with oneself is a way of speaking about the presence or absence of self-deception. Strenger (1989) writes of the classic versus romantic styles of psychoanalysis. The classic style, exemplified by Freud, emphasizes this same presence or lack of self-deception. The romantic style, exemplified by Kohut, emphasizes wholeness versus fragmentation. These are two sides

of the same validity criterion. The two aspects can be seen as part of the same underlying process when we consider the concept of integrity. It is easy to see that integrity is an expression of one's capacity to be relatively free of self-deception. The more honest one is with oneself, the greater the degree of one's integrity.

But we also speak of *structural integrity,* as in a building or a bridge. Structural integrity is a function of the degree of freedom from internal flaws or splits. If a building lacks integrity, it is vulnerable to fragmentation and collapse. One of the distinctions between the classic and romantic views in psychoanalysis is a view of internal conflict, leading essentially to different forms of self-deception, and a view of structural deficit, leading to structural fragmentation. So the earlier emphasis in psychoanalytic theory on defense against awareness of internal conflict, and the latter emphasis on issues of structural deficits, are both mediated by the criterion of truthfulness with oneself. The emphasis given by some contemporary schools of analytic thought to issues of genuineness and authenticity is obviously relevant to this general validity criterion, which we could sum up as *self-integrity.*

Part of my thesis is that this validity criterion—of sincerity with oneself, or self-integrity—generally applies to art as well (Grey 1998). In fact, when I speak of the aesthetic realm, I mean to invoke exactly these questions. My contention is that questions of self-integrity are aesthetic questions. Recall that aesthetics involves the beautiful, parallel to science's concern with the truth and religion's with the good. One might fall into thinking that aesthetics, then, deals with what is pretty or attractive in a superficial way. But a deeper aesthetics engages exactly the area of self-integrity that we have identified as active in psychoanalysis. Art is powerful precisely to the extent that it engages us in a more profound connection with ourselves, to the extent that it challenges us to become more deeply honest with ourselves and more deeply connected and whole. In the process, we necessarily become more engaged with the world as a whole. Wilber (1995, 1997) speaks of the ultimate aesthetic experience as seeing God in everything and everyone—the same omega point as with ultimate good and ultimate truth.

A superficial appreciation of an acting performance, for example, would emphasize the ability of the actor to pretend; a deeper apprecia-

tion locates the art of the actor in the ability to play the moment with greatest authenticity. Great acting makes the drama real. I contend that what the actor does in pursuit of a "pure" art, the psychoanalyst does in pursuit of this applied art—engaging the quality of the lived moment to the greatest degree of presence and authenticity. What makes it *applied* is that it is asymmetrically skewed toward the patient's growth and development. *The problem of disciplined enactments is an aesthetic problem, not a scientific one.*

This subjective realm, which we can engage and explore through aesthetic methods, is necessarily *interpretive*. This is true because we access our subjectivity through an intersubjective process. We get to know our own minds through interaction with other minds. And we can only be in contact with other minds by *interpretive dialogue*. This applies equally to the more classical idea of interpretations, as well as to more contemporary views that put emphasis on the nonverbal, enacted elements of how one interprets a given moment (Ogden 1994; Weiss 1993).

The methods of natural science, by contrast, are *monological*. The natural scientist creates a narrative description in the form of a monologue concerning the phenomenon in question. This monologue is then compared to other, similar monologues produced by other researchers in order to refine them and move closer to a description of the world that meets the criteria of accuracy and objectivity. This monological method has been tremendously successful in gaining knowledge about and command of the physical world of inanimate objects. When Galileo produced mathematical formulae to describe the motion of projectiles through space, the description was monologic; in no sense did it involve a dialogue with the projectile. He was not concerned with how the cannonball was feeling. Physics made use of inanimate objects to study motion of bodies through space precisely because of its concern to abstract out and eliminate subjectivity. It measures the rate of acceleration due to gravity by dropping a *billiard ball* rather than a squirrel or a cat.

But when the concern is to connect with another subjectivity, when we want to make contact with another mind, we must always and necessarily use dialogue (Wilber 1995). If we want to know what someone is thinking or feeling, we have to talk to them about it. And this introduces the question of the person's own ability to know accurately what he or

she is thinking or feeling—the dimension of self-knowledge. A dialogue about a person's inner world is always mediated through interpretations: interpretations we give to what the person says and does and interpretations the person makes about him-/herself. When we are measuring the billiard ball's flight through space, we are not worried about whether the billiard ball thinks it is a bird—that is, the billiard ball's own explanation for why it is flying through space—whereas when we talk to a person about being upset, that person's own explanation of his or her experience is paramount.

Now it might be objected that, in medicine (applied science rather than applied art), we are often using a dialogic approach to scientifically study the patient. After all, we ask patients what they are feeling, what symptoms they are having, etc. But there is a key difference in this approach. In medicine, the patient's subjective experiences are immediately converted into observable behaviors, which then become elements of the physician/researcher's monologue, the monologue that is then validated through comparisons with other similarly produced monologues. The key point is that even experiences that originate subjectively are converted as quickly as possible into an objective form.

This is seen even more strikingly in biologic psychiatry. The standard approach of biologic psychiatry to studying intrinsically subjective areas, such as mood, is to have the patient convert his or her inherently qualitative experience into a quantifiable rating. Subjectivity is converted into an observable, objective behavior (which numerical rating the patient chooses), which is then incorporated into the researcher's or practitioner's monologue about the patient. This shifting away from qualitative experience in favor of quantifiable designations is precisely what Mumford (1934) described as the creation of the *disqualified universe,* that is, a universe made up solely of quantities, bereft of qualities.

Freud's concerns with disembodied, objectively existing drives partakes of this movement away from qualitative experience; the contemporary shift back toward concern with affect rather than drive restores the focus on the qualitative (Socarides and Stolorow 1984). And subjectivity is, of course, literally made out of qualitative distinctions. Subjectivity is completely qualitative in nature. In a broad sense, then, the psychoanalyst is concerned with helping the patient make sense of and navigate

through his or her own qualitative experiences, and one of the most basic tools the psychoanalyst uses is his or her own qualitative experiences and how he or she relates to those experiences.

In this sense, psychoanalysis involves subjectivity in terms of the subjective, as opposed to the attempt to objectify subjectivity. These observations also illustrate the shift from the traditional psychoanalytic goal of helping the patient look at the world more objectively to the more contemporary idea of deepening and developing the patient's subjectivity.

Mitchell (1997) described how Freud's preoccupation with physics as a model for psychoanalysis, and his wish to think of himself as a natural scientist, produced a skewed view of interpretation and how it works. Freud recognized important dialogic features to the psychoanalytic situation, particularly in the therapeutic alliance as part of positive transference, but he wished to maintain what is now seen as his fantasy that he was an objective observer—that is, that he could occupy some position from which he could make objective observations about the patient's inner world, that he could create an accurate monologue about it. He claimed that interpretation was the unique modality by which these objective truths could be delivered to the patient. The healing potential of the interpretation was largely a function of its truth value—although, of course, issues of "tact and timing" were recognized as complications in this process.

As Mitchell points out, this view of interpretation amounted to a fantasy of a special pipeline leading from the analyst's privileged position as holder of truth into the patient's psyche. Much of psychoanalytic technique was concerned with establishing the conditions for the placement of this magical conveyor of truth; such difficulties were a function of the transference (and, with less skillful or prepared analysts, the countertransference) and were attributed to the resistance, which of course resided within the patient. The delivery of the interpretation, which we now recognize as embedded within an intersubjective exchange, was seen as somehow residing outside the relationship, in some sort of quasi-Platonic world of truths to which the analyst had special access.

All this led to an overestimation of the verbal content of the interpretation. The power of the interpretive statement resided in its truth value, that is, its verbal, semantic content. This led to a style that valued

dispassionate, surgically precise delivery of these truths, with as little contamination by interaction as possible. Of course, all this is now seen as hopelessly misconstrued. Dispassionate, surgically precise delivery is now recognized as itself a particular form of interaction with the patient, bringing its own inevitable interactional consequences, which are often deleterious rather than helpful.

One of the lasting effects of this view was the construing of interpretation as involving verbal formulation in opposition to nonverbal action. Contemporary theory has of course critiqued this idea, and we are now used to thinking in terms of enactments; terms such as *interpretive action* (Ogden 1994) have been introduced. But there is still some tendency in discussions of clinical technique to speak of *using an interpretation* as opposed to some non-interpretive interaction. This way of thinking about interpretation, with remnants persisting from Freud's model, stands in sharp contrast to the way that interpretation is viewed within the rest of the arts and humanities. Since the psychoanalytic method is a special application of the methods of art and the humanities more generally, the understanding of interpretation as it is used generally in the arts pertains.

Let us consider for a moment how the validity of an interpretation in the arts is evaluated (Wilber 1997). Imagine the interpretive statement "*Hamlet* is about the joy of war." We might be tempted to consider that this statement is wrong, but of course we would have no way of proving that it is wrong. A discussion in which we cull excerpts from the text in defense of a more palatable interpretation could be met with counterarguments that also cite supporting excerpts. Such excerpts do not stand as evidence in and of themselves but are always mediated by a particular reading. And there is no objective way of determining that a given reading is wrong or right.

We ultimately make reference to the degree to which a given reading will be faithful to the text, as opposed to doing damage or violence to it. The interpretation "*Hamlet* is about the joy of war" requires a greatly contorted reading of the text in order to defend or demonstrate it. (I trust that the reader knows what I mean by a "faithful" versus a "contorted" reading of the text.) But again, there is no way to objectively prove or even objectively demonstrate that one reading is more or less

contorted than another. The determination that one reading is more faithful to the text, or does less violence to the text in order to make it fit, is grounded in the reader's honesty with him-/herself. The determination ultimately comes down to one's own subjective, qualitative sense of whether one is motivated to skew the reading in one direction or another, rather than allowing the reading to flow more naturally in as full an expression of the text as possible. Interpretations are neither true nor false (the underlying assumption in Freud's view) but are better versus worse, comprehensive versus incomplete, deep versus shallow.

In psychoanalysis, exactly the same factors apply, with the addition that often the text in question is the patient's experience and behavior, or some aspect of the patient's interactions with significant other persons, including, of course, the analyst. From a contemporary perspective, and equally as applied in the arts, the act of interpreting ourselves always happens in a particular moment, and it includes performative aspects. Think of the question, for example, of whether one prefers Mel Gibson's interpretation of Hamlet over Lawrence Olivier's. In this case, interpretation refers to the way that words are performed, how moments are enacted—everything *except* the literal meaning of the words, which is the commonality between the two interpretations. As with Ogden's *interpretive action,* interpretation refers to just those aspects that are excluded from Freud's use of the term.

Of course, it is entirely possible for the performative aspects to be at odds with the explicit verbal meaning of statements, which tends to give nuance and depth to moments in psychoanalysis no less than in various arts and, indeed, in life in general. When this occurs in psychoanalysis, it is usually the performed, enacted meanings that hold sway and impact the patient, rather than the explicit verbal meanings (Weiss 1993). Moving toward a more complete description of the interpretive moment in the psychoanalytic setting would include a consideration of how the analyst behaved (performed) in the moment. The more traditional model treats these considerations under the general discussion of "tact and timing" and, as such, they are relegated to the status of an afterthought. Conversely, contemporary analytic theory sees such considerations as tact and timing as the meat of the encounter.

I believe that Freud's initial spark of genius is consistent with this view but that his increasing preoccupation with theorizing got him off track. Freud's early concerns with disavowed intentions illustrate this. The interpretation that one has disavowed an intention engages the question of whether one is being honest with oneself. In fact, objective science is blind to the world of intentions; it can merely describe behaviors and cannot attribute intentions to persons (Wilber 1995). Objective science has no way of assessing volition and intention; it can only describe behavior as seen from the outside.

The internal world, on the other hand, is the world of intentions (Chessick 1992). It is a major developmental achievement to learn to infer intentions in other conscious beings (Fonagy et al. 2002). The question, from the viewpoint of an applied art, is whether or not the moment of interpreting deepens our contact with ourselves; the truth value of the content of the verbal interpretation has no special value that persists outside time and space.

GRUNBAUM'S CONTRIBUTION

What difference does it make to apply these ideas to psychoanalysis? By way of example, let us consider Adolf Grunbaum's *The Foundations of Psychoanalysis: A Philosophical Critique* (1984). This has been a particularly influential work among those who argue that psychoanalysis should be considered generally invalid because it fails as science. Kandel (2005) describes Grunbaum's critique of psychoanalysis as having stood essentially unchallenged to the present day. The book consists of a careful critique of Freud as a scientist. Much of it involves examination of whether particular psychoanalytic interpretations could be said to have been empirically proven within the psychoanalytic encounter, as Freud often claimed.

But there is an interesting twist in the argumentation. Before he can get to his close examination of Freud's failure to fulfill scientific criteria, Grunbaum must append a preface, a full third of the book, in which he painstakingly argues against the hermeneutical critique that Freud should not be considered a natural scientist at all. Grunbaum devotes this portion of the book to defending Freud as a conscientious

scientist—in order to set up his thesis that Freud was actually an abysmal failure as a scientist. So he deals in succession with Habermas, Ricoeur, and George Klein. Grunbaum's conclusion in this section is that these writers' attempt to make a "scientophobic reconstruction" (1984, p. 93) of Freud is a failure. It is essential to his condemnation of Freud that he refute the hermeneutical contention that Freud was guilty of *scientism* (Habermas 1971)—scientism being precisely the assertion (essentially religious in nature) that science and only science can reveal any truth in reality. The key, unexamined assumption here is that psychoanalytic interpretations are one example of a larger class of empirically testable hypotheses.

Grunbaum, rightly so, critiques the possibility of using intrinsically vague and subjective clinical encounters as objective data to validate the objective truth of any given psychoanalytic interpretation. Habermas's key contribution is to emphasize that psychoanalytic knowledge is tested in the patient's self-reflection (1971, p. 228). Note that *self-reflection* is inherently non-objective. The tension between the idea of a single, unitary truth arrived at by the elimination of the subjective, versus the pull toward a deeper encounter with genuine subjectivity, is evident. Although Habermas points us in the right direction, his grounding in a thoroughly rationalist tradition (Wilber 1995) nonetheless leaves some blind spots. His discourse, though a useful corrective, implicitly validates the initial error, which was to treat a psychoanalytic interpretation as a subtype of scientific theorizing to begin with, and to treat psychoanalytic dialogue as if it were a controlled experiment.

My contention is that psychoanalytic interpretations ought to be considered *aesthetic elements,* the same as interpretations in any other art. We might, if we choose, apply a metaphor drawn from science to the *testing of the validity of* an interpretation, but it would be imperative that we remember to label this as a metaphor. The use of unlabeled metaphors is a hallmark of psychosis. I have described the dedifferentiation and dissociation of the value spheres as a kind of group neurosis; it might be more accurate to call it a group *psychosis* in that it can lead to established modes of thought that would deny outright the very existence of key aspects of reality, such as the internal world (Bennett and Hacker 2003).

Grunbaum is explicit in grounding his approach in the principle of *consilience.* This is the idea that there is a single, unitary knowledge that can be attained by the systematic application of rationalism. Consilience, by its very nature, is reductionistic; consilience asserts that there is one way of knowing, from which all other ways can be derived and therefore reduced to. Biologist E. O. Wilson (1998) gives a defense of reductionism as "the primary and essential activity of science" (p. 54). He distinguishes science from art by the presence or absence of reductionism: "Complexity is what interests scientists in the end, not simplicity. Reductionism is the way to understand it. The love of complexity without reductionism makes art; the love of complexity with reductionism makes science" (p. 54). He goes on to describe "how reductionism works . . . as it might appear in a user's manual" (1998, p. 54).

This involves a familiar rendition of posing an interesting question, breaking it down into constituent elements, "phrase them so that a reasonable amount of evidence makes a clear-cut choice possible. *If too many conceptual difficulties are encountered, back off. Search for another question*" (Wilson 1998, p. 54, italics added). This makes clear that *nonreducible questions are systematically eliminated in scientific inquiry.* Wilson counts himself among those "scientific materialists" who believe in a "total consilience which holds that nature is organized by simple universal laws of physics to which all other laws and principles will eventually be reduced" (p. 55).

Biologists such as Wilson are often accused of having "physics envy" because of this wish to find grounding for all biological phenomena within physical laws (as has been accomplished for chemistry), and Wilson, though he attests to sharing this wish, admits that such grounding has not yet been demonstrated. He allows for an alternative to such a "strong reductionism" in *complexity theory*, in which emergent levels of organization manifest higher-order laws that were not predictable reductively from the lower levels.

What I wish to emphasize here are the implicit assumptions that flow from a belief in consilience. Science can be viewed as one type of inquiry, appropriate for certain aspects of reality but not necessarily inherently incompatible with other aspects of reality that are more appropriately explored using other methods.

I would like to say a word here about dualism. Dualism has seen better days. In current discussions, it takes little more to defeat an argument than to dismiss it as dualistic (Bennett and Hacker 2003). Since I am arguing against the application of a single, unitary method for determining validity, it might appear that I am arguing in favor of dualism, but that is not the case. The idea that different aspects of reality can be appreciated by different ways of looking at reality does not necessitate a dualistic view. The wave-particle of high-energy physics provides an analogy. The high-energy particle has wave aspects as well as particle aspects. In order to see the wave aspects, one has to look in a certain way, whereas to see the particle aspects, one looks in a different way. Important to this analogy is that one cannot look at the particle in both ways *at the same time*—the two methods interfere with one another. The wave aspects and the particle aspects are not dualistically separate; there is still only one underlying reality present.

This analogy from physics can illustrate a further point relevant to the science and art of psychoanalysis. The *one reality* that is present is not just the wave-particle, but *the wave-particle in the act of being observed*, which then brings out *this* rather than *that* aspect. In physics, the uncertainty principle says that the more precisely you observe and determine the wave aspects, the more indeterminate the particle aspects become, and vice versa. There is an inherent limit to the certainty one can obtain that is a built-in aspect of reality, not merely a limitation of our current methods of inquiry; that is, there will never be a way to reduce this uncertainty by the development of newer technologies.

I contend that there is a similar limitation in how objective science can apprehend consciousness, particularly in relation to psychoanalysis. Psychoanalysis, as with any art, is concerned with the unique manifestation of a particular moment of subjectivity. Science, in contrast, aims at ascertaining broad generalizations that apply objectively across time and space. There is, I contend, an inherent limit to how objectively we can render subjectivity. Just as in physics, the more precisely we focus on position (which emphasizes particle aspects), the more we lose contact with the energy of the particle (which is a wave aspect), so with psychoanalysis, the more we are concerned with generating testable generalizations (part of the objective inquiry), the more we lose touch with the unique-

ness of the moment (that is, what by definition defies generalization to other situations and is intrinsic to subjectivity).

We can imagine a scientific study of psychoanalysis—just as we can scientifically study other arts—but we would not imagine, for example, that as we scientifically study music, such a study makes us musicians. Similarly, the scientific study of psychoanalysis is not itself psychoanalysis. Although neuroscience may eventually tell us fascinating things about objective events that correlate to subjective experiences, such knowledge can only complement, not replace, subjectivity in terms of subjectivity.

A scientific paper in physics is designed to completely capture the reality of the phenomenon studied. That way, subsequent scientists do not have to reinvent the wheel. And we could scientifically describe, perhaps in detail down to the neurochemical level, the event of listening to a Beethoven sonata, or of a particular poignant moment in an analysis, but to read such a description would not be the same as listening to the sonata or as living through that analytic moment.

AESTHETIC SYSTEMS VERSUS SCIENTIFIC THEORIES

A key implication of all this is that psychoanalytic theories are distinct from scientific theories and are not a subtype of scientific theories. Freudian theory (or Kleinian or any other kind of psychoanalytic theory) is not bad science; it is not science at all. Rather, psychoanalytic theories should be evaluated in the way that we evaluate aesthetic systems, with the added proviso that we encounter them in a specific context as they are applied to healing.

Consider some of the common ways that psychoanalytic theories are discussed and used in the analytic literature. We have been sagely counseled to take our theories lightly (Orange 1995), a piece of advice often cited in discussions of clinical technique and largely considered to be quite wise. But it makes no sense to take *scientific* theories lightly. Scientific theories are structured foundationally (Wilson 1998). One theory is built upon another, and part of the validation of, say, the theory of evolution is that it can support subsequent theorizing. There is no place in scientific theorizing to take the theory of evolution lightly. To do so

would cause the collapse of huge amounts of subsequent theorizing and would amount to an invalidation of the theory.

If we think of discussions of aesthetic technique, however, then this advice makes a lot of sense. It can help us avoid a formulaic, hackneyed approach, and it helps point the way back to the lived moment, which I—along with those who have developed much of contemporary analytic theory—contend is where the action is in psychoanalysis. It is a commonplace in artistic pursuits for the skillful, developed practitioner to reach the stage of "breaking the rules." Stylistic principles are learned, mastered, and then "held lightly," even potentially ignored at key moments—similarly to what happens in the development of contemporary analytic theorizing, in which there are points when we can throw out the book, so to speak (Hoffman 1999, 2009).

In science, if you break a rule, you have invalidated the principle involved. The goal in science is to discover principles that are so reliable and universal that there are no instances *ever* in which they are broken. We do not want our airplanes to sometimes fly and sometimes crash, and we do not want our medicines to only sometimes cure.

Consider also the common distinction in psychoanalysis between experience-near and experience-distant theorizing. This kind of distinction is found nowhere else in science. There is no such thing as an experience-near versus experience-distant theory anywhere in physics, chemistry, biology, or elsewhere in science. There is, however, a close correspondence to this distinction in aesthetics. We often consider a given artistic production to have a style that is more or less easily accessible. When we speak of an analytic theory being experience-near, we are attuning to how naturally accessible it is. One of the factors present in any aesthetic moment is the relative match or mismatch between the style of the piece of artwork and the viewer's familiarity with and mastery of that style. As with so many other factors in the analytic encounter, this is a unique feature of each particular dyad.

In art, a relatively inaccessible style does not automatically render a given production inferior. In psychoanalysis, what is inaccessible and experience-distant to one person might be much more immediate and impactful to another who is more familiar with that system, just as Shakespeare or Mahler might seem foreign and weird to the naive but pro-

found to the initiated. At the same time, even when we account for the differences in background and familiarity with a given psychoanalytic language, some systems are inherently less accessible in that they will always require more work in refining one's appreciation before they can achieve their maximum power, and this factor of relative accessibility or inaccessibility will be one of the ones that condition their ultimate effect.

By way of illustration, let us think about music theory. The vast majority of Western music is based on what is called *tonal theory*. Start with a given pitch, and then compare it to another nearby pitch. If you keep moving the second pitch further and further away from the first pitch, eventually an odd thing happens: you get the feeling that the second pitch is somehow "the same" as the first pitch, even though, at the same time, it is also clearly different. In tonal theory, this is called *octave equivalency* because the octave system divides the interval between these pitches into seven steps or notes, but other systems will divide this interval differently. Any pairing of notes on the musical scale produces an experience that falls somewhere on a continuum of dissonance to consonance. On this continuum, two pitches that are a half step apart produce maximum dissonance (usually experienced as tension and a desire to move away from this pairing), and two pitches that are an octave apart (or some multiple of an octave) produce maximum consonance (which is usually experienced as a lack of tension and a desire to rest on that pairing).

Tonal theory is the system of organizing the experience of this continuum of consonance and dissonance on a seven-note scale (in which the eighth note, or octave, repeats the first note of the scale). The manipulation of the relative tension and release inherent to this continuum of consonance and dissonance is known as *harmony*. The most basic structure of tonal music is the movement from the fifth note of the scale, known as the *dominant,* back to the home base of the first note (or that note multiplied by eight), which is known as the *tonic*. If you go to a piano and play these notes, or if you can hum them, you immediately experience that the fifth of the scale is a relatively secure resting point (more secure than the fourth or sixth of the scale, for example), but that moving back to the tonic produces a feeling of resolution and completion.

Virtually all Western music up to the early twentieth century, and even the vast majority of Western music within the twentieth century, uses tonal theory as its basic structure, and one can hear and feel in it the interplay of growing tension followed by the ultimate release and resolution of the tension in subsequent chord progressions.

To this point, I have described what we call octave equivalency in reference only to the subjective experience it produces. I have already alluded to the fact that non-Western systems of music (Eastern systems, for example) deal with octave equivalency differently. Although they also deal with the consonance and dissonance inherent in octave equivalency, the different way they divide the scale and the "theory" they devise to deal with it produce a very different aesthetic, which is immediately apparent. But within music, there is an objective correlate to the experience of octave equivalency. A note that is an octave above another has exactly twice the frequency to its sound wave as the original note. This is an objective fact that spans all different "theories" of music. This is not an element of any musical theory at all; it is a fact of the science of acoustics.

An important point about these musical theories is that they are really aesthetic languages that organize the subjective experience of consonance and dissonance for which acoustics describes the objective correlate. But these aesthetic languages describe the situation in terms of aesthetics, not in terms of the underlying objective correlates. Although we may be impressed by what seems to be mathematical precision in Bach, the *Well-Tempered Clavier* is *not* a methodical demonstration of the mathematics of wave forms; rather, it is the methodical exploration of an aesthetic system. Moreover, tonal theory is not derived from acoustics. The two developed independently—tonal theory as one aesthetic language, and acoustics as the application of the scientific method to the physics of sound.

This is similar to the relationship of psychoanalytic theory to neuroscience. It is useful to look at physical correlates to subjective experience, but all too often, the temptation to try to reduce the subjective to the objective is present, and/or a kind of sloppy conflation of these conceptually distinct aspects of reality occurs (Brothers 2001). It can never be demonstrated that a given piece of music is "valid" by reference to a fact

of acoustic science. Nor can it be proven that a mathematical theorem is valid by doing a brain scan of the person performing the proof (Bennett and Hacker 2003). In each of these cases, what is valid or invalid has to be considered within its own conceptual universe. The same holds true for psychoanalytic theories.

The example of music is particularly relevant to our discussion because the basic structure described above—that of a hard-wired, objectively defined element overlaid by a culturally related and intersubjectively configured aesthetic language—mirrors the structure of our emotional apparatus. Ekman (2007) documented that there are six basic emotions (anger, fear, disgust, surprise, happiness, and sadness) and that, like octave equivalency, these are hard-wired and universal. But he also described culturally specific *expression rules*. These expression rules are transmitted through both the larger culture and the microculture of early family interactions; they end up conditioning how a person communicates his or her emotions not just interpersonally, but also intrapsychically—in other words, not just how one talks to others about one's emotions, but also how one talks to oneself.

Another aspect that helps distinguish science and art as methodologies is how they relate to time. Science is a verbal, mental form. Reality is quickly converted to the conceptual world of science, as we have seen, or the phenomenon in question is put aside or reformulated. This leads to a decoupling from the lived experience, and in that sense science transcends time. This is one of its goals: to achieve timeless truths, generalizations that apply across contexts and therefore across time. This is true methodologically as well; a great deal of study in science involves manipulating data far removed from the initial reality that is being studied. Science often produces large databases, which subsequent generations of researchers can sometimes spend whole careers analyzing. There is an entire scientific subdiscipline consisting of the skillful querying of databases. And I can use science myself to transcend time, as we all do: I can read a nonfiction book and thereby master 300 years of accumulated knowledge. I do not have to reinvent the wheel. Indeed, I can access huge amounts of knowledge without even having to master it and without having even the slightest idea of how it works, through the use of technology.

In psychoanalysis, this would be like saying that if I read about someone else's analysis, I would not have to do my own. Or I could say that knowing the implications of a given novel or symphony would be the same as having experienced the work directly. But psychoanalysis, like all art, is rooted in the lived moment. Subjectivity can never transcend time in the way science attempts to do because all subjective experiences always unfold in time and space, always unfold with temporal contours (Clynes 1977; Stern 2004). Science makes use of quantification precisely to remove itself from the subjective realm, which is rooted in the lived moment.

This leads to another aspect having to do with numbers. In psychoanalysis, as in art generally, the "data" involved (that is, the individual pieces of artwork or the moments of aesthetic happening) are sparse compared to those who study it. Millions of people have viewed the *Mona Lisa;* millions have studied or watched *Hamlet.* In science, by contrast, there are few researchers compared to the pieces of data, or moments of reality, being studied. This is because the scientific instrument is looking for different things, is sensitive to different things, and looks in a different way. If there is a real yet subtle or nuanced effect to be found, science can pick it up by increasing statistical power—i.e., by increasing the *n* of the study, the number of pieces of data being analyzed. This applies to the legitimate application to science of areas relevant to psychoanalysis, such as attachment theory or developmental theory (Sroufe et al. 2001). Psychoanalysis tends toward the opposite direction by virtue of the centrality of the case study. To put this another way, science tends to be very good at increasing the *span* of our knowledge, whereas art attempts to increase our *depth* of understanding (Wilber 1995).

Another key difference between science and art is that art is always evocative, whereas science never is. Science deals necessarily with denotations and deliberately eliminates the evoked. The first task of scientific formulation, as we saw earlier in my discussion of Wilson (1998), is to devise a way of representing the phenomenon verbally. Science is part of declarative knowledge. While science necessarily has a performative aspect to ground it empirically, its goal is to get past the performative and to produce a verbal formulation of truth. Psychoanalysis, on the

other hand, is launched by addressing connotations; free association is a method for evoking and exploring connotations.

This difference is related to the temporal dimension discussed earlier. Like all declarative knowledge, denotations can be abstracted outside of time. Again, the point of conventional science is to collect generalizations that can be applied across different situations and used to generate decontextualized truths. It is in the nature of a decontextualized statement to have been lifted out of its context, that is, removed from time. But evocation is something experienced, that is, it unfolds in time. Procedural knowledge cannot be manipulated in the same way, cannot be lifted out of time.

Now it may be argued that the creativity involved in scientific exploration gives it a commonality with psychoanalysis. Take the famous example of Kekule's discovery of the ring structure of benzene. As he subsequently described, after puzzling about the problem for some time, he had a dream in which he saw the image of a snake biting its own tail, the well-known symbol of the ouroboros. Upon awakening, he immediately saw the solution to the ring structure of benzene. Surely, this event would seem to contradict everything said to this point about the differentiation of the methods of science and art.

I do think that the source of creative inspiration may at times be common to both science and art, but the crucial distinction lies in what is done with the creative insight. Kekule's dream allowed him to intuit the solution to the benzene problem, but if he had left it at that, his discovery would not have been science. What made it scientific was all that he did *after* the dream—converting the dream image to an objective description of a chemical structure and then testing that description scientifically. Clearly, to use a dream image in this way is not the same as subjecting it to any kind of psychoanalytic examination. If Kekule had used the dream image *evocatively* in some way, or if the image was a jumping-off point for exploration of his internal world, then we could say it used the artistic method, not being recruited into a scientific procedure.

Similarly, we would not be conflating psychoanalysis with science if we noticed that similar affects are aroused in engaging in either activity. We might notice a similar sense of mastery or accomplishment when we

have a particularly satisfying analytic encounter as when we have puzzled out a tricky scientific problem, but that does not make the activities themselves intrinsically similar, any more than the mastery and accomplishment of hitting a good passing shot in tennis makes athletics into art or science.

PSYCHOANALYTIC MODELS AS FICTIONS

Greenberg (2015a) proposed that we think of psychoanalytic models as "controlling fictions" (p. 17) that end up configuring and shaping the psychoanalytic encounter. Among the influential controlling fictions in the field, he points to "Freud's archaeological metaphor, models of the analytic conversation as one or another variant of parent–child interactions, and, more recently, the concept of the bipersonal field" (p. 17).

I see Greenberg's proposal as broadly consistent with the model I am putting forward. My proposal could be seen as elaborating on the direction he establishes by describing in more detail the different categories of art, science, and morality as ontologically distinct, with well-defined validity criteria. When these categories are defined more explicitly, this model also tends to clarify and answer many of the critical reactions to Greenberg's proposal. In his response to discussions of his article by Almond (2015), Blass (2015), and Boesky (2015), Greenberg makes the point that all three discussants seem to "criticize me for a position that I don't quite think I have argued for" (Greenberg 2015b, p. 86). It seems to me that all three do, in fact, tend to misunderstand key elements of Greenberg's argument, and that examining the nature of those misunderstandings can be instructive in coming to a deeper understanding of his initial argument.

To my reading, Almond, Blass, and Boesky all tend to fall into category errors of various kinds in discussing Greenberg's idea. These tend to take two forms: (1) a failure to distinguish the separate categories of *scientific theories* and *theories as fiction*; and (2) a misunderstanding of the nature of the category of fiction (which in my model corresponds more broadly to art, or aesthetics). Much of the first difficulty, the conflation of the two types of "theory," arises, I think, as a consequence of the profound idealization of science in Western culture that I discussed

earlier. In our culture, the word *theory* is so strongly and positively associated with truth—and along with this, the assumption of consilience (that there is only one type of truth: objective truth) is so intense—that it is very difficult not to slip into using the word in only that way.

Take, for example, the following comment of Almond's:

> I am pointing out that different "theories" (Greenberg's "fictions") are actually reports on psychoanalytic observations, and that they serve us poorly when they limit our vision. This is equivalent of blind men creating a taxonomy on the ark that imagines only elephants, that has not recognized that this is the ark, not the elephant house. [2015, p. 38]

If Greenberg were arguing that we should substitute the use of fiction for science in discussing psychoanalytic reality, the pointing out that a given fiction involves biases in how we view reality would be relevant; notice Almond's use of the word *taxonomy,* a term from natural science. But if Greenberg's point is taken to be that some now-familiar concepts in psychoanalytic process, such as the intrinsically relational aspect of the co-constructed nature of the psychoanalytic encounter, or the transference-countertransference dance, could be usefully reframed as the interplay of a fictive process in each participant, then Almond's statements here do not refute this view but actually elaborate and illustrate an important aspect of it.

Blass states that "here the competition between theories poses a real problem. The theories cannot both be true, and the bare facts cannot simply decide between them" (2015, p. 54). This is a perfectly valid point about scientific theories, but it makes no sense when applied to fiction.

All three discussants of Greenberg's paper tend to fall victim to the second error, a misunderstanding of the nature of fiction (and art more generally) as it interacts with reality. In fact, this misunderstanding is embodied in the title of Blass's paper: "Psychoanalytic Theories as Efforts to Grasp the True (Not Fictional) Nature of Human Reality: Commentary on Greenberg." She states—correctly, I think—that Greenberg's argument hinges on "what Greenberg means by the term *fiction,* and how does it differ from the term *theory*" (p. 49). But very soon, she slides into the assumption that a fictional process is necessarily radically dis-

connected from reality and is therefore irrelevant. As an example, she assumes that "it would be fallacious to conclude from this, as Greenberg seems to do, that our minds invent these concepts [resistance, or the concept of the couple] independently of what's going on" (p. 50).

For his part, Boesky states, "But these contextual choices are not merely 'invented' as the word *fiction* would imply" (2015, p. 73). Greenberg, in his response to the discussions, points out that this amounts to an odd dismissal of fiction: "The problem here is that effective fiction is not and cannot be 'detached from reality'; its effectiveness in fact depends upon its being *anchored* in reality, though differently from the way scientific hypotheses are anchored in reality" (2015b, p. 93, italics in original). "Is *Oedipus Rex* detached from reality?" he continues. "Are Picasso's cubist portraits? Is Sandburg's image of the fog creeping in 'on little cat feet'?"

Greenberg's allusion to Sophocles highlights how peculiar an argument this is to make for anyone even remotely sympathetic to psychoanalysis. If viewpoints of the world that the human mind "makes up" are to be dismissed as irrelevant and unreal, what happens to such traditional psychoanalytic elements as fantasy (as well as phantasy), dreams, transference, and psychological defenses? Would we object to the contention that people create (that is, make up) object- and self-representations? What about free association—isn't that "made up"? The point is that in understanding how such representations are formed (in both patient and analyst) and how they tend to interact with one another, it may be more useful to go in the direction of increasingly less objectifying and reifying language (Stolorow 1998), and instead to use the language and processes from which these mental phenomena seem to be derived.

Remember also the origins of child analysis in play, and the later elaboration by Winnicott (1971) and others of the importance of play for adult treatment. Fonagy and colleagues (2002) contend, in their mentalization theory, that pretend play in childhood is the necessary precursor of abstract thought. So not only are aspects of what our minds "make up" not radically disconnected from reality and irrelevant to understanding psychoanalytic process; in fact, they are actually the main material that we deal with.

Why would these quite sophisticated commentators slide into such arguments? I think this is due to the profound impact of the overvaluation of scientific thought, and with it the devaluation of the other value spheres that I take up in detail above. The overvaluation of material and objective modes of analysis exert a continual, implicit pull, and I believe it is these processes that Stolorow (1998) essentially ends up warning against with his emphasis on catching and doing away with reifications.

Another point made by these commentaries on Greenberg's paper that I think is in error is the idea that if we define psychoanalytic theories and interpretations as elements of a fictive process (or, in my terminology, as aspects of aesthetic structures), then "anything goes." Almond sums up our "age of pluralism" by saying that there are two camps: "'I have a good theory; I don't need more' or 'All theories have value'" (2015, p. 36), and then assumes that Greenberg falls into the second camp. Blass describes his position as "despairing" (2015, p. 50), and Boesky as partaking of "nihilism" (2015, p. 66).

Greenberg characterizes all these as misreadings of his argument. If we undertake the exercise of applying these stances to art directly (as I did earlier in this article), they appear not so much wrong as misapplied. Do we really want to contend that there can be no distinguishing of quality in art and literature? That Shakespeare is no different from *Baywatch*? Granted, as discussed earlier, making qualitative distinctions in art is a complex process and different from determining objective distinctions in science. Among the differences is that with art (and, I would say, with psychoanalytic "theories" and interpretations as well), we deal not with what is right versus wrong, but with what is better versus worse.

It might be argued that I tend to idealize art. I agree that the idea that we all need to simply be more artsy and touchy-feely, and everybody will be healthier as a result, is not convincing. But this is not the argument I am making. In discussions of whether art necessarily does or does not have at least a modicum of growth enhancement inherent to it, I tend to lean toward the view that a completely nihilistic art is not possible. That is to say, even the worst or the most unethical art will always have a grain of the assertion of a point of view, and therefore of consciousness and meaning.

But remember that I am asserting that psychoanalysis is best viewed as an *applied* art. Science strives to clarify the objective truth of the world; medicine then applies that truth to the healing of an objectively defined disturbance of the physical body, known as pathophysiology. Analysis can be of high quality, but it can also be of low quality. Bad analysis is bad, just as bad art is bad. But the contention here is that bad analysis tends to be bad in ways similar to the ways that bad art is bad (superficial, fake, unethical, self-deceived, and self-deceiving)—rather than in the manner that bad science is bad (wrong).

Another element of the model I am proposing—one that might help support and elaborate Greenberg's ideas—has to do with his discussion of the analyst's responsibility. I will attempt to lay out and define the ontological categories of art, science, and morality, and to paint a picture of how these are dynamically interrelated. The area of art, inasmuch as it engages the dimension of self-deception versus truthfulness, complements and enhances our ability to see objective truth more clearly, just as it deepens our moral sentiments. This is why great art is also intrinsically ethical. I think Greenberg intuits this interrelation among the three value spheres without making their relationships explicit in his exposition.

Once we see psychoanalytic theories as frameworks for aesthetic languages (just as music theory is a "theory") rather than as scientific theories, certain elements are revealed. I would call Greenberg's controlling fictions *genres*, for example. Almond (2015) points out that Freud tended to move from theory to theory without attempting to integrate them. Rather than seeing this as evidence of sloppy scientific theorizing, as Grunbaum might, I would say that Freud was simply moving on to a different metaphor. Mitchell (1992) commented that each psychoanalytic theory has an underlying stylistic narrative that organizes it. Freud's cases can be compared with Conan Doyle's Sherlock Holmes stories, in which the clever analyst/detective ferrets out the "singular solution to a bizarre and totally confusing quagmire of apparently unrelated details" (Mitchell 1993, p. 43). The interpersonal tradition is likened to an adventure story in which the analyst musters the personal courage to venture into some hitherto mysterious and taboo realm, often through some unconventional and self-revealing gesture. Kleinian cases, with

their "spooky internal presences" (Mitchell 1992, p. 444), are likened to ghost stories, and for self psychology, a romantic aesthetic is presented: the dream of the perfect relationship, to complete and to cure.

Consistent with these arguments, Mitchell points out the different use of the case presentation in psychoanalysis: "as largely inspirational [evocative] rather than evidential" (1992, p. 445). "Our developmental theories provide clinically powerful metaphors, but not empirically validatable causal explanations" (1992, p. 450). All aesthetic styles have advantages and disadvantages; they are revealing of some dynamics while obscuring of others. Some are inherently rich, while others are impoverished. Sometimes it is the very impoverishment of a style along one dimension that heightens its power along another.

Think, for example, of line drawing. The removal of color allows for a heightened appreciation of line, creating a certain aesthetic effect. Compare this to expressionism, which goes in the opposite direction, emphasizing color and deemphasizing line. Such trade-offs are just as apparent in psychoanalysis; the choice in a given moment to be still and to listen carefully can reveal one reality, even as it allows some other potential that might have been brought out through a more active stance to slip away.

No aesthetic language or psychoanalytic theory is more true or false than any other, but some are richer and more revealing than others. Artistic styles often demonstrate explicit biases through the aspects of reality that they seek to depict. Early art was dominated by depictions of religious subjects, for instance; this gave way during the Renaissance to more secular but still heroic figures. Nineteenth-century painting depicted washerwomen and workmen. Every choice to emphasize one aspect of reality is a choice to deemphasize another.

At the same time, some styles are inherently more limiting in general. Heavy metal music, while it might be good at promoting certain intense aesthetic experiences, is inherently less varied and limited in range when compared to classical music. Twentieth-century academic music developed in the direction of becoming highly intellectualized, parallel to twentieth-century conceptual art. Such composers as Pierre Boulez and Milton Babbitt, for example, developed musical systems with highly rigid intellectual structures, and John Cage used entirely arbitrary struc-

tures, including chance operations, to compose music. This produced music strangely disconnected from any experience of musicality; the point of it seemed to be more the idea of what the music was or how it was constructed than the experience of listening to it. Such music never gained much popularity outside academia.

Defensive structures are stylistic groupings for both patient and analyst. As an example, a schizoid style is an obscured view of reality. The richest, most inclusive psychoanalytic language will be capable of including all manifestations of human experience; but since these languages can come into full manifestation only through some sort of participation in the co-creation of psychoanalysis, some areas of human experience will be visible only by their lack of participation. At the extreme could be the psychoanalytic view of sociopathy; psychoanalysis informs such a state of mind but cannot shine any direct light on this psychic space, since the psychoanalytic method necessitates participation by the patient. Such considerations apply to schizoid states, to extreme obsessional states, and to dissociation.

On a finer grain, the dialectic between what is revealed and what is hidden is active in each individual personality. This is the fine nuance that defines differences and characteristics not just of stylistic groupings, but also of each individual manifestation, of each person. We understand individual pieces of art in this way and individual people in this way. Psychoanalysis is the art necessary to manifest and therefore to connect with a certain part of an individual's reality.

THE FRAME IN ART AND PSYCHOANALYSIS

In this model, the psychoanalytic frame is equivalent to the frame in art. The artist creates the special conditions of art by establishing the frame. This can be seen most graphically in painting and drawing, but the same holds true for all forms of artistic endeavor. The poet and the novelist present this image rather than that one, and in doing so establish the frame of what is to be thought about and to be felt deeply, as much as does the painter or the photographer. As in psychoanalysis, the framing of a particular content of consciousness sets up the conditions for a certain kind of reflectiveness; "psychoanalytic therapy can be viewed as a

procedure through which a patient acquires reflective knowledge of this unconscious structuring activity" (Atwood and Stolorow 1984, p. 36). As in art generally, a given psychoanalytic style will tend to facilitate reflection on certain aspects of the analytic encounter while deemphasizing others. The question of whether or not objective, "outside" knowledge of the patient should influence the analytic encounter (Stolorow, Brandchaft, and Atwood 1987) can be viewed as an issue of stylistic choice. That is, rather than arguing that such knowledge should or should not be allowed, we can examine the differential effect that each approach might have on the unfolding of the moment.

One important theme in contemporary theory is that impasses can often be understood in terms of lapses in the analyst's reflective function (Elkind 1992; Stolorow and Atwood 1992). Different theories tend to conceive such questions differently (for example, contrast the traditional view of countertransference with more contemporary views). As in the study of music theory, a view of these theories as constituting aesthetic systems tends to promote an attitude of learning about how each style works and how to skillfully make use of different approaches, rather than triggering arguments about which is right or wrong.

To repeat my key assertion: psychoanalytic "theories" are not true scientific theories but are elements of aesthetic systems. A critique of, say, the use of the concept of projective identification cannot be made with reference to the correspondence argument without straying into nonsense. That is, if we have already determined that a given analytic interpretation cannot be evaluated on the degree to which it meets the criterion of corresponding to some independently existing, external truth, we cannot then disallow a given interpretation on the argument that it is false. It might be validly pointed out that the elaborate fantasy structures that a concept such as projective identification makes use of have something of a baroque feel, but any conclusion that we would draw about it should be in reference to the particular analytic moment in question.

On the other hand, broader discussions of similar styles have their place in understanding the potentials that each style might uniquely allow. Aesthetic styles are vehicles for depicting particular aspects of human experience and reality. In the psychoanalytic situation—in which aesthetics are not pursued in pure form, and in which the goal is not "art

for art's sake" but "art for healing's sake"—the psychoanalytic language in use can be evaluated according to the extent to which it either reveals or obscures the basic humanity of the two participants.

DIFFERENTIATION AND INTEGRATION

My contention broadly is that there are at least three dimensions of reality that can be fully understood only through the differentiated methods of art, science, and ethics. However, as I have discussed, I do not advocate a dualistic approach, and I see these three dimensions as part of the same underlying reality. The "big three" value spheres (Wilber 1995)—truth, beauty, and good; science, art, and religion; Dharma, Buddha, and Sangha—all move, with full development, toward the same interpenetrating reality, each reflecting in its own dimension the reality of the other dimensions. At a certain point, progress along one dimension will be limited and distorted by lack of progress along the other dimensions. One cannot continue to deepen one's self-integrity beyond a certain point if one remains ignorant of external realities or morally stunted.

The differentiation of the value spheres on the societal level is grounded in the developmental achievement of formal operational thinking on the individual level (Gebser 1985; Wilber 1981). Fonagy (Fonagy et al. 2002) described the critical process of the acquisition of mentalization. Deficits in the full acquisition of the ability to mentalize result in what the authors refer to as *a mode of psychic equivalence*. In psychic equivalence, the individual is stuck in an excessive concreteness. There is only one possible view of reality for the person in this mode; the distinction between the perception of reality and reality itself is non-existent when in this mode. We might encounter this clinically when, perhaps in an effort to accurately mirror what the patient has just told us, we comment on his or her "experience of having been injured," and we are then sharply reprimanded with "I didn't *experience* being injured, I *was* injured."

We can easily appreciate that this mode is the opposite of playful. Fonagy (Fonagy et al. 2002) views the mode of pretend play as a necessary precursor and preparation for the emergence of mentalization. Overwhelming, unmetabolized affects interfere with its full emergence.

The goal of psychoanalysis, from this view, is to facilitate a process of *mentalized affectivity*—that is, the ability to think about what we feel and to feel deeply about what we are thinking. We might recall Freud's early warning that interpretations have to be felt deeply, not just intellectualized, in order to be impactful. As well, Winnicott's (1971) famous comments come to mind: that the first task, if the patient is unable to play, is to facilitate that ability. The point that I would stress is that our "theories" are better thought of as the material for play than as descriptions of reality. When our theories are seen more accurately as what they really are—as different aesthetic languages—then we can better appreciate their relative strengths and weaknesses and their overall value.

Aesthetic elements of the psychoanalytic encounter have been increasingly emphasized in contemporary theory. Stern (2004) elaborated on the *temporal contours* of affective experience. Clynes (1977) devised a method of recording and measuring the temporal contours of expressed emotion; he found that particular emotions had highly precise wave form shapes that were reproducible for particular individuals, across individuals and across four different cultures: Mexican, American, Japanese, and Balinese. This is consistent with Ekman's (2007) findings that underlying forms of emotions are biologically hard-wired and therefore universal, but that there are culturally determined rules for social expression of those underlying emotions. This, of course, echoes one of the classic themes of psychoanalysis: integration of underlying biologically determined motivations with culturally determined demands and inhibitions. This mirrors as well the relationship between an underlying, objectively existing acoustics with the overlaying culturally related and intersubjectively determined musical styles ("music theory"). Art in general deals with these dynamics, and psychoanalysis is a special application of the methods of art.

Clynes (1977) feels that the power of a particular artistic creation is intimately tied to expression of underlying emotional forms. As we consider how this works for artistic creations, we can gain insight into the "applied aesthetics" that I feel is at the heart of the psychoanalytic process. Clynes describes an incident in which he was watching a master class that musician Pablo Casals was conducting in his home:

On this occasion, an outstanding participant played the theme from the third movement of the Hayden cello concerto, a graceful and joyful theme. Those of us there could not help admiring the grace with which the young master cellist played— probably as well as one would hear it anywhere. Casals listened intently. "No," he said, and waved his hand with his familiar, definite gesture, "that must be graceful!" And then he played the same few bars—and it was graceful as though one had never heard grace before—a hundred times more graceful—so that the cynicism melted in the hearts of the people who sat there and listened. That single phrase penetrated all our defenses, the armor, the hardness of heart which we mostly carry with us, and with its power transformed us into people who were glad to be alive. What was the power that did this? A slight difference in the shape between the phrase as played by the young man and by Casals. A slight difference—but an enormous difference in power of communication, evocation, and transformation. [p. 53]

Clynes concludes that the power of such artistic expressions is related to the purity of expression of the underlying emotional forms. Casals continually exhorted his students to *play it naturally*. Clynes concluded that to *play naturally* means two things: (1) to listen inwardly with utmost precision to the inner shape of every musical form; and (2) to then reproduce that shape precisely, demonstrating both a precise idea and precise execution. These principles apply not just to art and music, but to interpersonal communication as well, and this, of course, impacts the analytic encounter:

Precision of expression has remarkable function in daily life and in interpersonal relations. The authentic expression of essentic form is experienced as "sincerity." More than that, it has the force of inducing empathy. (We not only enjoy the productions of a great artist, we also tend to feel love for him.) This empathy arises when, in the manifest openness of the person expressing, we sense that the expression arises from the center of his being. We see no artifice in it and nothing intrudes into the pattern of communication to act as a warning sign of another level of communication, hiding behind conventional, learned clichés or

other "superficial" influences. We intuitively distinguish a gen-
uine, deeply felt communication from superficial expressions.
[p. 60]

The implications for psychoanalytic process are obvious. To inter-
pret is to explain what something means. When we interpret to a person
that, though he or she has said one thing or expressed him-/herself in
a particular way, he or she really (or also) means something else, we are
making use of this intuitive distinction.
    Clynes continues:

Superficial expressions may have sentic significance in revealing
a person's psychological condition, particularly in the way he
may be blocking deeper, more meaningful communication.
But we recognize the sharp differences between such expres-
sions and authentic ones precisely through the perception of
essentic forms. In order to do this, one's natural sensibilities are
required; to pay attention to these, however, is an attitude we
may have thoroughly forgotten. It involves an intense quietness,
a true listening. [p. 60]

It should be emphasized that the experimental subjects that Clynes
studied did not achieve such fidelity to basic emotional forms by studying
them objectively and learning to reproduce them from the outside in.
Rather, the person looks inward in order to feel the given emotion as
deeply and sincerely as possible. As the example of Clynes's experience
with Casals illustrates, the artist (and, I would argue, the psychoanalyst)
achieves power in his or her work precisely through this inner operative
process. And this inner process, I would argue, incorporates the value
sphere that I identified earlier as central to psychoanalysis: honesty with
oneself, self-integrity.

THE VARIETIES OF PSYCHOANALYTIC LITERATURE

An important implication to mention in closing has to do with how we
read the psychoanalytic literature. It has been observed that we psycho-
analysts are moving away from the model of the natural sciences, in

which scientific writing has the major function of transmitting accumulated objective truths, and toward a mode in which we share examples of our work in order to sharpen our craft. We need to recognize that there is an art to depicting the psychoanalytic encounter in writing that is distinct from practicing psychoanalysis itself, though skills in these two areas may overlap considerably. Because of this, written descriptions of the case encounter are structurally similar to literary criticism and to art criticism more generally. This is a very different direction than has been advocated in the past (Kandel 2005), in which psychoanalysis has been exhorted to become more scientific.

At the same time, there is a place for scientific knowledge to inform the practice of psychoanalysis. Artists have always been influenced by the science of the day and are frequently experts on the science that pertains to their particular medium, whether it involve pigments, optics, or acoustics. So in an applied art where the medium is the person of the analyst, it is natural that the practitioner would be informed by the latest knowledge about such areas as biology, medicine, and attachment.

In addition to literature that provides general knowledge about the human condition, there are, of course, more specifically psychoanalytic writings. The metatheoretical works of such contributors as Stolorow, Bacal, and Greenberg provide broad stylistic orientations, as does the present paper. We can think of our technical manuals (Bugental 1987; Gabbard 2004; Greenson 1967) as equivalents of technical manuals found in other artistic disciplines. Increasingly, psychoanalytic contributions incorporate closely observed commentaries on the analyst's inner process (Almond 2003; Ogden 1989; Perlman 1999); this direction in the literature is crucial for the continued development of psychoanalysis as a real art. We read these contributions very differently than we read material in the natural sciences: we read them primarily to deepen ourselves.

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THE ULTIMATE INSIGHT: THE PATIENT'S AWARENESS OF MOTHER'S FILICIDAL WISHES

BY CECILIO PANIAGUA

The author reviews myths and traditional tales in which the protagonist is a filicidal mother. In a displaced form, filicidal mothers appear as the ubiquitous witches of folklore. This imago is universal in fantasies and pavor nocturnus *in children, regardless of the quality of care of the real maternal figures. To this phenomenon—the result of defensive externalization of primitive fears—a fundamental dimension is added when this dread seems corroborated by the mother's manifestly murderous wishes and behavior. Clinical examples of this pathogenic circumstance are provided, with comments on the development of dissociation versus repression, depending on the severity of early traumas. The evolution of symptoms and character disorder in adulthood is discussed, as well as interpretive and technical dilemmas posed by these patients.*

INTRODUCTION

There are different reasons why mothers, the first guarantors of basic safety, may fail in their essential protective function, transgressing the most fundamental of taboos: the prohibition against eliminating one's own children. Some women act out filicidal impulses due to their wish

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to establish a new relationship, ridding themselves of the product of a previous one; to reverse deep humiliations by the father of the child; to effect a "mercy" filicide-suicide; to assuage their own childish narcissistic neediness; as an expression of psychotic delusions; or as a consequence of repulsion at physical abnormalities in their children (Weiss 1998).

Also, a mother may experience a nonphysical "anomaly" in her child as unacceptable as well, such as his or her sexual orientation. Oliver Sacks (2015) wrote in his autobiography that when his mother learned of his homosexuality, she characterized it as an abomination, wishing he had "never been born" (p. 10). Furthermore, mothers may express filicidal tendencies due to regressive fears and projections, such as the unconscious reincarnation of an intensely hated self-image (Aulagnier 1984), affectively isolated impulses, rationalized eugenics, mental retardation, and other conditions characterized by constitutional primitive thinking. Rilke (1890) wrote a gruesome description of an infanticide by a young retarded mother.

Analysts seem more familiar with paternal filicidal impulses (the "Abraham–Isaac syndrome") than with its maternal counterpart (Rascovsky 1975, 1981; Schatzman 1973). However, the expression of maternal destructive impulses, although a greater taboo, is not uncommon. Indeed, it is not too rare to hear women say that their children were an unwelcome accident, that their abortion was unsuccessful, that a child was a replacement for a deceased one, etc. (Nos 2014). In a popular biographical novel (Smilevski 2010), Adolphine, one of Freud's sisters, is supposed to have heard repeatedly from her mother that she was ill-begotten. Recently, White (2015) reported the case of a female patient with a suicided sister whose mother stated that she wished it had been the patient who killed herself instead of the other daughter.

In clinical practice, many cases of maternal filicidal impulses can be cited, especially those expressed in *derivative forms*. What seems more unusual is to hear a patient's narrative in which there is awareness of these maternal tendencies; I am describing this as the *ultimate insight*. This type of impulse can be expressed in a variety of equivalents, from the very disguised to the very crude. Some analysands report a perception of these in a rather *aim-inhibited* form, as in the case of a man born

eight months after his parents' wedding, who was told by his strictly religious mother that he had been a source of heinous embarrassment due to the fact that his early birth hinted at the possibility of a premarital sexual encounter. This woman's personal motto was: "For a lady, death is preferable to dishonor"; she seemed to hate her son for her own "disgrace."

In other cases, maternal filicidal tendencies are *less aim-inhibited*. A neglected child heard from family members that his mother repeatedly stated a wish to see her husband and son dead after she fell in love with another man. A woman (whose mother dressed her in a black frock in babyhood) had heard her mother say many times that, instead of her, she would have preferred to have a heavy menstruation.

On other occasions, filicidal impulses appear *undisguised*. One patient, a man who had attempted suicide twice by overdose with antidepressants and cognac, stated that he was experiencing intense self-harming urges again. His mother then brought home a bottle of brandy, left all sorts of medicines on his bedside table, and announced that she was going out for a long walk.

Yet another patient came close to being immolated as a baby by her mother. She was saved by neighbors who smelled kerosene when the child was being soused. As an adult, she attempted suicide four times, twice by hanging, and had made plans to become a suicide terrorist. This patient was the result of an unwanted pregnancy. Her mother, herself an abandoned child, justified her homicidal intent by stating her plan to put herself to death afterward.

These last two patients tried to kill themselves as a realization of the mother's murderous inclinations, unconsciously fulfilling her filicidal wishes. I wonder how many suicides with unreported motivations may have been carried out as the result of "becoming a receptacle for [mother's] feelings of helplessness and deprivation" (Motz 2008, p. 18). In the cases in my own practice in which filicidal issues came into play, I took the analysand's coherent account as *partially* historical—although, as often happens, I could not clearly discern fantasy from fact in their stories.

Fernández Soriano's (2012) rare psychoanalytic study of a consummated filicide is worth mentioning here. This author described in great detail the murder of an exceptionally gifted young woman at the hands of her paranoid mother, illustrating the complexity of a daughter's reactions to her witch-mother's actual homicidal potential. The latter had suffered physical abuse as a child, as is common in filicidal mothers (Friedman, Horwitz, and Resnick 2005). She and her daughter had a symbiotic relationship, described as a *folie à deux*. To the girl's attempt at separation in late adolescence, mother responded violently. This woman possessed a handgun that she had previously fired, but her highly intelligent daughter failed to anticipate the possibly fatal consequences of her own assertiveness; she had not rid herself sufficiently of her self-object idealization, and she felt guilty as well as fearful of maternal rejection. Also, the daughter seemed unaware of her own vengeful wish to deprive mother of life's meaning through her emancipation. The mother shot her dead when the daughter was eighteen.

BRIEF REVIEW OF UNIVERSAL LITERATURE

Maternal filicide appears in myths and traditional stories, providing not so much veridical information about the external world as insight into the unconscious mind of humankind (Bettelheim 1976). Possibly, we can find the most conspicuous examples of this type of murderous tendencies in Jakob and Wilhelm Grimm's compilation of Germanic popular tales (1815). Collected from oral tradition, their material represents a monumental anthropological document. It is noteworthy that the world-renowned work of the Grimm brothers was not originally intended for child readers.

In the Grimm Brothers' stories, we find remarkable examples of filicidal mothers, often stepmothers, as in "Snow White" and "The Three Forest Dwarfs," and of filicide displaced onto wicked witches or hideous old women. These are sometimes cannibalistic, as in "Little Pine Nut," "Hansel and Gretel," and "The Juniper." In an old Greek legend, Itys is killed by his mother, Procne, daughter of the king of Athens, and served

as a meal to his father for his treachery (Avery 1962). In Charles Perrault's "The Sleeping Beauty in the Wood" (1697), the prince's mother wants to cook and eat her two grandchildren and her daughter-in-law, the charming princess, who is saved only by the ingenuity of the queen mother's steward. The tales of Erckmann-Chatrian (1880) also recount anthropophagous cases.

Some of these mothers (biological or not) cannot deal with the tormenting envy aroused by the exalted sweetness and kindness of a daughter, as in Perrault's "Cinderella" and in the Grimm Brothers' "St. Joseph in the Forest." Another mother in a Grimm tale, a sorceress, wants to do away with her three sons, fearing that they could eventually seize her special powers ("The Crystal Ball"). There is even a mother who treats a child most hatefully for having two eyes instead of three or one, like her monstrous siblings ("One Eye, Two Eyes, Three Eyes").

The story of Snow White and her stepmother, the evil queen Grimhilde, deserves further elaboration. The girl's narcissistic and crafty stepmother was unbearably jealous of her exceptional beauty, since Snow White grew to supplant her as "the fairest in the land." In the first edition of Grimms' collection of folk tales, the infanticidal woman was not the stepmother but Snow White's *own* mother (Dickerhoff quoted in Camacho 2003). In the second edition of the text, the Grimm brothers needed to make the story less offensive to the sentiments of their early-19th-century readership by transforming the witchlike mother into a stepmother.

In universal literature, there are famous examples of overt homicidal impulses and behavior of mothers against their children, as in Euripides's *Medea* (termed "the first psychological study of a witch"; see Orgel and Shengold 1968, p. 379). In this work, the reader guesses from the beginning the inevitability of the horrible outcome, witnessing the dramatic blindness of the other characters to the mother's evil determination. In *Medea,* no one but the wet nurse was unrepressed enough to realize that the mother was looking at the children "with the eyes of a raging bull" (Euripides, 5th century BC, p. 80).

In other stories, children are portrayed as capable of detecting maternal treacherous intentions on their own. In one of the Grimm

Brothers' tales, "The Juniper," a son perceives the very menacing look of his murderous mother. In these authors' description, this boy does not need to depend on his mother as a source of unconditional devotion, and therefore he can accurately ascertain the actual threat. Nevertheless, the woman in Grimms' story plays a trick on the child and assassinates him.

The title character in Vincenzo Bellini's opera *Norma* (1831), a druid priestess, showed an identical inclination to kill her children after learning of their father's unfaithfulness. And in Shakespeare's *Macbeth* (c. 1606), the king's wife recites, "I would, while it was smiling in my face, / Have pluck'd my nipple from his boneless gums, / And dash'd the brains out . . ." 1.7.2-4); and in *Richard III* (c. 1593), the mother of the deformed king prays for "success and victory" (4.4.195) of his enemies.

Disfigurement need not be pronounced for some mothers to feel hatred toward their "imperfect" children. Simpler disadvantages can precipitate this reaction. Let us evoke Cyrano de Bergerac's lamentation that he had been unable to secure his mother's love due to his ugliness (Rostand 1897). We can see a comparable example in a novel by Pérez Galdós (1888) in which both the biological and the surrogate mother of the protagonist's grandson, Luisito, experience murderous antipathy against the boy for his small height, paleness, meekness, and whiny voice.

In a celebrated novel by Blasco Ibáñez (1902), Neleta, a young widow, savagely punches her pregnant abdomen in order to abort her lover's baby: "She wanted to crush the secret being that moved within the warm wrappers of her belly" (p. 190). Having that child would have meant losing her deceased husband's inheritance. After a concealed delivery, this woman refused to look at "the small, dirty, smelly being" for fear of bonding with him; then Neleta ordered the newborn's father to get rid of "the bundle of livid flesh" (p. 207), and the baby was drowned in a nearby reservoir.

We find a different motivation in O'Neill's play *Desire under the Elms* (1924), in which a culturally disadvantaged woman murders her child in a mad attempt to recover her lover's affection. Abbie, the protagonist,

tells the baby's father: "If that's what his comin's done t'me—killing yewr love—taking yew away . . . the on'y joy I ever knowed . . . then I hate him too, even if I be his Maw!" (p. 49).

There are numerous examples in Spanish and Latin American folk-lore of maternal filicidal wishes (Chávez 1993; Cusano 1950; Paniagua 2004). There is a 13th-century story of a woman who incites her royal husband to kill her grown-up stepson out of fear that he may reveal their incestuous relationship (anonymous, 1253). In a collection of popular songs compiled by García Lorca (1926), there is clear evidence of these murderous motivations in "Los Mozos de Monleón" and the "Nana de Sevilla." In the "Nana" (a lullaby!), we read: "Este galapaguito no tiene mare; / Lo parió una gitana, lo echó a la calle" (p. 570)—which means that a small child of dark complexion (a small tortoise) has no mother because, after delivery, his gypsy mother threw him into the street.

In sagas and legends, the theme of overt maternal murderous in-tentions, expressed either in neglect or in active behavior, is common, especially in the displaced form of evil hags. Let us remember here Bettelheim's popular work on *The Uses of Enchantment* (1976). How-ever, filicide has not been considered abhorrent in all circumstances. Sometimes it has been interpreted as a heroic action aimed at sparing children a grim future, as in the Roman siege of Numantia, or during the Russian invasion of northeast Germany in the spring of 1945. The acceptance of a child's murder has even been portrayed as a porten-tous sign of virtuous obedience, as in the mid-14th-century story of the marquis of Saluzzo. In this story, the final one in Boccaccio's *Decameron* (1349–1351), a poor peasant woman married to an aristocrat willingly submits to her sadistic husband's demand to get rid of their two children as proof of her unconditional love.

CLINICAL CASES

Now I will present, in a largely descriptive way, two patients who under-went prolonged treatments. I selected these two due to the fact that I had the unusual opportunity to get information from external sources about a mother's potential for filicidal mentation and its derivative ex-

pression in behavior. External data, as we know, can provide the analyst with unexpected knowledge about the patient's "historical truth."

Naturally, I was aware that these patients' psychic reality did not necessarily coincide totally with factual reality. Freud (1916–1917) stressed that "in the world of the neuroses it is psychical reality which is the decisive kind" (p. 368), and I am certainly persuaded that analytic interventions should consider primarily the analysand's subjective experiences. Nevertheless, I believe that in some patients, as in the two cases I will describe, their level of reality testing, the congruence in the reports obtained over many years, and corroborating extrinsic information endowed their accounts with considerable historical reliability.

It bears mentioning that data from extraclinical sources may be gratifying for the practitioner's epistemophilic yearnings or research spirit, but it also burdens him/her with (1) the task of separating *in mente* the patient's "psychical truth" from "historical" or "material" truths (Freud 1939, p. 129); (2) the added difficulty of dealing with the resistance and counterresistance elicited by external "grist for the mill" that may enrich the process, but that can also bias the analyst's interpretive conclusions, as well as influence the analysand's insights (Inderbitzin and Levy 1994); and (3) a situation that forces the analyst to face decisions as to when and how to communicate extraclinical material to the patient.

In my discussion of these cases, no attempt will be made to present a comprehensive picture of the complexity of the patients' dynamics. I will limit myself to describing some observations and deductions concerning what seemed to be the clinical consequences of mothers' destructive wishes toward their children—my two adult patients—and the difficulties in dealing analytically with each patient's struggle to acknowledge and metabolize the *ultimate insight* of maternal filicidal tendencies manifested in scantily aim-inhibited forms. In these histories, there were other, no less important genetic and adaptive elements, as well as transference developments, which will not be discussed here.

Adela

One of the earliest photos that Adela had of herself showed her at ten months of age, crying. Her mother had considered it funny to take

such a picture after pinching her especially for the purpose. Adela said that, this incident notwithstanding, she had a happy babyhood with a smiling mother until she was displaced by her brother when she was two and a half years old, and began asserting herself with *no's*. Adela was then force-fed brutally. Later, she remembered the pain in her gums and the taste of blood as mother gave her the daily purée, and the horrified look of relatives at this woman's feeding practice.

I remembered meeting Adela's mother long ago. She was a friend of close acquaintances of mine in the past who commented on this and other barbarous behaviors of this woman with her daughter, some of which Adela did not even recall. Later on, her mother mistreated her frequently with malevolent comments and slaps. Not surprisingly, this girl experienced terror at Disney movies that portrayed characters such as Snow White's evil stepmother or the crazed Queen of Hearts in *Alice in Wonderland.* The beatings progressed to savage punches and kicks that resulted in visible lesions as she started developing mature physical traits and dared manifesting her own opinions.

Adela recalled vividly that, at age eight, she threw fits every time her mother tried to make her walk across a local railroad track on their way to do errands together. Time and again, mother had to drag the crying, kicking girl across. Adela felt that her life was truly in danger, for she was convinced that her mother wanted her to be run over by a train. Of course, this was the child's fantasy, but I wondered to what extent her dread reflected the detection of mother's filicidal derivatives.

Nevertheless, the childhood incident that Adela remembered as most traumatic occurred when she was seven years old. At that time, a half-witted distant relative, a man in his mid-twenties, was invited by her mother to spend the night at their home—and to sleep with Adela in the same bed! This man had come to visit unexpectedly during a holiday period, when it was difficult to find lodging. Adela was astonished and alarmed that her mother decided this relative should stay in her room. The girl sat up in bed with her back against the wall all night long, while—fortunately—the man slept until morning. Later in life, Adela's brother remembered this incident and was also astounded at their mother's behavior.

Here we see an example of how a child's unconscious fantasy about mother-as-harpy may seem to be confirmed by—or based on—the adult's actual behavior. Why didn't the mother offer the guest a couch or direct him to share the brother's bed? And why didn't the father protest against his wife's peculiar judgment? Adela reminisced about her wordless consternation and about her frightened view of a mother who seemed utterly content with her own generous hospitality. During that night, the girl caught on to the fact that, from then on, she would have to take full care of herself because her mother, unmistakably, wanted to harm her. In the treatment, mingled with her fantasies, copious indications that her mother had experienced enormous rivalry with her came up; it seemed that the mother had attempted to eliminate her physically and otherwise.

Another dreadful incident occurred right after Adela's menarche at age eleven, when her mother announced that she was taking her to a gynecologist. Adela told me, "I connected this with previous experiences, and I saw clearly that she wanted to humiliate me and even see me raped. I couldn't defend myself from a doctor. It was her revenge for my development." The mother notified her husband of her decision, and he passively acquiesced. Adela added, "I felt then not so much shame as utter desolation, realizing that her brute force would prevail." She was literally dragged down the street as she attempted to spot a policeman who could help her. Fortunately, the gynecologist told her mother that there was no need to examine the terrified girl.

At age fourteen, after coming home drenched in cold rain, Adela started coughing persistently, developed a fever, and had chest pain. The symptoms worsened until a neighbor, alarmed by the girl's cough, fatigue, and thinness, decided to talk to Adela's mother. The latter finally called a doctor, who diagnosed pneumonia. I asked Adela what had prevented her from verbalizing her complaints effectively at that time. She answered, "My mother said it was a common cold, and I knew she would have reprimanded me, as she always did, had I bothered her with my trifles." For the same reason, she never told her mother about being bullied in school, or about an attempt at sexual molestation by a cousin on her mother's side.

In Adela's narrative, her mother came across as an immature, narcissistic character. However, she was also considered a good-looking, artistic, congenial, gregarious woman. As a small child, Adela remembered sharing moments of joy and laughter with her. She tried to emulate her mother's talents for embroidery, painting, and singing but received no recognition. Invariably, according to the patient, these attempts were met with mother's stories about how much better she herself had done everything at Adela's age. At times, the mother even took credit for her daughter's accomplishments.

Adela stated with constricted affect that when she was in her early teens, her mother purposefully dressed her in old-fashioned clothes that made her appear ridiculous, while the mother herself wore elegant garments. Mother's destructiveness of the girl's normal maturation may have been bolstered by the fact that Adela did not look at all like an extension of her; everybody agreed that her looks definitely ran to the father's side of the family.

Adela tried to evoke her mother's love by catering to her self-centeredness, sacrificing the unfolding of her own healthy narcissism. Her altruistic surrender and protectiveness of her mother partially appeased some of the latter's fury. Sometimes, Adela passively surrendered to mother's blows in order to defuse her hysterical frenzy. The mother's "crimes," like those of Medea, went unpunished as she continued behaving with relentless insensitivity. Adela managed to identify with some of her mother's traits, such as her vivacity, but she felt nonthreatened at home only when, by herself, she read history and literature (her father's avocation). She developed an intense fantasy life, as might be expected. Occasionally, when she remembered past funny situations with her mother, she had pleasant visual hallucinations of her mother laughing.

Adela successfully obtained a degree in one of the helping professions, and she married, showing what seemed an extraordinary resilience to her early traumas. But she paid a heavy price for her accomplishments. In order to survive psychologically, she developed severe splitting, with dissociative states that included cutting of the forearms and chronic anorexia nervosa, with a pertinacious denial of her alarming thinness. She introjected ambivalent images of mother as fairy queen and mother

as homicidal witch. Together with her benevolent, affable self, Adela developed a self-destructive second personality, the repository of her "badness," which revolved around the primitive conviction that she was responsible for an "original sin" that exculpated her mother. This led her to unconscious accident-proneness and other behaviors bordering on suicide.

Usually, dissociative phenomena result from parental nonrecognition of the child's feelings (Bromberg 1994). As an attempt to cope with cumulative stress and chronic lack of maternal mirroring, the mind seems to resort to *peritraumatic dissociations* (Madan, Bellin, and Haden 2015) around every instance of unmanageable trauma, with the end result of persistent splitting or characterological dissociation. When I sought Adela's associations about this phenomenon, she would say, "I had to be a good girl not to prevent being cast out of my mom's world, but to try to enter into it at all. I never succeeded."

This patient's mother was typically "experienced as 'bad' but longed for as 'good'" in an extreme form (May 2001, p. 283). For Adela to counter her hatred against the mother-as-pathogenic-witch, repression was not enough. Adela had to unconsciously resort to a vertical split. As an adult, her pronounced dissociation led her to loud dialoguing between her "two persons" when alone. Her denial of the contradiction between a healthy mental part of herself that was adapted to reality, on one hand, and another, terrifying, unmetabolized part, on the other, was the key to her psychological survival—highly pathological as it was. For this woman, Freud's words (1938) about the splitting of the ego in the process of defense came true, and her "success . . . [was] achieved at the price of a rift in the ego which never heals, but which increases as time goes on" (pp. 275-276).

Now in her sixties, Adela found that those "two persons" could not be integrated into a cohesive self, despite several long treatments. In fact, she had had an earlier analysis and several unsuccessful dynamic psychotherapies. According to her, in two of these, the analysts/therapists voiced obviously inappropriate sexual innuendos. This countertransferential behavior in the treatment of women severely traumatized by their

mothers has been observed by Gabbard and Lester (1995) and Sandor (see Scharff 2015), and seemingly reveals some of the consequences of a sadomasochistic projective counteridentification (Grinberg; see Henningsen 1991).

I was able to help Adela to a very significant degree with her self-harming impulses and general maladaptiveness, but our work did not enable her to overcome the dissociative coexistence of her two selves. As Green (2011) stressed, the interminability of some cases is frequently due to the accumulation of serious early traumas—the type of traumatization capable of producing irreversible ego impairment. And here Anna Freud's (1983) words come to mind:

> When we analyze a person, the whole process is really aimed at that person's ego, at widening the scope of the ego's influence, at helping that person deal with the internal conflicts and what is left over from the earliest experiences. Can we apply that formula to the building up of the very structure which we expect later on to perform the task? . . . . I don't believe that, not for the earliest ones, not for the basic ones. [p. 125]

Adela experienced her mother's behavior as mortiferous, though I doubt that the latter was ever aware of the extent of her own ill will. Adela never reconciled the representation of a good, adored mother with the image of an evil and guilt-provoking figure that became internalized, despised, and split off. The girl's dissociated self became the best possible compromise in the face of the systematic *soul murder* she underwent (Schatzman 1973; Shengold 1989). Given the flagrant and repetitive evidence of her mother's attempts at annihilation, Adela could not ward off entirely the perception of her mother's mischief. In these circumstances, the unambiguous expression of her need for mother's love in the face of brutal rejection would have spelled "an experience of disintegration and of imminent psychical death" (Fairbairn quoted in Rosen 2013, p. 1182).

Thus, repression of this danger was effective *but not sufficient*. In order to defend against this *ultimate insight* of the utmost distressing awareness of mother's hatred, she had to divide her own self. "Murder

by the mother could be warded off [only] by choosing her own poison," in the words of Orgel and Shengold (1968, p. 382).

Gerardo

Unlike Adela, Gerardo, a man in his thirties, had been unaware in his childhood of any maternal filicide-like proclivities, and he did not suffer from a dissociative disorder. Gerardo was intelligent and insightful but highly aggressive in his communications. He had significant difficulties in his heterosexual relationships and was depressed. After a few months of psychotherapy in which I detected no prepsychotic pathology, I became convinced that for this man's pervasive and chronic maladaptation, as well as his inflexible patterns of self-defeating behavior, psychoanalysis was the treatment of choice.

Although at first Gerardo seemed a good candidate for this form of treatment, his progress was sluggish. The close-process approach that, for me, has been so useful in most analyzable cases did not prove effective in this one. I then introduced more "classical" interpretive elements into my technique, but every intervention and introspective finding was accompanied by anxiety of unexpected proportions. Eventually, I had to resort to numerous Eisslerian parameters, such as extra sessions, letting the patient sit up, the use of medication, responding to his mother's phone calls, home visits, and even hospitalization (Eissler 1953). Contrary to my initial expectations, the analysis took sixteen years.

Gerardo's parents had divorced when he was in early adolescence. He had an enormously domineering, ill-tempered, disparaging father with a very successful career. For Gerardo, the essence of masculine identity was the emulation of his father's personality, but despite his evident capacities, he could not succeed either professionally or interpersonally. Gerardo could not productively muster the alleged paternal sternness. He obviously tried to incorporate his father's strength, but he also submitted masochistically—and inconsistently—to his father's power in order to obtain his approval.

As could be expected, such tendencies became evident in the transference; Gerardo saw me as admirable yet untrustworthy. His dependence on me was eventually experienced with great resentment. He re-

acted at times with such provocative violence that I feared a physical attack. Discernment of this displacement and the projective mechanisms did not result in any substantial clinical progress for years.

Initially, I took for granted this patient's "background of safety" (Sandler 1960) due to his excellent reality testing and general emotional appropriateness. As Gerardo's transference neurosis heated up, however, I discovered his poor affect regulation. Even interpretive work presented in allusive form could produce stormy reactions in him. His scant capacity for neutralization of anxiety—i.e., its precarious potential to serve as a signal function for the mobilization of more adaptive defense mechanisms—made me think of an unsuspected ego weakness or a serious failure in self development (Hartmann 1950). Retrospectively, I think that the torpid development of this analysis should have warned me earlier of the existence of more severe traumatic circumstances that eluded both the patient's awareness and mine (Kernberg 1984).

Gerardo became gradually more isolated, with suicidal ruminations, to the point that, for three years, he secluded himself in a bedroom in his mother's house. The analysis was conducted by phone during this period. One day, his mother called me to say that she saw no way out for her son, and that perhaps suicide would be an understandable, if not desirable, alternative for him (!). A conjecture dawned on me then that I did not dare to share with the patient at the time: this woman's filicidal disposition could have been powerfully present during his childhood—perhaps when he started imitating his father's coarse ways, or even earlier. This could account for a so-called *basic fault* that I had not detected in his character structure. My analysis had been quite ineffective because it had been addressed mainly to his oedipal drama.

Partially motivated by my wishful intention to "cure" this patient through an analytic process devoid of supportive help, I had overlooked the possibility of significant maternal annihilating tendencies or neglect that could account for a defect, and not only conflict pathology. What I had at first taken as a masculine power struggle with me could have had the important ingredient of a faulty sense of basic trust linked to adverse experiences in his primary narcissism phase (Sandler 1960).

Once alerted to the possibility of Gerardo's serious affective deprivation and traumas as a child, I began hearing material consonant with some crucial pathogenic traits and vulnerabilities in his mother. She had told Gerardo that she was unable to fend off her husband's implacably sarcastic attacks, feeling completely helpless in relation to him. Day after day, she feared mental crumbling when her husband came home from work. Gerardo clearly remembered her trembling every time she came to pick him up at her ex-husband's home after weekend visits during his adolescence.

This patient internalized his father's imperious, rough character and expressed it against his mother, imitating the humiliating ways in which father had treated her. One can only imagine this woman's dismay, realizing that her only son might soon become a second edition of her ruthless spouse. As an adult, Gerardo had found that whenever he met his mother to have a meaningful conversation, she was never "unprotected"—i.e., without her second husband by her side.

Gerardo had never mentioned memories of serious maternal neglect or malevolence. I met his mother on several occasions at the patient's request, and also prompted by my own desire to share with her the responsibility for this man's psychological and physical survival. She struck me as a sensible, professional woman, and apparently a diligent mother, though somewhat emotionally detached. Why had I been blind to the possibility that, via her destructive wishes, she could have contributed even more than the father to their child's severe character pathology?

I will quote here Leuzinger-Bohleber's (2001) words concerning the "often almost unbearable countertransference reactions in us analysts" to this kind of female destructiveness, which may place us "at a loss for images and words to help us even begin to grasp our horror of such situations, which at first floods and confuses us" (p. 324). This author also mentioned our defensive recourse to Euripidean and other myths that help us recover our bearings through the framing of projections onto the protagonists of classical tragedies. Here Solomon's story of the trial of the two harlot mothers may come to mind—a story in which the king, a wise man par excellence, deduced who the biological mother of a boy

was because he could not conceive that a woman could possibly advocate the killing of her own child in order to legitimize her claims.

Gerardo's mother sometimes cried hysterically and became exhausted in response to his despotic attitude at home. He commented somewhat nonchalantly, "My mother is so frightened of my contempt." Her son could not understand the reasons for his own tyrannical behavior or his general lovelessness for her. He wondered why her years of selfless dedication to his dysphoria, which may well have saved his life during his period of self-imposed seclusion, did not generate more gratitude in him. On occasion, Gerardo came to the insight that he hated the cowardice of a mother who had left him at the mercy of his "carnivorous" father. He developed a characterologically vengeful attitude that befuddled and intimidated her. Gerardo ruminated fleetingly that perhaps it would be best for the family if he took his own life, but then concluded that it would do them more harm than good. These musings mitigated some of the guilt over his mother's suffering.

In the beginning, I took the patient's disdainful reactions to his mother as resulting from an immature masculine identification with his father. My working hypothesis was not incorrect, but it was incomplete, for I did not discover until late in the analysis the apparent influence of his mother's filicidal fantasies on the boy's character formation.

The patient eventually asked his mother directly if she felt she would be better off if he killed himself. She lowered her head and said nothing. Later, she told him that, considering his level of pain, she "understood" his suicidal ideation. I—not he—felt quite shocked by this type of exchange. Gerardo repressed his mother's implicit message and was aware only of his relief at her "understanding" of his great affliction. He did not seem to entertain seriously the possibility that, for his mother, his disappearance might have spelled alleviation of her predicament. Once his exasperated mother judged that he was sufficiently improved, she communicated her thoughts to him, and to me by phone: that his malady was going to kill either him or her. Gerardo's reaction to this statement was not so much guilt as a transient but dreadful feeling of helplessness. I did not dare at this point to pursue an exploration that could have

brought us nearer to an *ultimate insight,* which for this man would have been impossible to manage psychologically.

The patient let me know that his mother, in tears, expressed murderous feelings toward his father. For some time, Gerardo himself entertained parricidal wishes of alarming intensity. Mother blamed her ex-husband exclusively for all the misery her son had undergone as a child. Once, when I saw mother and son together, Gerardo dared to remark obliquely that there could have been other circumstances accounting for his problems. His mother did not catch the insinuation and replied with chilling seriousness, "I should have killed my husband." Here I heard echoes of Medea's description of herself as hideous and her children as cursed (Roos 2015).

I requested supervision from a colleague on this case. She suggested that taking up with the patient the historical reconstruction of mother's homicidal feelings could spell a welcome liberation for Gerardo. I feared at the time that interpretations along these lines might sound intellectualized to him, at best, and could be hazardous, at worst. Although I consistently notified Gerardo of his mother's calls, I did not always immediately share my deductions with him. After one of her early calls, I told him that she had verbalized doubts about his capacity to recover, ever. This was a trial attempt on my part to explore a traumatic issue that I thought would need unearthing, one way or another. Most of the time, I learned to wait for material pertinent to his victimization to emerge spontaneously. I wondered how far back his mother had experienced—and inadvertently expressed—her deadly wishes. The fact that Gerardo had not resorted to *splitting* but to *repression* made me think that she had been neither blatant nor persistent in the expression of her filicidal fantasies, and also that these had not been present in early childhood, permitting the development of more mature ego structures in the boy.

Often the patient stated that, in order to resolve his insecurity problems, he had to delve more into the drama of his relationship with his father. When I retorted, "And with your mother," he limited himself to a nod. I remarked then on his generally dismissive attitude toward her influence, and he said, "Her psychological weight has been light in my development."

I replied, "How can you be so sure?" And after a pause, he changed the subject.

Another example of my tentative analysis of the real and fantasized consequences of Gerardo's mother's negative influence is this: following his detailed description of the fact that his half-siblings from father's second marriage were much more self-confident than he—due to father's "late maturation"—I said, "I think you are omitting an essential variable here," alluding, of course, to the fact of different mothers.

He responded, "Their mother is very supportive, whereas mine couldn't be because my father wouldn't let her." I did not proceed any further with my exploration at that point, remembering that a more incisive approach had earlier precipitated an unexpected decompensation with serious consequences.

Obviously, in this case, I felt faced with a technical dilemma. When should I approach interpretively the analysand's unconscious suspicion that, possibly, his mother had wished him dead to rid herself of unbearable anxiety? Should I let Gerardo continue struggling with his enormous conflict until he slowly reached a more spontaneous resolution of it? The first option could have considerably worsened his already overwhelming symptomatology, even precipitating suicide, although the insight that it was his father and not he himself who was the original object of his mother's hatred (as in Medea's case) could have brought us nearer to a solution for his pain. The second, wait-and-see alternative meant prolonging Gerardo's considerable daily suffering and disability, as well as his complaints about the inability of analysis to rescue him as he longed for.

Concerning the exploration of the early mother–child relationship, I chose an intermediate course between these two technical possibilities. I treaded a thin line in the assessment of the patient's ego receptiveness to active genetic searching versus an abstinent approach to his severe suffering and incapacitation. These two attitudes implied different forms of countertransferential mortification (infringement of the *primum non nocere* rule versus analytic unproductiveness). Sometimes I pushed Gerardo interpretively more than he was ready for, considerably increasing

his anxiety and resistance. I felt that with both approaches, I was liable to come close to therapeutic failure, and possibly even to a calamitous end.

After his long treatment, Gerardo's anxiousness and rage decreased very significantly. It took him years to interpret my smile of greeting as empathic rather than mocking. He became a much more introspective and adaptive human being. He felt less animosity and rejection toward his mother, though he failed to experience the tender feelings toward her that he would have liked to develop. "I can't bring myself to love a person who makes me feel worthless," he said. He tried to avoid contact with her and could never fully acknowledge his "ultimate" resentment against her.

The feasibility of a complete analysis of the patient's experience of mother's filicidal wishes, without risking serious clinical deterioration, may be considered an open question. My own conclusion, however, is that this *ultimate insight* is an unreachable goal in the treatment of such a case, whenever the ideal objective is the patient's deep emotional grasp of this primary threat, a grasp devoid of a defensive resort to dissociation, repression, intellectualization, or affective isolation.

The type of maternal transference I sensed with this patient centered around his insatiable thirst for acceptance and attention from me, which I initially attributed mostly to his great dependence on paternal approval. This put a burden on me, sometimes of suffocating proportions. I became aware that, occasionally, I desired to rid myself of the case, in identification with his mother's lethal wishes (!). Finally, I must admit that I do not rule out that in Gerardo's case, a more skillful—or courageous—analyst might have more effectively addressed interpretively his maternal hostile/depriving transference.

DISCUSSION AND CONCLUSION

The wish to get rid of a child who is perceived by a pathological mother as a source of unbearable suffering can manifest itself in disparate forms and to variable degrees. This paper centers around the impact on the child's psychological development of those forms of primary and mostly nonreactive maternal hostility that go *beyond* the hate that Winnicott

(1949) conceptualized as "normal"—i.e., the expectable response to being hurt by the child. I have referred here to the patterns of maternal harmfulness that are scarcely aim-inhibited from original homicidal impulses. Although mother's filicidal intention always has deleterious effects on the progeny's psychology (Ferenczi [1929] wrote about the unchecked death impulse in the unwelcome child), different types of outcome seem contingent on the extent of maternal hatred, the level of fixation, the continuity of traumatic circumstances, and the existence of compensatory maternal figures, plus the ever-present constitutional factors.

The experience of *undisguised* maternal filicidal wishes seems inaccessible to full analysis, as the surviving child cannot emotionally process this perception in its raw nakedness. This is what has led me to conceptualize the corresponding clinical findings as *ultimate insight*. Seemingly, filicidal hatred can be analytically addressed only in its tenacious, defensive elaborations. The analysis of those patients severely victimized by their mothers through neglect or abuse—sometimes regarded as cases of *delayed abortion*—is not only difficult, but often impossible to complete successfully, compared to treatments with analysands who had "good enough" mothers. Cases in which the parents, particularly the mother, showed explicitly destructive impulses toward the patient—in childhood and later on—always present an exceptional clinical challenge for the analyst. Certainly, these patients' treatment depends to a greater than usual degree on the analyst's expertise and management of countertransference reactions. Interpretive work on the traumatic internalizations in these analysands frequently represents a corrective experience for the practitioner's *animus sanandi* and a maturity test for his or her analytic identity.

Beyond the shocking nature of the *ultimate insight* of mother's filicidal inclinations, for analysands, the awareness of these is fraught with weighty hindrances because, in childhood: (1) the analysand's *self-image* and self-worth were probably seriously damaged by this traumatogenic experience; and (2) the analysand's *ego development* resulted in impediments, sometimes insuperable, to attaining a sufficiently clear differentiation between fantasy and realistic perceptions.

I share Anna Freud's (1983) opinion that "we would like to think that the ego defects can be undone. However, I am pretty convinced that they cannot" (p. 125). Manolopoulos (2015) expressed the idea that pathologies in these cases "need to be placed in the vast realm of unrepresented states where they can be accessed [only] through psychic constructions" (p. 459).

My experience has been that children of women with manifest filicidal wishes tend to present either dissociative pathology—when these traumatic circumstances were ongoing and occurred early in life—*or* intense neurotic anxiety resulting from the ineffective function of a hardly analyzable repression. Nevertheless, it seems appropriate to remember that several authors, such as Glover (1955), have written about clinical pictures associated with typical *repression* that coexist with *dissociative* fugues in serious hysterical pathology.

Savvopoulos, Manolopoulos, and Beratis (2011) presented the case of a borderline man rejected by his mother "because he was an ugly baby . . . fed by her abdominal organs" (p. 79). This man underwent an evolution in psychic organization, from splitting and denial to the more mature defenses of repression and symbolization. My patient Adela did not demonstrate progress to this extent, most probably due to her prolonged childhood abuse, whereas the magnitude of my patient Gerardo's repression required a long and very painful analysis with pronounced clinical worsening in the middle phase.

Seemingly, under grievous circumstances such as the ones I have described, incomplete resolutions should be considered sufficiently good. I found consolation in Freud's (1937) reminder that:

> Analytic experience has taught us that the better is always the enemy of the good and that in every phase of the patient's recovery we have to fight against his inertia, which is ready to be content with an incomplete solution. [p. 231]

The ability to accede and use productively the *ultimate insight* of mother's homicidal wishes certainly varies from patient to patient, but I think the analyst needs to bear in mind that the interpretive revelation, or the finding, of this type of insight can be indigestible and dangerous to analysands.

Levine (2014) described the case of a seriously suicidal female patient whose parents he interviewed in an emergency family meeting, raising the following possibility in his mind:

> They [the parents] may, in fact, have unconsciously actively wished that she relieve them of the embarrassment caused by her difficulties by killing herself. In the light of this revelation, the numerous struggles that I had previously had with her to ensure her safety and keep her alive took on a new meaning. We were able to conjecture that, all along, she had sensed her parents' wish to see her dead. [p. 9]

Levine considered that, in this case, the verbalization of his conjecture was indicated. Also, he was able to interpret to the patient that she had been "repeatedly testing [him] to see if I shared [her parents'] opinion . . . and was identified with them in her self-hatred and murderous/suicidal wishes" (p. 9). Again, experience has taught me that the insurmountable nature of this *ultimate insight* can be analytically approached only while respecting the intactness of rationalized, emotionally isolated, or intellectual defenses.

Finally, I will mention that, apparently, there are other possible consequences of an individual's traumatic realization of mother's murderous intent and its derivatives. There are psychotic outcomes, as in "the Philippe case" described by Aulagnier (1984). Her patient developed grandiose, somatic, and bisexual delusions; believed that everybody was a robot; and had auditory hallucinations. Other patients suffer from devastating personality disorders. Harris (2014) reported the story of a patient whose probably psychotic mother ritually starved her for days once she reached the age of four or five, in order "to drive the poison out [of her body]" (p. 1037). After a few days of fasting, the girl would give up hope. She grew to adulthood convinced of her intrinsic badness, ugliness, and stupidity.

Yet there are other characteropathic solutions. We may evoke here Mark Twain's story of Jim, known as "The Bad Little Boy That Led a Charmed Life" (1875). This kid had an awful mother:

She said if he were to break his neck it wouldn't be much loss.
She always spanked Jim to sleep, and she never kissed him good-
night; on the contrary, she boxed his ears when she was ready to
leave him. [p. 1]

In Twain's fictional account, the developmental outcome of this mal-
treatment was not a neurosis or a psychosis—or an assassination. As a
result of his mother's destructive behavior, Jim did not suffer from an
enormous intrapsychic conflict, as Adela and Gerardo did. He simply
failed to develop a superego, becoming in the end a seemingly successful
sociopath: he "got wealthy by all manner of cheating and rascality; and
now he is the wickedest scoundrel in his native village" (Twain 1875, p. 2).

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ENCOUNTERS WITH PSYCHOSIS

BY JOSEPH R. DWAIHY

This essay offers a personal account of one physician's attempt to engage with psychotic patients in an inner-city hospital. It considers some of the obstacles to psychoanalytic work with psychotic patients, including anxiety in the psychotherapist, anxiety in the patient, institutional resistances, and paradigmatic errors. A discussion of paradigmatic errors in Western mental health care is expanded upon. Rorty's (1979) critique of objectivity and Kuhn's (1962) work on scientific paradigm shifts are discussed in an attempt to demonstrate how we might better understand psychosis as an illness and connect with patients across the entire diagnostic spectrum.

Keywords: Psychosis, inpatients, objectivity, truth, pragmatism, philosophy, history of science, paradigm shift.

INTRODUCTION

The mental health system in the United States does not promote the use of psychoanalytically oriented treatment of psychotic patients, especially in the hospital setting. There are a myriad of reasons for this. Some are political, such as the massive influence of insurance and pharmaceutical companies. Some are economic, such as the move toward more "efficient" modalities of treatment in a society with a shrinking attention span. Yet others are individual, such as the personal resistance a therapist might encounter when treating a psychotic patient with a poor

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prognosis in a broken mental health system, or a patient's reluctance to engage in treatment.

This essay considers several obstacles to working psychoanalytically with psychotic patients, including anxiety in the psychotherapist, anxiety in the patient, institutional resistances, and paradigmatic errors. Several clinical cases are offered as a personal account of what it was like for me to engage with psychotic patients in a hospital setting. I discuss how these encounters changed my appreciation of how we can best approach psychosis as an illness and psychotic patients as individuals. I believe these considerations can be applied to our understanding of the entire diagnostic spectrum.

The individual psychotherapeutic encounter is compared with Thomas Kuhn's (1962) account of paradigm shifts: psychosis sets the stage for a crisis in psychotherapy and, as in the sciences, crisis necessitates revolution. Contemporary Western mental health care is criticized for making a paradigmatic error by unduly imitating the methods of the natural sciences in pursuit of objective truth. I have observed that anxiety in psychotherapists, especially when treating psychotic inpatients, compels them to cling to the idea of objectivity. Overcoming this obstacle entails a creative process facilitated by the willingness to engage in *abnormal discourse,* a term offered by Richard Rorty (1979), based on the work of Kuhn. Psychosis is considered to be a kind of abnormal discourse.

The work of Rorty and Kuhn is applied to psychotherapy in an effort to curtail the sovereignty of the natural sciences and the concept of objective truth. Rorty deconstructs the reigning philosophical paradigm of the knowing mind as mirroring nature and offers the alternative of *edifying philosophy.* I attempt to show how this philosophical orientation facilitates growth in the psychotherapeutic process.

ANXIETY IN THE PSYCHOTHERAPIST

The prospect of engaging analytically with a patient in the throes of psychosis is terrifying. Given the difficulty of the social and psychological circumstances of a deeply disturbed patient, one has reason to fear failure. Just as the surgeon who takes on the most difficult cases is more likely to

have a higher incidence of complications, the psychotherapist who treats psychosis is more likely to encounter undesirable outcomes (further deterioration of the patient, development of somatic illness, and suicide, to name only a few). Further fueling resistance in psychotherapists may be a sense of futility that is hardly ameliorated by a broken mental health system that often works no better than a revolving door between the streets, emergency rooms, jails, and inpatient psychiatry wards. There is also a fear of being assaulted by an unstable patient, who in a paranoid state might misinterpret even the slightest stimulus and enter a state of physical attack that is experienced as life preserving.

When I first began working with the severely mentally ill, these bases for anxiety readily presented themselves to me. Yet they all ignore—or are perhaps made evident in order to blind us to—the deepest and most terrifying reason of all: to engage analytically with psychotic patients is to risk losing one's mind to a state of psychosis.

One such example is the effect that interviewing a manic patient has on my mind, which is to erase it. The state of mania is, among other things, one in which there is never enough. There is never enough noise to fill the silence, enough motor activity to achieve rest, enough sex to quench one's libido, enough hoarding to accomplish an adequate reserve, enough time to complete a conversation. When talking to manic patients, I find that their pressured speech serves as a superhighway by which racing thoughts overtake my mind, such that afterward I feel empty, with a paucity of my own thoughts and feelings. It is difficult to formulate an idea or utter a sentence, and I have found it necessary to find a quiet place where my mind slowly returns to a relatively sane state. For a while, however, it is lost in the overwhelming pressure of mania. Mania, a state that cannot have enough, fills and overflows the container of psychic space around it. It takes a great deal of energy, training, and will to return from the state of nothingness (annihilation of meaning) that its excesses produce.

Ms. S

Over the course of a few weeks, I treated Ms. S, a woman in her thirties admitted to the county hospital for walking into traffic and ag-

gressively attempting to exchange sex for money with strangers. Her affect was irritable, her speech loud and pressured. She demonstrated an unsettling amount of psychomotor agitation.

I introduced myself to her and suggested that we talk. Due to her level of distractibility, it was difficult for her to sit down. I pointed to objects in the room and simply named them, such as "table," or "chair," and then showed her how to use them by sitting in the chair at the table. She was able to begin to use the connections I made between things and the words used to name them, as well at their function as objects, but only after considerable time and effort.

Ms. S wore several layers of clothing, though none of them stayed adequately wrapped around her body. At times her breasts were exposed and I asked her to cover herself. She seemed indifferent to my requests but complied anyway. As we spoke, she noisily devoured a bag of pretzels.

My attempts to make contact with Ms. S over the next few minutes were thwarted by her ability to fill up all the space around her. As bits of pretzel flew in the air, bits of her mind seemed to invade my own mind, until I became blank and unable to think. I did not need to stop the interview because, before I could process these events, Ms. S got up and left the table. I watched her in my periphery. Her bag of pretzels was empty, but she found a male peer with his own bag still full and offered him oral sex in exchange for food. The other patient quickly perked up and with a cheerful affect responded, "Why, yes!" Ms. S motioned for the young man to follow her to a room, but it was he who led the way. Before intervention was required, however, Ms. S became distracted by another patient who was playing the piano and abandoned the first young man.

Later that day, I felt exhausted and without appetite for food, water, sex, or anything else. I wondered just how filled, or rather emptied, my mind and body had become by the insane, insatiable desire of another. It took a few days before I had the energy to attempt to meaningfully engage with another manic patient, and by that point my resistance had unfortunately grown beyond a level that I was aware of or able to work through. I could no longer think and, as I will discuss, was unconsciously trading creativity for dogma. This, sadly, prevented there being much more of a meaningful connection with Ms. S. I found myself concen-

trating on her medical records and psychopharmacology rather than on her as a person.

Use of Psychological Space

Psychotherapy involves the overlapping of psychological space, both conscious and unconscious, between doctor and patient. From this overlap emerges a new entity, and after the encounter, each individual leaves with his or her mind forever changed. This process has been elegantly elucidated by Ogden (1997), who describes how the analytic experience involves the creation of a new psychological entity, which he calls the *analytic third*. This experience is so profound that in the termination of an analysis, the analyst and the analysand must undergo a process of retrieving their own minds. Ogden writes:

> It is only in the process of terminating an analysis that analyst and analysand "retrieve" their separate minds, but the minds "retrieved" are not the minds of the individuals who had entered into the analytic experience. Those individuals no longer exist. The analyst and analysand that are "retrieved" as separate individuals are themselves in significant ways new psychological entities having been created/changed by their experience in and of the third analytic subject ("the subject of analysis"). [1997, pp. 9-10]

This illuminates why a psychotherapist may find it terrifying to adopt a psychoanalytic approach with a psychotic patient. It means allowing part of one's mind to be incorporated into a psychotic relationship. This is not an easy task, and the prospect of entering into it generates an enormous amount of resistance in the psychotherapist. It does not take years of traditional analysis in order for such a process to occur; even very brief treatments may create lasting psychological change in doctor and patient.

Related to this issue, Ogden (1989) has elsewhere discussed the analyst's fear of the initial analytic meeting:

> For both analyst and patient, the danger posed by the first meeting arises to a large extent from the prospect of a fresh

encounter with one's own inner world and the internal world of another person. It is always dangerous business to stir up the depths of the unconscious mind. This anxiety is regularly misrecognized by therapists early in practice. It is treated as if it were a fear that the patient will leave treatment; in fact the therapist is afraid that the patient will stay. [p. 172]

These words ring especially true in cases of psychosis. Time and time again, I find myself afraid of making an intervention with a psychotic patient. At first, I worry it will upset the patient and imagine the patient fleeing or attacking me. My deeper fear, however, is not that my intervention will cause the patient to flee or attack, but that it will work.

What happens when my mind is "erased" by that of a manic patient? In a way, it signifies the entrance into a psychotic place created by the patient and me. In another way, it is just the opposite: a form of self-preservation, a way to protect my mind from the danger of disintegrating (becoming psychotic). Afterward, I may find the quiet space needed to retrieve my mind. My mind "retrieved," however, has been altered by the encounter just experienced.

ANXIETY IN THE PATIENT

The overlap of psychological worlds may also explain why some patients are terrified of engaging in treatment. Psychotic patients may have a level of resistance so great that it amounts to nothing less than a fear of annihilation. As Searles (1961) wrote: "If there is any single most basic threat to the paranoid schizophrenic person, it is, I believe, the threat that he will cease to exist as a human individual" (p. 476).

Most of the psychotic patients I treated in a county hospital eventually expressed the fear that they did not exist or would not exist because they would be murdered, indefinitely locked away, or controlled by a dictatorial force such as the government, the medical establishment, a supernatural being, or an object such as a computer chip. This seems to be particularly true with manic patients, such as Ms. S, as well as paranoid patients, such as Mr. O, who by definition harbor fear of persecution.

Mr. O

Mr. O was a middle-aged man of Middle Eastern decent, diagnosed with chronic paranoid schizophrenia and institutionalized for life. He moved between hospitals and board and care facilities. When his paranoia was exacerbated, he became threatening or assaultive. This is how he repeatedly found himself on the inpatient unit of the county hospital, where he would be hospitalized for weeks to months at a time.

Mr. O had a distinctive way of expressing his resistance and fear of annihilation: by proclaiming, "I am deleted." If asked what he meant, he would simply repeat, "I am deleted." If any conversation were pursued too persistently, this became Mr. O's only response. During times of heightened paranoia, Mr. O seemed to project his fear of nonbeing by stating, "You are deleted." Again, if asked what this meant, he simply repeated the phrase, and further conversation was blocked.

Initially, the staff and I understood the words "I am deleted" and "You are deleted" as propositions with truth-value: we thought Mr. O was describing the state of affairs around him: "I do not exist" or "You do not exist." Understood in such a way, the staff and I labeled the patient delusional because the statements were false in reference to external evidence. This reasoning led nowhere, and for the first few days my relationship with Mr. O did not evolve.

Before long, I began to view Mr. O's statements as propositions with truth-value, but with truth-value regarding his internal psychological world instead of the external world. Rather than meaning "I do not exist," I wondered if he meant "I am afraid you will kill me" or, at the very least, "You cannot help me." Likewise, "You do not exist" came to mean "I will kill you in order to protect myself."

Mr. O no longer appeared delusional to me, and the shift from focusing on external to internal reality opened a door of therapeutic possibility. This shift, which may be easily accomplished with healthier patients, is very difficult to make when treating psychotic patients, when fear of losing one's mind (in the therapist) or fear of non-existence (in the patient) may be present.

Once Mr. O and I were able to shift from viewing his experience solely from the point of view of external reality, and to create a point of view rooted in internal reality, our conversation expanded. Mr. O stated, as usual, "I am deleted," but this time I replied, "You don't think I can help you." Mr. O responded that I could help him by getting him food. I asked him what he liked and he responded that the hospital food was terrible. I agreed. Given his ethnicity, I asked if he might prefer Arabic food. For the first time, he laughed and I felt a tinge of hope.

It did not last long. Mr. O's expression changed to one of suspicion. He asked me what I knew about Arabic food, staring at me in a menacing way. It was a serious threat because Mr. O was a strong and imposing man. I became anxious and wondered what I had gotten myself into. It was quiet for a moment. Then, acting on instinct, I told him truthfully that I am Lebanese, and that I like kibbeh, hummus, tabbouleh, and fattoush.

Mr. O was still for a moment, appeared inquisitive, and asked if I liked raw or cooked kibbeh. It seemed like an interrogation, and I felt smaller and weaker by the moment. I said I liked both but preferred the cooked variety. Mr. O unexpectedly exclaimed, "I want hamburger!" and with great relief, we laughed together.

Mr. O's family was involved in his care, so we arranged for him to occasionally have hamburgers brought to the inpatient ward. Over the next few days, our conversations revolved around food. At first it felt like a victory, but I soon became unsettled when there was little further progress. Mr. O did as well, and he repeated the sentence "I am deleted" at times when he appeared withdrawn, and "You are deleted" at times when he appeared aggressive. I again tried replies such as "Perhaps you think I can't help you any more" or "I am here to help," but they were not fruitful as before.

The shift to internal reality helped, but it was not enough. I thought about *how* Mr. O was making these statements, and there seemed to be something significant about the *way* in which they were spoken. They had cadence, as if he were commanding or ordering something, as one might order a hamburger at a restaurant. It struck me that Mr. O was

attempting a performative utterance, or *a performative* in the sense described by Austin (1955):

> To utter the sentence . . . is not to *describe* my doing of what I should be said in so uttering to be doing or to state that I am doing it: it is to do it . . . . When I say, before the registrar or altar . . . "I do," I am not reporting on a marriage: I am indulging in it . . . . The issuing of the utterance is the performing of an action—it is not normally thought of as just saying something. [pp. 6-7, italics in original]

"I am deleted" was not meant as a truth-value proposition, I hypothesized, but rather as a performative. When Mr. O wanted to be alone, he psychically erased himself. When he thought he needed to attack in order to protect himself, he psychically obliterated me.

Viewing these statements as performatives rather than as truth-value propositions changed my strategy. I now saw Mr. O as involved in a power struggle with me and the institution that kept him imprisoned—a struggle intrinsic to any involuntary hospitalization. His words were actions asserting the only power he had: that of psychically erasing himself or those around him, and it was a power that nobody could take away from him. I suspect that if anyone had tried to take away that power, Mr. O would have moved from words to action and precipitated a disaster.

This meant my words had to change. In order to prove to Mr. O that I was there to help him (or at least not there to harm him), I began each encounter by deferring power to him in order to show him that I was in tune with the intention of his words. I thus began each encounter by asking him if, on that particular day, he was going to delete himself or if he was going to delete me. On days when he did not want to engage, one of us was deleted. I expressed my understanding of what was happening and ended the interview. On days when he was willing to engage, neither of us was deleted and the conversation evolved from topics of food to sports and eventually family. Our daily meetings progressed from a few minutes to an hour.

After many weeks, Mr. O was transferred to a board and care facility and continued to receive family visits. On the day he left, he wore his

favorite football jersey. He smiled and was friendly with the staff. He said he was the star linebacker on his team. I said it must have been difficult to make the team. He replied, "You have to get used to being tackled a lot of the time."

INSTITUTIONAL RESISTANCES

There is yet another obstacle which must be overcome in order to work psychoanalytically with psychotic patients, and that is the institutional resistance of a system that does not readily allow for this kind of work.

Inpatient physicians may be required to see as many as twenty patients in one day. This quantity crowds one's mind in such a way as to make psychoanalytic work nearly impossible. In addition to the workload, there is an increasing pressure to discharge patients quickly from the unit. The average length of stay was about one week on the ward where I worked. Knowing a patient will transition to the next level of care in such a short time prompts one to ask if it is worth allowing oneself to become involved on anything but a superficial level.

Additionally, inpatient doctors have other responsibilities, such as extensive documentation, coordination with other inpatient services, teaching and administrative duties, and navigating workplace politics, which on inpatient wards is of considerable intensity because the acuity of the patients pressurizes interpersonal dynamics. The layers of institutional resistance are almost too numerous to list here and piece together, like stones in the wall of a fortress.

We must face, then, the reality of three profound resistances: in the doctor (a threat no less than losing one's mind), in the patient (a threat no less than annihilation), and in the institution (with enormous historical, cultural, economic, and political concerns). These three resistances add up to a sum greater than their parts and create a barrier to communicating and connecting with psychotic patients—a barrier that often seems insurmountable, but does not have to be.

In this spirit, I offer the following account of my encounters with two other psychotic inpatients.

TWO ADDITIONAL CLINICAL CASES

Mr. K

Mr. K was an African American man in his early twenties who was hospitalized for threatening people on the street. He had a long history of legal problems and spent much of his youth in foster care or jail. He would not initially talk with me, taking a threatening posture. Through a legal process involving the mental health court, he was mandated to undergo involuntary inpatient treatment, including antipsychotic medication. While medication calmed his psychomotor agitation, the hostility between us remained palpable for the next three days.

On day four, Mr. K and I were standing in the common area of the inpatient ward when I asked him how he was doing. Every inquiry I made was met with profanity and hostility. I softened my voice and took a calm and unassuming stance, but his anger only intensified. A group of nurses gathered nearby, ready to intervene as a staff member called the police. No matter what I did, Mr. K became more hostile and more threatening.

So eventually I did nothing. I simply stood there, felt scared, looked in his direction without making direct eye contact, and waited.

Mr. K continued on a violent verbal rant: "I'm not your bitch!" he exclaimed. This progressed to "You want me to be your bitch!"

I continued to do nothing, my heart racing, my mind searching for a solution. Finally, with fists clenched, Mr. K yelled, *"Fuck you! I'm your bitch!"*—then stormed off to his room. He stayed in his room and quieted himself without medication.

For the next hour, I sat in the charting room, flipping through records to seem busy and avoid contact with anybody. Internally, I was thinking about what had happened, how Mr. K had made me feel, and what he had meant with his words. I suspected he had alluded to feeling trapped in jail and being another inmate's "bitch," possibly a reference to a history of sexual assault.

I tried to imagine what it would be like to be him: a poorly educated African American man, unable to work, and lacking any family or social

support. I tried to imagine what kind of trauma he suffered and how one survives with such atrocious psychological scars. I tried to imagine what it would be like to be locked in a psychiatry ward with no friends and practically no comforts, forced to take medications I did not understand. How would it feel to be a black man forced into "treatment" by a white man? What would it be like to be held down and have an authoritarian figure forcibly put a needle into my body and inject me with a perceived poison?

How much like a prison rape that might feel.

I was filled with a combination of despair for being unable to help Mr. K, anger at him for the verbal assault he rained down upon me, and anger at myself for tolerating it and for betraying my fear for my own life (which felt like cowardice).

Despair, anger, and fear. I was trapped and lonely. I hated the hospital and the system I worked in and perceived no escape. More immediately, I had seven hours of work with ten more patients ahead of me.[1]

More despair, more anger, more fear.

In my mind, I was a prisoner in a system and a culture I despised. Moreover, Mr. K's verbal and psychological assault made me feel like a bitch. He projected his mental state into me, and I was fertile ground for identifying with it. This was the moment of greatest resistance, and such moments affect the depth of involvement I will dare to attempt with another human being.

Immeasurable distance still separated my life from Mr. K's, but I wanted to try to take a step in his direction. Perhaps against better judgment, I decided to talk to him in his room. By this time, Mr. K was lying in bed, staring at the ceiling. At the doorway, I called his name. He looked up angrily, but did not otherwise move. I said I wanted to tell him something. He asked me what the fuck I wanted. I told him that I understood what he had meant out there. He asked me how the fuck I

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[1] While I begrudged the system, I truly admired many of the physicians, nurses, and staff who were devoting their working lives to this underserved patient population. I thank my colleagues for giving me as much freedom as possible to practice the way I thought best. I am most grateful to Thomas Ogden and the members of his analytic seminar for their open, honest conversation and support.

could understand. I told him that he had shown me. He was silent. I told him I hoped we could talk more the following day. He did not reply and I left his room.

The next day, Mr. K was much less hostile, and in the subsequent week the length of our meetings expanded from a few minutes to an hour. He told me about his family and his interest in skateboarding. By the end of his hospital stay, we had developed a good alliance and he was engaged in treatment, agreeing to outpatient follow-up.

In this case, the institution was prepared to literally step in between the patient and me. Had that occurred, the patient would have been restrained, given an intramuscular injection of several medications, and locked in a room. In other words, he would have been made to feel like a prisoner.

It is a dubious business to tell ourselves or our patients that we understand (or worse yet, *know)* how they feel. It may be impossible to fully comprehend another person's pain—or any emotion, for that matter. The charge may be laid against me that I am foolish to suggest that I, a Caucasian physician from a middle-class, suburban family, could ever understand the plight of a homeless, traumatized, psychotic black man living in urban poverty.

My reply is that such criticism ignores the boundless contents and potential of the unconscious mind, and that by reaching into the realm of the unconscious, we can find something that, at the very least, resembles common ground with people vastly different from ourselves. The unconscious mind harbors a universe of emotional content, including primordial anxieties that can make anybody feel like a prisoner or a bitch.

Mr. G

Mr. G was a middle-aged, African American man who presented to the medical and psychiatric emergency rooms of an inner-city county hospital with various somatic complaints. He complained of rashes, chest pain, rectal bleeding, muscle atrophy, and difficulty walking due to weakness.

Mr. G was admitted to the inpatient psychiatry ward four times over the course of a year with a range of diagnoses, including hypochondriasis, major depressive disorder, and schizoaffective disorder. He was placed on antidepressants, antipsychotics, and benzodiazepines in varying combinations, but nothing seemed to work.

Mr. G harbored the delusion that he was in the terminal stages of AIDS. He explained all his symptoms with this diagnosis, despite numerous negative medical workups. His fear of dying from AIDS reached such proportions that he hid in his room and stopped eating. He was barely able to walk and slowly shuffled around his room, repeatedly asking if he had AIDS or simply stating that he did.

I met with Mr. G for one hour at a time, five to six days per week, for about ten weeks. Initially, our meetings consisted of my measuring vital signs and performing a physical exam. Mr. G insisted such measures were taken. Though the exams were not medically warranted, they were a way of engaging in enough conversation to achieve a deeper connection.

Initially, Mr. G would not get out of bed. He told me he could not walk or open his eyes. I sat by his bed and listened to his heart and lungs. Whenever I examined him, he asked if it was safe to touch him, and I replied that it was. He often asked, "Doc, do I have AIDS?" I offered various replies, such as: "The tests show you do not" or "There is no evidence to suggest you have it now." Despite the repetitive nature of Mr. G's questions, I received them with the most serious intent and answered accordingly.

I would ask Mr. G to open his eyes, sit up, or walk. When he told me he could not do those things, I suggested we do them together. My statements were performatives, like those of Mr. O, although they were much more effective when suggested as communal activities (e.g., "Let's have you sit up" or "Let's try walking"), rather than commands (e.g., "Now sit up").

After a few weeks, Mr. G was able to sit up, get out of bed, and walk down the hallway. His nutritional intake improved and physical exams were replaced by evolving conversation. Mr. G discussed where he came

from, his occupational history, what his family was like, and his relation-ship with a former girlfriend. He eventually disclosed that his sister had AIDS, and he felt guilty about the fact that she might die from this dis-ease.

I began to feel administrative pressure—from subtle and insidious to overt and callous—to transfer Mr. G to a lower level of care, because it was becoming difficult to receive reimbursement for his hospitalization. Unwilling or unable to accept the reality of the system I was working in, just as my patients were unwilling or unable to accept other forms of re-ality, I was in denial about what could or could not be achieved with Mr. G. My denial morphed into anger and self-righteousness, then despera-tion, as the pressure of bureaucracy weighed upon me.

After several weeks of progress, Mr. G's condition started to dete-riorate. His fear of dying from AIDS intensified and his symptoms wors-ened. One day, he was unable to walk much further than the door to his room. He told me yet again, as if no lasting progress had been made, "Doc, I'm dying of AIDS."

I was discouraged and questioned my efficacy as a doctor. My ten-dency toward omnipotent thinking, a curse that would not be addressed until my own analysis began, was challenged. I was beginning to feel sick and to enter a psychotic state with Mr. G. Paralyzed by my descent, I did not respond to his statement.

Mr. G told me again, but this time with more urgency, *"Doc, I'm dying of AIDS!"*

Without knowing what I was going to say until the words left my mouth, I replied, "I'm dying, too."

Mr. G's eyes became wide and his fear was palpable. He stood almost motionless. What seemed like minutes passed, although in moments such as this, time cannot be quantified.

Finally, Mr. G asked if I had AIDS. I replied that I did not, but told him I was going to die. He again asked if I had AIDS. I said that I was dying just as he was, although I did not know how or when it would happen.

At this moment, I believe Mr. G began to think. He no longer seemed stuck, and we proceeded to walk down the hallway at a pace

faster than ever before, not another word spoken until we sat down in the common area.

Mr. G asked if I would be all right. I told him I would. He said he would like to eat lunch, and we agreed to meet again the following day.

Mr. G's condition markedly changed after that intervention. Our conversations expanded, he showed a widened range of affect, he re-layed a desire to return to work, and he perseverated less about AIDS. A week later, he was discharged to a residential treatment facility and, as far as I know, that was his last hospitalization after a series of many.

Thereafter, I visited Mr. G at his residential treatment program. Only once did he mention the prospect of his having AIDS, but he did not seem nearly as concerned with it. He told me about the various chores he was doing as part of his treatment and about some of his new friends. We again discussed his sister, her AIDS diagnosis, and his feelings of guilt.

Several months later, I was walking outside the hospital on my way to lunch. I was surprised to see Mr. G, who was visiting a relative. We made eye contact and he approached me. Spontaneously, I asked if he would like to talk for a few minutes, and he accepted.

We found a bench outside in a relatively private spot on the hospital grounds. For the next half hour, Mr. G fearfully relayed a story never told before. He recalled a gruesome memory of having been raped by a man. The assailant was notorious and later died of AIDS. I listened intently as rage grew within me.

I told Mr. G that his worry about having AIDS made sense to me. He asked me why. I said, "It was horrifying to be raped, and the horror only deepened when you learned that the assailant died of AIDS." He agreed. I said, "It must be hard to believe that your sister has AIDS and you do not." He agreed again, stating that *he* should have contracted it rather than his sister, who was a decent and kind person. I told him that he was a decent and kind person, too.

He asked me again what all the medical tests showed about his con-dition. I told him the tests were negative and declared that he must be a very resilient man.

PARADIGMATIC CONSIDERATIONS

Before I spoke of my own mortality to Mr. G, he seemed unable to consistently recognize me as another person, and, more generally, unable to think about or use the world around him. He had suffered two terrible traumas: a sexual assault and the prospect of losing his sister. Both represented a kind of irreversible loss that he was unable to confront on his own. Rather than losing a sibling he loved, Mr. G became, in his own mind, the person dying of AIDS—a fate that he believed he deserved after having been assaulted.

When I told Mr. G that I was dying, we inhabited the same world. He imagined me as someone with a struggle similar to his own, which also meant that I must be a separate person. As separate people, we could share an experience and move beyond it together. This coincided with a change in Mr. G's gait, from slow and shuffling to a faster pace— a change that also occurred in our conversations in terms of varying speed, content, and mood.[2]

With the words "share an experience," I am thinking of something introduced by Winnicott (1958):

> The baby has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby. These two phenomena do not come into relation with each other till the mother and child *live an experience together*. The mother being mature and physically able has to be the one with tolerance and understanding, so that it is she who produces a situation that may with luck result in the first tie the infant makes with an external object, an object that is external to the self from the infant's point of view.

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[2] That this was progress is an idea attributable to Bion (1967): "'Progress' will be measured by the increased number and variety of moods, ideas, and attitudes seen in any given session. There will be less clogging of the sessions by the repetition of material which should have disappeared and, consequently, a quickened tempo within each and every session" (p. 137).

I think of the process as if two lines came from opposite directions, liable to come near each other. If they overlap there is a moment of *illusion*—a bit of experience which the infant can take as *either* his hallucination *or* a thing belonging to external reality. [p. 152, italics in original]

I suspect it had been a long time since Mr. G and another person lived an experience together. A horrific trauma that (perhaps among others) reinforced his illness was the opposite of living an experience with someone. In rape, there is no sharing, only taking. In the prospect of losing a beloved sibling, there is an overwhelming sense of loss. Events like these had isolated Mr. G from the rest of the world, psychologically killing him. The shared experience of dying allowed connection to another, a moment of overlap, so that he could recognize an object external to himself rather than his own hallucination. Had we continued meeting, my task would have been, like the mother "with tolerance and understanding," to "go on steadily providing the simplified bit of the world which the infant, through her, comes to know" (Winnicott 1958, p. 153).

In cases where the divide between doctor and patient is great, it will take an especially large leap to cross it. Mr. G and I were different in countless ways, including our age, health, race, ethnicity, family, education, and economic status. It was easy to concentrate on such differences, especially when I was driven by fear and anger at the system I was working in, anger at myself for my own limitations, and frustration with a patient population that does not heal with magic. So rather than use magic, we can create a new reality. If you create something with someone—such as a new psychic space, as in Ogden's (1997) *analytic third*—then you can live an experience with him or her in that space, and in this context, change occurs. In order to bridge the widest gaps and make contact with people vastly different from ourselves, such as homeless or psychotic patients, we may need to harness the most difficult aspects of life, such as mortality or a confrontation with irreversible loss.

Creation is a kind of act; something must be done with words or deeds, and performatives do something precisely because they are acts. Mr. K's statement, *"Fuck you! I'm your bitch!,"* was performative. His words transformed me by demonstrating his inner turmoil. I had to feel

like a prisoner and a bitch, and our relationship evolved after I relayed recognition of this.

Similarly, Mr. G's statement, *"Doc, I'm dying of AIDS!,"* was a speech act that made me feel my own mortality. Contact deepened when I spoke my own action: "I'm dying, too." I did not merely acknowledge my mortality; I showed Mr. G that I was willing to share an experience with him, even if it made me feel sick for a while.

In order for a performative to do work, its intent must be accepted. A priest cannot simply walk down the street and proclaim two strangers to be married. The words must be made in the right place and time, and with willing participants. Mr. O's statement, "You are deleted," was performative, but only able to do work when treated as such. Initially, it was treated as a false truth-value proposition. He was seen as a psychotic wizard conducting deranged acts of magic. Mr. O was thus labeled delusional and schizophrenic, a tactic that went nowhere. The machinery of the inpatient service, psychiatry and (increasingly) psychology writ large, compelled me to give the patient a diagnosis and treat him with medication. This strategy, brought about by the overwhelming fear of being attacked or becoming psychotic, prevented thinking. In such a state, no psychological contact could be made with the patient, and instead I held on to what seemed secure: dogma.

In the arena of Western mental health care, dogma takes many forms, but none so prevailing as the methodology of the natural sciences. In cases of severe mental illness, this usually takes the form of psychopharmacology. This model can be helpful and is often necessary, but in cases of psychosis, our mental health system has become so enamored with biology that we may fail to see *any* utility in psychological treatments. When exaggerated, this stance discourages recognition of a patient's internal mental world, inhibits psychic contact, and obstructs creativity. This is the position I remained stuck in with Ms. S, and it was my initial position with the other patients considered here.

In theory, the current paradigm in Western mental health is the biopsychosocial paradigm.[3] In practice, at least for psychotic inpatients, the

[3] Alternatively, one could argue that there is no reigning paradigm for mental illness, and that the biopsychosocial model, an amalgam of such different fields, is an admission of this. Perhaps this is a desirable state of affairs, given the complexity of the human condition.

reality is much different, and treatment relies disproportionately on biological aspects of illness. When one considers how much psychological treatment is required in cases of psychosis and how little is actually provided, the biopsychosocial paradigm seems like an insincere ideal.

Thomas Kuhn's historical analysis of science and paradigm shifts is rather illuminating here. His landmark work, *The Structure of Scientific Revolutions* (1962), argued that the natural sciences do not progress as previously conceived—by the steady accumulation of established facts and theories—but rather in an episodic way: periods of *normal science* are punctuated by *revolutionary science*. During periods of normal science, a scientific community is in *puzzle-solving* mode, wherein experiments and observations depend upon the established assumptions of the paradigm that community operates within.

However, as progress is made and predictive power increases, observational anomalies arise that cannot be explained by accepted doctrine. When the anomalies become too troubling, they cause a crisis. A few bold members of the scientific community who are willing to challenge established doctrine offer an alternative paradigm that may spark a revolution. During a scientific revolution, competing paradigms are debated until one prevails.

However, the choice between competing paradigms cannot be entirely rational because the proponents of each paradigm will necessarily speak past one another. In Kuhn's words:

> The choice is not and cannot be determined merely by the evaluative procedures characteristic of normal science, for these depend in part upon a particular paradigm, and that paradigm is at issue. When paradigms enter, as they must, into a debate about paradigm choice, their role is necessarily circular. Each group uses its own paradigm to argue in that paradigm's defense.
>
> The resulting circularity does not, of course, make the arguments wrong or even ineffectual. The man who premises a paradigm when arguing in its defense can nonetheless provide a clear exhibit of what scientific practice will be like for those who adopt the new view of nature. That exhibit can be immensely

persuasive, often compellingly so. Yet, whatever its force, the status of the circular argument is only that of persuasion. It cannot be made logically or even probabilistically compelling for those who refuse to step into the circle. The premises and values shared by the two parties to a debate over paradigms are not sufficiently extensive for that. As in political revolutions, so in paradigm choice—there is no standard higher than the assent of the relevant community. [1962, p. 94]

Considering this, Kuhn argues that scientific paradigms are cemented due to a combination of sociological considerations, political enthusiasm, and scientific promise, rather than logic or appeal to objective truths. There is no impartial language or set of rules that can be used to compare paradigms. Kuhn used the term *incommensurability* to describe the fundamental difference between competing paradigms. Incommensurable paradigms cannot be used to prove or disprove each other and cannot be directly translated, as languages might be, from one to another. The incommensurability of paradigms means that they are fundamentally different worldviews: they employ different definitions, ask different questions, and use different rules to determine what is accepted truth.

The dynamic of incommensurability was initially operating in the cases discussed here. For example, Mr. O's statement, "You are deleted," was spoken from a fundamentally different worldview than my own. He abided by novel linguistic rules (e.g., employing unexpected performatives) and unorthodox social norms (e.g., expressing instantaneous disavowal of his or my existence in order to combat anxiety). When I viewed his position as delusional, we spoke past one another and our conversations came to a halt. Even shifting my attention to his internal world was not enough. I needed to step into the circle of his psychosis in order to live with his power struggle and move beyond it with him. Moreover, this change was precipitated by a crisis: my own psychological crisis. Mr. O's anomalous speech and behavior could not be adequately accounted for or treated by the tools of logic (i.e., normal science) that I wielded. This called for a revolution.

In his seminal work, *Philosophy and the Mirror of Nature,* Richard Rorty (1979) expands Kuhn's notion of normal science to *normal discourse,* and revolutionary science to *abnormal discourse:*

> More generally, normal discourse is that which is conducted within an agreed-upon set of conventions about what counts as a relevant contribution, what counts as answering a question, what counts as having a good argument for that answer or a good criticism of it. Abnormal discourse is what happens when someone joins in the discourse who is ignorant of these conventions or who sets them aside . . . . The product of abnormal discourse can be anything from nonsense to intellectual revolution, and there is no discipline which describes it, any more than there is a discipline devoted to the study of the unpredictable, or of "creativity." [p. 320]

Hopefully, the parallel is obvious: psychosis can be a kind of abnormal discourse, perhaps abnormal discourse absent insight into its irregularity. The psychotic patient, "ignorant of [the] . . . conventions" of normal discourse, is prone to use language in a way that seems nonsensical but may not be. He may, for example, use a performance utterance when someone playing by the rules of normal discourse expects a truth-value proposition.

The result, as Rorty puts it, "can be anything from nonsense to intellectual revolution" (p. 320). I suspect it is often something in between, but something useful nonetheless, and certainly something more than nonsense—a term often used synonymously (and derogatorily) with psychosis. Admittedly, Rorty was not arguing that elements of psychosis could be useful, and when he likened it to abnormal discourse, he was clearly doubtful of its utility. Then again, Rorty was not in the business of psychotherapy.

In science, observational anomalies set the stage for crisis and therefore revolutionary thought and abnormal discourse. In treating psychosis, the anomaly may simply be the patient's use of abnormal discourse that does not respond to methods of treatment based on normal discourse. This precipitates a crisis in the therapist, invoking a kind of circularity:

abnormal discourse demands abnormal discourse.[4] In other words, one way out of psychosis is through it. The paradigmatic error of Western mental health care is thus highlighted: when there is a unilateral attempt to treat psychosis with the methods and normal discourse of the natural sciences, there will necessarily be a gap of incommensurability.

It is not enough to simply engage in abnormal discourse. If the process stops there, patient and therapist will have no way out of the psychotic circle. The therapist must, in some sense, hold on to and use the sane parts of him- or herself to enable therapeutic change. Kuhn argued that paradigm shifts occur in the sciences via factors such as sociology, politics, and scientific hope. In psychotherapy, perhaps those factors are something like the therapeutic alliance or the ability to connect with a patient by elaborating something meaningful about his or her inner world, such as unspoken pain.

Obviously, the scientific method often works. When it does not, however, we may cling more tightly to the ways of normal discourse. We may not enter a state of crisis with our patients, or, if we do, we may grab a life vest woven with the fabric of science. Why, in the face of failure, might we hold on to established doctrine more tightly?

I suspect that mental health care practitioners, especially psychiatrists, commonly make the paradigmatic error of relying too heavily upon the scientific method because of the powerful assumption that it has a special claim to objective truth. This is particularly apparent in the treatment of psychosis, where all of the aforementioned obstacles, such as the profound anxiety of losing one's mind, embolden attachment to a paradigm that presumes to have privileged access to something as secure as objectivity. This is a force that has nearly precluded the use of psychoanalytic treatments for psychosis and that tempts practitioners of all kinds to mistakenly treat psychology as a natural science rather than a social science.

[4] The crisis in the therapist cannot be manufactured. It is something that occurs spontaneously, though an inpatient psychiatry ward is ripe for crisis. As Kuhn states of paradigm shifts, "The transfer of allegiance from paradigm to paradigm is a conversion experience that cannot be forced" (1962, p. 151).

Moreover, the belief that we have privileged access to objective truth is more ubiquitous than psychotherapists and even psychoanalysts recognize, for paradigms like this have very deep historical roots and are embedded in the unconscious. This is particularly deadening to psychotherapy, especially to the treatment of psychosis, because it prohibits different kinds of discourse and curtails creativity, including the creation of a shared psychic space.

PSYCHOTHERAPY WITHOUT MIRRORS

Loosening the sanctity of the natural sciences begins by challenging the latent assumption that they have a special claim to objective truth. Kuhn writes:

> A scientific theory is usually felt to be better than its predecessors not only in the sense that it is a better instrument for discovering and solving puzzles, but also because it is somehow a better representation of what nature is really like. One often hears that successive theories grow ever closer to, or approximate more and more closely to, the truth. Apparently, generalizations like that refer not to the puzzle-solutions and the concrete predictions derived from a theory but rather to its ontology, to the match, that is, between the entities with which the theory populates nature and what is "really there."
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> Perhaps there is some other way of salvaging the notion of "truth" for application to whole theories, but this one will not do. There is, I think, no theory-independent way to reconstruct phrases like "really there"; the notion of a match between the ontology of a theory and its "real" counterpart in nature now seems to me illusive in principle. Besides, as a historian, I am impressed with the implausibility of the view. I do not doubt, for example, that Newton's mechanics improves on Aristotle's and that Einstein's improves on Newton's as instruments for puzzle-solving. But I can see in their succession no coherent direction of ontological development. On the contrary, in some important respects, though by no means in all, Einstein's general theory of relativity is closer to Aristotle's than either of them is to Newton's. [1962, pp. 206-207]

Science is undeniably useful and has tremendous predictive value. Kuhn recognized this and attributes the progressive power of the natural sciences to the very nature of the scientific enterprise: it is precisely because scientists work within a particular paradigm and develop a dogmatic consensus that they are in a good position to improve the accuracy of their predictions. This makes Kuhn "a convinced believer in scientific progress," and he concedes that the progress of science may be "unidirectional and irreversible" (1962, p. 206). This does not, however, indicate that science progresses by aggregation of facts or toward the truth. This is the critical point of departure.

Rorty (1979) again takes Kuhn further by deconstructing the very concept of truth and challenging the goal of gaining privileged access to it. He contends that the core problems of modern epistemology and metaphysics rest on the metaphor of the mind as attempting to accurately represent or "mirror" a mind-independent, external reality. To "know" something, the metaphor goes, is to have the mirror of one's mind as clean and polished as possible so that it reflects the state of the external world. The more closely the image in our internal mental mirror corresponds with external reality, the closer we are to knowledge.

It has been the job of epistemology to repair and polish the mirror and the job of metaphysics to determine what is out there for the mirror to reflect. Rorty argues, however, that these are misguided projects, and their problems can be dissolved rather than solved.[5] His attitude toward objective truth is to deflate it: "'Objective truth' is no more and no less than the best idea we currently have about how to explain what is going on" (1979, p. 385). Once again: "The application of such honorifics as 'objective' and 'cognitive' is never anything more than an expression of the presence of, or the hope for, agreement among inquirers" (p. 335). The latter coincides with Kuhn's statement, quoted earlier, that "there is no standard higher than the assent of the relevant community" (1962, p. 94).

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[5] It is beyond the scope of this essay to defend the particular arguments Rorty makes, though chapter 4 of *Philosophy and the Mirror of Nature* (1979) contains key lines of argumentation.

Furthermore, Rorty challenges the notion that any one discipline is justified in laying claim to "privileged representations" of nature, asserting that our current generation is doing what others before us have done: attempting to reduce all disciplines to the incumbent model (which now happens to be the natural sciences). In response, he writes:

> Defenders of hermeneutics should just say that, as a matter of brute fact rather than of metaphysical necessity, there is no such thing as the "language of unified science." We have not *got* a language which will serve as a permanent neutral matrix for formulating all good explanatory hypotheses, and we have not the foggiest notion of how to get one. (This is compatible with saying that we *do* have a neutral, if unhelpful, observation language.) [1979, pp. 348-349, italics in original]

It makes more sense to simply say that we are better off viewing different disciplines as in better or worse positions to answer different questions. A natural science such as biology has applications such as surgery, which is better at dealing with problems such as when and how to repair an aortic aneurysm. The social sciences, however, with applications such as clinical psychology, are less useful at fixing aneurysms, but more useful at addressing problems such as "I feel like I don't exist" or "I don't want to be your bitch." Even if all of human psychology could one day be reduced or translated into a single language with perfect predictive power (e.g., neurochemistry), that language would be an incomplete way of speaking about the human condition and the problems it entails.[6]

A theory can be described both by what it is and what it is not. There is a risk of exaggerating the consequences of Rorty's pragmatism, which seeks to deflate objectivity. Some may conclude that this threatens the concept of *external* or *other*, but it does not have to. Modern ideas about objectivity frame our internal mental mirrors, but the concept of *external* or *other* needs no mirror imagery. Psychotherapists must respect external reality and the boundaries between self and other, which echoes my earlier acknowledgment that they must hold on to and use the sane parts of themselves. With this statement, I meant, among other things, appreciating the external world and one's separation from it. I think this posi-

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[6] See Rorty (1979, pp. 388-389) for the philosophical correlate of this point.

tion is fully compatible with Winnicott's statement that "if we allow analysis of psychotics, we find that in some analyses this essential lack of true relation to external reality is almost the whole thing" (1958, p. 152).

To amplify this critical matter: the cultivation of creativity (or the use of abnormal discourse) is by no means a rejection of external reality. Rather, the former needs the latter to be meaningful. Ogden (2012) gives the point more force:

> It is implicit in all of Winnicott's writing that creativity must not be valorized above all else. Creativity is not only worthless, it is lethal (literally so in the case of an infant) when disconnected from objectivity—that is, from "acceptance of external reality." An infant forever hallucinating what he needs will starve to death; a reader who loses touch with the writing will not be able to learn from it. [p. 93]

This passage provides another example of how we might deflate the idea of objectivity—by reducing it to something like "acceptance of external reality"—and I submit that nothing is lost if the word *objectivity* is removed altogether. This may be a departure from Winnicott, for whom *objectivity* and *a scientific attitude* are developmental goals (see the broader passage in *Primitive Emotional Development* for his trajectory [1958, pp. 152-153]). Our difference in emphasis makes sense because Winnicott is describing challenges to the infant's (i.e., the patient's) development, whereas I am describing challenges to the therapist (i.e., the mother) reaching the patient. That is, we are describing the same situation from opposite sides.

I do not know if Winnicott used the words *objectivity* or *scientific* to mean something like *knowledge of what is really out there*. It may be that I disagree with Winnicott about the utility of aiming for objectivity, but that does not preclude my using the rest of his work. I wonder what language Winnicott would have employed had he experienced the dramatic shift in mental health care away from psychology and toward biochemistry.

We can shatter our internal mirrors and still recognize external reality; epistemological humility does not require solipsism. It is, rather, a matter of what we try to do with external reality. We can study, appre-

ciate, and accept it. We can use it and learn from it. Problems arise, however, when we try to "know" it and when we believe we have privileged access to it.

The mirror metaphor has seeds in ancient Greek philosophy with the Platonic forms such as truth and knowledge, and the quest to discover the "essence" of things. It took flight during the Enlightenment, when the groundwork was laid for the belief that there could be a tribunal of knowledge—some foundational discipline or language that could legitimize or judge the accuracy of all other enterprises, as well as the promise of reducing all disciplines to the language of one fundamental discipline (perhaps the language of nature itself).[7]

At first, this tribunal was the realm of philosophy, via epistemology and metaphysics, but philosophy was later supplanted by the predictive success of the natural sciences, which is our current zeitgeist. These historical roots suggest why it is so difficult to give up the paradigm of the knowing mind as mirroring nature:

> The fierce indignation with which Kuhn's work was greeted was natural, for the ideas of the Enlightenment not only are our most precious cultural heritage but are in danger of disappearance as totalitarian states swallow up more and more of humanity. But the fact that the Enlightenment ran together the ideal of the autonomy of science from theology and politics with the image of scientific theory as Mirror of Nature is not a reason for preserving this confusion. The grid of relevance and irrelevance which we inherit almost intact from the eighteenth century will be more attractive when it is no longer tied to this image. Shopworn mirror-metaphors are of no help in keeping intact the inheritance—both moral and scientific—of Galileo. [Rorty 1979, p. 333]

On the one hand, we want to keep the gains of the Enlightenment. We value individualism and reason over authoritarianism. Yet humans are a conflicted species, often yearning for something and its opposite at the same time. As fervently as we want our freedom, we hasten to give it up. Rorty writes:

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[7] This historical discussion continues throughout *Philosophy and the Mirror of Nature* (Rorty 1979), though a summary is offered on pp. 3-5.

The notion of "one right way of describing and explaining reality" supposedly contained in our "intuition" about the meaning of "true," is, for Sartre, just the notion of having a way of describing and explaining *imposed* on us in that brute way in which stones impinge on our feet. Or, to shift to visual metaphors, it is the notion of having reality unveiled to us, not as in a glass darkly, but with some unimaginable sort of immediacy which would make discourse and description superfluous. If we could convert knowledge from something discursive, something attained by continual adjustments of ideas or words, into something as ineluctable as being shoved about, or being transfixed by a sight which leaves us speechless, then we should no longer have the responsibility for choice among competing ideas and words, theories and vocabularies. This attempt to slough off responsibility is what Sartre describes as the attempt to turn oneself into a thing—into an être-en-soi . . . .

The notion of an unclouded Mirror of Nature is the notion of a mirror which would be indistinguishable from what was mirrored, and thus would not be a mirror at all. The notion of a human being whose mind is such an unclouded mirror, and who *knows* this, is the image, as Sartre says, of God. [Rorty 1979, pp. 375-376, italics in original]

Freedom is liberating but also terrifying. For some, theology solves this problem with a God in the heavens above. For others, the science in the stars themselves offers the light of truth. Either way, the risk of adopting a celestial dictator is that it promotes an "escape from humanity" (Rorty 1979, p. 377).

On an inpatient psychiatry ward, patients are often held involuntarily. Like Mr. K, they feel imprisoned. This responsibility weighs more heavily upon us than we realize, propelling us into an unconscious identification with their involuntary status. We want to feel the stones beneath our feet—we crave them, in a way, and in Western medicine, the ground is paved with the stones of science. In inpatient psychiatry, this relinquishes us from the responsibility of imprisoning people, even if it is done in their best interest. We become être-en-soi by clinging to the idea of objectivity, but this is a Faustian bargain. To relinquish freedom is to surrender creativity and to discard one of our greatest therapeutic

tools. The extremity of Ms. S's psychosis and the anxiety it produced in me epitomize this point.

In the outpatient world, this takes the form of collusion with patients who externalize their conditions and induce doctors of all kinds to prescribe medications that do not address underlying causes. It is worth asking if the chemical model of mental illness is fueled by a desire to relinquish our responsibility to choose. If we could find all the answers to our problems by discovering external truth, then there would be an ultimate resting place for our inquiries.

Rorty's "edifying" philosophy (or, more specifically, his neopragmatism) offers an alternative: "to keep the conversation going rather than to find objective truth" (p. 377). He states:

> One way of thinking of wisdom as something of which the love is not the same as that of argument, and of which the achievement does not consist in finding the correct vocabulary for representing essence, is to think of it as the practical wisdom necessary to participate in conversation. One way to see edifying philosophy *as* the love of wisdom is to see it as the attempt to prevent conversation from degenerating into inquiry, into a research program. Edifying philosophers can never end philosophy, but they can help prevent it from attaining the secure path of science. [1979, p. 372, italics in original]

This is a call for philosophy without mirrors. In a similar vein, we could aim for psychotherapy without mirrors, whereby the goal is not to discover what is "really out there," but to keep the conversation going in order to foster thinking.[8] Edifying philosophy and psychoanalysis are natural bedfellows: both are hermeneutic endeavors, both value existentialist concerns, both place an emphasis on creativity rather than objectivity, and both value ongoing conversation over knowing. It is no surprise that Rorty repeatedly exemplifies Freud as an edifying philosopher, and hardly a stretch to see psychoanalytic dialogue as a kind of abnormal discourse.

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[8] I think this bears on the concept of psychoanalytic interpretation, though this is a much larger discussion to be held elsewhere.

Part of this essay is a summary and application of Rorty's position rather than a defense of it, but the position itself is an argument. The willingness to engage in abnormal discourse is invigorating. It catalyzes evolution, the unpredictable back and forth of collaborative creation, and "take[s] us out of our old selves by the power of strangeness, to aid us in becoming new beings" (Rorty 1979, p. 360). It would be entirely self-defeating to attempt to outline a recipe for creativity, so the best one can do is to try to retrospectively describe the conditions that allow for it to emerge. A philosophical mindset that permits abnormal discourse, or that at least challenges positions that do not, accomplishes this. It gives us, for example, freedom to speak in a way that acts.

I will conclude by briefly addressing a few possible objections to this essay. First, it is sometimes argued that in advocating for the deflation of objectivity, one is employing the very notion that one is criticizing. This argument holds if one's intent is to replace objectivity and normal discourse with some alternative that is purported to be a more accurate representation of reality, but this is not my aim. Rather, I am trying to illustrate what it can be like to work with psychotic patients, how these encounters influence my appreciation of how to better approach psychosis (and indeed all psychopathology), and what gets in the way of this work, including certain intellectual traditions and allegiances. The goal is not to replace one truth for another, but rather (as Rorty's neopragmatism suggests) to change the subject altogether—or, in the case of psychoanalysis, to change the kind of conversation that one has.[9] I hope I have shown how this shift can be facilitated by considering some of the anxieties and arguments of the philosophical and scientific communities, and by locating my personal experience as a doctor on an inpatient unit in the context of these broader discussions.

Second, it might be claimed that I have presented an oversimplified account of the histories of science, mental health care, and philosophy (Rorty and Kuhn have no shortage of critics, for instance). With this I cannot disagree, but it is simply not possible to tell a more detailed story in one essay. Further, in the more theoretical parts of this paper, a mac-

[9] See Rorty (1979, pp. 370-372) for his discussion of this issue.

roscopic view of these fields is intentionally taken, for in considering the idea of objectivity, I am raising concerns about a vector of power—that of a very seductive and potent idea—that traverses generations and time, deeply embedding itself even in the minds of those committed to the exploration of our internal worlds. I think that raising this issue necessitates a broad interdisciplinary perspective.

Finally, one might object to everything I have written here as a statement of my personal history projected onto the world. To this, I can only reply that one man's criticism is another's praise, for what do I have the right to comment on except that which is based upon my own experience? Indeed, I am hereby reacting to my training at an academic psychiatry department and medical school that championed the natural sciences, my education in a philosophy department rooted in the analytic traditions of the West, my upbringing in a large and religious community, and my unchosen existence in a commercialized society.

Moreover, such a critique would demonstrate a good understanding of this essay, for edifying philosophy is intrinsically reactive. This has been my experience in psychoanalysis: that it is a reaction to one's upbringing, the status quo, the undertow of unquestioned assumptions. It is the dissatisfaction with the unexamined life, the quest to find freedom in the missing pieces, that brings us back to the couch time after time, and time out of time, despite the crushing weight of the emotional work we have to endure, the grapple with our own psychosis.

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RETHINKING THE ROLE OF SMALL-GROUP COLLABORATORS AND ADVERSARIES IN THE LONDON KLEINIAN DEVELOPMENT (1914–1968)

BY JOSEPH AGUAYO AND AGNES REGECZKEY

The authors historically situate the London Kleinian development in terms of the small-group collaborations and adversaries that arose during the course of Melanie Klein's career. Some collaborations later became personally adversarial (e.g., those Klein had with Glover and Schmideberg); other adversarial relationships forever remained that way (with A. Freud); while still other long-term collaborations became theoretically contentious (such as with Winnicott and Heimann). After the Controversial Discussions in 1944, Klein marginalized one group of supporters (Heimann, Winnicott, and Riviere) in favor of another group (Rosenfeld, Segal, and Bion). After Klein's death in 1960, Bion maintained loyalty to Klein's ideas while quietly distancing his work from the London Klein group, immigrating to the United States in 1968.

Keywords: History of psychoanalysis, Kleinian object relations theory, small-group phenomena, Melanie Klein, Anna Freud, D. W. Winnicott, W. R. Bion, Controversial Discussions, Paula Heimann, British Psychoanalytical Society, Joan Riviere, World War II.

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INTRODUCTION

From the time that Freud originated psychoanalysis in *fin de siècle* Vienna, as his ideas about the understanding and treatment of nervous disorders attracted the attention of physicians and intellectuals alike, his writings on infantile sexuality, the dynamic unconscious, and neurotic conflict stirred a cauldron of diverse responses. By the time psychoanalysis became an international movement with the First Congress at Salzburg in 1908, the question of what could be counted as "legitimate" psychoanalysis and what would become known as "deviationism" set off an increasing number of flash points of controversy.

Psychoanalysis had gained extraordinary popularity by 1910, after Freud had sailed to the United States to deliver the Clark Lectures, and the specter of legitimacy and deviationism began to loom large as the guild of psychoanalysts grew in number. By the time Freud wrote "On the History of the Psychoanalytic Movement" (1914), he had become quite accustomed to making pronouncements about the definitional boundaries of his science:

> Although it is a long time now since I was the only psychoanalyst, I consider myself justified in maintaining that even today no one can know better than I do what psychoanalysis is, how it differs from other ways of investigating the life of the mind, and precisely what should be called "psychoanalysis" and what would be better described by some other name. [p. 7]

By this time, Carl Jung, who had been tireless in promoting Freud's ideas—first at the Burghölzli School in Zürich and then as the prime organizer of the first international psychoanalytic congresses and publications—had had a well-publicized falling out with Freud over the libido theory, which resulted in his separation from the psychoanalytic movement and the foundation of his own independent school of "analytical psychology." The specter of deviationism was now in full bloom (Makari 2008).

This paper targets another such episode in the history of our discipline, one that highlights the nature of collaborative and adversarial relationships, especially in the indirect, shaping role that they played

in contributions that became identified with the psychoanalytic work of Melanie Klein. Like Freud's work, her own came to attract admirers and detractors during the course of her career, primarily at the British Psychoanalytical Society from 1926 to the time of her death in 1960.

In pursuing a historical approach to this aspect of the London Kleinian development—rather than taking the usual route of charting the internal development of analytic concepts, such as projective identification, in a noncontextual vacuum—we will focus on the small-group factors that underpinned both the birth of theory and its growth, as well as its continuity and disruption, through our study of the interpretive groups that arose in successive generations both around and in opposition to its leader, Melanie Klein.

From the outset of this research, augmented by the work of Regeczkey (unpublished), our interest has revolved around some of the well-known members of the British Psychoanalytical Society—primarily Klein herself, Anna Freud, Edward Glover, D. W. Winnicott, Paula Heimann, and, surprisingly, Wilfred Bion (Aguayo 1997, 2000, 2002, 2009, 2011, 2014). While small-group rivalries arose before and after the Controversial Discussions that resulted in the establishment of a tripartite training system, one might wonder whether housing these divergent theoretical perspectives under one institutional roof may also have promoted innovations in psychoanalytic theory and technique. We will focus on small-group factors that supported and/or disrupted the evolution of Kleinian analytic theory, from the outset of Klein's career before she settled in London in 1926 until just after her death in 1960.

The main purpose of our contribution remains consistent with that of earlier research: to understand how Kleinian theory in London was shaped in the circumstances of both collaborative and often quite contentious, adversarial relationships, both personal and conceptual ones.

MELANIE KLEIN: COLLABORATORS AND ADVERSARIES (1924–1944)

To telescope a central finding from earlier research: if one tracks Klein's career from its beginnings after World War I to the time of her death in 1960, examining the analytic lineage that brought forth, perpetuated,

and at times opposed her work, one sees that analytic innovation went hand in hand with occasionally limiting circumstances. For instance, in the early, essentially patriarchal days of psychoanalysis, when medically trained men dominated the institutional landscape, the relatively restricted place for middle-class women was one factor that occasioned the birth of child analysis. In German-speaking countries, *Kinder, Küche, Kirche* ("Children, Kitchen, Church") were the watchwords of the woman's domain (Aguayo 1997). Since at that time women were relegated to the role of primary caretaker in middle-class European homes, there were no objections when a small handful of women—such as Hermine Hug-Hellmuth, Anna Freud, and Melanie Klein—ventured forth as psychoanalytic caretakers of children (Geissmann and Geissmann 1998). However different their initial analytic origins, these women were all involved in a psychoanalytically informed method of child rearing, which soon evolved into the new field of child analysis. Whereas earlier there had been struggles and rivalries among prominent male authorities in the field, soon there were fierce rivalries and personal animosities among female analysts as well (Aguayo 1997, 2000).

As a non-university-educated, divorced mother of three, Klein in the 1920s was quite unusual in successfully making her way through a hierarchical, patriarchal system dominated by the medical men who surrounded Freud. Told by her first analyst, Sándor Ferenczi, of her strong capacities as an observer of children, she found that her work began to attract attention within a few years of her initial involvement in the new field of child analysis. Klein slowly transformed her observations of child play into a theory of the child's internal world. Yet she could not advance her career as a child analyst without the help of powerful male patrons: Ferenczi, Karl Abraham, and Ernest Jones. In addition, we maintain that Klein's work would not have advanced without the support of enthusiastic and influential admirers—analysts such as Edward Glover, Joan Riviere, and others.

As is well known, the roots of child analysis extend back to 1909, when Freud tried his hand at child treatment in the Little Hans case—albeit one step removed in that he oversaw the work by meeting regularly with the boy's father. Freud's primary interest here was to test his ideas about psychosexuality that had been derived from adult analyses; would

these ideas hold true with children as well (Frank 1999)? Ferenczi, Klein's first analyst, also tried his hand at child analysis in the case of the "Little Chanticleer" (1913). Ironically, he became frustrated and retreated from this interest when his young patient actually began playing with toys in an early session, leading Ferenczi to simply conclude that the hour was over; there was no "talking" to the child. Ferenczi's case demonstrated his conception of child analysis as predicated on a child capable of consistent verbalization.

A few years later, Hug-Hellmuth (1920), generally less well known as a pioneer of child analysis, expressed the opinion that toys could be used as stage settings in which some limited analytic conversation might be attempted with young children. A special technique was needed to accomplish this, and she presented her paper about it at the International Psychoanalytical Association Congress at The Hague in 1920. Her contribution attracted the attention in particular of two colleagues in the audience: Klein and Anna Freud (Geissmann and Geissmann 1998).

These two pioneers in child analysis drew upon their direct experiences with little children, either theirs or those who sought treatment with them. There was a genuine and enthusiastic interest in psychoanalytically informed child rearing, especially when practiced by female analysts, and in the results such an approach could produce. Sayers (1991) stated: "Women analysts' use of their own and their patients' mothering experience indeed advanced psychoanalysis a long way from its patriarchal beginning" (p. 261). The early female pioneers were interested in treating children, rather than in merely deploying them as a testing ground for Freud's theories of adult psychosexuality.

In 1925, Jones had invited Klein to England from Berlin (where she had an analysis with Abraham) to give a series of lectures on child analysis. Her work generated great enthusiasm in London, especially from female lay analysts such as Riviere, who were very interested in the early development of children. Riviere helped Klein by translating her German texts into English. Klein's new perspective on the analyzability of young children had aroused sufficient interest to pave the way for her permanent residence in England by 1926. Jones's advocacy for Klein's perspectives on child analysis also set the stage for further developments in this nascent field. The British Psychoanalytical Society, under his

leadership, needed an identity, since the Freud group was confidently dominating the psychoanalytic field in Vienna and Berlin. Jones's instrumental influence over his colleagues, his organizational capacity, and his keen sense of the management of political conflicts uniquely qualified him to play an indispensable role in the evolution of the early psychoanalytic movement in England.

At the outset, however, Klein's work was brought into accidental prominence by a published critique made by Anna Freud. From the very beginning, encounters between the two of them were adversarial and forever remained so. Anna Freud fired the initial shots by including criticisms of Klein's work in her first book (A. Freud 1927). Klein's approach seemed like "wild analysis" to Anna Freud, and her critique galvanized immediate attention in London. Jones, ever the stealthy political strategist, seized the opportunity to put Klein's work center stage, and he devoted much of a 1927 issue of the *International Journal of Psychoanalysis* to putting forth Klein's views and those of her supporters.

In the "Symposium on Child Analysis" (1927), Klein and a coterie of London analysts—Jones, Glover, Riviere, and others—each for his or her own separate reasons maintained that Klein's ideas merited further investigation and should not be dismissed so quickly. Subsequent publications attracted intense attention and partisan criticism from many of their continental contemporaries; it was hard to imagine ideas associated with the Freud name becoming the object of criticism in the pages of a leading psychoanalytic journal!

When Anna Freud early on critiqued Klein's assumption that the prelatency child's play with toys reflected important aspects of the child's early conflictual life, Klein stood ready to defend her position, which was that the young child's conflicts were apparent in the very first session. Transference interpretations were to be made immediately as a function of what Klein (1929) thought of as the child's spontaneous personification of his internal conflicts, as manifest in his play with toy figures and attendant verbal elaboration. She interpreted the child's aggressive phantasies as soon as they became clear. As a result of her belief in the child's immediately meaningful communication by way of play behavior, she concluded that prelatency analysis was indeed possible.

In the milieu of the British Psychoanalytical Society, Klein estab-lished herself as a major proponent of child analysis in the 1920s and helped to crystallize the unique identity of the British Society. In the process, she also began to gather colleagues interested in her work, who would become a small disciplinary cohort by the time of the Controver-sial Discussions (Aguayo 1997, 2000; King and Steiner 1991).

Informing the theoretical antagonism between Klein and Anna Freud were these questions: Was the analysis of the prelatency age child possible without causing the child undue emotional harm? If the child's aggressive phantasies were interpreted, did this encourage their being acted out? Could one actually "do" an analysis in which play with toys could be counted as legitimate psychoanalytic evidence?[1] Here Klein made an innovative assumption: she regarded toys as representations of aspects of the young child's internal psychic experience, which could be read and interpreted, then rendered into communicative verbal lan-guage that the analyst could deploy with the child.

We maintain that, in coming forward with her work and increasingly with her publications, Klein could not have succeeded without an influ-ential patron (Jones) and a cohort of enthusiastic supporters (Glover, Riviere, and others). Of course, on the other side, Anna Freud, too, had a very substantial supporter—Sigmund Freud himself—and she gath-ered support from other Viennese analysts, such as Siegfried Bernfeld and August Aichhorn (Young-Bruehl 1988).

In these early days, when Klein expressed the view that the prela-tency child could be analyzed from the first session, Anna Freud (1927) countered with the view that only verbalizing, latency-aged children were analyzable. Early on, she thought that a preparatory period was needed in order to educate the child about what the psychoanalytic method en-tailed. She believed that the transference neurosis did not exist in the prelatency child, since his relationship with his parents was still in an un-formed, evolving state. Whereas Klein assumed that the play technique

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[1] Hinshelwood (2016) wondered if there had also been a clash of agendas and personal circumstances earlier on, when Klein had presented a lecture about children's drawings in Berlin in 1924. She may have been unaware of the recent murder of Hug-Hellmuth by her adolescent nephew, who had been in treatment with her. This tragic event may have contributed to the reluctance among Viennese child analysts to tackle the child's aggressive phantasies directly (Grosskurth 1986).

revealed important aspects of the child's early mental life, Anna Freud thought that the child's play was merely a method of developing a positive attachment.

In her work published between 1927 and 1933, Klein thought herself loyal to Sigmund Freud's theory in her speculations about the maternal origins of the superego. She saw her own findings as quite complementary to Freudian writings on the superego's structuralization as a terminal point in the child's resolution of the Oedipus complex. Furthermore, Klein thought she held a piece of the puzzle that complemented Freud's idea about the superego. In counterpoint to his statement that the paternal aspect of the superego crystallized the resolution of the Oedipus complex, Klein's interest rested with the inception of a maternally based superego. Klein elaborated her idea of the superego as developing out of the infant's conflict in relation to the material, satisfying, good breast that in its absence became the psychically frustrating, bad breast.

Glover, one of the leading experts on Freud at the British Society (who was analyzed by Abraham), strongly advocated for Klein's ideas and initially thought they were reconcilable with Freud's. Glover's intention was to join Freud's libidinal system, theoretically, with Klein's understanding of aggression. Glover (1933) made clear his endorsement of Klein's work by writing a glowing review of *The Psycho-Analysis of Children* (Klein 1932)—part of his concerted attempt to synthesize Sigmund Freud's work with Klein's (Glover 1927, 1931). Glover's advocacy for Klein's contributions was also informed by political/institutional considerations, in that he served as Jones's second in command; he could therefore be seen as aspiring to become the next president of the British Society.

Although we do not know who referred Klein's daughter, Melitta Schmideberg, to Glover for analysis, Klein would certainly have supported her daughter's analytic treatment with Glover. Given Glover's advocacy of Klein's work, Klein would have had every reason to believe that the analysis would have a favorable outcome. Between 1932 and 1935, as Schmideberg's analysis with Glover wore on, Klein continued her own battles, which included attempts to answer critiques made of her child analytic views by analysts loyal to Anna Freud's position.

While a steadily polarizing dyadic relationship developed amidst the ongoing struggle between Klein and Anna Freud, Klein now had to face a new battle within her own society in London, when Glover and Schmideberg stepped forth and began issuing public critiques of Klein's ideas. A formerly collaborative relationship now became an adversarial one—and Glover now retracted his earlier support of Klein and began to depict her work as a sort of "deviationism." The other antagonist was Klein's only daughter, Schmideberg, who had graduated in Berlin as an M.D. before joining her mother in 1928 in London, where she pursued training in psychoanalysis. She, too, initially advocated for her mother's work, but after 1932, as her analysis with Glover continued, she moved away from Klein's work and became openly antagonistic toward it (Aguayo 2000).[2]

This feud between two clashing personalities remained a primarily local affair. At the international level, Jones was motivated to continue publicizing Klein's child analytic work since it brought interest and attention to the British Psychoanalytical Society. Meanwhile, Klein continued to mature analytically, becoming a training analyst by 1932; she now analyzed adults and became a bit of a celebrity at her own institute. Regardless of how well her work was received at her own institute, however, her views on child analysis, now termed the work of the so-called English School, were not so well received on the continent, as would be evinced by the Exchange Lectures between London and Vienna from 1934 to 1936.

After 1932, Klein began to question her exclusive adherence to Freud's ideas. Glover's earlier agenda—to bring about a synthesis of Klein's and Freud's ideas—became increasingly untenable, and he turned against Klein's work as his analysis of her daughter continued.

A question increasingly preoccupied the protagonists: was Klein's work with young children an advance or a deviation from mainstream

[2] While neither Glover nor Schmideberg ever evolved his/her own formal system of analytic thought, it is of interest that when Schmideberg (1934) became adversarial toward her mother's child work, she pointed out the role of the external pathogenic mother. Interestingly, Winnicott, who would later break with Klein precisely over the issue of the external, environmental importance of the infant's mother, was in attendance at a meeting of the British Society in 1933 when Schmideberg presented her views (Halford 2015).

Freudian ideas? Initially, Glover regarded Klein's child work as an innovative extension of Freud's theories, but he then reversed his position; after 1933, he regarded it as a deviation, and in concert with Schmideberg, his analysand, he began to mount a coordinated critique of Klein's theories and techniques. For instance, Schmideberg (1935) would no doubt have annoyed her mother by her advocacy of a technique of reassurance, which would have sounded to contemporary ears much like Anna Freud's notion of a preparatory period that supportively eased the young child's entry into analysis proper.

It is hard to imagine the highly personalized acrimony among colleagues who had been on close terms with one another—let alone a daughter having such heated differences with her mother—on public display at the British Society's meetings. Some years later, in 1948, the embers left by the fiery clashes that eventuated in the Controversial Discussions could still be seen in Jones's rather diplomatically ambiguous account of how Klein's work was then received at the British Society: "The trouble was that she [Klein] was pursuing them [new views and methods] with a novel rigor and consistent recklessness that evoked in some members of the Society at first uneasiness and gradually an intense opposition" (Jones quoted in Klein 1948, p. 9).

Of course, the denouement had finally occurred in 1938. By then, Klein's work was meeting with active criticism and consistent opposition from the Freud family, who now lived in London after fleeing Vienna due to the Nazi takeover. The battle between Klein and Anna Freud was now up close and personal: one analyst saw herself as a creative innovator, while the other felt she was the legitimate preservationist of her father's work.[3] The stage was set for active and heated debates during the Controversial Discussions. Which side offered the most compelling and overarching theory of infant psychic and emotional development? Which of the two groups would have the right to determine the nature

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[3] Steiner (2000) carefully detailed the hunkered-down state of the dislocated group of Viennese refugee analysts in London during the early years of the war. They were homesick in an alien land where their native language was the subject of suspicion, and they were not allowed to travel beyond the city limits of London. Furthermore, they were subjected to translated psychoanalytic texts from the "English School" that rendered quite a foreign meaning to Freud's writing. This group clung together, taking refuge in their "legitimist" and proper understanding of Freud's canon.

of proper psychoanalytic training for candidates? Was there to be one core theory for everyone or would a plurality of perspectives be institutionalized? Ultimately, would the work of Klein be found to be that of a "schismatic," as had been the case with Jung and others decades earlier?

After three years of intense debate—so heated that on one occasion, Winnicott had to remind participants that it was necessary to exit the building immediately and go to the Underground because London was at that moment being bombed—an unusual resolution, the so-called Gentlemen's Agreement, was hammered out (Grosskurth 1986). Since neither side could persuade the other, there was an agreement to disagree, and the radical outcome of the three-track training system resulted. The groups were the Anna Freud group, the Klein group, and the "non-aligned" or "Independents." Klein's convictions about analysis had faced severe criticism, and while she displayed a capacity for intense partisanship, she also rose above persistent adversarial challenges and shaped crucial aspects of her theory in the process.

However, there would be no overarching, uniform theory for all analysts at the British Psychoanalytical Society. In the decades following the Controversial Discussions, the three groups had no choice but to interface closely with one another, despite keeping themselves somewhat disdainfully apart—at Society meetings, training seminars, and conferences, all of which also had a shaping influence in their evolving theoretical positions.

SMALL-GROUP TENSIONS, RIVALRIES, AND CONFLICTS IN THE WAKE OF THE CONTROVERSIAL DISCUSSIONS (1944–1959)

While the rivalry between Klein and Anna Freud persisted beyond the establishment of training tracks associated with their work at the British Society, the acrimony associated with Glover's and Schmideberg's personalized attacks on the "Kleinist" system gradually subsided. Glover would have no part of a theoretically pluralistic institute with three training tracks, and so he resigned his membership in the British Society in 1944.

During the course of the Controversial Discussions, Klein had gathered a small group of stalwart supporters: analysts such as Isaacs, Hei-

mann, Winnicott, and Riviere, to name the most prominent. With the Freud family taking the position of representing the one true and legitimate psychoanalytic theory, the possibility arose that the Klein group would be branded "deviationist." But with the vigorous support of the writing of Isaacs and Heimann, the clinical research with mothers and infants carried out by Winnicott, and the behind-the-scenes support of well-respected analysts such as Riviere, Klein managed to survive the threats levied against her theory.

Since the British Society now made institutional allowance for differences via a theoretical "pick-and-choose" attitude, individuals within each group continued the work of self-differentiation—hammering out definitions and distinctions that they thought uniquely characterized their particular theoretical approach. Emblematic of such acts of theoretical distinction, Klein issued one of her most famous papers, "Notes on Some Schizoid Mechanisms" (1946). On the cusp of having received institutional recognition for her theory, she struck out boldly in the direction of the feasibility of analyzing psychotic states of mind, a position that put her at odds with Freud's (1914) recommendations regarding the unanalyzability of psychotic patients.

Klein was also finally in a position to expect a more thorough-going allegiance to her theories than ever before. This new factor buttressed her increasing need to have "all-in" Kleinian disciples who would take up her innovations in theory. Makari (2008) described a similar phenomenon in noting that Freud's Viennese collaborators (e.g., Alfred Adler, Wilhelm Stekel) were turned into adversaries after he gained international recognition in 1909. While Freud had tolerated dissent and differences in theoretical perspective prior to 1909, he then moved toward demanding an "all-in" allegiance to his libido theory. While members of the Burghölzli School, such as Eugen Bleuler and Carl Jung, had been quite interested in Freud's ideas, their clinical aims and interests from the outset were directed at the understanding and treatment of psychotic patients; they simply did not adhere to the idea that an exclusive focus on libidinal analysis would unlock the door to the understanding of the psychoses. So, after years of fruitful collaboration, during which Jung had been invaluable to establishing the psychoanalytic movement on an international scale, Freud's demand for an "all-in" allegiance to

libido theory contributed to Jung's disaffection by 1912, after which he went his own separate way and did his own research.

Klein's popularity in London continued, and by the end of World War II, she had three new brilliant psychiatrists/disciples in analysis with her: Herbert Rosenfeld, Hanna Segal, and Wilfred Bion. This trio of analysands exemplified the new, "all-in" Kleinian. Contemporaneous with their analyses with Klein, this new cohort of Kleinians published a series of groundbreaking papers between 1947 and 1959, which represented an intense advocacy for their brand of psychoanalytic treatment of the psychoses. Their loyalty to Kleinian theory would not be compromised. For instance, Klein asked Rosenfeld not to publish his paper on the treatment of a psychotic patient until she was able to publish her own on schizoid mechanisms (Klein 1946); of course, her analysand deferred to her wishes, and Rosenfeld (1947) published his report of a case of depersonalization the following year (Grosskurth 1986, p. 115).

But Klein was hardly alone in the pursuit of theoretical differentiation and professional distinction. Members of the old Klein cohort from the Controversial Discussions period also sought distinction—and here Winnicott and Heimann stand out. Prior to World War II, Winnicott's work would have been considered "Kleinist" insofar as he had had years of supervision with Klein and an analysis with Riviere, one of Klein's closest associates. Klein critiqued and helped Winnicott (1941) with his groundbreaking research that clearly demonstrated that toddlers evince early maternal superego manifestations. Yet with the advent of the war, when Winnicott became absorbed in the care of evacuated children in Oxfordshire, he augmented his theoretical attitudes to include the *environmental factor* of maternal provision (Aguayo 2002). Confronted with scores of children attempting to cope with traumatic and abrupt separation from their families, Winnicott's environmental emphasis very slowly began to bring him into conflict with Klein's newfound emphasis on "all-in" allegiance to her theory.

At that point, Klein's increasingly strict emphasis on the analytic understanding of the child's phantasmic internal world as underlying his inherent psychological condition—or, psychologically speaking, as underlying what was emitted by the patient-as-subject—rose to the forefront. Her exclusive emphasis on what she thought of as the child's in-

ternal world gradually began to appear at odds with Winnicott's ideas about the maternal environment of provision.

At first barely noticeable, these slight differences were not debated. For instance, when Winnicott gave his paper on "Hate in the Counter-transference" (1947) at a meeting of the British Society, Klein, Segal, and Heimann were all in attendance and made remarks (Halford 2015). They would not have objected to Winnicott's idea that psychotic patients stir up hateful feelings in the analyst. As a matter of fact, Klein, in a set of unpublished notes for the IPA Congress in London in 1953, made almost identical observations. In her "Remarks on Countertransference," she wrote:

> In addition to all this, there is a point I wish to stress: the par-ticular processes of the schizophrenic of the splitting of his own ego and of the analysis of projective identification, a term I coined to denote the tendency to split parts of the self and to put them into the other person, stir in the analyst very strong countertransference feelings of a negative kind. [Klein quoted in Hinshelwood 2008, p. 102]

So how was it that Winnicott and Klein, who had been collaborators and were on friendly social terms with one another, came to have such irreconcilable differences? After all, Winnicott had been asked by Klein in the late 1930s to analyze her own son, Eric Clyne—a request that he accepted. How did these two long-term collaborators come to have such unbridgeable differences by the time Winnicott delivered his landmark paper on transitional objects in 1951 (Winnicott 1953)?

Grosskurth (1986) detailed Winnicott's back-and-forth movements about whether he would allow this paper to be part of a *Festschrift* to honor Klein's seventieth birthday, but ultimately, he decided it did not belong in a volume of Kleinian contributions, and he retracted it. Ironi-cally, the work of a long-standing member of the Kleinian group was now seen to fall outside its theoretical and clinical boundaries. In this and other instances, Winnicott acted in a manner quite similar to Klein: he, too, exercised his right to pick and choose how to conceptualize and represent his results.

Much as he had tried to reconcile his findings with those of Klein— for instance, in talking about a "pre-depressive position" in his paper on

"Primitive Emotional Development" (1945)—Winnicott ultimately took issue with Klein's formulation of the paranoid-schizoid position as a viable account of the infant's early psychic and emotional life (Caldwell, unpublished; Winnicott 1962). If one thinks of Rapaport's (1959) famous critique of the Klein system as one that postulated an "id-mythology" and essentially adultomorphized the young child's early psychic life, it would seem that Winnicott eventually concluded that Klein had "childomorphized" the infant's early life, especially its first six months. Apparently, it did not occur to the principals that they were arguing about two different kinds of infant: on the one hand, the virtually reconstructed infant of psychoanalytic work, and on the other, the actual infant as observed during spontaneous interactions with his maternal caretaker (Stern 1988).

So, with these real differences at hand, Winnicott went his own way after 1952. While he admired Klein's landmark achievements—the play technique with young children, the concept of the depressive position, the deepened understanding of the child's internal world (e.g., the infant's exaggerated aggressive tendencies toward the breast)—he took issue with what seemed to be an insufficient account of the mother's real importance in her infant's unfolding development (Winnicott 1962). These differences between Klein and Winnicott on the virtually reconstructed infant of psychoanalysis, vis-à-vis the observed infant with his caretaker, demonstrate how a rich, long-term, collaborative relationship eventually became theoretically contentious, based on what at that time were regarded as incompatible theories (Aguayo 2002).

Of course, in contrast to the emotional polarization and personal animosities that fueled both Schmideberg and Glover against Klein's work back in the 1930s, the differences between Winnicott and Klein were more conceptual and less personalized in nature. Still, however, this did not prevent Winnicott (1962) from making a passing *ad hominem* argument against Klein herself as "temperamentally incapable" (p. 177) of factoring in the importance of the real external mother. In contrast, we believe that Klein was actually quite capable of sensitivity toward the child's family environment, as she demonstrated in an infant and family observation that she conducted of her grandson. However, Klein never published these findings (entitled "Notes on Baby") and, in all her pa-

pers and books, she wrote no more than a few paragraphs about the importance of the child's familial environment. In the end, she produced no viable theory of environmental mediation (Aguayo 2002).

Another contemporary analyst who had been a long-term collaborator of Klein but eventually turned into a theoretical adversary was Heimann. During the Controversial Discussions, Heimann had been handpicked by Klein, her then-analyst, to make position statements about Klein's theories, and especially how they were derived from Freud's ideas. In papers such as "Projection and Introjection" (1942), Heimann articulated and also staunchly defended the "Kleinist" position. Yet after the war ended, she, too, went in a slightly different direction, in a sense on a path akin to Winnicott's. Interested in the subjective experience of the workaday analyst, she developed innovative ideas about the nature of countertransference, long regarded as a somewhat clandestine topic. Klein's views were rather like Freud's in this regard: countertransference was to be regarded as personal interference, or as a personal complex of the analyst's own, which in turn had been activated by the patient's transference (Spillius 2007). Very little had been written by British analysts on the topic before both Winnicott (1947) and then Heimann (1950) took it up. With Winnicott's "Hate in the Countertransference" (1947), in which he, too, broached the issue of the analyst's subjective reactions, the door was opened to an even-handed discussion of the topic.

Heimann's (1950) treatment was such a discussion. She reasoned that if the patient's transference represented the analyst's "greatest obstacle" and yet its "most powerful ally" (Freud 1905, p. 117), so the same must be true for countertransference. So, while she factored in Freud's (and Klein's) view that countertransference could certainly represent the analyst's own personal interference—in the form of unresolved conflicts and complexes activated by the patient's transference—she also extended its definition to include the unconscious-to-unconscious communication from patient to analyst. The analyst's countertransference as "an instrument of research into the patient's unconscious" (Heimann 1950, p. 82) showed that the analyst's affective response to his patient could also be a key to the patient's unconscious conflict. Since Klein would not accept this view, an irreconcilable difference slowly arose between these

two women, leading Heimann to leave the Klein group by 1955; overall, this was a deeply hurtful, personal experience for both women.

Yet another collaborator, Riviere, who had supported Klein's work from the time she came to live in London in 1926, was marginalized from the Klein group in the post-World War II era. Described as a "tall Edwardian beauty" (Strachey, Heimann, and Munro 1963, p. 233) who was educated at Cambridge, she became proficiently fluent in German and served as one of Freud's first English translators (after being analyzed by him). Yet after returning to London, Riviere became a stalwart and unwavering supporter of Klein. Discovering her own voice as an analytic writer, Riviere (1927) came to Klein's defense and emphasized the phantasmic parental imagoes that she thought dominated the young child's internal world. Long regarded as one of Klein's closest associates, she analyzed promising candidates and British Society members, such as Isaacs, Winnicott, and John Bowlby. She stoutly defended Klein's views when she delivered the Vienna Exchange Lectures in 1936, an act that in all likelihood elicited consternation in her former analyst on the occasion of his eightieth birthday celebration in Vienna. She stood behind Klein at the point of great crisis during the Controversial Discussions, exhorting her not to be intimidated by her Viennese opponents.

So how was it that Riviere came to be marginalized? She had, of course, expressed her reservations about the analysis of psychotic and near-psychotic patients, seeking help from Rosenfeld while expressing reluctance to see a "borderline" patient referred to her by Clifford Scott, another disciple and analysand of Klein. In the end, Riviere was marginalized by Klein when the latter put forth the new Klein group of the 1950s. Nowhere is this more evident than in Riviere's obituary (Strachey, Heimann, and Munro 1963): no one from the Klein group came forward in praise of Riviere's many contributions to Klein's work. Instead, it was left to others—such as Strachey and Heimann (long since resigned from the Klein group, along with her analysand, Lois Munro) to write Riviere's obituary. It is of singular importance that, while Riviere's strength as a gifted translator of Freud's work was highlighted, no more than a line or two of a seven-page tribute made any mention of her contributions to the London Klein group.

THE NEW KLEIN COHORT OF THE 1950s

With the emergence of the publishing cohort of Rosenfeld, Segal, and Bion, there were now implicit definitional standards established of what it meant to be a London Kleinian. Working within the parameters laid down by Klein (1946, 1952) as she defined and refined her concepts— to which this trio of analysts contributed—projective identification stood out as a defining feature of both psychotic and near-psychotic states of mind. In the trio's work as "all-in" Kleinians, they remained strictly within the parameters of elucidating the internal psychological states of mind of extremely disturbed patients, such as *confusion of self and other* (Rosenfeld 1952), *symbolic equations* (Segal 1957), and *attacks on one's own mind* (Bion 1959). In lock step with the work of their analyst, they relegated any discussion of the effects of environmental factors to secondary importance or marginalized it (Aguayo 2009).

By any measure, these were also landmark contributions to the Kleinian understanding of psychotic states of mind. These bedrock Kleinian concepts now characterized a definite school of thought, one that put exclusive emphasis on the purely psychological and internal, emphasizing instinct over nurture, as well as destructive impulses turned against self and other, rather than the failure of maternal provision. These "all-in" Kleinians not only refined central concepts such as projective identification and splitting; they also embedded them in an articulated developmental scheme of the paranoid-schizoid and depressive positions that to this day characterizes the London Kleinian approach (Spillius and O'Shaughnessy 2012).

Working strictly within the parameters of the Kleinian approach, these analysts made painstaking distinctions that extended its conceptual reach. For instance, in elaborating the crucial psychotic mechanism of *confusion of self and other,* Rosenfeld (1950) adhered to the paranoid-schizoid and depressive developmental scheme, explaining that in such states of mind, ordinary splitting could not occur. In other words, if the patient's psychological experience remained perpetually unintegrated, with good and bad, libidinal and aggressive hopelessly confused, the patient could not establish effective boundaries between *me* and *not-me.*

Perpetually confused states also resulted in the patient's loss of the object as separate—and, as a result, the analyst carried the ego-discriminating function; he was the one who had to sort things out. Projective identification, in which the patient intrudes or forces his way into the analyst's imagined state of mind, was established here as a primitive mode of object relationship that characterizes both psychotic and near-psychotic patients.

Segal (1957) further refined these internal psychological distinctions in her work on the psychotic patient's profound difficulties in symbolization. Whereas symbolization was reflected in the Freudian notion of a compromise formation of id, ego, and superego forces in neurotic patients, Segal elaborated Klein's discovery that psychotic patients could not symbolize. Klein's (1930) case of an autistic child had demonstrated that, in his play, the child equated a toy train with a dangerous penis. This false symbolic equation resulted in the stifling incapacity to play.

Segal then elaborated how her own psychotic patient, Edward, manifested profound concrete thinking in which physical objects could be falsely confused with what they symbolically represented. When Edward was asked why he no longer played the violin, he simply retorted, "Why? Do you expect me to masturbate in public?" (Segal 1957, p. 391). Such forms of symbolic equations leave the psychotic patient concretistically incarcerated in a world of very constricted meaning, where entrapment in a primitive form of a paranoid-schizoid state is equated with psychic chaos and disintegration.

Bion rounded out the Kleinian definition of psychotic states of mind by examining the nature of disordered thinking, where language could be misused as a mode of action. Thus, when the psychotic patient attacked his own mind, a concrete implication was its being shattered into bits (so-called *bizarre objects*) that were then forcefully evacuated into the analyst. Naturally, however, such aggressively concrete projective processes would have a highly disturbing and disorienting impact on the analyst at times. Constant processing of these disturbing states of mind was required, lest they have an overly organizing impact on the analyst. Projections that could be successfully metabolized, on the other hand, could now be seen as communications that potentially illuminated the analyst's countertransference.

In this instance, while it appeared clear that Bion drew on the work of his former analytic supervisor, Heimann (with whom he continued to work until she left the Klein group in 1955), his publications in the 1950s—surprisingly—never mentioned her landmark contributions on countertransference (Aguayo 2009; Grosskurth 1986; Willoughby 2006). For that matter, Segal never mentioned Heimann's (1950) paper, and it received only citation notice from Rosenfeld (1952).

DENOUEMENT: BION'S COVERT DEFECTION FROM THE LONDON KLEIN GROUP (1960–1968)

With the death of Klein in 1960, the work of the "all-in" Kleinian group continued, and at the surface level, its aims seemed consistent with the programmatic agenda established by Klein herself. Segal (1964) would soon set down the basic principles of Kleinian theory and technique in a classic handbook that became a fundamental primer to succeeding generations of analysts. Rosenfeld (1964) would further explore near-psychotic states of mind and projective identification in what became another set of benchmark contributions in the study of clinical narcissism.

Bion (1962a, 1962b) expanded the theoretical reach of Kleinian theory by postulating a normal, communicative aspect of the patient-as-infant's projective identification into the analyst-as-mother. In his theory of *container/contained,* Bion also explicitly interpersonalized what to some would subsequently appear to be Klein's implicitly bi-personal model (Greenberg and Mitchell 1983). During this time, Bion also became president of the British Psychoanalytical Society (1962–1965), and soon thereafter, he was selected as the first chairman of the newly established Melanie Klein Trust.

We maintain, however, that while Bion was at the very center of the London Klein group during these years, he slowly and quietly became disaffected with its so-called groupishness—its tendency to become and remain insulated as a relatively closed-off group of analysts, who now began to cite only each other's work in their publications. This tendency toward closing the ranks most likely had its origins in the group's prolonged fight for their very existence during the stormy times of the Con-

troversial Discussions. Yet there was a tendency to be less than charitable toward the work of other training groups in the British Society; the London Kleinians' scotomization of Winnicott's work throughout the remaining years of his life and beyond serves as an example (Aguayo 2002).

As an "all-in" Kleinian, Bion himself had participated in acting as if Winnicott's contributions did not exist, so in that sense, he was also a part of the London Klein group's exclusionary stance. In fact, the London Kleinians virtually ignored Winnicott's work until fairly recently (Aguayo 2002). In surveying over fifty years of Kleinian literature (1932–1988), one finds that the few citations to Winnicott's work almost always occur in the form of footnotes to Kleinian papers. That Bion also partook of this Kleinian group prejudice is more apparent now that we have a thoroughly digitized and comprehensive index and references section in the recently published *Complete Works of W. R. Bion* (2014).

Interestingly, Winnicott would on occasion entreat Bion to respond to him by post after hearing a Bion lecture; for instance, in a letter of November 17, 1960, Winnicott wrote:

> I hope you will understand that I am not expecting you to write a letter answering these questions. It is simply that I wanted to write to you and put into question form the place where I was able to come into contact with your paper last night. [Winnicott quoted in Rodman 1988, p. 131]

While Bion's lack of response to Winnicott was one thing, he incurred Winnicott's animus after 1962, when he began writing in a more interpersonal theoretical way about mothers and infants, container and contained. While Bion essentially ignored Winnicott's work, it seemed as though he brought the issue of mothers and infants into his writing by way of concepts such as *reverie*. Winnicott felt that such terms covered over ideas he himself had long advocated for in terms of good enough mothering and the infant's readiness to create something. In a letter to John Wisdom on October 26, 1964, Winnicott chastised Wisdom for having gone on at length about Bion's novel concepts, and concluded that his own work had in the meanwhile been scotomized. Referring to himself in the third person, Winnicott wrote: "This is what D. W. W. has

been trying to get us to see for two or three decades. In a way, all that Bion has done is to divert our attention from the main issue to alpha and beta functions" (Rodman 2003, p. 296).

In Bion's later clinical seminars—for example, the Tavistock seminars (June 28, 1976)—he sounded uncharitable and derisive toward Winnicott's work, even in reference to his justly famous transitional objects paper (Winnicott 1953). In fact, Bion misremembered the term *transitional object:*

> To get back to the psychoanalytic view: it is quite useful to talk about "transference" and "countertransference." Or, as Winnicott puts it, the "transitory object" [*sic*]; it is in transition, from goodness knows where to goodness knows what, from oblivion to amnesia—the tiny little bit in between that could be filled up by saying "transference relationship" and "countertransference," but I think it will have to be filled in with something else. [Bion 2014, p. 10]

Yet it also seems that Bion slowly became aware that he might have been participating in a *basic assumptions* group experience (Bion 1952) with his Kleinian confreres. We recall here that Bion initially submitted to being analyzed by Klein in 1946—on the condition that he not be counted as one of her followers, and "that he was his own person when it came to thinking and reacting" (Grosskurth 1986, p. 427). Judging by the few clues that he scattered throughout his actions and writings in the 1960s, Bion made attempts to remain true to his word. First of all, as president of the British Psychoanalytical Society, Bion had the administrative responsibility of presiding over all scientific paper presentations given at the Society's meetings. He therefore had firsthand exposure to the intense rivalries that permeated a still highly contentious institutional atmosphere (Bell 2014). In the aftermath of the Controversial Discussions, when three rival schools of psychoanalytic thought had been in antagonistic, disdainful contact with one another, Bion (1965) constructed what he thought of as scientific models and tables, such as the Grid, in which the elements of psychoanalysis might be thought about in an objective way. He struggled in one theoretical monograph after another to systematize what he called the *invariants* of the psychoanalytic situation,

so that amidst this so-called war of schools, the everyday analyst might be able to ascertain objectively the subjective psychic reality lived by his patients.

Looking at the issue of the war of schools differently, while the Controversial Discussions resolved the overt differences between the Freud and Klein groups by allowing each of them their own separate training track, covert antagonisms between the Kleinian group and the Independents remained. When both Winnicott and Heimann were unable to negotiate genuine differences in perspective with Klein in the 1950s, Bion was and remained an onlooker to this conflict—in one sense, learning from the experience of others. Perhaps here his considerable experience with groups helped him avoid overt strife with his former analyst, the woman whom he characteristically referred to in his private diary as the boss (Bion 1992). While he steadfastly helped Klein establish the ascendency of her paradigm throughout the 1950s, he learned to keep quiet about where his views differed from hers.

We maintain that after Klein's death in 1960, Bion simultaneously maintained his position as an "all-in" Kleinian while also subtly and quietly distancing his work from an increasingly insular London Klein group. Furthermore, we think that the radical shift in how Bion wrote his monographs after 1962 attests to his attempts to disguise what in fact were increasing differences of opinion with the Klein group; that is, he began to write in a deliberately dense, opaque, and hard-to-comprehend manner. Consequently, very few would have suspected that there were any real differences in perspective because his texts were so difficult to decipher. Perhaps here Bion demonstrated his understanding of what it means to be an individual as well as a member of a group, an instantiation of what he termed *binocular vision* (1962b).[4]

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[4] While historians such as Steiner (2000) have maintained that, at one level, the Controversial Discussions established a lasting principle of open public debate regarding theoretical differences, it may also be true that, with the establishment of the three training groups, there was also residual skepticism regarding the value of public disputations. Winnicott and Heimann, two Kleinian disciples, learned that the leader of their group would not tolerate direct emendations to Kleinian theory. We conjecture that this contentious atmosphere may have shaped Bion's choice to make his differences appear less overt and less debatable through the use of obscure language.

While it is well known that Bion grew increasingly weary of his administrative burdens during this time—a demanding task that left him feeling "loaded up with honors and sinking without a trace" (1970, p. 78)—it is less well known that he occasionally exuded his displeasure with his own group. In a seldom-read review of Eissler's (1965) book, *Medical Orthodoxy and the Future of Psycho-Analysis*, for example, Bion (1966) wrote about the differences between Freudians and Kleinians:

> I do not and have never been able to believe that what separates scientists are their differences in theory. I have not felt "separated" from someone who differs from me in the theories he holds; that does not seem to afford a standard of measurement by which the gap can be assessed. Similarly, I have felt very far separated from some who, apparently, hold the same theories. [p. 578]

At any rate, by the time Bion geographically distanced himself from the London Klein group by immigrating to Los Angeles in 1968, he had come to the point of setting aside his customary practice of citing the work of his London Kleinian colleagues. While his Kleinian confreres cited each other's work, he now scotomized their writing, moving instead to privilege the work of venerated authorities—Milton, Kant, Toynbee, and Poincaré—in the fields of literature, philosophy, history, and mathematics. Of course, he still cited both Freud and Klein, but much less frequently cited the other members of the Klein group.[5] In fact, after the move to Los Angeles, he rarely cited the available Kleinian literature, which stood in stark contrast to the fact that Kleinian authors tended to cite mainly the work of their immediate Kleinian colleagues (Aguayo 2014).

CONCLUSION

In taking a longer view of the collaborators and adversaries who had an indirect, shaping role on the evolution of Kleinian theory for close to half a century, we might summarize by noting that personalized clashes

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[5] One of the genuine anomalies of Bion's personal library was the fact that most of the books he owned were not psychoanalytic texts (Mawson 2015).

and animosities occurred both before and after the resolution of the Controversial Discussions in 1944. It seems that the more interesting question is just how theoretical innovation came about, and so in this paper we have focused on the small groups arrayed around Klein's theories after World War II. Members of those groups, such as Winnicott and Heimann—long since quite familiar with Klein's theories—were in a position both to make theoretical emendations and to formulate extensions of un-worked-out aspects of Klein's work.

While Klein had been long acquainted with Winnicott's pediatric consultations with mothers and infants at Paddington Green, their conceptual crisis was occasioned by Winnicott's elevation of his observations to the status of a new psychoanalytic theory. The formalization of his thesis about the maternal environment of provision was announced in his "Transitional Objects" paper, first given orally in 1951 (Winnicott 1953). We maintain that the occasion of Winnicott's presentation of this paper collided with Klein's implicit agenda to gather in her disciples in an "all-in" way that centered around her now-mature developmental theory, expressed in terms of the paranoid-schizoid and depressive positions. In effect, the clash between Winnicott and Klein represented a reworking of the war of theories during the Controversial Discussions. Just as Klein and Anna Freud had debated the early psychic life of the infant through their intermediaries from 1941 to 1944, Winnicott now took issue with aspects of Klein's depiction of the paranoid-schizoid position as a viable account of the infant's first six months of psychic life.

Perhaps Klein felt upstaged here by her former disciple: it was one thing if she herself "extended" Freud's original formulations with concepts such as the maternal superego; it was quite another if Winnicott did the same thing with his thesis of the maternal environment of provision. As it turned out, Winnicott's "extension" of Klein's implicit one-person theory eventuated in a major theoretical revision—and here Klein acted no differently than Freud himself had when Jung proposed his "extension" of the libido theory. The irony here, of course, was that in her unpublished work, Klein demonstrated her sensitivity to environmental factors, a sensitivity that she failed to elevate to the status of a formal published theory of environmental mediation.

Perhaps the same point holds for Heimann's "extension" of Klein's personal interference view of countertransference. Like Winnicott, Heimann, too, felt she had served a long apprenticeship with Klein, having been analyzed by her for sixteen years, and she had given papers in defense of the Freudian roots of Kleinian clinical thinking during the Controversial Discussions. It is not hard to imagine that, from the point of view of examining Klein's clinical theories, writing about them and defending their viability in public forums enabled Heimann to arrive at her own innovative "extensions" of un-worked-out aspects of Klein's work.

We think this occurred with Heimann's paper "On Countertransference" (1950). Again, the appearance of this paper occasioned immediate strife between Heimann and her former analyst, since Klein attempted to dissuade Heimann from giving the paper at the 1949 IPA Congress in Zürich. In a now-famous encounter, Heimann retorted: "Do you think it gives me such great pleasure to stand in your shadow my whole life long?" (Grosskurth 1986, p. 378). Heimann would not back down, would not accept her role as a mere disciple—and so the two women went their separate ways when Heimann left the Klein group in 1955. As mentioned, Heimann's emendations were clearly on Klein's mind—as her 1953 unpublished notes on countertransference amply demonstrated. But again, just as with Winnicott's emendation, Klein did not formally publish on the so-called wider view of countertransference (Spillius 2007).

We maintain that Bion was an onlooker to these conceptual clashes between his analyst and former supervisor. And very much like his Kleinian confreres Segal and Rosenfeld, Bion pursued the Kleinian line of research on psychotic states of mind, regarding these states as purely psychological phenomena to be understood from the perspective of internal psychic reality. However, it also seemed that, despite Bion's participation in the Klein group's scotomization of both Winnicott's and Heimann's work during the 1950s, once Klein passed away in 1960, Bion quietly and covertly defected from the London Klein group.

Seen in this revisionist light, the title of Bion's first book after Klein's death, *Learning from Experience* (1962b), appears somewhat ironic. If we understand this title from the perspective of its author's membership in the London Klein group of the 1950s, what exactly had he learned?

We venture to suggest that it would have appeared imprudent for any disciple flying under the London Kleinian banner to advocate publicly for ideas such as the *maternal environment of provision* or the *wider/ unconscious-to-unconscious form of countertransference.* Yet this is exactly what Bion did after Klein's death—and we maintain that the seemingly sudden shift in his style of written discourse served this end well in that, in this way, Bion could discuss ideas that only very informed observers would have attributed to either Winnicott or Heimann. So, whereas Winnicott discussed *holding* and *good enough mothering,* Bion now discussed *container/contained.* It is a tribute to Bion's obfuscating rhetoric that contemporary British analysts are only now coming around to making these topics conference worthy; it is just in the last few years that British analysts have birthed the idea of actually comparing and contrasting similar-sounding ideas, such as *holding* and *container/contained.*

To the uninitiated, this rhetorical practice of disguising the originators of particular ideas might appear strange for a profession that prides itself on a relentless search for the invariant psychic truth in the human condition. Political philosopher Leo Strauss (1941) long ago argued that persecution exists in subtle forms, even in modern liberal democratic societies. In a time and place such as post-War England, where psychoanalysis was a pursuit available to only a few, even such otherwise outspoken psychoanalysts as Bion stepped lightly around ideas that had been ostracized by Klein.

In her autobiography, Klein (1959) made it clear that she could tolerate just about anything other than disagreement with her ideas. She wrote:

> For years I was still working and went to all Congresses after 1922 onwards . . . and always did my duty for psycho-analysis, but I became more and more doubtful that my work and whether the depth to which I was able to take psycho-analysis was something which many people could bear, and whether there were many people who would carry out analysis to such a depth. I became very skeptical as time went on about the survival of my work, but in recent years with an outstanding group of colleagues, who have the capacity to protect this work and who can and will continue it after my death, I am again hopeful. [Klein 1959]

We think that Bion soon came to recognize this attitude in the woman whom he privately referred to as "the boss"—someone who would not brook deviation from her now-established system of thought. Yet Bion's aim was to move the field of psychoanalysis forward, and so he took great pains to express what he considered invariant psychic truths, while simultaneously protecting his work from in-group ostracism and persecution.[6] Bion's remarkable feat of staying within close proximity to Kleinian theory, while at the same time contributing in his own authentic ways that expanded Klein's work, ultimately evinced his deft application of his own theory of *binocular vision* (Bion 1962b).

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[6] Strauss (1941) mentioned a number of liberal philosophers in the Western tradition who struggled with the tension between their quest for freedom of inquiry and their fear of subtle forms of persecution. Spinoza is a particularly enlightening example: he was a Jewish philosopher living in a non-Jewish environment. who never felt quite free to speak his mind. Strauss argued that Spinoza knew quite well why he kept quiet about certain issues, being "cautious, hesitant, and reserved" (p. 501n).

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DREAM DIAGNOSTICS: FRITZ MORGENTHALER'S WORK ON DREAMS

BY RALF BINSWANGER

The unique approach to dreams of Swiss psychoanalyst Fritz Morgenthaler (1919–1984) is presented and discussed. Although rarely discussed in the English-speaking psychoanalytic world, this approach is very alive in German-speaking countries. Focusing on the distinction between the remembered hallucinatory experience of dreamers and the event of telling dreams within psychoanalytic sessions, Morgenthaler made two major innovations: first, he proposed a new understanding and handling of associations to dreams, and second, he offered what he called dream diagnostics *as an instrument with which to integrate both resistance and transference into clinical work with dreams.*

Keywords: Dream diagnostics, dream interpretation, Fritz Morgenthaler, told dreams, trauma, association, sleep disturbance, Freud, dream tendency, emotional movement, absurdity, transference, dream censorship.

INTRODUCTION

Discussion of the unique viewpoint on dreams of an author whose death dates back more than thirty years might at first seem to be primarily of historical interest. The Swiss medical doctor and psychoanalyst Fritz Morgenthaler (1919–1984) developed a specific and highly original approach to psychoanalytic work with dreams. In English-speaking countries, if he is referred to, it is usually as a member of a small group of

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ethno-psychoanalysts who worked with Paul Parin in the 1950s and '60s, since this group's work was published in other parts of the world as well as in Germany.[1] This dissemination was furthered by the group's personal acquaintance with internationally known psychoanalytic researchers such as René Spitz, Willi Hoffer, and Paula Heimann. Furthermore, a professional friendship tied Morgenthaler to Heinz Kohut, whose achievements he conveyed to German-speaking psychoanalytic readers, integrating Kohutian contributions into his own work (Herzog 2016). Parin and Morgenthaler were involved in the International Psychoanalytical Association, where they held office and frequently contributed to congresses (Kurz 1993).

The influence of Parin and Morgenthaler is still alive within the German-speaking psychoanalytic community. More than 400 psychoanalysts from Germany, Austria, and Switzerland attended the 2005 Zürich congress in commemoration of the twentieth anniversary of Morgenthaler's death. His theoretical and practical approach to dreams is actively cultivated in some psychoanalytic circles. The fact that German analyst Reimut Reiche (2012) and I are often invited to give dream seminars promoting Morgenthaler's method in Switzerland, Germany, and Austria indicates that this tradition continues.

These facts lead me to believe that Morgenthaler's approach might be not only of historical interest, but also of clinical utility in today's analytic practice, for English-speaking analysts as well as others. His approach incorporates innovative proposals that can help resolve certain well-known problems arising from Freud's *The Interpretation of Dreams* (1900).

As is generally known, some of these problems result from the fact that Freud's *Interpretation of Dreams* reflects an early stage of his theoretical development. Freud detected transference later on, during his work with Dora (Freud 1905a), and he did not rely on an explicit concept of countertransference. Lansky (1992) is therefore correct when he states that dream theory at this stage did not arise from the analytic situation

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[1] In the 1960s, these ethno-psychoanalysts undertook field research with the Dogon and Agni tribes in West Africa, involving members of those peoples in a sort of psychoanalytic dialogue. Parts of the results have been translated into English (Parin and Morgenthaler 1964a, 1964b, 1969, 1972; Parin, Morgenthaler, and Parin-Matthèy 1980).

as we know it today; consequently, it does not teach us how to incorporate transference and countertransference in our work with dreams. Instead, by requesting that the dreamer associate to every element of the manifest dream, our traditional method prescribes a handling of dreams that is totally different from the handling of the rest of the material presented in analysis. This "radical associationalism" (Lansky 1992, p. 12) has rightly been criticized.

A consequence of this critique is the common practice of understanding the *manifest dream* as part of the comprehensive associative process during one or several sessions. But in my experience, this practice can be linked with a certain undervaluation of the *latent* dream, and may change Freud's (1900) "royal road to a knowledge of the unconscious activities of the mind" (p. 608) into a mere side path.

Furthermore, Freud developed his structural theory only twenty years later. With the exception of the fifth chapter of his *An Outline of Psycho-Analysis* (1940), he never applied the structural viewpoint to his original dream theory. Arlow and Brenner (1964) are usually considered to be the first and most important authors to do this, proposing to replace the topographic viewpoint on dreams with the structural one. The rise of ego psychology contributed to valuing the manifest dream content more highly than Freud allegedly had. In fact, the manifest dream mirrors the state of drive development and the organization of the dreamer's defenses, the segments of his life cycle (Erikson 1954), and the vicissitudes of the development of the self. This phenomenon enriches our appreciation of dreams, on the one hand, but has also led to the loss of a certain tradition, on the other. This loss was highlighted many years ago by Greenson (1970), quoting Altman (1969):

> Since the coming of the trend toward ego psychology, many analysts have not had the experience of their own dreams properly analysed, and the lack of this type of personal experience has deprived the psychoanalyst of the conviction that the interpretation of dreams is of outstanding importance for psychoanalysis. [Altman quoted by Greenson 1970, p. 84]

Here Greenson implicitly explained, perhaps, why Morgenthaler is still important in German-speaking psychoanalysis. That is, he taught a

generation of analysts in their personal analyses, in supervision, and in his famous dream seminars how dreams can be appropriately analyzed. I myself repeatedly had the exhilarating experience of appreciating how the uncovering of deeply unconscious contents of the latent dream, and then linking them with the dynamics of resistance and transference, made some of my most disturbing neurotic conflicts accessible, allowing them to be worked through.

Morgenthaler introduced two specific innovations into clinical practice. First, he developed a new understanding and a new handling of the associations to dreams. Second, he proposed what he called *dream diagnostics*—an instrument with which to integrate resistance and transference into work with dreams.

On a *theoretical* level, while relying on Freud's original dream theory, Morgenthaler intended to systematically integrate Freud's tripartite theory of the mind into his *Interpretation of Dreams* (1900). In addition to this adaptation of aspects of ego psychology, Morgenthaler applied some of Kohut's views on narcissism to his psychoanalytic technique.

Unfortunately, his written legacy on dreams (Morgenthaler 1986[2]) remained a fragment, published only after his sudden death. For this reason, I will present a sort of reconstructive interpretation of his approach. Since he was a gifted teacher, a rich oral tradition survived in parts of the German-speaking psychoanalytic community, producing some secondary literature (e.g., Mertens 2005–2006; Reiche 2012). This complements the available written fragments, to a certain degree. I am aware that the necessity of relying on an oral tradition and secondary literature may convey a certain anecdotal quality to some parts of this paper.[3]

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[2] The book contains one paper completed by Morgenthaler ("Dream Diagnostics: The Significance of Formal and Structural Viewpoints"), a draft of a paper edited by Parin ("An Evidential Dream"), two transcriptions of tape-recorded Morgenthalerian dream seminars, a fragment on positive transference, and preliminary or commenting papers by Paul Parin, Hans-Jürgen Heinrichs, Ralf Binswanger, and Mario Erdheim. A German translation of the transcription of a dream seminar held in Italy can be found in Morgenthaler (2005, pp. 21-54).

[3] The style of Morgenthaler's teaching and writing sometimes seems authoritative and apodictic. A closer look reveals that his aim was not to exclude other views, but to delineate his concepts as clearly as possible. He believed that clear concepts facilitate ori-

This is how I shall proceed: in the section following this one, "Scrutinizing Told Dreams: Two Consequences," I will emphasize the formal distinction between *remembered* dreams and their auto-analysis, on the one hand, and the *told* dream within the psychoanalytic situation, on the other. This distinction allows an easy grasp of the two practical innovations in Morgenthaler's approach: the new understanding and handling of the associations to told dreams and the introduction of what he called *dream diagnostics.* A partially constructed dream example will serve to explain and illustrate these innovations in the following section. Next, a section on dream diagnostics begins with an attempt to construct specific definitions for three Morgenthalerian terms: *dream diagnostics, dream tendency,* and *emotional movement.*

Since dream diagnostics requires focusing on *formal* aspects of the dream, of its remembering and its telling, those aspects will be presented and illustrated in some detail in a subsection. It will be shown that formal aspects also help us uncover how dream censorship works. Another subsection deals with the *structural aspects* of dreams.

Following this, the section entitled "How to Handle Associations to Told Dreams" illustrates Morgenthaler's approach to this topic with a clinical example. Then, in the next section, the influence on dream formation of the analyst's presence and of scheduled analytic sessions is discussed. Finally, in the concluding section, I will present a kind of "toolbox" for handling dreams within the analytic situation.

SCRUTINIZING TOLD DREAMS: TWO CONSEQUENCES

In order to highlight Morgenthaler's innovations in dealing with dreams, a distinction can be made between two different *forms* in which dreams appear and are handled: *remembered dreams* and *told dreams.* In psychoanalytic practice, we are not dealing with the dreams themselves, but

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entation within often complex and ambiguous individual realities. This attempt at clarity by no means intended to narrow our view of patients or to fit them into the procrustean bed of our theories. Morgenthaler's emphasis on clarity was also discernible in his technical attitude: he made explicit interpretations in the form of hypotheses that allowed space for authentic negation by the analysand.

with *the event of telling one or several dreams within an analytic session*[4]—termed *told dream(s)* in this paper.[5] Whereas remembering and auto-analyzing dreams are self-related activities, the told dream is an *interpersonal* event: it has an addressee, the analyst.

The distinction between the two forms in which dreams appear and are handled—remembered dreams and their auto-analysis, and told dreams within a psychoanalytic situation—helps us understand the two main innovations in Morgenthaler's approach: the first pertains to associations to the dreams, and the second, *dream diagnostics,* supplements dream interpretation. These two points can be described as follows:

1. Freud and the majority of his successors transferred a self-related method into the interpersonal psychoanalytic setting, where it might no longer be appropriate. This is the reason why Morgenthaler considered the *context* in which a dream is told to constitute the significant associations to the dream. In other words, instead of prescribing associations directed at every element of the manifest dream, he recognized the simple fact that the associations are *already present* when a dream is told.[6] I will return to this point in the section of this paper entitled "How to Handle Associations to Told Dreams."

2. The presence of an addressee in *told dreams* links them directly to transference and countertransference. Focusing on this link is what Morgenthaler called *dream diagnostics,*

[4] "The dreamer doesn't remember anything of the 'forgotten and repressed' material contained in the latent dream thoughts, but he acts it in the manner how he handles the dream. He reproduces the dream not as a memory but as an act, and this act is the dream and his narration of the dream" (Morgenthaler 1986, p. 49; translations of all German quotations in this paper are by Ralf Binswanger).

[5] The distinction is not new, having been made by several authors (e.g., Blechner 2001; Erikson 1954; Ermann 1999; Ferenczi 1913; French and Fromm 1964; Klauber 1967; Society Proceedings 1924). Some of the comprehensive consequences described in this paper, however, were first articulated by Morgenthaler.

[6] A similar view is proposed by Simmel (1995) for the special situation of written dreams: "Thus, we are on firm ground when suggesting that it is important to include, although not invite, the behavior of the writing down of dreams as part of the analysis of a dream when it appears. Why write it now, why read it, and, perhaps most interestingly, why write it in this way on that paper? The answers to these questions are, after all, associations to the dream and therefore help lead us to the dream wish" (p. 660).

which, on a conceptual level, he separated from *dream interpretation*.[7]

A PARTIALLY CONSTRUCTED DREAM EXAMPLE

Before entering into further theoretical considerations, I will try to approach Morgenthaler's practical innovations through a partially constructed dream example. The first part is a *remembered* dream of my own and its interpretation. The second part is constructed: it transforms my remembered dream into a hypothetical dream *told* to a hypothetical female analyst in a hypothetical analytic situation. This example serves to illustrate the importance of the difference between the remembered and the told dream, as well as three terms used by Morgenthaler in a specific way: *dream diagnostics*, *dream tendency,* and *emotional movement.*

When I awoke one morning, I remembered the following dream:[8]

I had attended a five-day seminar with abundantly positive results. Apart from the professional gain, I was allowed to play on a very beautiful Bösendorfer grand piano, and in addition we climbed Mont Blanc. I was really taken by the experience and spoke about it with my office colleagues, who, in spite of my descriptions of all these wonderful experiences, showed no interest. They acted as if it was all banal and boring, which mildly disappointed me.

Reflecting on the dream, I noticed my inclination to "sell myself," enumerating everything I had to offer in order to become an interesting person in the eyes of my audience: the fruitful seminar, playing the Bösendorfer grand, and climbing Mont Blanc—until I had no more to "sell." Then I registered an *absurdity* in the manifest dream: it is not physically possible to climb Mont Blanc during a seminar break, of course. Using Freud's *Interpretation of Dreams* as a resource, I remember

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[7] "At this point, I want to introduce the term *dream diagnostics* in order to demonstrate that dream interpretation and dream diagnostics are two considerations that have to be separated from each other" (Morgenthaler 1986, p. 27).

[8] This dream and its interpretation have been previously published (Binswanger 2008).

that absurdities may mean ridicule and derision—in this case, about my-self. Why do I deserve this?

As nothing further came to my mind, I went to the bathroom. There I saw a huge white bottle of hand cream, shown on the left in the photo below. Instantly, I recognized that this bottle was Mont Blanc (literally, *the white mountain*) in my dream. The small pot in the right half of the photo was prescribed to me by my dermatologist; its price was twenty Swiss francs. *Five days* before I had this dream, I had noticed at my pharmacist's that a much bigger bottle of the same cream—the "Mont Blanc version" on the left—was on sale for thirty-seven Swiss francs, quite a savings for me.

The evening before I had this dream, I had forgotten to use the cream to moisturize my eczematous fingers, despite having made the strong resolution to do so regularly. But yes, "the way to hell is paved with good intentions," and that is why I deserved ridicule and derision! The dream "originates from a residue of preconscious activity in waking life" (Freud 1940, p. 169), and the latent dream-thought fulfilled my wish of having put into practice the resolution that I had in fact failed to do

the evening before.[9] Considering the sentence "I was really taken" to be a judgment, and following Freud (1900) in his statement that thinking and judging in dreams *directly* represent the latent dream thought, my wish that I had "really taken" the cream the evening before appeared as though it had been fulfilled.

The sleep-disturbing stimulus was my strong resolution to use the cream regularly. I had sometimes woken up on previous nights to "take" the cream after having forgotten it in the evening. On the night in question, my dream got rid of this sleep-disturbing stimulus by fulfilling the wish that I had already "really taken" it.[10] This allowed me to remain sound asleep.

The dream did more in terms of wish-fulfilling: Mont Blanc has already been climbed; I did not have to return to the "Mont Blanc" in the bathroom. I had already been allowed to play on a very beautiful Bösendorfer grand—without being disturbed by the eczema that I treated so carefully. The seminar with abundantly positive results—the abundant dispenser of white moisturizer—was already finished; I did not have to return to it. The sleep-disturbing stimulus was a banal one, which correlates with the disinterested reaction of my colleagues.

Up to this point, this is an example of a real dream and its interpretation by the dreamer, that is, myself. Given that it was not a told dream but a remembered one, Morgenthaler's innovations do not apply *explicitly*. Nevertheless, there are some important *formal aspects* to it that helped me arrive at a possible interpretation: absurdity as well as thinking and judging. These interpretations are far from new, since Freud described them extensively in *Interpretation of Dreams* (1900). Theoretically, everyone is familiar with these Freudian tools, but in my experience, they are seldom applied in practice.[11] Morgenthaler simply

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[9] Freud, in *An Outline of Psycho-Analysis* (1940), mentions three kinds of demands resulting from a residue of preconscious activity in waking life. The third one, translated "the forming of an intention" (p. 169), hardly makes sense. Translating *Herstellung eines Vorsatzes* with "the realization of a resolution" might be a better choice, as Freud probably means the putting into practice of a resolution.

[10] In German, the phrase fits even better: "I was taken (by)" = *Ich war angetan (von)*; "I have taken the cream" = *ich habe mir die Crème schon angetan.*

[11] There seems to be a contradiction here between theory and practice. I spent a considerable amount of time searching the archives of Psychoanalytic Electronic Publishing for examples of dreams in which an author applied some of those formal aspects. I found only one, in Meltzer (1984).

returned value to them, using them as a matter of course whenever there was an opportunity. And in this case, the absurdity may be considered to be what Morgenthaler called the *dream tendency*—it was not directed toward a third person, e.g., an analyst, but toward me, the dreamer, joking about my failure to realize my good intentions.

In order to come closer to Morgenthaler's innovations, I will now transform this remembered dream into a hypothetical dream *told* to a hypothetical female analyst in a hypothetical analytic situation.

Let us suppose that a man, Mr. B, has come to his sessions every Tuesday and Friday for about three months. He tells fascinating stories that, in part, he interprets by himself. As time goes by, it becomes clear that Mr. B likes the sessions with his analyst, but the analyst, Dr. D, feels somewhat enmeshed by his intellectualizing and overflowing stories, in spite of her positive feeling about working with him. On a Friday, she says as casually as possible: "You may also tell me your dreams, you know."

Mr. B: "Sometimes I do have dreams, but I am able to remember them only very rarely."

The following Tuesday, he reports that he was able to buy a big bottle of the expensive cream that his dermatologist had prescribed for his eczema at a much cheaper price than usual. Then he tells the dream. The analyst is puzzled. What should she do with such a well-censored dream?

After a while, Mr. B adds: "Mont Blanc could be the big white bottle with the soothing cream. As my eczema got worse, I decided to apply it every evening."

There is a silence, during which Dr. D has the following associative thoughts: "Mont Blanc, eczema, seminar, white cream, ejaculation—again, the analysand is providing his own interpretations, and I feel stuck."

The analyst decides to "forget" about content and to focus on simple, formal aspects. "When did you have the dream?" she asks, and he replies, "Possibly on Friday night"—i.e., the night after the last session. Dr. D detects the absurdity in climbing Mont Blanc during a seminar break. She thinks: "The patient is making fun of me for something that happened last session. I must find out what that was in order to interpret the dream."

In this example, in which absurdity plays a central role, dream diagnostics is easy to accomplish once the analyst has decided to apply the most important technical tool proposed by Morgenthaler: focusing on formal aspects of the told dream and its context.[12] The result of the diagnostic process is a hypothesis about what could be the *dream tendency*: "The patient is making fun of me for something that happened in the last session."

Dr. D now presents the absurdity and its interpretation to Mr. B. "What went wrong in the last session?" she asks.

"I don't know—maybe the awkward tone when you said that I can also tell you my dreams. I know that, of course. What the hell, now you've got the dream you asked for!"

By presenting her hypothesis about the dream tendency to the patient, the analyst unleashed an *emotional movement* hitherto inhibited: "What the hell, now you've got the dream you asked for!" This emotional movement brought an actualized aspect of a negative transference into the psychoanalytic situation.

After some further reflections, Dr. D says:

> The aggression hidden in the absurdity within your dream doesn't correspond to the good relationship that has developed between us. Therefore, the dream tried to get rid of it. This was made possible by introducing a judgment in your dream. You judged all the rewarding experiences you had made in your manifest dream: you were "really taken" by them. In the latent dream, this judgment may be seen as fulfilling the wish that you are still "taken" by our good relationship and the positive experience you have created with me during the last three months. In this way, you got rid of the aggression I had provoked on Friday.

The example illustrates, in a first approximation, the specific meaning of three Morgenthalerian terms: *dream diagnostics,* achieved by

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[12] Morgenthaler's statement that dream diagnostics should precede dream interpretation should not be understood in a dogmatic way. As long as told dreams trigger spontaneous ideas allowing us to proceed at ease, we don't have to stay either with explicit dream diagnostics or with trying to understand comprehensively all dreams told to us. The example should rather demonstrate how dream diagnostics with its technical tools *may* help us when we are in difficulties, as was the case with the hypothetical analyst Dr. D.

identifying the absurdity that expressed ridicule and derision; the *emotional movement* expressed in the comment, "What the hell, now you've got the dream you asked for!"; and the *dream tendency*, consisting of the emotional movement and an aspect of negative transference provoked by the analyst.

After this, the path is clear to gallop through the *contents* of the manifest dream and to interpret them: "Of course, I always fear that you think my stories banal," says Mr. B; "Just like your colleagues react in your dream," Dr. D responds.

"That's right," says the patient, "and at a certain point I'll have nothing to say anymore. I'll be *sold out.* By the way, it was at a *sale* that I bought the big bottle." "When was this?" inquired the analyst. "At the beginning of last week." "That means around five days before you dreamt this dream—the five-day seminar."

"That's correct," Mr. B confirmed. "And, in addition, I got angry at myself on Saturday, noticing that I had forgotten to apply the cream the evening before"; "the dream fulfills the wish to have 'taken' it," etc.

At this point, the dream example may be summarized in one sentence: once dream diagnostics is completed and the dream tendency appropriately handled, associations to the dream and interpretations of the content of its elements fall out spontaneously, like coins in a slot machine after hitting a winning combination.

But the example also illustrates one of the most common difficulties in applying this approach: the handling of the dialectic between form and content. It takes an intense effort in supervisory sessions and dream seminars to encourage analysts to abstain from examining the contents of the manifest dream for a while and instead to focus primarily on its formal aspects. The objection of "not knowing enough" is often raised. In reality, it is not about "not knowing enough"; it requires a conscious decision to maintain this focus. Why is this so difficult? Le Soldat (2000), an analyst strongly influenced by Morgenthaler, gave a possible answer to this question: a certain amount of aggression, so to speak, is necessary to give a "kick" to the nicely constructed dream in order to make it fall apart into its components.

DREAM DIAGNOSTICS

Reconstruction of Three Morgenthalerian Terms

We are now prepared to grasp the meaning of the Morgenthalerian terms *dream diagnostics, dream tendency,* and *emotional movement*—all pertaining to *told* dreams. As Morgenthaler was not very clear in defining his concepts, I will attempt a possible reconstruction.

The function of dream diagnostics is to clarify which aspect of transference is *actualized* by the told dream—positive or negative—or if it is less a matter of transference but more one of warded-off memories of a past event that are actualized by the told dream.[13] An initial focus on dream diagnostics is justified by the fact that it helps us decide what needs interpretation—as negative transference or fended-off memories—and what should not (yet) be interpreted—as positive transference. Morgenthaler states: "The analyst . . . must diagnose the tendency of the unconscious motivation in order to identify the unconscious meaning within the conscious contents of the analysand's expressions. This insight constitutes the information with which to decide whether he interprets or not" (1986, pp. 64-65).[14]

Dream diagnostics leads to uncovering the *tendency of the (told) dream* or *dream tendency*. In order to get at a definition of this term, I will take a little detour: considering that not only dreams are something to be told, but also jokes, we can detect a parallel between jokes and told dreams. Freud (1905b) describes *tendentious* jokes that are told in the service of a specific intention at the expense of a third person:

> And here at last we can understand what it is that jokes achieve
> in the service of their purpose [*Tendenz* in the German original].

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[13] Of course, positive and negative transference and warded-off memories may be intermingled. Morgenthaler's dialectical approach recognizes this fact, in general, but contrasts it with the view that, in any particular situation, one of these phenomena gains priority, whereas the others are subordinate to this priority. The telling of the dream *actualizes* this priority. If we succeed in identifying which factor has the priority in that specific moment, we may be able to clarify a confusing situation.

[14] "The decision as to what . . . [is] appropriate and useful to interpret at the time is determined by factors other than dream interpretation proper" (Brenner 1992, p. 209).

They make possible the satisfaction of a drive (whether lustful or hostile) in the face of an obstacle that stands in its way. They circumvent this obstacle and in that way draw pleasure from a source which the obstacle had made inaccessible. [p. 100]

Whereas in jokes, there is a tendency for humor to arise *consciously* at the expense of a third person, told dreams are *unconsciously* aimed at the expense of a second person: the addressee of a told dream. Based on this analogy, I call the dream tendency the *unconscious joke of the told dream.* It goes without saying that the joke is not always *at the expense* of the addressee but is often *in his or her favor*—when the told dream actualizes a positive transference or the resolution of a resistance. Dream diagnostics helps us understand this "joke" that we are at first unable to hear, or that, unconsciously, we may not want to hear. These considerations have led me to the following approximate definition of Morgenthaler's term *dream tendency* (Binswanger 2008): "The tendency of the dream is the emotional movement, actualized by the telling of the dream, within the realm of transference and resistance" (p. 55).[15]

But what is the specific Morgenthalerian meaning of the term *emotional movement?* It derives from what he prioritizes in psychoanalytic technique: that is, the analyst's primary task is to unleash an *emotional process* within the analysand (Morgenthaler 1978). This process incorporates different, specific emotions. Their energy produces a dynamic that he called *emotional movement.* Within psychoanalytic processes, there are many different occasions that allow this to happen, but telling dreams might be seen as a preeminent one. During the telling of a dream, the emotional movement brings into the analytic situation specific unconscious aspects of resistance and transference or fended-off memories, which allows their actualization. The emotional movement is the *dynamic* of the dream tendency, and the specific unconscious aspects of resistance and transference, or of fended-off memories, are the *content* of the dream tendency.

Hence, *the dream tendency is the result of an emotional movement (the dynamic) that actualizes an aspect of resistance or transference or fended-off memories (the content) within the interpersonal situation when dreams are told.*

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[15] Reiche, in his publication on applying Morgenthalerian dream seminars (2012), explicitly accepted this definition.

Formal Aspects of Dreams

As already shown in the dream example, Morgenthaler suggests a primary tool for accomplishing dream diagnostics and uncovering the dream tendency: abstaining from examining the *content* of the told dream and focusing on *formal aspects* instead. The formal aspects may be assigned to three categories:

- formal aspects of the dream itself;

- formal aspects of the context in which the dream is dreamt and remembered; and

- formal aspects of the context in which the dream is told.

The fact that in practice we regularly have difficulty focusing on formal aspects of told dreams warrants our considering them in some detail. Apart from diagnosing the dream tendency, formal aspects may also help us understand how dream censorship works.

Formal Aspects of the Dream Itself

Absurdities. Freud explicitly indicated the *formal* quality of absurdities. He wrote:

> Absurdity in a dream . . . is not to be translated by a simple "no"; it is intended to reproduce the mood of the dream-thoughts, which combines derision or laughter with the contradiction. It is only with such an aim in view that the dream-work produces anything ridiculous. Here once again it is giving a manifest form to a portion of the latent content. [1900, pp. 434-435]

I quote this well-known Freudian statement because absurdity in many cases directly expresses the *dream tendency*. In my experience, absurdity is characterized by the occurrence of something scientifically impossible in the manifest dream.[16] Dreamers are generally not aware of this kind of absurdity when they tell the dream. The aggressive tendency

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[16] In Freud's Irma dream, this may apply to the fact that Freud noted in Irma's throat "curly structures which were evidently modeled on the turbinal bones of the nose" (1900, p. 111). He therefore dreamt of nasal conchae localized in the throat, which is biologically impossible.

of contradiction, ridicule, and derision need not be seen as malignant; teasing may occur in the realm of a good therapeutic relationship. I consider the frequency of absurdities occurring in dreams to mirror the fact that we frequently have reasons to tease or to mock.

Thinking and Judging. Freud regarded the occurrence of thinking or judging in a dream as "belonging to the material of the dream-thoughts and as having been lifted from them into the manifest content of the dream as a ready-made structure" (Freud 1900, p. 445). Sometimes we need only displace the accent from one word onto another to get the sense of it.

Direct Speech.

> When anything in a dream has the character of direct speech, that is to say, when it is said or heard and not merely thought (and it is easy as a rule to make the distinction with certainty), then it is derived from something actually spoken in waking life. [Freud 1900, pp. 183-184]

Phrases spoken in a dream may have been actually spoken in the recent or remote past. Speech often actualizes a hitherto-repressed traumatic experience. In this case, the *dream tendency* may have less to do with transference and resistance and more with actualized, flashback-like memories.

Here is an example from a dream seminar:[17]

> The dreamer observes her mother lying on the exam table in the office of her father, a medical doctor. He is standing on the mother's right side and his female aide is at the foot of the table. The dreamer knows that her mother is dying. Father says: "Keep quiet—we'll do this, it's all right." The mother dies. The dreamer is startled and screams. The father leaves the room with his aide. The dreamer continues screaming until she awakens.

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[17] In Morgenthaler's dream seminars, a group member tells a dream of one of his or her patients, and nothing more. The group then works on the dream, contributing their own associations and trying to build explicit hypotheses about the dreamer's personality, actualized conflicts, resistance, and transference, as well as the course of the current therapy. Only at the end of the seminar session does the presenting member comment on the group's work, presenting corresponding material from the patient and the therapy.

After a number of associations put forward quietly by the group members, a male member excitedly intervened: "Stop, I can't bear it any more—there must be sexual abuse!" I pointed out the direct speech in the dream: the father saying, "Keep quiet—we'll do this, it's all right." These could easily be the words of an abuser to his victim. We discussed whether the father might be the abuser. I thought not, since he appeared in the manifest dream; rather, it may have been someone outside the family.

The female therapist who presented the dream was quite surprised. In fact, a few sessions before telling this dream, her patient had told her in passing that she had been repeatedly abused by a clergyman in early adolescence. The therapist then forgot about this fact that she had been told in a very casual way. Perhaps the dying mother in the dream represented the therapist's "dying" memory of what the dreamer had told her earlier.

I suppose that the exceptional position of direct speech, as well as that of thinking and judging in dreams, is due to the fact that these phenomena have already attained a verbal form when a dream is remembered, whereas the visually hallucinated aspects must be translated into verbal form when a dream is told.

A Heightened Feeling of Reality. This sensation is experienced during the action of a dream and noticed by the dreamer on awakening is a sign that the dream actualized something that happened in reality (Freud 1900).

Horizontal Multiplication. This phenomenon is often emphasized by Morgenthaler, based on Freud's statement that: "The temporal repetition of an act is regularly shown in dreams by the numerical multiplication of an object" (1900, p. 373).

In psychoanalysis, the temporally repeated acts are, first of all, the repeated sessions. They often appear as a multiple repetition of the same element within the horizontal image of the manifest dream—e.g., many unknown people, many empty chairs in a big hall, a row of soldiers, etc. Typically, one of the elements is different from the others: one soldier has no cap, on one of the chairs lies a newspaper, in one of the people I recognize my friend John. This element of difference may represent the

session in which the dream is told, whereas the others represent a row of past sessions. Especially when the dream occurred in the night before it is told, its tendency is to introduce a change or something new occurring in the current session.

In my work as an analyst, an analytic supervisor, and a leader of dream seminars, I have encountered dozens of such dreams. They almost always have this tendency to introduce an analysand's *progressive* step. Letting him or her associate to the dream could make the analyst blind to this progression instead of opening the way to it.

The following example illustrates how horizontal multiplication might be handled and the lengths to which abstaining from examining contents and instead focusing on this formal element may extend. A psychologist whom I had analyzed for many years when he was young, Mr. O, returned in his sixties for a series of weekly sessions. The immediate reason for his return was a severe marital problem. The deeper reason was some unfinished business with me. Being more experienced now than during his previous analysis, I managed to identify some unconscious reasons for this unfinished business. After having worked it through, we were about to end this series of sessions.

Mr. O began one of these last sessions by laughing, and says: "A horoscope I read promised I'd make it big." After a while: "We've known each other for twenty years. I came to see you for the first time in 19__."

I replied, "But 19__ means that we've known each other for *thirty* years." Astonished, Mr. O registers his Freudian slip. Then he tells me the following dream:

> I worked as a farmer with a herd of cows. They went into the barn by themselves, each one into its right place. I, too, was in the barn and I noticed that some of them were about to leave their places. At first I was not bothered by this, but then I remembered that there was a bull among them, which really worried me.

I reminded Mr. O that one of his initial dreams, thirty years earlier, contained a long row of brown cows and a short one of black and white cows. Back then, we had interpreted the long row as representing sessions with another analyst he had had, and the shorter one the sessions with me.

"Indeed—I didn't remember this dream until now," Mr. O replied.

I said, "Maybe the current cows represent the sessions we've had since you returned. The cows that were about to leave their places might be the sessions we plan to leave out because you're about to leave—and could the bull represent today's session?"

Mr. O then said, "Last week, one of my old dogs died. Afterward I got sad thinking that I shall definitely lose *you,* too. Maybe we could have a session every three months."

What a strange proposition for an analysand who used to come three times a week for many years and who himself is a psychoanalytic psychotherapist! Is this a strong resistance against the resolution of transference (Gill 1982)? The purely formal aspect that Morgenthaler called *horizontal multiplication* allows another interpretation: that is, the current session, represented by the bull in his dream, could introduce a progressive step by the patient. Since in the past he had had some extremely painful experiences with sudden object losses that he was forced to suffer passively, I accepted his active proposal as a consequence of how I had diagnosed the progressive tendency of the dream, before interpreting the content any further.[18]

Length of Dream, Multipart Dreams, and Number of Dreams in One Night. A short dream may indicate that censorship is working mainly with condensation. Multipart dreams or several dreams in one night may indicate that the censorship is weak, provoking a premature ending of a dream but then "trying again." In a metaphor comparing told dreams

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[18] In other words, in dealing with dreams containing horizontal multiplications, the priority lies in abstracting from the concrete nature of the multiplied objects. The fact that Mr. O and I never understood why cows played a role in his dreams of this type may appear frustrating. On the other hand, this supports the view of how rewarding the focus on formal aspects may be. In fact, in the next session, following a three-month break, I was rewarded with a wonderful piece of working through of the interpretations we had made before the telling of this dream: These interpretations were focused on Mr. O's infantile fantasy of robbing his father's penis actualized in transference. Without remembering these interpretations, Mr. O reported having shoplifted a small item in an awkward manner while on vacation. He never used to commit this kind of offense. He was eventually able to escape the angry shopkeeper who tried to catch him. Was the strange proposition to see me only every three months an actualization of robbing me of my penis = of our hitherto existing setting? I do not exclude this hypothetical possibility, but considering the horizontal multiplication in the dream prevented me from making such an interpretation and allowed Mr. O to realize his progressive step. Two sessions afterward, he managed to terminate seeing me in a serene mood.

to a stage performance, Morgenthaler stated that, in these cases, censorship uses a "revolving stage" (1986, p. 162). The different dreams tend to have similar characteristics and the same tendency, and the censorship works in the same way. When two dreams clearly show different characteristics, the latent dream thought may consist of a sentence with a main clause and a subordinate clause.

Repetitive Dreams. As Freud stated, traumatic neuroses generate repetitive dreams. These dreams cannot produce wish-fulfillment because trauma has shattered the "protective shield" against stimuli. Censorship, for this reason, is disorganized, and the attempt at wish-fulfillment necessarily fails. The sleep-disturbing stimuli have the character of flashbacks of traumatic experiences occurring during sleep.

Repetitive dreams also occur in persons presenting predominantly neurotic modes of conflict resolution, but who have suffered one or more traumatic experiences that play a specific role in the genesis of their problems. The telling of such a dream in a session has the *tendency* to actualize this traumatic element and make it ready for psychoanalytic scrutiny.

Did the Dream Provoke Awakening? Dream censorship is too weak to protect sleep. Metaphorically, it makes the curtain fall in front of the stage. This is accompanied, to a lesser or greater degree, by anxiety. Typical anxiety dreams evidently do not protect sleep. As Freud (1940) stated:

> We shall be taking every experience into account if we say that a dream is invariably an *attempt* to get rid of a disturbance of sleep by means of a wish-fulfillment, so that the dream is a guardian of sleep. The attempt may succeed more or less completely; it may also fail, and in that case the sleeper wakes up, apparently woken precisely by the dream. [p. 141, italics added]

Other Formal Aspects of Dreams. Often, a conspicuous aspect of the content of the manifest dream represents this very dream. In Mr. L's dream, described later in this paper (see the section entitled "How to Handle Associations to Told Dreams"), this content might be the vicious dog. Content aside, it is considered a formal aspect, because it pertains to the *position* or *function* of a particular content.

In the same way, *the distinction between the manifest and the latent contents* of the dream belongs to its formal aspects. According to Morgenthaler, elements or contents belonging to the *manifest* dream cannot, *in the same dream*, be either elements or contents of the latent dream thought or of the sleep-disturbing stimulus. Colleagues working predominantly with children, patients with early-onset disturbances, and psychotic adults often tend to question this distinction, especially within the Kleinian and post-Kleinian current of psychoanalysis (e.g., Meltzer 1984). However, in working with adults showing neurotic ways of conflict-processing, I have found that this distinction remains essential as a technical tool with which to uncover the psychic material actualized by the telling of a dream.[19]

An especially significant example of this formal aspect is the appearance of the analyst himself in the manifest dream. Such dreams are sometimes called *transference dreams*. However, I judge this term to be misleading because, in such dreams, the figure of the analyst serves as an instrument of dream censorship. The analyst is therefore probably not the source of a sleep-disturbing stimulus—at least, not in the first assessment—regardless of whether or not the manifest dream contains negative experiences with the analyst.

Formal Aspects of the Context in Which the Dream Is Dreamt and Remembered

When Did the Dream Occur—E.g., the Night Immediately Before or After a Session, or Somewhere in Between? Evidently, the tendency of dreams occurring in the night before a session is likely to actualize something new, whereas the tendency of dreams after the last session may be a response to it—e.g., confirming or falsifying an interpretation. The tendency of dreams occurring in between is often a self-related one. This may indicate either a regression to autoerotism following a disappointment in the analyst, or a progressive, temporary detachment from the analyst, allowing self-analytic steps to be taken.

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[19] Think, for example, of the dream discussed in the subsection on "Direct Speech," in which an instance of sexual abuse was actualized. The father was not the abuser and therefore could make an appearance in the manifest dream.

Formal Aspects of the Context in Which the Dream Is Told

The Placement of a Dream within the Surrounding Associations. A dream told toward the end of a session has many preceding spontaneous associations, in contrast to dreams told in the beginning of a session. The latter may have the *tendency* to create an appropriate emotional climate that allows the analysand to tell, after the dream, something important that is often new and surprising to the analyst. If we ask for associations, we might block this important progression.

The Chronology of Dreams If More Than One Is Told. Telling the most recent dream first and older one(s) afterward may indicate that *censorship works with a reversal into the contrary*. Sometimes the more recent dream has the *tendency* to help us understand the older one(s).

Has the Dream Already Been Told to a Third Person? In this case, the primary addressee is not the analyst but the other person. The *dream tendency* may not actualize a new aspect of transference, but instead confirms an earlier transference interpretation by introducing the other person as an object of the same transference. Or, on the other hand, the told dream may introduce a meaningful triangulation, or the tendency of such a dream might be the displacement of a libidinous or aggressive impulse away from the analyst and onto a third person.

Has the Dream, Consciously or Unconsciously, Been Concealed in Former Sessions? Whereas it is possible to focus on a resistance that caused such concealment, it is often more appropriate to focus on the *resolution* of a former resistance that allows the telling of the dream and identifying this resolution as the tendency to tell the dream at this particular moment.

The Structural Viewpoint

Most of the time, Morgenthaler uses the term *formal and structural viewpoint* in one breath, which makes it difficult to clearly identify the meaning of the structural viewpoint. But some of his words facilitate the distinction: that is, the structural viewpoint is always the viewpoint of Freud's structural theory. Morgenthaler writes:

> René Spitz and others who devoted themselves to the direct observation of small children provided evidence that there are

clearly determined ego functions belonging to each phase of the development of the libido . . . . It generally follows that the results of the development of the libido, on one side, and of the ego functions, on the other side, form the structure of the psyche. [1986, pp. 60-61]

The structural viewpoint focuses on the structure of the psyche that is mirrored in the overall manifest architecture of a told dream. This viewpoint draws on such architecture, its production, the dream's recollection, and its telling in order to deduce conclusions regarding the dreamer's ego organization and the stage of his libido development—in short, the structural level of his personality. It is a viewpoint in which scrutiny of the manifest dream comes into its own, complementing Freud's central focus on the latent dream. Part III of Erikson's (1954) classic paper may be read as a masterpiece in explaining the use of the structural viewpoint.

HOW TO HANDLE ASSOCIATIONS
TO TOLD DREAMS

I will now return to the Morgenthalerian conception of associations to the dream. He often stated that we have an easier situation than Freud did. In his self-analysis, Freud needed to associate to every element of the remembered manifest dream, whereas in told dreams, the associations are already present within the session.[20] Everything that a dreamer tells us during the session in which he presents a dream may be considered as associations to the dream—and not only what he tells us.

Morgenthaler quotes some observations of Freud's about associations to dreams:

We also have to take into account the circumstances of its narration, the behavior of the dreamer before and after the analysis of the dream, as well as every remark or disclosure made by the

[20] "Very often, the most important associations to dreams are anticipated. If an analysand begins, e.g., with a report on the preceding day, when he quarreled with his girlfriend, and continues that he visited his mother, who told him that his father raised hell again and left afterwards, and ends up communicating in passing that he had had a dream, you may assume that everything the analysand said until then were associations to the dream" (Morgenthaler 1986, p. 80).

dreamer at about the same time—during the same analytic session. [1913, p. 272]

Morgenthaler then comments:

Everything that can come into the mind of the dreamer regarding his dream is nothing less than something that is compatible with consciousness. By this I don't mean that we can do without the dreamer's associations. We are highly dependent on them, but ideas produced by reflection are subject to the same censorship as the manifest dream-content. The most important associations to dreams are guided by the unconscious and appear by themselves. No dreamer needs to be asked for them. [1986, pp. 79-80]

In my understanding, this way of handling associations is the opposite of the common practice of understanding the manifest dream as part of the comprehensive chain of associations during one or several sessions. This practice actually reduces the dream itself to an association among many others, whereas Morgenthaler's approach upgrades the analysand's spontaneous expressions during a session in which he tells a dream, so that they become the authentic associations of a dream, opening "the royal road to a knowledge of the unconscious activities of the mind" (Freud 1900, p. 608).

This Morgenthalerian view on associations can be illustrated by the following clinical example. Mr. L, an art teacher in his forties, started analytic therapy because of psychosomatic symptoms, such as pressure in the head and chest. These symptoms correlated to an inhibition of aggression that had developed after Mr. L's traumatic separation from his parents at the age of three. This separation and its consequences had become the core of our work for the previous several months. This led to an astonishing improvement in Mr. L's symptoms, triggering enthusiasm on his part, whereas he had originally shown great resistance to seeing me more than once a week. At this point, he was seen twice per week, on Tuesdays and Fridays.

Our first session after the summer break began as follows:

Mr. L: There's a lot going on when there are no analytic sessions. Shall I begin chronologically?

I: What comes to your mind first?

Mr. L: Something strange happened yesterday. I was looking for vouchers related to my health insurance. Generally, I am very orderly with my personal papers; I file them in boxes. There is a box specifically for insurance matters, but the vouchers weren't in it. I suspected that a member of my family was interested in the papers and had taken them. When I told my wife, she just laughed, saying: "You grow older, too! You need to look more carefully." Finally, I found the vouchers in the box where I keep things related to my eldest daughter.

I think to myself: if he is going to tell a dream during this session, its censorship will work with displacement—just as he displaced the vouchers, having moved them from one box to the other.

Mr. L had had a very nice summer vacation with his wife, but toward Monday, when his return to work approached, his earlier symptoms slowly began to return: pressure in the head and chest, around the heart. Nevertheless, he was able to handle aggression well. Shortly after work resumed, he noticed that a female colleague had put appointments into his calendar, against his will and against the common practice at his workplace. He confronted her and went to his supervisor, who resolved the matter in his favor. The colleague left the workplace offended, but the air was clear again the following day.

Mr. L and I then had the following exchange:

Mr. L: The pressure in my head and around my heart eased only on Thursday. Today [Friday] it is completely gone, and I looked forward to coming here. During my vacation, I read the new book by Verena Kast [a Jungian author of bestsellers], in which she advocates not suppressing aggressions, but instead letting them out immediately. She wrote that you must omit nothing in this regard.

I: The book was evidently exactly the right material for our context . . . .

Mr. L: Yes. Now a dream occurs to me that I had at the beginning of my vacation: I am somewhere in a

house being attacked by a vicious dog. But I manage
to flee unseen into another house about fifty me-
ters away from the first. I think that there, on the
second floor, the dog will not find me. But then I
see through the floor, which is made of a kind of
armored glass, that he followed me nevertheless. He
jumps higher and higher toward me, and I think:
"He'll eventually break through the glass floor with
his head." And sure enough, he manages to do just
that. I seize a cudgel and strike him on the head,
killing him. Then I woke up. Strangely, I was not
anxious during the whole dream.

While Mr. L was telling this dream, I remembered that he and I had
planned our vacations independently of each other that year, but seren-
dipitously, it had worked out that no session would have to be omitted. A
few weeks after we noticed this fact, however, something came up that re-
quired me to shift my vacation by half a week for personal reasons. This
meant that the first session of the current week had had to be omitted,
which of course "didn't matter"; but it turned out that Mr. L's symptoms
of pressure in the head and around the heart occurred on the days be-
fore and after the omitted session.

In lieu of dealing with the dream immediately, I pointed out to Mr.
L this temporal correlation.

> Mr. L: Oh, do you see a connection between these mat-
> ters? I told the dream to my wife and interpreted it
> that I was now able to handle aggression better, due
> also to having read the book by Ms. Kast . . .

> I: . . . with whom you had a bit on the side. [There was
> shared laughter between us.]

> Mr. L: Do you really think that this postponement made
> me aggressive?

We reconstructed that the Freudian slip of "displacing" the health
insurance vouchers likely happened after I had told him that I would
have to "displace" my vacation. Hence dream censorship does not work
with displacement, but displacement belongs to the sleep-disturbing
stimulus. By displacing my vacation, I left out a session. In the book by

Verena Kast, Mr. L read that "you must omit nothing"—hence, no session should be omitted.

From this, might it not follow that the tendency of the dream—not when it was dreamt and told to his wife, but when it was remembered in the current session and told to me—was to bring me back to the displaced vacation and the missed session? The whole chain of associations produced before Mr. L had remembered the dream belonged to telling the dream to me *now*. It contained the absurdity that a dog could penetrate an armored glass floor with his head. In this way, the patient succeeded in teasing me: "You always insisted that I not miss a session, and now it's you who misses one due to the negligent planning of your vacation!" This caused a recurrence of his former symptoms during the days surrounding the missed session. His telling the dream in this particular session confirmed the temporal relationship I alluded to.

The fact that Mr. L's symptoms disappeared completely prior to the current session indicates that they were not due to something new appearing in resistance or transference, but to a *phenomenon of recapitulation*. Morgenthaler used this term for symptomatic events that occurred during working through—in the sense described by Freud (1914). Also, the finding of the displaced vouchers the day prior to the current session supports this view: everything was in order again. The dreamer made explicitly clear that this was one of the reasons why he did not feel anxiety, in spite of being awoken by the dream.

In this example, we may observe how intuitive interventions and conscious application of technical tools intertwine in facilitating not only the handling of a dream after it is told, but also the remembering of the dream. Considering everything that happened before the dream was told, as well as my own associations during the telling of the dream, made it possible to build hypotheses on dream diagnostics; and diagnosing the absurdity uncovered the fact that displacing my vacation *did* matter. It provoked ridicule, apparent in Mr. L's having a "bit on the side" with author Verena Kast even *before* remembering the dream. This may be considered the *emotional movement* that was uncovered intuitively through our focus on this "bit on the side": it allowed our shared laughter. It carried the "joke" of the dream into the psychoanalytic situation, the *dream tendency*. Furthermore, it contained some anger toward me: "You always

insisted that I not miss a session, and now it's you who misses one due to the negligent planning of your vacation!" This aspect of a negative transference may be considered a part of the working through of earlier interpretations about the genesis of Mr. L's symptoms.

THE PRESENCE OF AN ADDRESSEE INFLUENCES THE FORMATION OF DREAMS, PARTICULARLY BY ADDING POSSIBLE SLEEP-DISTURBING STIMULI

Up until now, I have focused on the *formal* distinction between remembered dreams and told dreams. Regarding *contents*, the two continuously interact. The analyst in particular—as a possible addressee—and the scheduled sessions in which the dream may be told are already present in the dreamer's mind while he or she dreams, influencing the formation of the remembered dream. Similarly to every other situation in life, the psychoanalytic or psychotherapeutic situation provides rich psychic material for many sleep-disturbing stimuli: a libidinous or aggressive drive impulse might have been reinforced in the previous session; a doubt or a concern regarding the analyst could have found support in repressed infantile memories; the patient may resolve to tell the analyst shameful facts about his life, and so on.[21]

On the other hand, the analytic session provides psychic material for the unconscious ego to perform dream censorship. The formal distinction between the remembered dream and the told dream does not cancel out the interdependency of their content.

This leads me—going beyond Morgenthaler—to an expansion of possible sleep-disturbing stimuli: think, for example, of everything that may prevent a child from sleeping. Not only are there anxieties, deceptions, anger, mourning, crude drive impulses, and so forth—stimuli that we are used to recognizing as possible causes of sleep disturbance. There are others as well, such as pleasant anticipation—e.g., of a birthday, a school outing, or a beloved person's visit.

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[21] This enumeration of sleep-disturbing stimuli is based on a key paragraph in which Freud (1940) listed possible "demands upon the ego" (p. 169).

We are less used to recognizing these kinds of emotions as causing the formation of a dream in an adult analysand. The deepening of a positive transference may cause a strong, pleasant anticipation of meeting with the analyst in the coming session, and interventions that permit a new experience, with a consequent easing of old conflicts, might touch an analysand intensely and could awaken him. Dream work takes place to prevent awakening by such strong *positive* feelings as well, and dream diagnostics may help identify this kind of sleep-disturbing stimuli, too.

IN LIEU OF A CONCLUSION: A KIND OF TOOLBOX FOR HANDLING DREAMS WITHIN THE ANALYTIC SITUATION

At a Zürich congress on Fritz Morgenthaler's contributions, Mertens (2005–2006) gave a keynote speech on Morgenthaler's approach to dreams. He summarized this approach in a list of sixteen hypothetical recommendations to analysts interested in adopting it. I will conclude by paraphrasing eight of these in a slightly shortened form and a changed order:

- Do not explicitly request that the dreamer associate to his or her dream because you will likely get rationalizations.

- Consider everything that happens and is told during the analytic session to be elucidations of the dream.

- Accordingly, postpone for the moment any interpretations of the dream's content.

- Concentrate instead on the *unconscious tendency of the dream.*

- For this purpose, focus on the formal aspects of the dream and of the attendant circumstances.

- Before beginning to interpret contents, diagnose the tendency of the unconscious motivation, mirrored by the overall way in which the dreamer handles his dream.

- Deduce from these *formal* aspects the techniques of dream censorship performed by the unconscious ego.

- While doing all this, pay attention primarily to the emotional movement expressed by the told dream and experienced by you as the analyst.

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ONE BRAIN, TWO MINDS:
AN ESSAY ON PRIMORDIAL AND
ADVANCED MENTAL ACTIVITY

BY MARTIN A. SILVERMAN

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It was a beautiful morning. The air was crisp and clear. A hummingbird hovered just to the left of me. It was blissfully quiet except for the singing of birds in the tall trees surrounding me. I was enjoying a delightfully restful summer vacation in the Pocono Mountains of Pennsylvania. Stretched out on a chaise longue, I was working on a chapter I had been invited to contribute to a book on an aspect of child development. The rest of my family had gone off for a day of swimming in the lake that occupied the center of the vacation community to which we had come to spend the month of August.

As happens only infrequently, both the ideas and the words flowed from my pen smoothly and steadily. Unwilling to break the spell, I just kept going, right on into the middle of the afternoon, when I was forced to stop by a splitting headache that thoroughly spoiled the mood. I realized that, since I had not had enough foresight to wear a hat, I had given myself a bad case of sunstroke. Ibuprofen reduced the storm in my head

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to no more than a dull ache, but I continued to feel woozy. Worse than that, at times, when I spoke the wrong words came out. That evening, after dinner at a local restaurant, I tried to do the simple arithmetic involved in figuring out the tip but got three different results, all of them incorrect. I had to hand the task over to someone else. It was very scary!

The next day, the headache was almost completely gone and I had recovered from the dyslexia and dyscalculia of the previous day. But the strangest thing happened. As I went through the various activities that had been planned for the day, I was periodically aware that I was dreaming. I saw my dreams quite clearly. They seemed no different from the dreams I was used to having while I was asleep. It was then that I realized we dream continually—during the day just as we do at night.

It was some time later that I discovered Bion also recognized this—but he did so out of what he was observing in his clinical experience. The Barangers (2008) came very close to observing this clinically as they evolved their concept of psychoanalytic field theory. Ferro and Civitarese (e.g., 2015), closely following Bion, have given strong emphasis to the view that an analytic session can be viewed as a dream, and that an analysand and analyst working well together are, to a large extent, dreaming together.

A five-year-old patient, a good number of years after my sunstroke experience, said to me one day that he had come to realize something. He used to believe, he said, that the ghosts and goblins of which he was afraid came out at night to frighten him. "But they don't *really* come out at night," he said. "They're in my head *all the time*. In the daytime, I'm so busy going to school, playing with my friends, and fighting with my brother that I don't notice them. At night, I'm alone and it's quiet—so *then* I notice them! But they're there *all the time,* aren't they?"

How did my young patient carry his ghosts and goblins around with him all day without becoming aware of it until after we had done a good deal of analytic work together? How is it that the two participants in a psychoanalytic venture can dream in unison in the course of their explorations?

In *The Primordial Mind in Health and Illness: A Cross-Cultural Perspective,* Michael Robbins demonstrates his belief that he can help us find answers to these questions. Drawing on decades of psychoanalytic

research into the development of object relations, the concept of primary and secondary process thinking, the treatment of schizophrenic and other psychotic patients, and the concept of borderline personality,[1] he has concluded that, beginning early in life and then *throughout life,* we think in two entirely different ways.

When we are dreaming at night as well as during the day, we employ what he terms *primordial mental activity,* with which we perceive the world impressionistically rather than verbally, but just as vividly, immediately, and totally in the present as when we are not dreaming. We do so in a sensorimotor-affective-magical-omnipotent fashion, concretely and nonrecursively, without contradiction and without distinguishing between inside and outside, animate and inanimate, or human and non-human. There is a blurring of boundaries and a failure to distinguish clearly among different entities, states, shapes, or forms. This type of mental activity is fluid rather than firm and discrete in configuration. Overall, perhaps, it is more *coming into being* than *being* in its overall structure.

This looks very much like what Freud designated as *primary process,* and Robbins pays homage to Freud, as well as to Klein, for their contributions to our ideas about what takes place in the mind. He also looks at the emotions of infants and aspects of the infant that remain within us throughout life.

But Robbins takes the concept even further by decrying the view that what Freud designated as primary process is primitive, intrinsically psychotic, or lesser than/inferior to the verbally and linguistically organized, symbolic, and conceptual secondary process thinking that is built up within the mind by the growing child—especially in the Western, developed part of the world. In this part of the world, he maintains, we use our secondary process thinking to help us read, translate, and understand the messages that come from our primordial mental activity, but the latter is no less important and valuable to us than the former as we negotiate the offerings and challenges of life. We could hardly function as well as we do by employing *only* secondary process, largely conscious or preconscious, verbally organized thinking. In other parts of the world,

[1] See, for example, Robbins 1976, 1993, 2002, 2008.

in fact, the balance between the two kinds of mentation within mental functioning can be very different from that with which we are familiar.

In addition to those of Freud and Klein, Robbins draws on the contributions of Jean Piaget, Heinz Werner, and Ignacio Matte Blanco to assist him in elaborating his ideas about primordial mental activity. He cites Piaget's observations about infantile mentation, as follows:

> In his schema, the primordial stage of mental activity is the sensorimotor phase of infant development, a phase of undifferentiated, egocentric, concrete mental activity and global, undifferentiated, sensori-perceptual-motor-affective tropism toward an environment perceived as aliment, initially oral ("the breast") in form. The concept seems similar both to Freud's primary process, with which he [Piaget] was familiar, and to Klein's model of phantasy. [p. 42]

Werner (1948), drawing to a significant extent on the observations of Freud and Piaget, refers to the infantile mind as holistic or "syncretic." Robbins describes Werner's view as meaning that, to the infant:

> The world is separated only slightly from the ego; it is predominantly configured in terms of the emotional needs of the self (egomorphism) ([Werner] 1948, p. 361) . . . . In advanced forms of mental activity we observe thought processes which are quite detached from the concrete, sensori-motor perceptual and affective sphere. In the primitive mentality, however, thought processes always appear as more or less perfectly fused with functions of a sensori-motor and affective type. *It is this absence of a strict separation of thought proper from perception, emotion and motor action which determines the significance of so-called concrete and affective thinking . . . characteristic of examples of syncretic activity* (ibid., p. 213, italics added). [p. 42]

Matte Blanco's ideas are very important to Robbins (e.g., Matte Blanco 1975). Matte Blanco characterized human thought in terms of what he refers to as *bi-logic.* Unconscious, out-of-awareness primary process thinking, he observes, is *symmetrical*—that is, it is undifferentiated, fluid, irrational, and free from contradiction. Secondary process, reflective, rational thought is *asymmetrical*—that is, difference and similarity

are recognized and coordinated with one another. Robbins emphasizes that:

> Matte Blanco avoids some of the confusion between the two forms of mental activity that has beset others by observing that symmetrical logic cannot be made conscious and truly understood with logical thought because it is qualitatively different, but that does not make it any less "real" and powerful. It must be understood in relation to the effects it has on asymmetric logic, that is to say the distortions it creates in the rational thought process. [p. 60]

In waking life, Matte Blanco observed, mentation is *triidic.* By this he meant that out-of-awareness, symmetrical thinking becomes coordinated with learned, language- and knowledge-based asymmetrical thinking via (variable) coordination or integration of the two, while the two systems actually remain separate, different, and equally valuable for our internal and external worlds to be apprehended, comprehended, and dealt with.

Neurological Correlates of Matte Blanco's Bi-Logic

One neurological correlate that comes to mind is the phenomenon of *blindsight.* There are people who, as the result of a major automobile or industrial accident, have had their occipital cortex destroyed bilaterally, rendering them totally blind because they are no longer able to form visual images out of the information conveyed to their now obliterated occipital cortex from the retinas of their eyes. Nevertheless, if they are asked to walk across a room, they avoid obstacles that are placed along the path they need to traverse. This is because some of the nerve fibers carrying information from the eyes do not go to the lateral geniculate bodies in the brain stem and then on to the occipital cortex, but instead go to areas adjacent to the lateral geniculate and then directly to the nonstriate, parietotemporal cortex. In this way, rapid motor action is instituted to avoid danger; that is, the intermediate step of conveying afferent information to the occipital cortex is bypassed, so that visual images can be created to indicate that action is required prior to a message being sent to the parietal cortex.

It is easy to imagine that, without this (presumably more primary/earlier-to-arise) development in the course of the evolutionary process, we might not have had the capacity to react immediately to perceived danger or to find our way in the dark or near-dark, other than what is made possible by the system involving visual images that dominates our functioning in modern times. The presumably older and simpler system may have been extremely valuable to us in ensuring our evolutionary success as a species. One is not necessarily more important than the other. By analogy, what is neurologically involved in blindsight relates to the point Robbins makes about the value of primordial mental activity, and it can serve to highlight the epistemological value of what he is expressing.

Another illustration of the complex, multisystemic nature of the evolutionary process that our human brain has undergone is contained in Stephen Porges's (2011) observations about the dual nature of the vagal system, which mediates cerebral monitoring and control of our internal organs—*and* the somatic expression of emotion.[2] Our vagus nerve is actually dual in composition. One portion of it, which is unmyelinated, originates in the dorsal motor nucleus of the brain stem. It is the phylogenetically older portion, having come down to us from distant, reptilian ancestors who were cold-blooded—basically sessile hunters who waited for prey to wander into their vicinity rather than vigorously pursuing them. This part of our polyvagal system urges us to respond to danger either by freezing to avoid detection by a predator or by submerging ourselves under water (figuratively, that is, by holding our breath and fainting, rather than literally diving under water the way reptiles do).

The second, myelinated, mammalian part of our vagal system originates from the nucleus ambiguus, the cells of which migrated away from the reptilian dorsal motor nucleus millions of years ago. It serves two important functions. On the one hand, it shuts down the activity of the internal digestive system so that glucose and oxygen can be shifted to the musculoskeletal system during vigorous motor activity. Also, together with the hormone oxytocin, it exerts a *vagal brake* upon the sympathetic neuroendocrine system-mediated bursts of vigorous motor action that characterize warm-blooded, mammalian predator activity. That activity

[2] Damasio (2010) distinguishes between somatic *emotions* and psychological *feelings*.

consumes such huge amounts of fuel and oxygen and places so much stress upon the body that its intensity cannot be allowed to persist for too long a period of time.

The vagal brake exerted by the myelinated system also appears to play an important role in promoting human socialization by dampening the frantic, agitated, vigorous sucking activity that dominates the experience of newborns, so that the baby can shift into a state of alert inactivity (Wolff 1966). This state in turn enables a peaceful, attentive, interpersonal, attachment-promoting interaction to take place between the baby and its mother.

Cultural Aspects of Theories of the Mind and Our Understanding of Psychosis

Robbins distinguishes between theories of the basis of mind constructed from a Western cultural perspective and those that have been constructed in other cultures. He calls attention to how very differently dreams are viewed in cultures such as that of the Maori, where they are viewed more as social and less as personal phenomena, and where they are perceived as a means of establishing communication with ancestors, as a means of communicating from one person to another, as having the power to predict the future, and so on.[3] Robbins devotes a couple of chapters to the role of primordial mental activity in the shamanism of Maori culture, not only in the past but also in the present. I wish he might have been able to study this more deeply than he was able to do as a relative amateur.

The rather fluid and somewhat puzzling relationship he describes between the culturally syntonic, at times trance-like, mystical, and seemingly therapeutic powers of the shaman and the frequent presence of psychosis in the shaman is particularly intriguing. At times, from his observation, becoming a shaman does not appear to involve being psychotic, but at other times, the two seem intertwined. Sometimes, either one of them seems to predispose to the other. The common denominator, from what Robbins shares with us, would seem to be the capacity

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[3] Similar perspectives on dreams have also prevailed in ancient, more Western cultures, as well as more recently in some Native American cultures.

to a much greater degree than usual of distancing oneself from the confines of rational thought and giving oneself over to the power of primordial mental activity. The extent to which the person is capable of *being in control of* the process appears to be a critical factor in avoiding psychosis.

This leads directly into what I find the most interesting and thought-provoking parts of *The Primordial Mind in Health and Illness:* namely, the chapters on creativity and on psychotic functioning and communication. As Robbins points out, the creative process is not fully understood, and there is a good deal of disagreement among such psychoanalytic thinkers as Freud, Klein, Jung, Kris, Arieti, Noy, and Britton. One aspect of it, however, seems to be the ability to range between different forms and different levels of mental organization and functioning.

I found myself reminded, as I read this chapter, of Piaget's observation that unlike most people—who have forcibly suppressed earlier forms of cognitive organization so that they are out of awareness—creative individuals are able to range back and forth among earlier- and later-developing levels of perceiving and organizing the data of observation and experience. I find particularly fascinating Robbins's observations about the way in which Bob Dylan not only produced his poems and song lyrics more or less directly from the primordial mental activity within him, but also largely lived his life in that way.

Psychosis, as a phenomenon and as a therapeutic challenge, has intrigued Robbins for many years, and he has written a fair amount about it. The clinical vignettes he includes in this book, as well as the written descriptions by some of his patients about their psychotic functioning and the improved ability gained from many years of persistent and devoted treatment with him, are stimulating to read. Their thrust is epitomized in Robbins's observation that his psychotic patients have demonstrated severely impaired ability to contain and translate their primordial mental activity into serviceable, secondary process-organized, rational, recursive thought, so that they might make use of it more or less *under their control.* He understood his task to be that of assisting them, as much as possible, in acquiring that capacity, rather than that of opposing their primary process functioning as pathological. What is pathological, he points out, is not the primordial mental activity per se, but the weakness

or failure of development of the advanced mental activity that we also need and that must be maintained in effective relation with it.

Robbins expresses appreciation for Bion's observations about waking and sleeping mentation within the context of Bion's ideas about psychosis:

> Bion elaborated a conception of psychosis as failure of the normal process of dreaming, which metabolizes raw experience into thought, and fulmination instead of a destructive process of mental splitting and evacuation: an abnormal dreaming process very similar to Klein's paranoid-schizoid position. My clinical experience is that persons who are recovering or have recovered from a psychotic episode often characterize the experience as having been like a dream, a nightmare from which they were unable to awaken. [p. 131]

The schizophrenic patients Robbins describes demonstrate vividly the way in which they are relegated by their illness to living in a self-centered and self-oriented, solipsistic existence in which they cannot distinguish between inner and outer, real and fantastic, actual and virtual, or words as symbols versus words as things. They are unable to use metaphor, but express what they believe without distinguishing it from external reality. Furthermore, when emotionally stressed, they tend to use words not as expressive symbols for things but as things themselves—which they utilize as tools for manipulating and forcing desired responses from their therapists and others. They tend to communicate, therefore, in an idiosyncratic, Humpty Dumpty fashion in which their words do not always have the same meaning or import that they have for other people.

At the same time, however, some of these individuals have the capacity to function quite well occupationally, albeit in such a way that they are not always able to distinguish between the true self and a false one. Robbins provides clinical examples of this that are dramatic indeed.

Freud, as Robbins notes, attributed the difficulty in forming a collaborative relationship with a schizophrenic patient to a *primary narcissistic fixation* within the libidinal distribution between self and other. Robbins approaches this issue from another direction, as follows.

> The problem forming relationships can be understood in an-
> other way, namely, that the mind of the schizophrenic is func-
> tioning largely according to primordial mental activity that is
> not integrated with thought, and we ordinarily and meaningfully
> communicate with others through thought-based language . . . .
> Despite Freud's pessimism, a number of clinicians . . . beginning
> with Tausk, Abraham, and Jung . . . have demonstrated it is pos-
> sible to make therapeutic relationships with such persons, prob-
> ably through some attunement to the primordial wavelength in
> conjunction with some capacity for thought on the part of the
> psychotic person. [p. 132]

This correlates well with the observation of Bion and others that, in
working with a schizophrenic patient, the therapist speaks largely to the
healthy part of the patient's mind rather than to the disturbed part. That
both parts exist is epitomized in something that I heard about while I
was serving as an army psychiatrist with NATO forces overseas. A sol-
dier who had been working in a sensitive area that required him to have
top-secret clearance experienced a schizophrenic breakdown. He fell
into a hebephrenic state in which he was totally unable to function and
could communicate only in incomprehensible "word salad." One day,
his doctor, as he was trying to make contact with him, asked him what
he had been working on before he fell ill. The patient immediately said,
"Need to know!" (In the military, even if someone possesses top-secret
clearance, he or she is required to demonstrate a need to know before
being given any classified information.)

Brief Psychotic Episodes or Disturbance of Advanced Thinking in Nonschizophrenic Persons

Robbins describes work with lifelong schizophrenic patients rather
than with people who, although otherwise functioning more or less suc-
cessfully, experience a brief or relatively brief psychotic episode due to
overwhelming emotional strain. I should like to adduce some examples
of the latter. They might help shed further light on the role played by
an incapacity to utilize secondary process thinking to tame and control
primary process or primordial mental activity in generating psychosis or
a state of seriously disturbed mental functioning.

Mary was a professionally and personally very high-functioning person until she developed a steadily progressing case of what ultimately turned out to be Sjorgren's disease. She experienced worsening gastro-intestinal and neurological symptoms that eventually consigned her to a wheelchair and subjected her to severe eating problems, as well as increasingly frequent serious infections. Once she recognized that her condition was doomed to inexorably worsen with increasing rapidity, even as her doctors still had not been able to arrive at a definitive diagnosis, she suddenly developed a mushrooming paranoid disorder in which she was convinced that CIA agents were following her, watching her every movement, and preparing a case against her as constituting a serious danger to the United States. Nobody and nothing could convince her that her fear was delusional rather than reality based.

It took close to a year of intensive, persistent, delicate psychotherapeutic work before it was possible for me to help Mary realize that her ideas of reference and her paranoia had been a reaction to terror about what was happening to her that was taking her powers away from her and was placing her in extremely serious, mounting danger to her well-being and to her very life. This reaction served the additional function of providing her with the reassuring sense that she was an important person rather than an insignificant one, and that powerful forces were constantly watching over her to maintain safety in the world (that is, in *her* world). That she had grown up in circumstances in which she was unable to rely on either of her parents to watch over her and keep her safe turned out to be a major factor in setting the stage for the later development of her paranoid psychosis.

One way that we might understand the development of Mary's paranoid psychosis is that she was experiencing increasing terror about what was happening within her body, which neither she nor the experts around her could understand or do anything about. Neither her ordinary "higher" faculties nor theirs appeared capable of rescuing her from danger. It should not be altogether surprising that she shifted toward employment of a more basic and fundamental mental system in an effort to comprehend and master the increasingly terrifying horror that her existence had become. If the ordinary does not work, try the extraordinary—that is, *the other ordinary* in what Matte Blanco terms our *bi-logical* mind.

Piaget observed that the impressionistic spatial geometry employed by very young children who have not yet acquired the capacity for operational thinking enables them to function quite well in the world nevertheless. Romanesque architecture could not achieve what Gothic-era architects and engineers were able to do many centuries later, but it was magnificent nevertheless—and some of the aqueducts the Romans constructed are still standing and continue to function.

I should like to share an experience that illustrates the effect of interference with the development of adequate advanced mental activity on global functioning. Peter began analytic treatment with me when he was ten years old. I became his analyst partly because my office was exactly one block from where he lived. That was as far as he could leave home, unaccompanied, without being overwhelmed by anxiety. If his parents went out, he was overcome with terror that a robber would break in through the window—on the eighteenth floor—and kidnap or kill him. He had no friends and he had failed out of two schools, although he was quite intelligent. He was, in sum, all but totally nonfunctional.

Peter's mother, who had experienced abandonment early in life, was terrified of being left, so she dedicated herself to rendering her children all but totally dependent upon and therefore connected with her. She did not kiss their booboos when they fell, but instead caught the children *before* they fell. As the most compliant and gentle of the children by nature, Peter was the most affected by her parenting style.

Peter was hardly able to think for himself! This was illustrated dramatically when, one day, he arrived at my office for a session and asked me a surprising question. He said that he thought he had heard a fire engine in the street while walking over, but he was not sure that one had actually gone by. He asked if I had noticed one. When I asked how I might have done that since I was indoors, he came up with an ingenious rationalization. It was a beautiful day, he said, so I might have stepped out for some air. I said that I had not gone out and asked him what he had seen when he looked. "I didn't look," he replied.

A few months after we had begun to work together, Peter's family scheduled a trip to Disney World for the Christmas–New Year holiday break from school. Peter was in a quandary. Should he go away with his family and have fun? He very much wanted to do that. But he did not

want to miss any time from his analysis, which he recognized as extremely important to him and vital for his future. Should he stay behind with his grandmother so that he could come in for his sessions? He could *not* decide! He put increasingly strong pressure on me to make the decision for him. But I was steadfast in declining to do his thinking for him. He understood the reasons for this, but nevertheless grew more and more distressed that I would not make his decision for him.

The day before the deadline for making the decision, Peter arrived at my office looking pale, haggard, and dazed. "What's the matter?" I asked. "I feel very strange," he said, in a hollow, wooden voice. "I know I'm with Dr. Silverman—but I can't separate you from the curtain behind you. It's very scary."

"You know what I think?" I said. "I think you are so angry at me for refusing to make the decision for you about whether to go to Disney World that, in your mind, you've destroyed me, and you've even destroyed the image you had of me inside you."

"I'm not angry at you," he replied, "and that's the stupidest thing I've ever heard!" He more and more angrily berated me for having said it. Then he declared, "Oh! Now I can see you; you're not part of the curtain any more!"

Once again, this appears to be an instance of retreat from the usual, logical, and conceptual mentation that has not been accomplishing what it was meant to accomplish. And, under the impact of intense, distressing, dangerous emotion, there has instead been a resort to primordial mental functioning as an alternative way of thinking and communicating.

Peter's analysis lasted until he entered his senior year of high school. For most of it, the therapeutic focus was on examining, repairing, and rebuilding his disordered thinking. It was not until the last year of our work together that the emphasis shifted to analysis of his neurotic pre-oedipal and oedipal conflicts. He found that helpful, but indicated that it was not nearly as important as the work we had done to help him become able to think independently and effectively.

Along the way, I presented the analytic work that Peter and I were doing together to the participants in a continuous case conference at the institute at which I was, at that time, a child analytic candidate. My super-

visor was one of the co-instructors, and the other, younger one was on a path toward heading up the child program and then becoming director of the institute. My supervisor came down with a terrible upper respiratory illness that dragged on through the winter, so for a sizable period of time, there was only one instructor. That instructor did not like the way I was working with Peter. "That's not analysis!" he cried out repeatedly. I later learned that he had analyzed my patient's older brother—along classical lines and under the supervision of a renowned child analyst.

Peter's analysis was highly successful, and he was very grateful. After the analysis terminated, I did not hear from him until the summer after his graduation from high school. He called and asked if he might come in and touch base with me. He was not certain about his schedule, however, and he said that he would call back in a little while. But I did not hear from him again all summer. That fall, I received a letter from him in which he said:

> I shouldn't have done that to you. You probably worried about me all summer. But I was very busy working for a congressman and competing in tennis tournaments. You should be proud of me. I won the tournament in Atlanta! And my girlfriend kept complaining that I wasn't spending enough time with her. My friend in Cleveland also kept hounding me to fly out there and spend a week with him, and I finally did it. I really did not have time to come in and say hello to you. Please forgive me.
>
> I'm sitting here in the library [at a first-rate university] and thinking about the analysis. That was such hard work! And I know it was hard for you, too. I remember the look on your face at the end of some of the sessions. But I look around at all the messed-up people around me, and I know how well I'm doing, so I know why I did it. Thank you!

I did not hear from Peter for another ten years. Then I got a call from him. He asked if he could come by to consult me about something. He travelled to the city to which I had relocated by then and greeted me warmly. He began to speak about what had been on his mind when he called me, but then quickly let it go. "I realize that I didn't really come out here to seek your advice. I can figure it out by myself. I really came just to say hello and to tell you how well everything is going in my life. How are *you*? How's your family? What are you doing these days?"

He told me that he had a wonderful group of friends and was about to get married. He also had been the youngest person ever to make partner in the company in which he worked, and he had bought a great apartment for himself. Everything was terrific.

Peter had just one concern, however, he said to me. He was quite worried about his older brother, Roy, who was very unhappy. Roy had decided that he hated the profession for which he had trained for many years, had quit his job, and had not worked for over a year. He had almost no friends and had not gone out with a woman for some time. He had given up his apartment and had moved back in with their parents. Peter was very, very worried about Roy! Needless to say, I immediately thought of the case conference in which I had presented Peter's case many years earlier, and of the fact that the co-instructor who disapproved of my way of working with Peter had analyzed Roy.

The Connection Between Advanced Mental Activity and Language

In *The Primordial Mind in Health and Illness,* Robbins addresses the phenomena of synesthesia and lucid dreaming before looking into the connection between the development of secondary process thinking and of language during childhood. Disagreement among the proponents of various schools of linguistics makes this a difficult task, however. Does thinking produce language, or does language produce thinking?[4] The two are probably intertwined in complex fashion.

Something quite interesting about the Piraha tribe deep in the Amazon Basin was observed by Daniel Everett (2008). This group of approximately 350 people operates in an extremely concrete, immediate, here-and-now fashion in which there is no concept of time or any words denoting past or future, and in which both animate and inanimate entities exist only in the context of immediate experience. What or who is here exists. What or who is not here no longer exists. Neither their language, "which has a prosodic, bird-like singing and whistling quality with extraordinarily subtle nuances" (p. 84), nor their way of life reflects "the qualities of abstraction, symbolization, and logic that characterize thought" (p. 85).

[4] See Werner and Kaplan (1963).

Nevertheless, the Piraha are quite able to function and navigate through life. In fact, they prefer their way of thinking and living and their very basic, uncomplicated language to that of the traders who arrive from time to time from the more highly developed, "civilized" outside world. Functioning very largely in the realm of primordial mental activity serves the Piraha quite well in the circumstances in which they live. What does it mean that humans in general lived in quite similar, day-to-day, hunter-gatherer fashion for far, far longer than the way in which we have been living in more modern times?

Discussion

Can the Piraha, the Maori, shamans, the highly creative people who think very differently from those around them, and even psychotic individuals teach us something about people in general? When we look at ourselves from one perspective, we appear to have two separate minds, that is, two separate ways of thinking that operate independently of one another. Although it seems that, in the course of evolution, the human mind has developed along two different lines, it is hard to believe that major integration and cooperation between them has not also developed. This certainly seems to have occurred within the brain portion of our *mindbrain* (a term that some neuroscientists have begun to employ).

Paul D. MacLean (1990), after decades of studying brain function, together with other colleagues who were interested in the project, concluded that in essence we have three brain organizations. One, consisting of the brain stem, cerebellum, and just a bit of cortical tissue, is very much like that of a crocodile. Adding the limbic system and some more cortex, it becomes like the brain of a cat. When the large frontal lobe tissue that completes our human brain is added, we have a primate brain. Which of these three organizations predominates in a given individual at a given time, MacLean indicated, depends upon the circumstances and the challenges with which we are faced.

Damasio (2010) points out that two-way tracks connect the prefrontal cortex—which provides us with the capacity to think reflectively and intelligently—with the brainstem—which generates the substrate of our basic emotions and reactions to the environment that we inherited

from our distant reptilian ancestors. These tracks convey information back and forth between the two, and *each area has the capacity to influence the other!*

Porges's (2011) observations about polyvagal neurological/neuroendocrinological functioning are also significant. Each branch of the vagus nerve operates differently, but it is the joint, interactional operation of the sympathetic and parasympathetic components of the so-called involuntary nervous system that keeps us functioning more or less smoothly in relatively ordinary circumstances. What scientists have been learning about the role of epigenes in regulating and controlling gene expression also comes to mind. That the environment influences the expression of our genes via its effect on the enzymes and catalysts that exert control over the genes, and that some of the effects of the epigenes can be conveyed to subsequent generations through heredity, is thought-provoking indeed.

It would seem to be probable that something has occurred within the mind dimension of our mindbrain that is similar to what occurs in the brain dimension of it. Depending on circumstances and life challenges, is it not likely that advanced mental activity might at times serve us better as the dominant system and, in other circumstances and life challenges, primordial mental activity might be more effective? Isn't it likely that primordial mentation can not only adversely influence our advanced system of thinking, but also—and on the contrary—at other times enhance its effectiveness? How else would empathy, communication via projective identification (i.e., induction of feeling states and attitudes in another person), nonverbal reading of and communication with others, or establishment of contact between therapists and psychotic patients be possible?

Malcolm Gladwell's (2005) observations about the not infrequent reliability of quick decisions come to mind in this context. It appears to me, furthermore, that not only do we dream during the day as well as during the night, but also that advanced mental activity—in addition to reading the more primordial mental activity that predominates in dreaming—even *participates* in dream formation. How else could intelligible conversations gain representation in our dreams? How else could we express moral judgments to ourselves, or sometimes send ourselves

sage advice, through our dreams? Could Friedrich Kekule have otherwise solved his problem involving the structure of the benzene ring via a dream? And how else could James Joyce have written *Ulysses* (1922) and *Finnegans Wake* (1939)?

Although Robbins's decision to refer to logical, reflective, recursive, advanced mental activity as *thought*—rather than *primordial mental activity*—in one way aptly reflects his observations about the differences between the two forms of mental functioning, it also strikes me as somewhat misleading. *Both*, it seems to me, are forms of thought, neither one necessarily more valuable than the other. What *is* most important is the degree to which each of them has optimally developed, and the degree to which they operate in unison and in harmony.

I wonder, too, whether in schizophrenia it is not only the structure and function of advanced mental activity that is faulty, but also that the structure and function of primordial mental activity is deficient as well. We are all unique but also similar, and all of us are the same as, but different from, other members of our species. I find what Robbins has to say in *The Primordial Mind in Health and Illness* exciting to read and exciting to think about. But it is only the beginning!

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FINDING THE SOMETHING IN NOTHING

BY MICHAEL ROBBINS

Formless Infinity: Clinical Explorations of Matte Blanco and Bion.
By Riccardo Lombardi. Translated by Karen Christenfeld,
Gina Atkinson, Andrea Sabbadini, and Philip Slotkin.
London/New York: Routledge, 2016. 282 pp.

Keywords: Psychosis, body–mind issues, W. R. Bion, bi-logical mind, I. Matte Blanco, mental states, maturation, symmetric logic, symbolic thought, integrated mind, hospitalization, therapeutic action.

Formless Infinity: Clinical Explorations of Matte Blanco and Bion is an invitation by the author, a remarkable analyst, into his consulting room as he struggles to comprehend the prerepresentational mental states of his psychotic patients through a combination of empathic merger and thoughtful reflection. In so doing, he assists them in learning to bear and cope with their existential distress in more mature and thoughtful ways. Lombardi successfully challenges the common "wisdom" that the psychoses, the most prevalent and crippling of the mental ills, are beyond the scope of psychoanalysis. In so doing, he rejects traditional, simplistic definitions of what psychoanalysis is.

Lombardi is a creative therapist, an impressive psychoanalytic theoretician, a person of broad cultural background and knowledge, and above all, a deeply caring human being. These attributes illuminate the book and make reading his clinical vignettes a pleasure.

The book is a compilation of nine journal articles published over a ten-year span between 2003 and 2013. It is equally clinical and theoretical. Rich clinical vignettes, apparently taken from verbatim transcripts

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of hours from various points in treatment, are interspersed with the au-
thor's accounts of his mental and emotional processes during and subse-
quent to these encounters.

There is extensive documentation of the historical roots of Lom-
bardi's ideas. The major theoretical focus is on Matte Blanco's model of
bi-logical mind as a framework for comprehension, and on Bion's rela-
tional contributions as a framework for treatment. The model of psycho-
pathology is derived from a model of normal development gone awry,
and the model of treatment is closely related to the role of the good
enough mother in normal development.

The early chapters present the author's belief that states of severe
anxiety and panic encountered in psychotic persons are products of a
body–mind that functions, in Matte Blanco's bi-logical terms, *symmetri-
cally*. While subsequent chapters never stray far from this theme, they
also focus on the emergence of psychosis in adolescence (chapter 5), the
development of the concept of time (chapter 7), the importance of the
analyst's reverie in the therapeutic process (chapter 8), and the develop-
ment of emotional conceptions of separation and death (chapter 9).

There is a price to be paid for the economy of effort in creating a
book from a series of articles. There is a great deal of repetition, and
the reader hoping for sequential progression or idea-building toward a
conclusion may be disappointed. While there is a good introduction, the
book lacks an integrating conclusion. And instead of a central reference
list, each chapter has its own bibliography.

My attempt to summarize the basic elements of Lombardi's related
theories of maturation of mind and the pathology of psychosis will inevi-
tably convey a deceptive sense of simplicity. His theory is complex, and
I found it difficult to follow in places—probably through no fault of the
author, whose conceptual language is highly nuanced.

The theory is based on the hypothesis of two mental processes (*bi-
logic*) and the developmentally expectable process of maturation from
the undifferentiated, unintegrated mental state called *symmetric logic,* to
that of *asymmetric logic* or reflective symbolic thought. While the work of
psychologist Heinz Werner is not cited, what Werner (1948) called the
orthogenetic principle—that development consists of integration and dif-
ferentiation—is central to understanding this process.

Psychosis, Lombardi and I agree, is related to the predominance of undifferentiated and unintegrated mind, the mental state Matte Blanco calls symmetric logic. Although Lombardi does not dwell on the relative contributions of nature and nurture in answering the question of why normal development of mature asymmetric logic goes awry, he believes, as do I, that it involves an inability to process unusually painful somatic and perceptual experience, to represent and bear the emotions involved (mostly rage and hatred), and to think symbolically about related ideas. Precursors of these emotions are manifest instead in undifferentiated self-object behavior and a body–mind based on perception, motor expression, and somatic sensation. In Lombardi's description of psychosis, "the deepest levels involve a primal conflict between order and disorder . . . differentiation and nondifferentiation . . . and especially the finite and infinity" (p. 221).

Bion's relational theory is called upon to explain how this process comes about in normal development and in the therapy of psychosis. Maternal containment, holding, and provision of alpha functioning help the infant process concrete beta elements of raw psychosomatic experience, and to gradually develop an integrated, differentiated mind capable of symbolic, reflective thought. This integrated mind is aware of the body and its changes and rhythms and can translate somatic affects into emotional representations. Writing of his patient Rosa, Lombardi tells us that:

> After she had established her appropriation of bodily space and of time, it was the experience of emotions such as hatred, sadness, and joy that allowed Rosa to establish her own identity. By establishing herself in space-time and in her emotions, Rosa was able to realize a relation based on being differentiated from me. [p. 237]

The relationship between symmetric logic and the clinical presentation and subjective experience of severe psychosis is perhaps the most important theme of the book. Especially in the early chapters, Lombardi accounts for his patients' frequent subjective experiences of terror, dread, anxiety, and panic—all related to a sense of being trapped in a void, an infinite emptiness—with the model of symmetric logic. Yet as

the book goes on, he also describes examples in which his patients seem to employ symmetric logic in situations that do not involve anxiety at all, and in fact are narcotizing. In those instances, the same symmetric logic that is the source of formless terror in Lombardi's examples serves as a deadening defense against tolerating painful emotions and associated thoughts related to the finite nature of life and experience: rage, separation, loss, and awareness of death. In chapter 4, he quotes his patient Simone: "I have so much hatred that I make my body disappear" (p. 108). How the same mental state can be experienced in such subjectively different ways—and how and when the symmetric rendering of experience reflects primary developmental failure, in contrast to secondary defense—is not clarified.

While the author takes pains to disclaim that the book is about technique, it is richly descriptive of his theory of therapeutic action and filled with riveting clinical vignettes that inevitably give the reader a sense of his technique. However, if my experience is any indication, the reader hoping to come away with a kind of cookbook formula for "how to treat a schizophrenic" will be seriously disappointed. Lombardi is a brilliant, creative clinician and a genius at engaging persons whose mode of presentation and relating is bizarre, and I do not think his highly original interventions, no matter how much he explains them in retrospect, are readily teachable.

The book reminded me of the three or four post-World War II decades in the United States during which I played a part in a broad-based movement involving coordinated efforts by psychoanalysts, academic psychiatrists, ancillary mental health professionals, and the mental hospital system, which offered psychotic persons a safe holding environment in which they might engage in personality-mutative, psychoanalytically based treatment (Robbins 1993). Such treatment is today almost nonexistent in the United States.

With the Community Mental Health Act of 1967, long-term mental hospitalization became synonymous with dehumanization, only to be succeeded by other forms of dehumanization in disguise. The ascendance of materialistic, neuroscientific explanations of psychosis as a meaningless mental process and the growth of the pharmaceutical industry led to repudiation of the idea that the psychoses were meaningful expressions

of personality, to the related devaluation of psychoanalytic talking cures, and to the substitution of treatment based on psychopharmacology, with the goal of symptom remission and better socialization. Lombardi has managed to swim against this tide. Based in Rome, he functions as part of a group of analysts and allied health care personnel who are able to combine psychoanalytic treatment, medication, hospitalization when needed, and work with families. Unfortunately, he does not describe how this team functions.

Lombardi's theory of therapeutic action is based on his understanding of Bion's concept of reverie as a kind of voluntary and partial assumption of symmetric mind on the part of the analyst, who simultaneously retains the capacity for more objectifying analytic thought. In a process of empathic interpenetration or imaginary twinship with the patient, the analyst experiences something of that person's anguished, unformulated experience as it is manifested in motor behavior, gesture, facial expression, words, and vocal prosody. The analyst's reactions to the patient combine expectable ones with more idiosyncratic, personal responses.

While Lombardi maintains that his patients' unformulated psychosomatic enactments of rage are not about him—in the sense of being definable as self-object-differentiated transferences—he nonetheless describes in vivid detail their often devastating effects on his mind and body, and his struggles to translate these enactments into reflective thought. Lombardi describes experiencing almost crippling somatic responses akin to what any deeply involved person might feel, along with musical associations that seem unique to his personality. Other analysts might call this a primitive countertransference experience, but he does not believe his patients are manifesting transference to begin with. These experiences are processed or digested with the analyst's alpha function or asymmetric logic, and "fed" back to the patient in the analyst's language of thought and emotional representation—much as a good mother might formulate her infant's inchoate experience and help the infant begin to formulate it in thought and language.

I welcome Lombardi's book as a creative antidote to the often stultifying, politically motivated discussions we hear today about what constitutes psychoanalysis. These discussions too often reify concrete criteria

related to frequency of sessions, the setting, and rules about what the analyst ought and ought not to do, and reveal an overvaluation of particular concepts derived either from Freud or from equivalently idealized, contemporary analytic gurus. Lombardi, by contrast, has no doubt that what he does is psychoanalysis, and I tend to agree with him. While he sees most of his patients four to six times a week, at times he meets with them much less frequently. While the idea seems to be to use the couch, it is not a requirement, and there is much moving about in his office during sessions and a good deal of face-to-face contact. Most of his patients take psychotropic medication while in analytic treatment, and periods of hospitalization are not uncommon. Active dialogue with his patients plays an important role, including the analyst's questioning, rephrasing, or clarifying; offers of hypothetical understandings; and even motivational admonitions.

When his patient Antonio fails to relate to him, Lombardi provides the activity and engagement. And in describing work with his patient Rita, he comments:

> I interrupted her empty discourse to ask, "Excuse me, but have you ever asked yourself what your feet are telling you?" My interruption was a provocation aimed at eliciting some kind of emotional response we could consider together in analysis, rather than risking its being discharged in further acting out. After this episode R. began to use the sessions differently, with a very concrete sense of her physical presence through continual attention to the feelings stirring inside her, even if she did not understand what they might mean . . . . This discovery was in the nature of a Copernican revolution for R., to the extent that eight years later, nearing the end of analysis, she still considered her "register" one of her fundamental discoveries, the most precious tool she brought away from her experience of analysis. [pp. 72-73]

There is much in this for the reader to think about. One question I have is whether a thorough analysis—a goal of which is presumably to achieve the capacity for mature object relations (including the capacity to love)—can be accomplished without some measure of attention to the analytic relationship (transference) and to reconstruction and understanding of how distortions might have arisen from pathogenic rela-

tionships in the patient's childhood. As mentioned, Lombardi does not believe these interactions are relational at all. For him, they are aspects of an inadequately differentiated, integrated, and represented self. Indeed, Lombardi acts as a kind of self psychologist of the primitive mind.

Some of my concern is probably a matter of definition and emphasis. Does an interaction have to be object related and self-object differentiated to be considered transference? Another way to look at some of the interpersonal situations that Lombardi describes as *solipsistic*—in the sense of reflecting developmental and defensive immaturity—is that the patient is enacting in the transference a kind of primitive identity (not an identification) with the traumatically hostile, rejecting parent of his childhood. In this situation, the analyst who chooses to hang in there empathically is forced to experience what the patient could not bear without succumbing to despair and psychosis, in order to formulate the experience in thoughtful terms, and in so doing to provide a model for the patient.

However, his position about development of mind, transference, and relationship is not entirely clear. He also writes:

> The urgent need to organise the mind for the purpose of thinking . . . require[s] the analyst's work to be something other than a systematic interpretation of the transference . . . . Little by little, the flood of symmetries begins to subside . . . . As this happens, the analytic work can address more consistently relational dynamics, and a separation of identity takes place in the context of the analytic couple. [p. 54]

While one can always quibble about particulars, "in the last analysis," I believe that what Lombardi does is very much psychoanalysis, defined broadly as an attitude and approach that assists profoundly dysfunctional persons to move from a blindly repetitive, "unconscious" state to one in which reflective awareness of their own mental processes enables them to make constructive, life-changing choices.

Positive as I am about the book, I am not without concerns and reservations about the theory Lombardi presents, and I have some questions about the outcome of his clinical work. Unfortunately, there is not enough information about basic elements of his patients' lives and devel-

opment in regard to such factors as achievement of autonomy, success at work, and the capacity for close relationships. The latter is particularly important as he claims he does not work with transference. We see progress in the microcosmos of individual hours and clusters of hours, but there is scant evidence of what happens in his patients' lives outside the consulting room or over the longer course of their lives. There are some indications of progress (such as relinquishment of medication), and there are successful terminations, often after many years, but not nearly enough information for the reader to come away with a comfortable sense of what this kind of treatment can accomplish. The most striking outcome seems to have been achieved with Antonio, a walled-off, despairing patient described in chapter 8, who had managed to undergo two previous analyses yet remain untouched. His analysis was completed with apparent success in three and a half years, but I doubt if this case was intended to demonstrate a typical outcome.

Moving to the theory itself, Lombardi has done a great service in explicating Matte Blanco's writing for a North American audience, but I was disappointed that he limited his discussion to the broad outlines of *bi-logic*. I had hoped to learn more about the complex bi-logical structures that he described (Matte Blanco 1988; see particularly the introduction by Rayner and Tuckett) as consequences of the various ways in which the two forms of logic interact and their manifestations, both pathological and normal (dreaming). (See Rayner 1981; Robbins 2011.)

My major concern has to do with how Lombardi understands and applies the theory of bi-logic to some instances of psychosis. To begin with, I believe the title of the book, *Formless Infinity*, confuses or conflates subjective experiences of being lost in space, reported by some of his patients, with a mental activity that he describes theoretically as being devoid of form and principles. Although he is not entirely consistent, Lombardi repeatedly articulates the belief that the symmetric state of psychosis is isomorphic with a subjective sensation of formless dread, emptiness, intense anxiety, and panic, as well as a literal sense of being lost in space. As I indicated earlier, there are also many patients who experience the symmetric static as preferable to experiencing the distress associated with asymmetrical thought.

My take is that two different forms of conscious mental activity are involved—not simply thought in contrast to the absence of thought—and that most psychotic states that might be attributable to a predominance of symmetric logic actually have shape and principles. The presence of a different mental state is exemplified by persons suffering from chronic conditions that might be characterized as symmetric mentation—persons who present with states that they seem to prefer, including social isolation, hallucinations, and delusions. In fact, such persons often seem to be comfortably at ease with their experiences, surrounded by voices and ideas that tell them how to understand the world and command them what to do next.

Furthermore, psychotic persons who relate more actively through projective identification of states of rage and rejection, and who attribute objective elements of self to others, may feel actively angry and rejected in their symmetric mental state, but not empty. Serious users of hallucinogenic drugs may at times have "bad trips," but mostly they seek to get high and choose to induce the experience of symmetrical states for pleasure. In the course of treatment of psychotic persons, actively hostile resistance to therapeutic efforts to promote asymmetric logic or reflective thought is often encountered, because it requires them to bear painful thoughts and feelings; they prefer the undifferentiated state as a form of self-narcosis—a way to avoid the work of thinking and making choices.

One of my recent patients, a young man in his mid-twenties, experienced his undifferentiated state as a high, an exciting rush, and became habituated to using drugs to produce and enhance this feeling. He also loved to take risks that literally brought him to the brink of death (symmetric infinity). He loved to dance himself into psychosis, gaining the admiration of others for his display, feeling a grandiose, limitless sense of power—in contrast to the anxiety he might experience when more thoughtfully aware of his realistic limitations. Long after he stopped doing this as a result of our therapeutic work, he continued to believe that at those times he had literally been able to levitate.

Lombardi seems to recognize some of this, and in his discussion of Bion, he seems to be articulating a conflict between the claustrophobic trap of thinking and the panic of dissolution and the infinite. While he

does not comment on it in this way, perhaps his case of Jodie raises the more basic issue of whether panic and terror are consequences of a borderline condition—either the regressive descent into symmetric logic and psychosis (the break), or the threat during therapy of having to exit from it into an asymmetric condition in which it is necessary to bear and articulate emotional pain.

Looking a bit more deeply at the state of symmetric logic, the fact that there is little or no reflective thought or asymmetric logic does not necessarily mean that the mental state is literally empty—lacking form, substance, and principles of function, as though mind itself has been lost and the person is marooned in an unconscious, infinite, empty space. Actually, the psychotic state is characterized by another form of mental activity that is conscious in a different way and operates according to principles of its own. Although Matte Blanco did not trace his conception of symmetric logic to Freud's conception of primary process, the terms Matte Blanco used to describe this concept imply a particular structure and rules that are strikingly similar. Freud believed that these rules or principles are the structure of the unconscious mind, and when unchecked by secondary-process, reflective thought and reality testing (asymmetric logic), they result in dreaming during sleep—a process that Freud associated with wish-fulfillment, not with panic, as well as with psychosis during waking life.

I have previously expanded on these ideas and described the functional principles of a mental process that I call *primordial consciousness* (Robbins 2011). If one studies Lombardi's examples of symmetric logic in relation to Freud's descriptions of primary process and to mine of primordial consciousness, one sees that Lombardi has in fact described the mental content of these so-called unconscious empty states: things like concreteness; self-object undifferentiation; absence of contradiction, association, or narrative continuity by affective valence rather than logic; and a sense of belief that is characteristic of this process, as in dreaming and psychosis.

Lombardi seems somewhat aware that the symmetric mind is not an empty mind when he describes the content of some of these belief systems. He writes:

This absence of bodily space-time that characterizes the unconscious world appears in various known psychoanalytic manifestations, such as the fantasy of not having been born and of still inhabiting the maternal belly, which M. Klein describes in small children, or in the omnipotent fantasy of being God, as it appears, for instance, in the case of Schreber. [p. 64]

Klein articulated the concept of *phantasy*, a concrete body–mind activity that she and Segal called *symbolic equation*, characteristic of the paranoid-schizoid position, involving a kind of conscious representation precursory to the development of the thoughtful fantasy that is characteristic of the depressive position.

For those prospective readers in search of the bottom line, I would summarize by noting that it is a rare privilege to observe a master clinician with a creative, cultured mind who believes it is possible to do mutative psychoanalytic work with severely psychotic persons, and who invites us into his consulting room to show us how he does it. In the course of leading us into this rich experience, Lombardi brings the important but insufficiently known work of Matte Blanco to our awareness, integrated with the work of Bion and to a lesser extent with that of other important theorists. I hope we will hear more from Lombardi and, selfishly, I hope that he will undertake to deal with some of the questions I have raised.

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BOOK REVIEWS

FREUD AND THE BUDDHA: THE COUCH AND THE CUSHION. Edited by Axel Hoffer. London: Karnac Books, 2015. 184 pp.

Many years ago, a friend put me onto *Thoughts without a Thinker* by Mark Epstein, a psychiatrist and the author of several books about Buddhism and psychoanalysis.[1] I was a philosopher by profession who had once taught Buddhism in a course on philosophy and who also was beginning clinical training at the Columbia Psychoanalytic Institute for Training and Research in New York City. I found Epstein's book provocative and illuminating.

I was thus delighted when the Book Review Editor of *The Psychoanalytic Quarterly* invited me to review *Freud and the Buddha: The Couch and the Cushion.* Most of the eight contributors to this collection of essays are analysts as well as experienced Buddhist practitioners: Nina Savelle-Rocklin, Delia Kostner, Nina Coltart, Andrew Olendzki, Mark Epstein, Axel Hoffer, Sara L. Weber, and Gerald Fogel. Hoffer, who edited the volume, is a Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute and an Associate Professor of Psychiatry at Harvard Medical School.

The book met my expectations. The essays are outstanding, and even psychoanalytic readers who are not, or not yet, into Buddhism will find the dialogue useful. As Coltart writes in this volume: "Of course there are differences [between Buddhism and psychoanalysis] . . . but there are many more extensive and subtle ways in which they flow in and out of each other, and are mutually reinforcing and clarifying" (p. 54).

Among the many similarities: (1) both psychoanalysis and Buddhism emphasize unity of mind and body; (2) both are theories of how to alleviate suffering; (3) both are practices aimed at alleviating suffering—practices that can take may years before they begin to be transformative

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[1] Epstein, M. (1995). *Thoughts without a Thinker*. New York: Basic Books.

in the ways they promise; (4) both practices aim at freeing the mind to attend to what is happening just below consciousness as well as in consciousness. In addition, there is a similarity between what an analyst does in listening to her patient, Hoffer remarks in his informative introduction, and what a Buddhist monk does when meditating: both notice, without judgment, whatever comes to mind as it opens itself to its present experience. This is something that the analytic patient learns in time to do for herself.

Hoffer tells us that psychoanalytic interest in Buddhism goes back to the 1950s, beginning with Karen Horney and Erich Fromm. The famous Buddhist Daisetz Suzuki taught them both, and Fromm then invited Suzuki to a conference he organized on the topic of Zen Buddhism and psychoanalysis in Cuernavaca, Mexico, in 1957.

One of the essential teachings of Buddhism is that—as is suggested by Epstein's book title mentioned earlier—there is no such thing as a self, in a certain sense. Of course, there is a body continuing through space and time, and there are thought processes, but there is no enduring entity behind the thoughts. Contrast this with the view of the seventeenth-century philosopher Descartes, a view that dominated Western philosophy and set its problems until the twentieth century. Looking for a foundation for knowledge that is certain, or indubitable, Descartes found it in his own thinking: *cogito, ergo sum,* or "I think, therefore I am." In the act of thinking (with equal fidelity to the Latin, one can translate *cogito* as "I am thinking"), I cannot coherently doubt that I exist. Descartes held the *I* to be a mental substance, immutable and distinct from the body.

The Western philosopher who comes closest to Buddhist teaching on this matter is David Hume, who, in looking inward for the Cartesian self, found nothing but a sequence of thoughts or mental processes. Of course, like psychoanalysis, Buddhism is not only a theory of mind, but also a therapeutic practice that both emerges from and yields the theory.

The first two chapters of *Freud and the Buddha*, respectively by Savelle-Rocklin and Kostner, on the fundamentals of psychoanalysis and of Buddhist thought, are brilliant introductions to the two disciplines. I will skip the first chapter on the supposition that it is unnecessary for the psychoanalyst and will go on to the second. Kostner begins with the

notion of mindfulness, a concept now familiar in the West, where it is typically dissociated, however, from the context of Buddhist thought generally. This context is provided by the three integral aspects or stages of Buddhist practice: *sila,* or ethics; *samadhi,* or meditation; and *panna,* the insight or wisdom attained at the end of the path.

Mindfulness can be considered only in the context of these three stages, and can arise only when certain fundamental but destructive aspects of human psychology are minimized: greed or attachment; hatred or aversion; and delusion or ignorance. Kostner writes:

> Greed refers to our compulsive and typically unconscious tendency to grasp at something pleasant which we believe will make us happy. Aversion refers to our compulsive tendency to push away those things we believe are leading to our discomfort. Delusion . . . refers to the habitual, unconscious manner in which we construct and interpret our world inaccurately. [p. 33]

As psychoanalysts, we interpret based on personal experiences and perceptions, and so our interpretations are unavoidably inaccurate. But the inaccuracy can be minimized by mindful attention to the here and now. Through these essays runs a distinction between awareness and consciousness: when we are conscious, we are often not aware, as in mind-wandering or when we are reacting automatically. Buddhism teaches that with awareness of our own psychic processes, underlying thoughts that are preconscious, or even unconscious in the psychoanalytic sense, can come to the surface. The practices of both psychoanalysis and Buddhism aim at a more accurate assessment of reality.

Among the Buddha's most important teachings are the Four Noble Truths, the first three of which are: (1) suffering exists; (2) it has a cause; and (3) the cause can be removed. Kostner notes that these truths are often expressed in the form of a medical metaphor: suffering is a disease caused by craving or desire; there is a cure, the elimination of craving; and there is a treatment leading to the cure, namely the eight-fold path, which is the fourth Truth. The eight paths are right view, right thinking, right speech, right action, right livelihood, right effort, right concentration, and right wisdom. Right speech, for example, is speech that is helpful, honest, and not abusive; it is the opposite of speech that leads

to discord or ill will, speech that is unkind and thoughtless. Right effort, right mindfulness, and right concentration refer to specific meditative techniques and the states of attentiveness to which they lead. The eight-fold path is an account of the ethical context that mindfulness requires.

As for the first Noble Truth, both Freud and the Buddha were interested in suffering that is self-generated; but the Buddha held that suffering can, in principle, be eradicated completely, whereas Freud aimed more modestly at the removal of symptoms. Another difference is that Freudian therapy works through an understanding of the individual's particular history, whereas Buddhism encourages an understanding of human nature and the human condition more generally.

Other ideas that are also essential to Buddhist thought are impermanence (*anicca*) and the not-self (*anatta*). The second, of which I spoke in my opening paragraphs, is perhaps the most open to misunderstanding in the West. Buddhism does not deny that there is a self in Freud's sense—namely, an ego—nor that there is a person, continuous through time. But the self, in this sense, is not stable and immutable, not an entity, and certainly not a disembodied mind or soul.

Coltart attempts to clear up this confusion in her essay. She begins by stating what she considers to be the two principles of psychoanalysis: the unconscious, and that all behavior is meaningful. Understanding these meanings is the form that therapy takes. It is a means to an end, which is the forming of a strong ego, or a mental structure that is able to mediate successfully between the demands of the external and the inner world of passions, needs, and fantasies. Psychoanalytic therapy seeks to strengthen a sense of individual identity, or in my words, a set of values, experiences, goals, life projects, and identifications that is one's own and that is coherent, as well as the capacity to take responsibility for oneself, on which Buddhism also insists. For one who lacks such an identity, meditation can be dangerous, Coltart says, presumably because it is destabilizing in the wrong way.

What I find most interesting in Olendzki's essay, "Buddhist Psychology: A Work in Progress," are, first, his distinction between freedom from suffering and freedom from within suffering, and second, his discussion of narrative. Suffering is a condition of life; it cannot be entirely eliminated. Even the Buddha had toothache, as Olendzki puts it;

but one can learn to tolerate a lower level of suffering while forging, through meditation, a higher-level acceptance of it as the human condition. The Buddhist idea of not-self comes in here: one can attain the state of mind in which one says to oneself, "There is pain, but I am not pain." Meditation and the eightfold path are the training that leads to this sort of detachment.

As for narrative, both psychoanalysis and Buddhism are interested in the ways in which the mind is continually processing its perceptions into a narrative about who and what one is. For both, the trouble is that these narrative constructions are self-confirming: a child whose parents call her stupid will come to think of herself as stupid and will not attend to experiences that might disconfirm this view. The difference between psychoanalysis and Buddhism, on this account, is that the first often seeks to change the stories one tells oneself, whereas Buddhism wants to undermine the stories altogether. There is always some error in perception, but in casting it into a narrative, we freeze it, thereby losing some of the perceptual process itself. Meditation opens up a space between stimulus and response so that awareness is not automatic. It helps to keep the perceptions fluid so that unconscious material can surface.

Drawing on the Buddhist vocabulary to which we have been introduced, I will put what I see as the problem with narrative in a slightly different way. The Buddhist aims at a condition of benign equilibrium, selflessness, and spiritual strength that requires much training. To a large extent, and only after a period of time, it can be one's state of mind even when one is engaged in the activities of daily life. This is the state that meditation practices, through encouraging the meditator to become aware of the thoughts and feelings that flow across her consciousness without attaching herself, so to speak, to any one of them: there is perhaps a feeling of dread, but she does not attempt to push it away; or she sees an image of pleasure but does not try to hold onto it; or she feels envy but lets it go. It is in this sense that she is detached. Nor is she aware of herself as an *I* who is separate from the contents of awareness.

Something very different goes on when one casts one's thought in the form of a narrative. Then one is by definition the author of her thoughts: "I did this; I am thinking of that." Thinking of oneself as such a subject can subtly suggest the constricting, fearful idea that there is a narrator, or a self, to be protected.

In "On the Seashore of Endless Worlds: Buddha and Winnicott," Epstein discusses Freud's correspondence with Romain Rolland, who was a student of Eastern thought. We are all familiar, through Freud, with Rolland's association between religion and a sense of something eternal and infinite, as it were: the *oceanic*. Freud notes that he finds no such feeling in himself and goes on to write: "Normally there is nothing we are more certain of than the feeling of our self, our own ego. This ego appears to us as something autonomous and unitary, marked off distinctly from everything else."[2]

But, sounding like a Buddhist teacher, Epstein remarks, Freud then questions the validity of such an idea. Epstein comments that, for Freud:

> The ego . . . was really a kind of facade that surrounded, and partially obscured, the unconscious from which it emerged and to which it once belonged. The entity we call "I," he [Freud] concluded, was closer in nature to a mysterious "it" than we would like to believe. [p. 91]

Freud interpreted the oceanic feeling as the infant's sense of merger with the mother's breast. This infant feeling, he thought, is at the heart of the world's religions. But Buddha did not have in mind any such merger, Epstein points out, for merging presumes a self that can be merged. For the Buddhist, the meditating "self" or teacher is closer to a nursing mother than to a suckling infant.

These remarks turn Epstein to a consideration of Winnicott, whose thinking he finds similar to that of the Buddhist: "In writing about a therapist's restraint, a mother's devotion, or a child's play . . . Winnicott inadvertently . . . found three new ways of describing the art of meditation" (p. 96). How the mother attends to her infant is an apt metaphor for how the Buddha suggests we relate to our own minds.

As Winnicott teaches that "there is no such thing as an infant," but only an infant in relation to a mother,[3] so Buddha teaches that there is no such thing as a self apart from the world. For Freud, reality is either

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[2] Freud, S. (1930). *Civilization and its Discontents. S. E.,* 21, p. 65; quoted by Hoffer, p. 90.

[3] Winnicott, D. W. (1960). The theory of the parent–infant relationship. *Int. J. Psychoanal.,* 41:585-595; quotation is from p. 587.

internal or external; for Winnicott, there is no clear line between the *me* and the *not me*. The *transitional space* that Winnicott formulates is that space between mother and child within which the child learns to play, and within which culture, as a *transitional object*, is born.[4] For the Buddhist meditator, there is a space between self and world in which self-centered desires begin to lose their grip.

In his response to Epstein, Hoffer remarks that Winnicott was engaged in a revolution. Rather than focusing on drives and the triadic oedipal relationship as Freud had, Winnicott focused on maternal care and the dyadic relationship between mother and infant, and he compared the safety of the psychoanalytic environment with the safe environment provided by the mother.

In their essays, both Weber and Fogel interestingly recount personal experiences of a psychoanalyst listening to a patient and of a Zen student in relation to her teacher. (The experiences are too detailed, however, to recount here.)

In his "Concluding Reflections," Hoffer finds that the authors in this volume disagree: first, about the value of free association, and second, about the value of language in the casting of experience. On the one hand, free association can be viewed as resembling that form of meditation in which an individual allows her attention to move freely from one object of awareness to another; but the Buddhist, on the other hand, may regard free association as the construction of a narrative that distracts the individual from immediate experience.

As for language, the interpretive practice of psychoanalysis constructs experience through words, which again can distract from the immediate experience. But the psychoanalyst cannot dispense with language and interpretation, and Hoffer suggests that the Buddhist may idealize intuition. To the differences between the psychoanalyst and the Buddhist, I might add this: the practice of the latter, but not the former, aspires to an attitude of loving attentiveness to all beings, including oneself—though psychoanalysis goes some way toward this goal in softening or even rooting out hatred that is neurotic in origin.

[4] Winnicott, D. W. (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

Hoffer writes that there has been a growing awareness that Freud emphasized thinking over feeling, an emphasis that Buddhism reverses. But to my mind, this overlooks the distinction—essential to psychoanalysis—between *knowing in your head* and *knowing in your heart.* The patient may be able to say true things about what she feels and why she acts as she does, but without experiencing these feelings and motivations; and every psychoanalyst knows that this sort of knowing is, by itself, therapeutically useless. Knowing in feeling is what the transference affords. Hoffer goes some way toward acknowledging this in his final paragraphs: whereas therapeutic action was once understood as making the unconscious conscious, the relationship between analyst and patient is now regarded as the central focus.

Coda: My grandson, Alex, is studying to be an acupuncturist. The training is long and rigorous, and includes courses on Eastern thinking about the mind-body. Whereas in the West, we are attentive to the ways in which the mind influences the body, in China attention is apt to go the other way, as in the Buddhist practice of attending to the breath. Alex is learning that Chinese medicine views the internal organs less as discrete entities than as points along meridians of energy that radiate to remote parts of the body.

As Alex relates to me his growing understanding of the differences between East and West, I think how difficult it is for one culture to understand another that is in some ways radically different. And so I want to conclude by saying first that I have undoubtedly misunderstood some of the Buddhist thought I have been writing about; but also that, as the essays in this volume show, such understanding is both possible and useful.

MARCIA CAVELL (RHINEBECK, NY)

IMAGINARY EXISTENCES: A PSYCHOANALYTIC EXPLORATION OF PHANTASY, FICTION, DREAMS, AND DAYDREAMS. By Ignês Sodré. Edited and with an introduction by Priscilla Roth. Hove, East Sussex, UK/New York: Routledge, 2015. 265 pp.

In this wonderful book, Ignês Sodré deepens our appreciation of several literary heroines—Madame Bovary, Eliot's Dorothea and Maggie—and

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In this wonderful book, Ignês Sodré deepens our appreciation of several literary heroines—Madame Bovary, Eliot's Dorothea and Maggie—and

several authors as well—Proust, Flaubert, and Thomas Mann, among others. Moreover, it seems to me that she expands our sense of what reading is. This is a book about psychoanalytic encounters—both with characters from literature and the writers who imagine them—and patients in the midst of their sessions. It is simultaneously a book about literature and psychoanalysis. Neither is weakened by the other, as can so often be the case in traditional works of applied psychoanalysis. Here the two poles, literature and psychoanalysis, develop each other seamlessly and intricately, each elaborating and expanding the other.

In her reading, Sodré is interested in creativity and the impediments by which the imagination is hindered. She means to get to a kind of psychological truthfulness, whether the object of her inquiry is literary or clinical. Ultimately, this is a book about apprehending and, yes, about reading: reading literature and reading psychoanalytically. It is a book about seeing as directly and fully as possible.

This pairing of a deep literary sensibility and an equally trenchant psychoanalytic perspective is profoundly moving and seems to me to have generated a book of unusually original and intelligent essays. The first of these essays centers on a discussion of author George Eliot. Here Sodré lays out various themes that she will return to and develop throughout the book: the appeal of the romantic daydream as producing a state of mind in which fantasy predominates and painful realities can be evaded, the use and misuse of idealization, and the problem of unbearable guilt—a complex state of mind that Sodré will explore in chapters to come. In this chapter, she zeroes in on the ending of *The Mill on the Floss*, one of Eliot's most-loved works.[1] The ending is a sort of lapse on Eliot's part—a lapse into a romantic daydream, fueled by the need to idealize; it generates a narrative solution that helps the main character evade a sense of her own capacity for betrayal and ensuing feelings of guilt.

Eliot is quoted as saying: "The tragedy of our lives is not entirely created from within" (Eliot quoted by Sodré, p. 1). Sodré adds her opinion that, while this statement is true about life, it is not true about fiction—

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[1] Eliot, G. (1860). *The Mill on the Floss,* ed. A. S. Byatt. London: Penguin English Library, 1979.

that is, the novelist has omnipotent control over the fate of her characters' lives. And yet, Sodré hastens to add, the novelist, a person as well, has her own "'tragedies created from within,' and suffers the compelling pull of wishful thinking and fantasising, as we all do" (p. 2). This is a trait that informs all of Sodré's reading: her compassionate but probing understanding of character, author, and patient alike.

Idealization infuses Eliot's depiction of her character Maggie, especially at the end of *The Mill on the Floss*, when Maggie dies; thus, she is allowed to avoid the reality of her betrayal of her friend. In this way, her goodness is preserved (albeit masochistically!) and death is idealized as a solution. Furthermore, her demise occurs in a "self-gratifying and unrealistic" way; it is an ending that for Sodré portrays all too well the conflict between "psychologically truthful imagining and idealization-based fantasy solutions" (p. 2).

The Mill depicts a rivalrous relationship between Maggie and Lucy— over Maggie's feeling that her mother preferred Lucy, who, though not a biological sister, occupied that position in Maggie's psyche. Sodré tells us that Eliot's writing of *The Mill* was interrupted when she became depressed over her own sister's death.

In Eliot's novel *Middlemarch,* at times the author cannot help joining her character Dorothea in self-idealization, according to Sodré, causing short-sightedness in both the author and her character.[2] In fact, Eliot was caught up in her idealization of her childhood relationship with her brother, which in Sodré's view weakened her ability to create characters who could fully take responsibility for their own lives. Idealization leads to false reparation, which in turn restores and bolsters self-idealization. When and if this idealization breaks down, as Sodré suggests it partially does in *Middlemarch,* it paves the way for the working through of internal conflicts.

Sodré argues that Eliot's idealization of Dorothea and Dorothea's self-idealization are not fully resolved, despite Eliot's claim to the contrary. The remains of Dorothea's self-idealization are such that her adult sexuality has not been fully and vitally integrated, according to Sodré. Eliot's idealization of her character (a remnant of her own need to ide-

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[2] Eliot, G. (1871). *Middlemarch.* London: Penguin English Library, 1985.

alize) impedes a more complete working through. Thus, Sodré insists on a reading that delves beneath the surface, while at the same time maintaining a great respect for the writing she examines. She shows us time and again her careful, considered approach to registering what is articulated, while simultaneously insisting that listening/reading psycho-analytically demands a unique form of attention.

In a chapter entitled "Non Vixit: A Ghost Story," Sodré addresses the problem of unbearable guilt. Situating her theme in Freud's non vixit dream and subsequent idea that we invent ghosts to manage our guilt in relation to our dead loved ones, she tells us that ghosts are "om-nipotent internal persecutors" (p. 24) who have the capacity to inflict terrible guilt.[3] This guilt is a feature of early depressive anxiety, which gives rise to a particular form of manic defense on which Sodré focuses in this chapter. What makes guilt unbearable is the sense that repara-tion is impossible. When guilt is present in this way, it is felt not as guilt but as persecution. Persecutory guilt occurs when the object is felt to be so damaged that reparative efforts are doomed to fail; the damaged or dead object, felt to be so as a result of one's own destructive wishes, comes back to haunt one's mind in a tormenting way. Nothing can stop this process; the object cannot die in the sense of being extinguished from the subject's internal world, and it cannot be resuscitated or re-paired. Such a state of affairs may require extreme measures: Sodré de-scribes "severely pathological manic defenses against depressive affects that are felt to be unbearable" (p. 25).

For Klein, this moment in development is located at the threshold of the depressive position, when the child becomes aware that its own destructive wishes and impulses do damage to its object. What makes this knowledge bearable is the child's reparative capacities that mitigate guilt and depressive anguish. But for reparation to be possible, the object must be neither too damaged nor too vengeful; the child must believe in his own capacity to have a useful effect. Sodré writes:

> If the object is felt to be either too damaged or too vengeful, reparation becomes impossible and guilt becomes too perse-cuting, forcing a regression to more primitive states of mind.

[3] Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5; see p. 421.

> The impossibility of making reparation provokes despair, and a
> consequent hatred of the damaged object that is felt by its mere
> existence to cause terrible suffering. [p. 25]

A vicious cycle ensues in which the ego feels tormented by a su-
perego felt to be on the side of the damaged object. The ego, feeling
both unloved and undeserving of love, attacks the object, leading to
a situation described as "a pure culture of the death instinct" (Freud
quoted by Sodré, p. 25). Mania provides a possible exit from this terrible
emotional state.

Sodré examines Freud's (1900) "non vixit" dream, which she calls
a "brilliant illustration" of the concept of mania (p. 26). She also tells
of a patient who fought her ghosts "by attacking the place where they
live: her own mind" (p. 26). Extreme persecutory guilt can lead the pa-
tient to violently attack her own mind, resulting in a shutting down of
memory and of a sense of meaning, more generally.

Sodré describes a session in which a patient attacked anything that
might potentially lead to her experiencing depressive affect. "In a manic
mood, the patient was projectively identified with an internal object who
attacks and disintegrates any connection with something meaningful" (p.
37), she writes. Sodré had become interested in and indeed sympathetic
to her patient's recovery of a particular memory, which initially aroused
her sadness and her sympathy. When she proceeded to interpret along
these lines, however, the patient violently rebuked her and withdrew the
memory, making it shifty and false.

Sodré's experience of this moment led her to feel that she, the ana-
lyst, had been drawn into wrongly idealizing the recovery of a childhood
memory. Sodré's sympathy with this memory and her underscoring of
the depressive feeling it conveyed led the patient to violently disregard
it. This is the experience of "non vixit"—an internal object/parent who
"non vixits" the past, which in this patient's case was her father, whose
Holocaust history had been shunted away and obliterated; we see very
clearly the analyst's experience of this moment in the session. As Sodré
tells us, "mindlessness is the only safe state in which to be" (p. 37).

For an American readership, what is perhaps unusual in Sodré's clin-
ical theorizations is that they derive from her particular form of minute
observation of the interplay between her patient and herself, including

her observation of her own emotional states. Sodré had the sense that at one moment a greater contact had begun between her patient and herself, but this contact was immediately snatched away, denied, obliterated, giving the analyst the terrible feeling of non vixit—that it had never happened. She would not perceive this were it not for her capacity to so carefully attend to her own experience in the countertransference.

Some psychoanalysts in the United States still misunderstand this use of countertransference, assuming that the analyst is pushing her own feelings onto the patient. This is incorrect. Being able to apprehend what is occurring in the session involves what Sodré in a later chapter describes as a

> . . . very intense attention which holds the patient. It consists of a very un-natural way of hearing communications, backed by a very complex picture of how the mind works, and a very specialized technique of imparting the information, the new knowledge achieved by the combination of observation and theory. [p. 158]

This allows Sodré to see her patient—in that moment in the hour—utilizing manic defenses to wipe out her own brush with depressive awareness; she is in projective identification with an object who "attacks and denigrates anything meaningful" (p. 37). The patient communicates this unconsciously to her analyst for the very purpose that it can then be—in Sodré's formulation—"non vixited." Sodré's particular attention to both her patient and her own state of mind allows her to comprehend something vital about the patient's inner world as expressed in the hour: "It becomes populated with ghosts, rather than memories, and the capacity to perceive internal reality has to be constantly attacked" (p. 39).

Throughout the book, Sodré comes back to the theme of guilt in various guises and manifestations. As we have seen, she beautifully describes the territory of persecutory guilt, expanding our understanding of this subject. She is also frequently concerned with guilt in melancholia, and several chapters touch on this subject, which for Sodré demands a return to Freud and "Mourning and Melancholia" (1917).

The third chapter, "Who's Who? Notes on Pathological Identifications," begins with Sodré's reading of this particular Freudian paper

(which she will elaborate upon throughout the book), showing that it is a massive and pathological introjection of the object that leads to the ego being subsumed by the object—or, put another way, the "subject seems to have become the object" (p. 42). Sodré goes on to link Freud's description of this type of identification in "Mourning and Melancholia" with Klein's later description of projective identification. Here she is exploring various pathological identifications, be they of a projective or an introjective type—and she draws our attention to what she calls *introjective identification,* differing from the projective identification that we are more commonly familiar with. Introjective identification involves taking possession of the subject's qualities, words, and abilities not in an exclusively identificatory way in which the subject's capacities are acknowledged (and where gratitude is possible), but in an act of annihilation, where the subject's qualities are appropriated and taken over as one's own.

Sodré arrives at the distinction between projective and introjective identification after a careful review of projective identification and what it means to be in massive projective identification with the object. She points out that, ordinarily, we think of projective identification as more pathological than introjective identification—with the latter generally seen as an intrusion into the object, whereas the former involves an identification, a taking in from the object. The distinction, however, hovers around the difference between the wish *to be like someone* and the wish *to become someone*, which annihilates separateness and the envy evoked by difference.

In a later chapter, "The Wound, the Bow, and the Shadow of the Object: Notes on Freud's 'Mourning and Melancholia,'" she again turns her attention to this key paper, now emphasizing identification with the object—the abandoning object that, if felt to be gone forever, leaves the ego in a state of sorrow and despair, turning against itself. Here she clarifies and expands upon an implicit theory of internalized object relations outlined in "Mourning and Melancholia" and in *The Ego and the Id* (Freud 1923). The murderous self attack of the melancholic comes about as a return of the object cathexis: the subject treats itself as an object and directs against itself the hostility that it has felt toward the object, often unconsciously.

In this chapter, Sodré describes two prevailing emotional tones that run through Freud's depiction of melancholia: both the sorrow and the despair of the abandoned child, left unprotected by an abandoning mother, and the rage, vengeance, and hatred wrecked upon that object, now felt to be the self via identification. She offers a careful rereading of Freud, as well as a brief scholarly history of melancholia, touching on the writing of Abraham and Deutsch. Abraham's important contribution is the presence of ambivalence, with hatred overriding love and the unconscious fear of being unable to love. Ambivalence has an oral nature, a theme taken up by Sodré in her careful unpacking of Freud. The ego—perceiving itself as full of hatred for the abandoning object—is felt to be unable to love. The capacity to love is felt to be fundamental, a topic Sodré will revisit in her paper on envy, also included in this volume.

Sodré reminds us that in melancholia, the lost object of the external world (who has died or been gotten rid of) is "possessively held on to in the internal world. This object, which is being tortured and killed, is not the hated, thoroughly bad object: it is always the hated *love* object" (p. 170, italics in original). In mourning, it is the world that becomes poor; in melancholia, it is the ego itself. Sodré's rereading of this topic culminates in her study of Sophocles's play *Philoctetes*.[4] Here she brings in another of her themes: the use of the creative impulse.

Developing the theme of creativity in a chapter entitled "Death by Daydreaming: Madame Bovary," Sodré makes the claim that Flaubert's famous novel is not about the "evils of adultery or indiscriminate greed. It is about the misuse of imagination" (p. 57).[5] She further argues that the title character is not "an immoral woman, but a mad woman driven to self-destruction" (p. 57). Sodré's topic, then, is a particular use of the imagination—in this case, compulsive romantic daydreaming. Emma Bovary's internal life is both vacant and impoverished; she uses her mind not to generate new thinking or fresh imaginings, but to create a particular scenario and to keep this scenario perfectly and repetitively in

[4] Sophocles (5th century BC). *Philoctetes*. In *Electra and Other Plays,* trans. E. F. Watling. Middlesex, UK: Penguin, 1953.

[5] Flaubert, G. (1857). *Madame Bovary,* trans. M. Marmur. New York: Penguin Putnam, 2001.

place. Her illusory world is one that she is driven to frantically maintain at all costs.

Drawing from Flaubert, Sodré describes the split in Emma's mind: what is compulsively and rigidly invested is her daydream, while her real life is cut off and despised, as is she herself. She romanticizes love, but cannot love. She is seduced by the mise-en-scène of love—the characters, the costumes—but has no love for her objects or herself. As Flaubert described: "Emma tried to understand what exactly was meant in life by the words bliss, passion, and intoxication, which she had thought so beautiful in books" (Flaubert quoted by Sodré, p. 59).

Finally, Emma's terrible "acquisitive madness" (p. 57)—not her sexual infidelities—leads to her downfall and ultimately to her breakdown and death. This is such an interesting and important way to understand Emma's collapse. Sodré writes:

> To her ever more disturbed eyes, it is as if external reality is getting worse and worse, but in fact what is happening is that the state of her objects in her internal world, in the fringes of her consciousness, is constantly becoming more catastrophic; so the daydreaming and the acting out have to escalate to ward off the threat of having to face internal truth—which she experiences as something vague and terrifying. [p. 65]

This is a theme to which the author returns later in her book: the use of the erotic daydream as an addictive effort to cure oneself.

In chapter 6, "Imparadised in Hell: Idealization, Erotisation, and the Return of the Split-Off," Sodré is concerned with a particular fantasy formation drawn from Milton's *Paradise Lost*:[6]

> Hell is a state of mind which occurs at the sight of a couple, Adam and Eve, felt to be locked up with each other in what seems to be an impenetrable way . . . . Hell is the belief that the intercourse you are excluded from is perfect, all-consuming, and eternal. [p. 86]

In this chapter, Sodré takes up the state of mind that ensues from excessive pathological splitting, idealization, and erotization, used as "a

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[6] Milton, J. (1667). *Paradise Lost,* ed. J. A. Himes. Mineola, NY: Dover Publications, 2005.

massive defense against this tormenting belief, and indeed all psychic pain" (p. 86). While the excessive splitting and idealization for a time generate the feeling of living in an ideal world, it will inevitably collapse, as idealization always does—leaving one in a hell that eventually takes over the mind.

Quixotism and the Golden Age of pregenital sexuality are brought into play to expand Sodré's thinking about romantic daydreaming, with an emphasis on the latter, the perfect moment just before consummation. Romantic daydreaming is used to defend against loss, emptiness, and depression, as well as the reality of time and, ultimately, of death. Sodré's notion of quixotism involves creation of and immersion in an alternative fantasy world in which one is ideal, and is "forever wrapped up with, in sole possession of, an ideal object" (p. 105). Here quixotism refers to an ideal pregenital time, before the parental couple is experienced as a presence in the child's mind.

In my reading of these chapters on romantic daydreaming and pathological splitting, a specific patient kept coming to mind: a particularly vexing one who always seemed ethereal, as if she were not quite of this world but was instead living—psychically, at least—somewhere else. She spoke volubly in sessions, often carefully explaining things to me—her story, as it were. She was tormented by her experience of exclusion, feeling outside of a couple, whether that couple was formed by her analyst in a relationship with her own mind or by her two parents in relation with each other.

Sodré offers us a beautiful way to understand the faraway-ness presented by some of our patients—lost in a world of their own making, an ideal world where being wrapped up in an ideal object stands in contrast to the way that the actual loved object, be it parent, spouse, or analyst, is failing. The stories these patients tell are an aspect of what Sodré describes as an addiction to inventing a story of oneself, a story that "runs outside of and in parallel to life" (p. 107)—what Britton has called "truth evading fiction" (Britton quoted by Sodré, p 107). This situation can leave the analyst feeling out of contact with the patient, often without knowing why. Here again, Sodré is interested in the generative fiction of literature versus a story whose aim is the evasion of truth, which she would see as a misuse of imagination.

In a chapter called "Florence and Sigmund's Excellent Adventure: On Oedipus and Us," Sodré discusses the gap between the patient's and the analyst's theory of cure, and the role of the analyst's internal objects in doing the work of psychoanalysis. Sodré masterfully reads the various elements of a patient's dream, bringing to life not only each of these in relation to the transference-countertransference and the patient's inner world, but also drawing out two poles/two objects that underlie the analyst's interventions. She labels these two poles *Florence* (Nightingale) and *Sigmund* (Freud). Together, they signify the maternal and the paternal or, put loosely, the wish/need for contact, for safety, on the one hand, and the wish for the third, on the other, which might represent a more intellectual form of understanding.

The chapter concludes with Sodré's reflections on the specific qualities of the analyst's functioning:

> The sense of being solidly oneself whilst capable of a psychological flexibility that allows for various identifications and relationships with one's own internal objects, as well as with those projected into us, is essential for a well-functioning psychoanalyst . . . . The analyst's fundamental concept of cure is in fact always double, always composed of version A and version B [Sigmund Freud and Florence Nightingale] and these are, first of all, illustrative of a double function inherent in any interpretation: to acknowledge what is there and to offer what is not yet there, but (according to us) should be (that which is unconscious), and that these two ways of communicating to the patient ("I see what you mean plus now look at what I see") correspond in our own inner world to something absolutely fundamental to our way of being: our Oedipus complex, the fact that we are always and forever caught up between a father mode and a mother mode of being. [p. 156]

In her acknowledgments, Sodré mentions that she cannot imagine anything more interesting than psychoanalysis. Happily, in reading her book, we feel this, too. She reminds us what a unique vantage point is offered by thinking psychoanalytically, and she pushes us, her readers, to extend ourselves beyond our usual analytic perch.

I hope I am not sounding too idealizing myself when I say that I believe this book is of enormous interest—particularly to a North Amer-

ican audience, some of whom are familiar with the contemporary Kleinian approach. Sodré's way of seeing is unique, and what she has created in this book is nothing short of marvelous.

LYNNE ZEAVIN (NEW YORK)

FROM ID TO INTERSUBJECTIVITY: TALKING ABOUT THE TALKING CURE WITH MASTER CLINICIANS. By Diana T. Kenny. London: Karnac Books, 2014. 380 pp.

From Id to Intersubjectivity is, in many ways, an ambitious undertaking. Diana Kenny, an Australian analyst, sets out to elucidate the links and fissures between the different branches of contemporary psychoanalysis. She is particularly interested in two questions: "What remains of Freud in current psychoanalytic theorizing and practice? And to what extent are the different branches of contemporary psychoanalysis linked conceptually and in practice?" (p. 323).

Kenny compares psychodynamic models as they pertain to key analytic tenets, including transference-countertransference dynamics, resistance, and the unconscious, as well as the analyst's role in treatment. She writes:

> Psychoanalysis has had a long gestation and has experienced multiple rebirths over the course of its history, leading some current authors to complain that there has been such a proliferation of theories of psychoanalysis over the past 115 years that the field has become theoretically fragmented and is in disarray . . . . The aim of this book is to assess the degree of actual, as opposed to imagined, fragmentation of psychoanalytic theory and practice. [p. 2]

Previous comparative studies have either contrasted theories in a didactic manner,[1] interviewed noted analysts from varying schools of

[1] See, for example: (1) Greenberg, J. R. & Mitchell, S. M. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard Univ. Press; (2) Lynch, A. A. (2015). *Psychoanalysis: Critical Conversations. Selected Papers by Arnold D. Richards, Vol. 1*. New York: Int. Psychoanal. Books; and (3) Mitchell, S. M. & Black, M. J. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought*. New York: Basic Books.

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thought,[2] or featured practitioners of different traditions commenting on a single case.[3] Kenny's project is unique in that, rather than relying exclusively on interviews, case commentary, *or* a didactic theoretical discussion, she tackles all three. This allows the reader several prisms for examining different theoretical approaches. For the most part, it makes for a thought-provoking read. However, this three-pronged approach also curtails the number of theories and clinicians that Kenny includes and limits how comprehensive she can be in elucidating her themes.

The first chapter offers a clear, concise summary of the development and evolution of Freud's core ideas. This historical overview serves as a good introduction to psychoanalysis for those newer in the field. The second chapter, which examines how key concepts have unfolded in contemporary usage, is less focused and compelling since Kenny attempts to address too many themes in a limited space. Topics such as the goals of psychoanalysis, countertransference in one- and two-person psychologies, and a brief section with the exhaustive subhead "the unconscious, the nature of reality, and the source of psychopathology" are all dispatched with a few pages each.

The next section is the book's most substantial. Kenny interviews four psychotherapists, representing different contemporary models, about their theories: object relations (Ron Spielman), attachment theory (Jeremy Holmes), what the author calls *intersubjective/existential/phenomenological* psychoanalysis (Robert D. Stolorow), and Intensive Short-Term Dynamic Psychotherapy—ISTDP (Allan Abbass).

I was puzzled by the inclusion of the latter since its approach, although built upon analytic ideas such as transference, resistance, and the working alliance, utilizes these in radically different ways from mainstream, long-term analytic schools. (A course of ISTDP treatment for all but the most fragile patients generally lasts between one and forty sessions.) The therapist is more active than traditional psychoanalysts; Ab-

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[2] See, for example: Rudnytsky, P. L. (2000). *Psychoanalytic Conversations: Interviews with Clinicians, Commentators, and Critics.* London: Karnac.

[3] See, for example: Pulver, S. E., ed. (1987). How theory shapes technique: perspectives on a clinical study. *Psychoanal. Inquiry,* 7:141-289. For an interesting book analyzing the character Alexander Portnoy of Philip Roth's novel *Portnoy's Complaint,* see: Buriski, P., ed. (1983). *Comparing Schools of Analytic Therapy.* New York: Jason Aronson.

bass cites one study that found almost 100 interventions in the first session alone (p. 232). Depending upon the patient's defense system, the therapist may rapidly confront resistances, as Abbass says, while "keeping as high a rise in unconscious anxiety as the patient can tolerate" (p. 292). As he works with the patient's destabilizing affects, the therapist feels parallel rage, guilt, or sadness. But these affects are considered unlinked to anything in the therapist's unconscious. Because of this, Abbass has never undertaken a personal therapy, much less his own psychoanalysis. Like Holmes, the attachment theorist interviewed, he has had no analytic training.

Due to the inclusion of ISTDP in a relatively short volume that highlights only four schools of contemporary thought, other psychodynamic voices—including those of the relational and interpersonal schools, as well as contemporary Freudians—remain relatively mute. Although she quotes from Mitchell in her introductory chapters, Kenny mentions only briefly that he and Greenberg proposed a relational model to synthesize British object relations theory and interpersonal psychoanalysis (see the first source in footnote 1, p. 811). She does not delineate how relational psychoanalysis has become its own school. In subsuming it under the catchall phrase *intersubjective models,* she conflates the entire relational movement with what Stolorow calls *intersubjective-systems theory,* a distinctive relational school arising out of self psychology.[4] I believe the book would have benefited from the inclusion of a relational/interpersonal psychoanalyst and perhaps a contemporary Freudian as well, since the author's goal is to compare current models with Freud's original theorizing.

This criticism aside, the chapters that provide transcripts of the interviews Kenny conducted make for fascinating reading. Stolorow, for instance, discusses the death of his wife and how this event profoundly deepened his interest in trauma. Each of the other clinicians share how an idealized father figure—a personal analyst or supervisor—was responsible for his choice of theory, and sometimes for his decision to enter the field in the first place. The interviews allow the reader to appreciate how

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[4] See, for example: Stolorow, R. D. (1995). An intersubjective view of self psychology. *Psychoanal. Dialogues,* 5:393-399.

each theoretician differs not only in his understanding of psychoanalytic principles, but also in temperament and therapeutic style.

Spielman, despite being the book's representative for the entire object relations school, seems to work exclusively as a Kleinian. He is the only analyst interviewed who cites Freud as one of his influences. Although there are important differences, Spielman's views of transference, resistance, and analytic neutrality hew closer to one-person, classical methodology than those of the other practitioners interviewed. For Spielman, "theoretically, everything should yield to a good enough interpretation made often enough" (p. 130). Anything short of a patient coming five days a week and using the couch is considered a resistance. In his attempt to make the consultation room as "bland" as possible, he comes across as a caricature of the blank-screen analyst, striving to create an atmosphere devoid of all personal contributions. He likens the consulting room to a "surgical operating theater" that should be kept "clean of contaminants" (p. 114).

Disturbingly, Spielman pathologizes the "homosexual mind" (p. 127) as a defense against grappling with differences, including between the sexes. He is critical of same-sex parents, although he feels that this is at least better for the child than being raised by a single parent. One wonders whether Spielman is the best person to represent the object relations model.

Interestingly, Spielman shares more similarities with Abbass than the other therapists featured in the book in the conceptualization of analytic tenets, although Spielman and Abbass apply them differently. Both practitioners rely on the working alliance to allow them to work more aggressively with primal negative transference reactions. Each is particularly interested in removing resistances, uncovering unconscious rage, and reducing splitting and projective mechanisms. Their willingness to confront defenses in a way that can heighten anxiety contrasts with the more nurturing approaches of Stolorow and Holmes.

Additionally, Spielman and Abbass see transference as emanating predominantly from the patient, with little consideration of how the therapist inevitably contributes to the dynamics they are observing. (An important distinction: ISTDP practitioners aim to avoid transference neuroses, rather than interpreting and working them through.) Both see

countertransference as a phenomenon that the therapist can conquer and, ideally, eliminate from the consulting room.

In sharp contrast to this one-person, positivistic approach, the more experience-near, developmental models expounded by Stolorow and Holmes see the therapeutic field as mutually influenced by both patient and therapist.[5] Both these clinicians attempt to stay closer to the patient's experience, rather than imposing their own theory or agenda, although—ironically—eschewing an agenda *is,* in fact, an agenda. Despite Stolorow's stated beliefs to the contrary, all therapists (including intersubjectivists) inevitably indoctrinate their patients in their theoretical beliefs.

As part of their approaches, Stolorow and Holmes highlight the lifelong impact of failures in early parental responsiveness. They see the analyst as offering him- or herself as a *secure base* (attachment theory) or as "someone [who] can understand the other's emotional experience" (Stolorow, p. 201), attempting to reengage and repair aborted developmental strivings. Stolorow in particular is critical of traditional analytic concepts. "Neutrality is a myth; objectivity is a myth," he says (p. 193). He is also dubious of the concepts of projective identification and internalization: "Metapsychology . . . has no place at all in our theoretical perspective" (p. 192). Despite the commonalities between these two analytic thinkers, Stolorow is critical of attachment theory, which he believes is more driven by research categories than born of clinical phenomenological inquiry.

Unlike Stolorow, Holmes highlights areas of overlap between attachment theory and Freudian metapsychology, attempting to make classical concepts more relational. He agrees that defense mechanisms are designed to keep unwanted anxiety out of the patient's conscious awareness, for instance. However, Holmes also sees defenses as attempts to maintain contact with an object who is disappointing or dangerous. Additionally, he integrates attachment methodology with Winnicott's holding environment. He understands the earliest attachment relationship as similar to the notion of primary maternal preoccupation, for in-

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[5] See also, for example: Hoffman, I. Z. (1991). Toward a social-constructivist view of the psychoanalytic situation. *Psychoanal. Dialogues,* 1:74-105.

stance. Like Winnicott, he comes across as the warmest theoretician in the volume.

Similarities and differences in technique and personal style come to life when the four clinicians interviewed provide supervision on a process recording from a five-sessions-per-week analysis. Each of the experts identifies a transference dynamic in which the treating analyst is experienced as a shaming, non-attuned mother. Rather than engaging the transference, the therapist offers advice and challenges the patient's perceptions, leaving the patient feeling criticized and despairing.

Although all four experts identify the overarching transference in similar ways, they differ in how they understand the derivation of the patient's feelings and how best to work with that clinically. Spielman sees the patient's frustration with the therapist as an inevitable response to a weekend break between sessions. This stirs infantile dependency and deprivation; specifically, it is "an implicit criticism of not having had enough from mother" (p. 269). The therapist secondarily contributes to the transference, Spielman adds, by not interpreting the patient's "being overlooked by the analyst-mother" (p. 270).

From a very different standpoint, Holmes agrees that the patient's despair is connected in part to the weekend break. However, he sees that despair as a response to the therapist's absence as a secure base—both over the weekend and, through lack of attunement, in the session. Rather than interpreting dependency in the transference, he and Stolorow suggest more directly inquiring about and validating the patient's experience of the therapist's critical responses. Abbass, in keeping with his short-term model, believes the patient's concerns about the treatment's efficacy are warranted. He suggests the therapist reconsider the goals of the therapy, including through peer consultation.

Here is where the inclusion of a relational analyst might provide an additional perspective. I would have been interested in what feelings the therapist is avoiding (within himself and the patient) that contribute to his concrete, critical stance. In brief background information before the process material, we are told that the patient under discussion has been fired from a job because of "prolonged and unaddressed issues related to bullying and mismanagement" (p. 265). Is the analyst afraid that the patient (or, if this is a control case, the institute) will fire him

for mismanagement? Is he avoiding a bullying side of the patient (and/or of himself)? What is being enacted, and how can the therapist use this experience to more deeply understand and connect with the patient?[6]

In separate chapters following both the case supervision and the interview sections, Kenny attempts to discuss what she has unearthed as points of commonality and divergence among the four experts. Splitting her commentary in this way creates unnecessary repetition, highlighting the book's need for a more encapsulated, in-depth discussion of the mostly rich material that has preceded it. She relies too heavily on stringing together brief quotations from the four therapists (and sometimes from Freud) to show points of commonality, although the overlap she presumes is sometimes tenuous. Much of her analysis of the different approaches in the supervision section is based on submitting each expert's feedback to an automated content analysis software tool, "Leximancer," version 4.0. This program generates charts that display the number of times that dozens of typical analytic words were uttered by the four analysts, including areas of overlap in usage. The charts attempt to show which experts share common usage of themes, but they are not particularly compelling. Ironically, one of the charts normally appears in color but is reduced to shades of black and white in the book; this seems an unfortunate metaphor for the lack of color in Kenny's discussion of complex analytic ideas.

Kenny appears particularly eager to highlight congruencies between the different models. In so doing, she sometimes oversimplifies and collapses primary analytic concepts, ignoring obvious differences in beliefs. For instance, she concludes that Freud and the four analysts whom she has interviewed share a similar conceptualization of transference as "a reenactment or activation . . . of early trauma and early traumatic relationships in the analytic dyad" (p. 263). With this brief definition, she concludes that the basic understanding of transference remains unchanged from its original conceptualization.

This generalization is both sweeping and not entirely accurate. As is sometimes the case throughout the book, important differences between

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[6] It is important to bear in mind that we do not know the experience level of the therapist or whether his or her concrete approach with this patient is endemic of a style of working, in addition to anything else that might be being enacted.

theoretical constructs are minimized so that it becomes difficult to compare their more subtle points of divergence, much less attempt to synthesize them. This allows the author to ultimately conclude that the four psychotherapists interviewed "are indeed direct descendants of Freud's psychoanalytic practice (if not metapsychology) and underneath somewhat different vocabularies and therapist behavior in the room, they share a common genotype" (p. 323). She never adequately addresses one of her stated aims for the book: to assess the degree of fragmentation in psychoanalytic theory and practice.

Given the author's desire to find a common ground, it is to her credit that she reminds us of Spielman's observation earlier in the volume: "A good clinician is a good clinician no matter what they think guides them. But when we talk with each other about . . . our theories, some of them are just radically incompatible with each other" (p. 323).

Kenny spends relatively little time discussing these incompatibilities. Rather than offering further discussion, her final chapter—a conclusion that is all of two and one-half pages long—suggests that readers compare the interviews and commentaries with her second theoretical chapter and "decide for themselves" whether "the foundations of these four psychoanalytic offspring are, indeed, the heirs of Freudian psychoanalytic practice" (p. 324). Fair enough. But the reader is left wanting to hear more of the author's own analysis of the complex material she has presented.

It is unfortunate that *From Id to Intersubjectivity* does not offer a more comprehensive conclusion. It is an otherwise important contribution to the literature, allowing access to the theoretical and deeply personal beliefs of four clinicians with quite disparate views. If, in the end, *From Id to Intersubjectivity* leaves the reader wanting more, it is a testament both to how fascinating the book is, and to how much more it could be.

ERIC SHERMAN (NEW YORK)

MEDEA: MYTH AND UNCONSCIOUS FANTASY. Edited by Esa Roos. London: Karnac, 1997. 203 pp.

Medea: Myth and Unconscious Fantasy, edited by Esa Roos, is a collection of essays written by members of the Finnish Psychoanalytic Society, with

theoretical constructs are minimized so that it becomes difficult to compare their more subtle points of divergence, much less attempt to synthesize them. This allows the author to ultimately conclude that the four psychotherapists interviewed "are indeed direct descendants of Freud's psychoanalytic practice (if not metapsychology) and underneath somewhat different vocabularies and therapist behavior in the room, they share a common genotype" (p. 323). She never adequately addresses one of her stated aims for the book: to assess the degree of fragmentation in psychoanalytic theory and practice.

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additional chapters by contributors from several other European countries. It is part of the "Psychoanalysis and Women" series of the International Psychoanalytical Association's Committee on Women and Psychoanalysis. All the chapters are more or less inspired by the Greek myth of Medea, as dramatized by Euripides in his play of the same name.[1] In particular, the filicide committed by Medea at the end of the play constitutes the touchstone for the analysis of various aspects of female psychology and, most important, female aggression. Since the Medea myth is so important to all the essays, I will briefly summarize the story.

As recounted by Euripides, Medea was a sorceress and granddaughter of the sun god Helios. She was made to fall in love with Jason, hero of the Trojan War, and after helping him steal the Golden Fleece, which involved the murder of her brother, she accompanied Jason to the city of Corinth, where they settled and she gave birth to two sons. Several years passed, and King Creon offered his daughter as a wife to Jason (despite his relationship with Medea)—who, as a result of this marriage, would become a member of the royal family and potentially king himself. The play focuses on the immediate aftermath of this betrothal.

Medea, enraged by Jason's betrayal and abandonment of her and their children, plots revenge. The dramatic action moves inexorably toward a series of murders by Medea. Shockingly, she decides to kill her own children in order to punish and deprive Jason. The play ends as Medea, taken up by the chariot of Helios, flees Corinth to take refuge as the wife of King Aegeus of Athens.

Medea: Myth and Unconscious Fantasy begins with a chapter by Marianne Leuzinger-Bohleber in which the author posits the ubiquity of the "female truth" of the "Medea fantasy," in which the "knowledge of one's own potential destructiveness—which might, in an extreme situation, even be directed at one's own children—is psychically present within a stable female core identify" (p. 8). A short summary of an analysis of a neglected and traumatized woman is used to illustrate how the working through of the Medea fantasy (including, and most important, the recognition and integration of maternal aggression) can enable women to enjoy sex and accept pregnancy.

[1] Euripides (5th century BC). *Medea,* trans. R. Warner. Mineola, NY: Dover Publications, 1993.

In addition, Leuzinger-Bohleber summarizes a crisis consultation that she conducted with a young woman undergoing a late-term abortion. In this extremely disturbing report, the patient's partner and even the clinic staff responsible for her care are seen to abandon her, until she herself expels the fetus, which is left dangling from the umbilical cord. Leuzinger-Bohleber uses her interview with this patient as a clinical example of how the Medea fantasy can play a part in a woman's decision to terminate a pregnancy. It seems to me a potential misuse of analytic theory, however, to dwell on generalized ambivalence about terminating a pregnancy by highlighting this case in particular, given the horror of the poor woman's abandonment and victimization via malpractice by people whom she should have been able to trust.

Chapter 2 postulates the existence of a "Medea fantasy" as a universal element in female psychology. Though it is not spelled out, I assume that this fantasy involves a woman's fear of betrayal and abandonment, followed by shame, rage, and violent acts of retaliation. In particular, author Laura Tagnoli Pasquali argues that the Medea fantasy underlies forms of masochism in some women (and possibly men), resulting in self-directed attacks on a woman's capacity for creativity. Using an example from the analysis of a woman whose mother's depression left her unable to integrate and manage her aggressive wishes, the author posits that a masochistic organization can result in which the woman becomes organized around the denial of her own ferocity and destructiveness in favor of masochistic submission to an empowered partner—with dire results for her relationships and, by extension, for society at large.

The next chapter, by Pirjo Roos, begins with a reinterpretation of the doomed analysis of Dora by Freud,[2] as seen from the perspective of the "Medean" demon. Strangely, the author appears to blame Dora for terminating the analysis prematurely, enacting a revenge fantasy by which the "many valuable insights" (p. 38) that were "born" of Dora's work with Freud were lost. She concludes this brief discussion by noting Freud's survival of these "half-tamed Demons" (p. 38), given that he went on to continue his exploration of the human mind. Rather than holding Freud accountable for his blindness to important aspects of Dora's trans-

[2] Freud, S. (1905). Fragment of an analysis of a case of hysteria. *S. E.,* 7.

ference, the author blames Dora for the enactment of her "Medean demon" as she sought to take revenge on her analyst. P. Roos then extends her discussion of Medea to a film by Lars von Trier,[3] pointing to the impact of Medea's filicide on the fate of the hero and Medea's place in the story as the "outsider."

Elina Reenkola contributes two extended chapters focused on, respectively, maternal ambivalence and the fantasy of the sister and sisterly love. In the first of her chapters, Reenkola argues—relying on Freud's dual instinct theory—that motherhood always involves a struggle between the mother's love of her children and her hatred of them. She also refers to Winnicott's list of the reasons why all mothers hate their children. Interestingly, Winnicott does not posit a death instinct to explain maternal aggression; rather, he highlights the real-life, practical demands placed on the mother by the child, which impinge on her and elicit negative feelings. Winnicott's deep empathy for the mother's situation is a far cry from Freud's notion of a biological source for the mother's hatred and/or murderous intentions toward her children.

My regret in reading this chapter was that an important clinical and ethical exploration of maternal aggression was distorted by the author's reliance on notions of aggression based on Freud's discredited postulate of a death drive. Much more satisfying is Reenkola's second chapter later in the book, "Sister Fantasy and Sisterly Love," which presents a solid argument for the function of twinship fantasies in which sisterly love can compensate for significant self-deficits. Although not a new idea, this perspective is well argued and clinically supported.

Anneli Larmo's chapter, "Female Destructiveness in Fairy Tales and Myths," is a valuable discussion of the function of violence as a response to extreme helplessness and threat. Pointing to Medea's state of abject abandonment and vulnerability, Larmo extends this idea to the function of violent action in resolving affective and psychological states that are experienced as unbearable. Unfortunately, the author then moves to an extended discussion of the fantasy of the good mother/bad mother split in fairy tales and myths. Although interesting, this discussion somehow

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[3] *Medea* (1988). A Danish film directed by L. von Trier; screenplay adapted by C. T. Dreyer from Euripides's play. Released in the USA in 2003 by Facets Multimedia Distribution.

loses aggression as a response to helplessness and threat. The chapter closes with a solid presentation of the ways in which denial of female aggression results in society's distorted views of women, as well as internal conflicts for individual women struggling to reconcile the demands of maternal care with self-assertion.

The book's penultimate chapter concerns a research project focusing on the experience of Finnish children evacuated to Sweden during the Second World War. Although this chapter has no reference to the Medea myth, it nonetheless highlights a major problem with this volume of essays. Using a transcript from an interview with a survivor of this evacuation, now an adult, author Barbara Mattsson wishes to point out the internal conflicts that resulted from the experience of having two mothers: the Finnish birth mother and the Swedish adoptive mother. The need to interpret the material in relation to maternal ambivalence leads the author to virtually ignore the traumatic consequences of war, forced dislocation, abandonment, starvation, and so on. The situation of having two mothers seems rather minor in light of the devastating impact of severe deprivation and loss. In this light, the author's thesis, which lies at the heart of the essays in this volume, seems almost beside the point.

In the final chapter, editor Esa Roos discusses the problem of love from a psychoanalytic perspective. It is a beautiful and moving essay in which the complexity of love is explored. Interestingly, E. Roos does not include any reference to Medea, and although he notes the importance of ambivalence in psychic life and in love in particular, he does not universalize the type of murderous fantasies that are viewed by the other contributors as central elements in the female psyche.

In fact, E. Roos concludes by stating: "In a happy love relationship, it is possible to consciously or unconsciously integrate deep erotic passion, mutual intimacy, honesty, and trust, feelings of care, hope, and safety, reciprocal understanding and sharing of experience" (p. 167). Entirely missing from this list are the aggressive wishes, fantasies, and impulses that authors of preceding chapters see as universal in psychic life. Curiously, this final essay seems as if it belongs in another book.

I found reading the essays in this volume a strange experience, given the contributors' use of postulates such as Freud's dual drive theory, oedipal conflict, penis envy, and castration anxiety. This volume is evidence

that there are still analysts who believe in and make use of these theories, but it is most odd that there is no mention at any point that these concepts and theories have problematic aspects. The reader should not get me wrong; I support the idea that any theory might be of use, and that we should be open to a variety of psychoanalytic models, but I think we are obliged to acknowledge the potential problems with our models and the challenges to them. It is not necessary to recapitulate the many arguments questioning the oedipal complex and dual drive theory, but in general, the contributors to *Medea: Myth and Unconscious Fantasy* would have strengthened their arguments by at least mentioning these other viewpoints.

In addition, I have several concerns about the use of myths in psychoanalytic literature, and the problems related to the Medea myth are especially pertinent, so let me start with those. First, the Medea story has a complex history. Before Euripides wrote his play, the myth underwent many different transformations. In drawing on a myth to develop a psychological theory, which version of the myth does one select? All myths evolve over time, reflecting the changing experience of communities and storytellers, so as the basis for pronouncements regarding ubiquitous, universal human traits, myths are not very reliable supports.[4]

In the version of Medea's story that pre-dates Euripides's play, Medea does not kill her children; rather, they are executed by the people of Corinth as revenge for the murder of the king and his daughter. In fact, it appears that Medea's filicide is an invention of Euripides (or of another dramatist, Neophron, depending on whom one considers to be the true author of the play), and therefore is not really part of the ancient myth at all. Instead, the story's filicide was created for the viewing pleasure of Athenian audiences; rather than a product of myth, the filicide is more accurately viewed as an outgrowth of then-contemporary notions of tragedy. Given this, it is important to include in the analysis of the Medea story the fact that her filicide was invented by a male author writing about a female character. And given *that,* we must take into ac-

[4] For discussions regarding the evolution of the Medea myth and the many permutations of the narrative and character of Medea over time, see the following source: Clauss, J. J. & Johnston, S. (1997). *Medea: Essays on Medea in Myth, Literature, Philosophy, and Art.* Princeton, NJ: Princeton Univ. Press.

count that the extreme form of aggression represented by Medea is, first of all, a male fantasy about a woman.

From this point of view, Medea's actions and character may not represent a reliable portrait of female aggression, but rather a male perspective, and thus she is highly suspect as a universal model. With this in mind, I was disturbed in my reading of these otherwise respectable essays by the fact that all the authors seem to subscribe to some version of Leuzinger-Bohleber's notion of a universal Medea fantasy, citing as evidence what was actually Euripides's insertion of filicide into her story. I believe that the claim of universality undercuts the theoretical and clinical credibility that many of these essays might otherwise have a claim to.

Conversely, if one ignores the claim of the universality of the Medea fantasy, this collection of essays provides some excellent clinical examples of how neglect, abuse, abandonment, and childhood trauma can contribute to the elaboration of normal forms of self-assertion and anger into pathological and destructive violence and rage. I believe that positing universality obscures our focus and thus our understanding of how neurotic conflicts regarding aggression, as well as overt acts of destructiveness, can be explained when we consider the distorting impact of trauma. In these—fortunately rare—instances, the enactment of Medea-type behaviors can be understood as uniquely personal and idiosyncratic, rather than universal.

Finally, what I find most interesting about the Medea myth is not the problem of filicide, or even Medea's aggression in general, but the rich and ever-changing view that society and its mythmakers have held of the figure of Medea over time. Why were there so many versions of the story, and such varied depictions of Medea, of her situation, her power, and her character? It appears that Medea, rather then the rigid, aggressive character with whom we have come to associate her, was actually a resourceful, powerful, and evocative character capable of taking on multiple dramatic forms. Why is that? What was it about Medea—about her alone, apart from all the other mythical characters—that evoked such an array of interpretations? The editor and authors of this volume have chosen to limit their focus to the extreme invention of filicide by

a single author, thus failing to appreciate Medea as a far more complex and meaningful representation of a woman, wife, and mother.

GEORGE HAGMAN (STAMFORD, CT)

MENDED BY THE MUSE: CREATIVE TRANSFORMATIONS OF TRAUMA.
By Sophia Richman. New York/Sussex, England: Routledge/Taylor and Francis, 2014. 256 pp.

Mended by the Muse: Creative Transformations of Trauma is a sustained, impassioned argument for the psychotherapeutic potential of the creative arts. In particular, author Sophia Richman (a member of the faculty at New York University Postdoctoral Program in Psychotherapy and Psychoanalysis) argues that art plays an important role in the process of self-repair following trauma. Building on Winnicott's idea of transitional space, Richman describes how the artist plays with aspects of reality and fantasy, and in the process comes to articulate and give aesthetic form to aspects of self-experience that have been damaged and hidden—perhaps even from the self.

The book begins with an account of Richman's family's experiences of trauma during and after the Holocaust. Posing as a daughter and her widowed Catholic mother, Richman and her mother lived out the Second World War in plain sight, all the time fearing discovery of their Jewish identities. Her father, having escaped from a concentration camp early in the war, hid in their attic, where he eventually began to compose a memoir of his incarceration and escape. Richman describes how the process of writing down her father's words (and then later her own) provided "a sense of control and mastery over the humiliating experiences" (p. 15) they had endured. In addition, she notes that in her father's case, sharing his writing with her mother helped the two of them to reconnect. However, her own failure to connect with her father endured during the years of hiding and continued throughout their later years. Clearly, the story of family trauma and recovery through art is fundamental to Richman's thesis.

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Richman moves from her personal story to an exploration of the psychoanalytic literature on creativity. This chapter is an excellent re-

view, and I recommend it to anyone interested in the diverse ways in which analysts think about the creative arts and the psychology of artists. Next is a chapter on dissociation. An adherent to recent models of dissociation such as Bromberg's, Richman argues that the creative arts provide an avenue toward bringing together radically dissociated aspects of memory, riven and sequestered by trauma. She states:

> When individuals are engaged in the creative process, whether they are regressing, progressing, or moving from one self-state to another, they enter a place where they have more access to internal problematical material and have an opportunity for working through the material towards self-continuity. [p. 73]

Richman believes in the therapeutic power of art. "It has long been known that artistic endeavors have the power to heal the artist" (p. 62), she observes. The power of creativity to overcome trauma and support self-healing is examined by Richman from many angles: in one chapter, she discuses genocide; in another, mortality and the healing function of memoir. She uses examples from the lives of artists and psychoanalysts to illustrate her thesis.

A close examination of Richman's argument reveals that there are two sides to her thesis, with the first and most important one being that the creative arts can heal the psychological damage of trauma. Second, the sharing of one's artistic products can lead to a healing reengagement with other people. These are actually two very different claims, and Richman is far more persuasive regarding the latter dimension of her thesis than the former. Let me take each in turn.

Although it feels good to imagine that art-making has some kind of healing role, it is much harder to find evidence of this. Clearly, when it goes well, art-making can be joyous and satisfying, one of the most meaningful of human experiences. On the other hand, when it does not go well—and such occasions are a common complaint of all artists—it can be a debilitating torment. Taking the former, more positive perspective, Richman offers several examples from art history. While it is true that artists often seem to be trying to articulate and make sense of trauma (often successfully), this does not mean that psychological repair follows. Unfortunately, in her biographical examples, Richman fails to show con-

vincing examples of such healing. For instance, her two examples of artists healed by their art, Frida Kahlo and Francis Bacon, are actually very poor poster children for mental health and well-being. Both were alcoholic and depressive despite artistic success over many years, and neither showed any evidence of psychological healing. In fact, there is clear evidence of the reverse: of continued deterioration and self-destructiveness, even as they achieved some of their finest artistic work.

In considering Richman's thesis, I thought about many of the great artists whom I have admired and with whose biographies I am familiar. Despite high levels of accomplishment (even the fulfillment of genius), most of these artists did not show any improvement in their psychological health. An obvious example is Van Gogh, but there are innumerable others. If art healed, then Hemingway would not have been a suicide; and Faulkner, Fitzgerald, Cheever, and Carver would not have suffered from chronic alcoholism and depression. I do not subscribe to the idea that mental illness is somehow essential to creativity, but the healing power of art is a separate issue. I am sure the reader can come up with numerous examples of productive and aesthetically successful artists who failed to evidence psychological healing; in fact, the opposite has too often been true.

I am not saying that art-making may not be useful in recovering from trauma. In fact, this is where Richman succeeds in providing convincing evidence regarding the second part of her thesis. Art can support healing in the context of a relationship with another with whom one shares the process and its results. In her report of analytic work with a patient named Marnie, Richman describes the way that the therapeutic process was enhanced when the patient found out that Richman shared her interest in writing. Deeply immersed in writing a memoir, Marnie began to bring her work into sessions. Richman writes: "The experiential space we shared became alive with energy . . . . Marnie's writing was something we could look at together and discuss . . . . We co-created a narrative" (p. 99). In other words, it was not so much the art-making as the art-sharing in the context of a positive and engaged therapeutic relationship that was ameliorative. In fact, Richman argues that "artistic expression in conjunction with psychoanalysis . . . makes for a most effective combination" (p. 96).

Richman's success in arguing for the relational nature of creativity and art appreciation underscores a problem in the book. Her discussion of the creative process seems to rely on a model that emphasizes the solitary, private nature of creativity. Many times, she discusses the mysterious, solitary work of the individual artist. Given the fact that art throughout human history has been communal and interpersonal, the relatively recent myth of the solitary artist in his or her studio distorts the true nature and role of art in human existence.

People can use art to heal. But this is not inherent to art itself; rather, it comes about through the way that the artist makes use of it. Most important, it is when artists engage with others—family, friends, mentors, etc.—in a healing process in which art plays a role that healing and growth become possible.

As Richman's treatment of Marnie illustrates, art and art-making can be used to provide added meaning and emotional resonance to the dialogue between patient and analyst. Whether we discuss a creative project in which the patient is involved, or a movie, television program, or play, the meanings of these art forms to the patient—perhaps involving a character whom the patient hates or loves, a situation evoking childhood memories, or the dramatic depiction of a trauma or loss with which the patient resonates—can enrich the clinical dialogue.

As with the treatment of Marnie, when patient and analyst share enthusiasm for art, this mutual idealization may increase the potential for clinical benefit to both members of the dyad. Artwork can vitalize and provide cohesion to self experience. In addition, the shared discussion of art in sessions can create diverse opportunities for exploration and elaboration of fantasy.

Over time, the externalization of the patient's creative life and fantasy life through artwork can be a rich means with which to continue the analytic dialogue. It can also track the evolving nature of the patient's psychological life and sense of self. Richman describes this process when she tells about writing her memoir. Having terminated her treatment, she continued to elaborate memory and experience through her writing—once again, with the enthusiastic encouragement and interest of her analyst, who remains in contact and urges her on in her writing.

Like anything else, the effective integration of art into the treatment must be based on an in-depth and sensitive attunement to the patient's experience, to his or her vulnerabilities and needs. Artists can be highly vulnerable at the best of times, and the importance of the analyst's response to an artist patient should not be minimized. But management of the patient's vulnerability is our stock in trade, after all. In this regard, Richman's *Mended by the Muse: Creative Transformations of Trauma* is a testimony and guide to the importance of art in the clinical exchange, as she demonstrates how we can leverage its special power to heighten meaning, communication, and positive outcomes.

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ERRATUM

In the April 2016 issue of *The Psychoanalytic Quarterly* (Volume 85, Number 2), an error appeared in a review of the following book: *Creating a Psychoanalytic Mind: A Psychoanalytic Method and Theory* by Fred Busch. On p. 547 of the review, it was stated that Dr. Busch's early professional training included studying at the Hampstead Clinic in London, whereas Dr. Busch himself did not train there; rather, he was trained by those who had trained at the Hampstead Clinic, as noted in the book. The *Quarterly* regrets this error and apologizes to Dr. Busch.