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DREAMING THE ANALYTIC SESSION: A CLINICAL ESSAY

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This is a clinical paper in which the author describes analytic work in which he dreams the analytic session with three of his patients. He begins with a brief discussion of aspects of analytic theory that make up a good deal of the context for his clinical work. Central among these concepts are (1) the idea that the role of the analyst is to help the patient dream his previously "undreamt" and "interrupted" dreams; and (2) dreaming the analytic session involves engaging in the experience of dreaming the session with the patient and, at the same time, unconsciously (and at times consciously) understanding the dream.

The author offers no "technique" for dreaming the analytic session. Each analyst must find his or her own way of dreaming each session with each patient. Dreaming the session is not something one works at; rather, one tries not to get in its way.

Keywords: Dreaming, reverie, undreamt dream, interrupted dream, Bion, unlived life.

INTRODUCTION

The idea of dreaming the analytic session is, for me, one of the most important and one of the most difficult of psychoanalytic concepts. It is a way of conceptualizing a fundamental aspect of the way I practice psychoanalysis, which I must rediscover again and again. The concept is impossible to pin down, which is a reflection of how full of life it can be, and how mysterious and elusive it can be.

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This paper is predominantly clinical in nature, but my experience *during* analytic sessions is not separable from the way I *think about* analytic sessions. So before I describe experiences of dreaming analytic sessions with three of my patients, I will offer a very brief discussion of elements of the theoretical framework that I bring to my clinical work. I see analytic theory not as a set of laws, but as a set of metaphors that I use to describe, not explain, for myself (during and after a session) the events of the session. As is the case with all metaphors, analytic theories/metaphors reach a breaking point and must be replaced by fresh metaphors.

THEORY

I initially encountered the concept of dreaming the analytic session in Bion's work. He mentions the idea of dreaming the session in entries in *Cogitations* (1992): "These events [of the session] are having something done to them mentally, and that which is being done is what I call being dreamed" ([undated], 1992, p. 39). "The analyst must be able to dream the session" ([undated], 1992, p. 120). And:

> [There is] a felt need to convert the conscious rational experience into dream, rather than a felt need to convert the dream into conscious rational experience. The "felt need" is *very* important; if it is not given due significance and weight, the true dis-ease of the patient is being neglected; it is obscured by the analyst's insistence on interpretation of the dream. [(August 1960), 1992, p. 184, italics in original]

Putting this last passage into my own words, with my own elaborations: when the analyst dreams the events of the session with the patient, he transforms consciously perceived experience into unconscious experience. A revolutionary thought is being introduced here: dreaming is not a process of making the unconscious conscious, as Freud (1900) would have it; it is, for Bion, a process of making the conscious unconscious, a process of transforming "conscious, rational" experiences with external objects into internal object relationships, thereby making experiences organized by means of conscious, secondary process thinking available for unconscious psychological work.

Thus, the analyst, in his role as analyst, experiences a "felt need" to dream the events of the session. Dreaming the session is stifled by the analyst's "interpretation of the dream," that is, by the analyst's premature need to make the unconscious conscious by means of verbal symbolization. In still other words: it all starts with conscious, lived experience that is rendered unconscious so that something can be done with it mentally by means of dreaming (unconscious thinking). Only at that point is the unconscious understanding of lived experience *sometimes* made conscious by means of interpretation.

In the tradition of Bion (1962a, 1987, 1992), I think of dreaming as synonymous with unconscious thinking. Unconscious thinking (*dream thinking* [Ogden 2010]) is our richest form of thinking. It continues uninterrupted both while we are awake and while we are asleep, just as the stars continue to emit light even when that light is rendered invisible by the glare of the sun. Dream thinking is a form of thinking in which experience is viewed from multiple vertices simultaneously: for example, from the vertex of primary *and* secondary process thinking; from the perspective of mature symbol formation *and* symbolic equation; from the viewpoint of paranoid schizoid *and* depressive *and* autistic-contiguous (Ogden 1989) modes of generating experience; from the vantage point of adult constructions of life events *and* childhood constructions of life events; from the perspective of a diachronic (sequential) *and* a synchronic (ahistorical) sense of time; from the vertex of linear cause-and-effect thinking *and* of nonlinear thinking—to name only a few.[1]

I view dreaming (unconscious thinking) as *inherently therapeutic*; it constitutes the core of what Bion (1962a) calls the "psychoanalytic function of the personality" (p. 89). He writes, "without dreams you have not the means to think out your emotional problems" (1967, p. 25). Freud concurs: "At bottom, dreams are nothing other than a particular *form* of thinking, made possible by the conditions of the state of sleep . . . . Dreams concern themselves with attempts at solving the problems by which our mental life is faced" (1900, pp. 506-507, italics in original).

One need not remember one's dreams for them to serve the psychoanalytic function of self-understanding, which is an underpinning

[1] For a fuller discussion of Bion's conception of dreaming, see Ogden (2003, 2004a).

of psychological growth. Grotstein (2000) describes the psychoanalytic function of dreaming as a mutually enriching conversation between the unconscious *dreamer who dreams the dream* and the unconscious *dreamer who understands the dream*. Sandler (1976) describes that psychoanalytic function as an interplay of the unconscious *dream-work* and the unconscious *understanding-work*.

Dreaming, as is the case with self-understanding achieved in the course of an analytic session, does not succeed in "solving the [emotional] problems" (Freud 1900, pp. 506-507) all at once. Rather, dreaming *contributes* to solving emotional problems bit by bit, without ever reaching an endpoint ("the solution"). If one is not changed, even in the most modest of ways, by the experience of dreaming a dream, I would view this "dream" as a dream that is not a dream; rather it is an unconscious event cast in the form of visual images that achieves no unconscious psychological work and does not lead to psychic growth. Dreams that are not dreams include "dreams" to which no associations can be made by patient or analyst, hallucinations in sleep, and post-traumatic nightmares that are repeated night after night without change in the dreamer.

Psychic health, to my mind, is a reflection of the degree to which a person is able to genuinely engage in dreaming his lived experience. Being able to dream one's experience "completely" is not only impossible; it is also undesirable in that the person would become inhuman: he or she would have no psychic problems to work on.

From this perspective, psychoanalysis long pre-dates Freud. It began as a human need for self-understanding (a form of the human need for truth [Bion 1992, p. 99]) in the service of psychological growth unconsciously mediated by the experience of dreaming. Dreaming in this way creates the differentiation of the conscious and unconscious aspects of mind, which is inseparable from the achievement of human consciousness (Bion 1962a). Psychoanalysis was, for millennia, a thought without a thinker, until Freud was able to think it (more accurately, until Freud was able to write it [Civitarese 2013]).

As I mentioned earlier, we are all the time engaged in dreaming, both when we are awake and when we are asleep (Bion 1962a). On waking, we remember only a tiny fraction of the dreams we have dreamt, but the dreams we do not remember contribute to psychological growth

as much as those we recall. Dreaming—whether or not we are able to remember the dream on waking—is an attempt at self-understanding, which if successful leads to psychic growth. The degree to which the dreamer is successful in achieving self-understanding and psychological growth in the process of dreaming depends on two factors: first, the degree of development of the individual's capacity to unconsciously contain/think (Bion 1962a, 1970; Ogden 2004b) his lived experience; and second, the help the individual may receive (for example, from the mother or analyst) in containing (in a state of reverie) his unthinkable/undreamable thoughts, and transforming them into a thought/feeling that he may be able to think/feel on his own (Bion 1962b).

When an individual is unable to dream a lived experience, this is not a reflection of a cessation of unconscious thinking; rather, it reflects the fact that aspects of the patient's unconscious have been cut off from unconscious thinking by such means as dissociation and other radical forms of splitting-off aspects of the self (as is the case in my third clinical illustration in this paper). These split-off, "unthinkable" aspects of the unconscious are the stuff of night-terrors—dreams that are not dreams (which I will discuss shortly).

The beginning of the reintegration of split-off (unthought/undreamt) aspects of self is always disturbing to the patient's psychic equilibrium—often to the extent that the psyche is threatened with fragmentation (as in the second clinical illustration that I will present). Depending on the strength of the patient's personality structure and the degree and type of help he is receiving, the outcome of the integration process differs greatly and in a way that is difficult to anticipate.

Dreaming while awake (waking-dreaming) in the consulting room occurs largely in the form of the analyst's and the patient's reveries. Waking-dreaming allows the analyst to "catch the drift" (Freud 1923, p. 239) of what is occurring unconsciously at any given moment in the analytic session. Reverie, as I understand it, comes unbidden in mundane forms, such as thoughts about an argument with one's spouse, the lyrics of a song, thoughts and feelings about a recent fall taken by one's two-year-old child, childhood memories, grocery lists, and so on (Ogden 1994). The analyst is tempted to disregard such thoughts because they usually feel like the analyst's own "stuff," but if he ignores these thoughts

and feelings, he is squandering the opportunity to dream the session *with the patient.*

I view reverie as an unconscious construction of patient and analyst who together create an unconscious third subject (the *analytic third*) who is the dreamer of reveries, which are experienced by patient and analyst through the lens of their own separate (conscious and unconscious) subjectivities (Ogden 1994). The analyst speaks to the patient almost always *from* the feeling tone and imagery of his reverie experience, not *about* it (Ogden 1997).

In my own efforts to describe the psychoanalytic enterprise (Ogden 2004a, 2005), I have found it useful to think of patient and analyst as engaged in a process in which the analyst contributes to the patient's development of the capacity to dream (to do unconscious psychological work with) his disturbing emotional experiences that the patient is unable to handle on his own. Often the patient is able to partially dream his experience (both while asleep and awake), but reaches a point at which the experience he is dreaming becomes so disturbing that his dreaming is interrupted, and he "wakes up" in a state of fright from his "nightmare." Symptom formation occurs at the point at which the individual is no longer able to dream his experience. Such experiences of "waking up" from the dreaming in which patient and analyst are engaged in a session reflects the fact that the dream experience has become too disturbing for one or both members of the analytic pair to bear (see the first clinical example in this paper for an illustration of this type of dream-disruption).

Alternatively, the patient may not be able to dream his experience at all, in which case he is in a state comparable to that of a night-terror in which he cannot be awoken from his dreamless sleep, a sleep in which he is able to do no psychological work with the disturbing (often terrifying) emotional experience. The individual is able to genuinely wake up from a night terror only when he becomes able (often with the help of the analyst) to dream his terrifying experience (his undreamt dream) in the analytic session.

Psychic states equivalent to night terrors (undreamt dreams) and to nightmares (interrupted dreams) are the backcloth of every analysis. The analyst makes use of his own capacities for dreaming the emotional

experience that is occurring in the session to facilitate the patient's efforts to dream his undreamable or incompletely dreamable dreams. This experience of analyst and patient dreaming together the patient's formerly undreamt or partially dreamt dreams constitutes one way I have of conceiving of the analytic process (Ogden 2004a). Undreamt dreams comprise as-yet "unlived life" (Ogden 2014)—events that took place in the patient's life at a time when he was unable to be emotionally present at the event because it would have been too disturbing to do so (Winnicott 1971).

PRACTICE

In the three clinical discussions that follow, no overarching theoretical principle or technique will emerge concerning a "technique" for dreaming the analytic session. I do not believe that this represents a failure to perceive an underlying pattern. Quite the contrary: the experiences of dreaming the session that I will describe are unique to each of the analytic pairs and comprise what is most alive, most true, most surprising, most growth-promoting, most difficult, most painful in these sessions.

I. The Phone Call

In the initial years of analysis, Ms. T spoke primarily about her great disappointment in herself as a mother, as a wife, and as a corporate executive. She had two children whom she said she loved but felt that there was something missing in her relationship with them. She felt ashamed of the fact that even when she was attending a sports event or theater production in which one of her children was participating, her mind was elsewhere, usually ruminating about problems at work.

Ms. T did not seem to expect or want anything from me other than my being there to listen. Vacation breaks did not appear to bother her. She would say that she hoped that it would not hurt my feelings if she told me that she was glad to save the money she spent on analysis while I was away.

As the analysis proceeded, Ms. T became increasingly despairing. At times, she wished she were dead so she could put a stop to the con-

stant reminders of her failings. Ms. T had very few dreams, and the ones she did have seemed no different from thoughts she had while awake. For instance, she dreamt about being fired and feeling humiliated as her colleagues watched her pack up the items on her desk—a scene she often imagined and believed was about to happen in waking life. These dreams elicited in me thoughts that felt stale—ideas that felt like an imitation of analysis.

Most of our sessions began with a five- or ten-minute period of silence during which Ms. T shifted uncomfortably on the couch. These silences were painfully empty. Sometimes during these silences, I would think of events in the patient's childhood, as if searching for something that held emotional meaning: her alcoholic parents' arguing and screaming at one another when drunk; her father's slamming doors that made such loud sounds that the patient thought that "the house was exploding"; her mother's perennially buying mail-order clothes and shoes she never wore.

It had been painful for Ms. T to tell me anything about her childhood. This handful of memories was almost all of what she had told me about her life growing up. These bits and pieces of Ms. T's past felt like a small collection of stones that a child might give to a parent for safekeeping. I felt honored to have been given them but did not know what to do with them (how to make analytic use of them).

One afternoon in the third year of the analysis, Ms. T was late for her session, which was highly unusual for her. As I do when patients are late for a session, I view the session as having begun at the scheduled time, even though the patient has (unconsciously) "chosen" not to be in the consulting room with me for that part of the session. As I wait for the patient, I often take "process notes" in which I write down what I feel is occurring in the session. In the process notes that I took while waiting for Ms. T, I wrote, "The room seems misshapen, as if it's being stretched from within. Will it burst? Delayed by a traffic jam? Accident? Not worried. A little worried. Very worried." There was pressure building in me and in the analytic relationship of an intensity I was not fully aware of at the time (as reflected in the image of the consulting room being stretched to its breaking point and the thought of a traffic accident).

I heard Ms. T walking quickly, heavy-footedly down the passageway leading to my waiting room about fifteen minutes after the session began. When I opened the door to the waiting room, Ms. T was standing not far from the door. Her hair was in a tangle and her coat partially buttoned—and partially incorrectly buttoned in a way that made her look a bit like a little girl. On entering the consulting room, she smoothed her dress with quick strokes of her hands, as if brushing off debris. On lying down on the couch, she said, "I'm sorry for being late. There was a report I had to finish."

I felt that we both knew that, while she was not lying, she was not telling a fuller truth about what had occurred during the initial part of the analytic session (before she arrived at my office).

A short time later, the patient's cell phone began buzzing in her handbag. To my great surprise, Ms. T, without explanation, sat up, picked up her handbag from the floor, and dipped her hand into the darkness of the interior of the bag. On finding her phone, she lifted it out of the bag and let the bag fall to the floor with a thud.

Ms. T then swiped her forefinger across the phone's face with a gesture that seemed to be at once sensuous and a slap across the face. She pulled herself to a sitting position on the couch, put the phone to her ear, and said, "Hello" in a high-pitched tone, as if forcing air through her constricted windpipe. Ms. T responded to the caller with a dozen or so "Uh-huhs" and occasional short sentences (mostly questions), such as: "Why?" "Say that again." "No." "I don't understand." "How come?"

As the phone conversation went on, I heard a pleading tone in the patient's voice that caused me to feel profoundly sad. I had previously felt sorry for her, but this feeling of sadness was different. An image came to mind of a child of five or six standing at the curb of an elementary school, the one I had attended, standing by herself or himself—the gender of the child was not well defined. All the other children had been picked up by their mothers. The child was standing alone, cold and frightened. Teachers and other adults had disappeared. There was a pay phone, but the child did not know how to use it.

An older boy or a man was now present. The child was both relieved and frightened to see this person. The child asked him for directions

so she (he) could walk home. I felt an ache in my stomach that was the ache I had felt as a child when I was terrified.

Still in the grip of this reverie, I was startled when Ms. T said to me, "Sorry about the call. Where was I?"

Not knowing what I was going to say until I heard the words leave my mouth, I said, "As you were talking, I had a daydream. There was a little girl waiting for someone to pick her up after school let out. It was a windy, cold day. All the other children were gone. She looked for her teacher, but she, too, was gone. The girl tried to use the pay phone but couldn't get it to work. The child was terrified."

I regretted saying what I had said as soon as I finished saying it. I very rarely tell patients the content of my reverie experience. I asked myself why I had done so in this instance.

Before I could get my balance, Ms. T said, "You're scaring me."

I said, "I know I am." In the brief silence that followed, it struck me that the childhood scene of feeling lost, frightened, and impossibly cut off was very much like a feeling that I had been experiencing in response to the recent death of a very close friend.

Ms. T said, "It wasn't the story about the girl that scared me—it was your telling me the story that scared me. It was you but not you who was talking, because you've never told me a story before. I've never heard you talk that way." I was reminded of Ms. T's parents arguing and slamming doors when they were drunk—yelling things the patient had never heard before, being people the patient did not know.

We were silent for about a minute. During the silence, I felt that in telling the patient my reverie, I had blurred the boundary between her and me. I felt like apologizing to her, but thought that while doing so might relieve me of some of my feelings of guilt, I would be cutting short the patient's telling me her fears about me and her anger at me.

"Are you sick?" she asked. This, I thought, was precisely the right question for Ms. T to be asking. In asking it, she was reestablishing the line between her and me, and telling me that I had been destructive in blurring it.

"No, I'm not, so far as I know. But you're afraid I am." This response did not sound like me, even as I was saying it. In retrospect, I can see that I was dreaming something with this patient—a dream in which I was

not myself (for either the patient or myself), and I could not find my way back to myself.

"I don't want you to brush me off by saying you're well when you're not. Tell me the truth, please. You're scaring me. Please tell me the truth." Here the patient was imploring me to speak truthfully with her about what had occurred between us.

I said, "You're telling me something that's terrifying you: the person who you thought I was has disappeared. It seems as if someone has switched places with me. I'm someone whom you thought you could trust, but now you can't." Finally, I was being truthful with Ms. T. I sounded like myself as I spoke to her.

"Stop it. I have to leave."

I said, "I think I understand how very frightened and angry you are at me, but I hope you'll stay. You shouldn't have to be alone with what you're feeling. You've had to do that too many times in your life." Here I was asking Ms. T to allow me to continue to be her analyst, despite the fact that I had ceased being the analyst she needed earlier in the session. I was also alluding to her experience with her parents, but I did not want her to redirect toward her parents the fear and anger she was experiencing toward me in the dream we were dreaming in the session.

"Do you promise you're not sick?"

"I think you're asking me, and justifiably so, whether I had fallen ill, in the sense of losing my mind, when I told you the story that had come to me while you were talking on the phone."

"I am . . . . Did you lose your mind? I didn't recognize you."

"I was not the analyst you needed when I told you what I was thinking, so it's no wonder you didn't recognize me."

After a few moments, Ms. T said in a much calmer and more businesslike cadence and tone, "I can't believe I took that phone call. It was such a rude thing to do." There was a palpable shift in the tenor of the session as the patient said these words. It felt as if the dream we had been dreaming had been abruptly interrupted in a way that reminded me of a child sweeping crayons off a table when she became too upset by what she was feeling and imagining while drawing. The dream Ms. T and I had been dreaming was one in which I had become terrifyingly unrecognizable. As a result of our attempt to talk with one another as

honestly as we could, the dream was evolving in a direction that I felt held the potential to allow her to simultaneously dream the events of the session and childhood events that she had not been able to experience when they were occurring.

In the session I have just described, the patient and I were not dreaming *about* the session or dreaming *of* the session or dreaming *in* the session. We were dreaming the session in a way that made the session a living dream that began in the patient's lateness to the session (which I dreamt in the form of the "notes" I took: the imminent bursting of the consulting room; the traffic? the accident?—the fear).

The dream continued when the patient arrived: the little girl with her coat mis-buttoned; the phone call out of nowhere; the reverie of the terrified, lost child—my reverie; her reverie; our reverie. My telling her the story—for my sake, in response to my feeling lost. Her speaking the truth of what had happened and demanding that I speak honestly with her about it: I had disappeared, I had frightened her, I had ceased being the analyst I had been, the analyst she needed, the analyst she deserved. And finally, Ms. T (and perhaps I, too) was not able to continue to dream together that day. Instead—in a different state, in a different tone of voice—she apologized in a way that felt submissive to me, a way of being with me that lacked the intense realness of the dream we had been dreaming.

II. The Works

Before beginning analysis with J, a 17-year-old boy, I met once with his mother. She told me that he had gradually "become another person" in the course of the previous seven or eight months, and had become "completely disconnected from reality" during the most recent month or two. She said that he used to be a well-liked, good-hearted boy who did extremely well in school and had been a protective big brother to his younger brother, who was twelve.

"Now he hardly talks and has almost nothing to do with other people. He just stays in his room and watches TV. He goes out for walks in the neighborhood, but he almost always gets lost and has to be brought home by a neighbor or the police. At home he sometimes stands frozen in the foyer, saying incomprehensible things to himself."

J's mother said that she had taken him to a psychiatrist, who gave him the diagnosis of paranoid schizophrenia and prescribed medications that he refused to take. When it came time to see the psychiatrist the following week, J refused to go. He met with two other psychiatrists, but again refused to meet with them a second time. There was a strange flatness, an absence of feeling tone to J's mother's voice as she told me about him.

On meeting J for the first time in the waiting room, I introduced myself as Dr. Ogden. J abruptly got up from his chair without looking at me and followed me into my consulting room. He was a large, bulky boy wearing a T-shirt with a Grateful Dead logo on it. On entering my office, J stepped quickly toward the armchair and sat there stiffly, but only for a moment before standing up, looking around the room, and then saying to nobody in particular, "I'll have a hamburger with the works."

I said, "I'll see what I can do with what I've got here."

"You don't have anything to eat here?"

"Mostly it's me here."

"Where's the television?"

"That's me, too."

"You're not a doctor, are you?"

"I am a doctor, but I'm not one of the doctors you've met with recently."

This conversation seemed to be taking place in the English language, but none of the words J used held their usual meanings: "hamburger," "the works," "television," "doctor." I did not know what these words meant, but nonetheless I tried to talk to him in his mad language.

J lay down on the floor, flat on his back. He was silent for a few moments before saying, "There's an alligator up there with his eyes closed." He then asked in a demanding way, "What kind of doctor are you?"

I said, "A talking doctor. I talk to people who are lost and don't know who they are."

J got to his feet and walked to the bookshelf across the room. He took a book from one of the shelves and held it in his hand, seemingly more interested in its heft and texture than in its title or contents. He was very serious about what he was doing. As I watched him, I felt the sensation on my face of being touched by a blind person as he tried to get a sense of what I look like.

J carefully put the book back on the shelf in the place from which he had taken it. There was order, as well as a suggestion of tenderness, amidst the devastation. I was surprised by the tenderness. I had half expected him to throw the book across the room.

J, still facing the bookshelf, said again, "What kind of doctor are you?" Although he was seemingly addressing me, it felt as if he were talking to someone I did not know, certainly not to me. He spoke in a bizarre tone of voice that added to the strangeness of what he said and did.

I responded, "A doctor who might be able to help you find what you're looking for."

Long silence.

"My mother's dying."

"I'm sorry to hear that."

"I can smell it," he said.

After a pause of a few moments, he said, "What do you say?"

I said, "I'm confused." I tried not to ask J questions because we were talking in different languages, and so my questions would not only be incomprehensible to him, but would also demonstrate that I did not know him at all. So instead of asking, "What are you talking about?", I told him a little bit of what *I* was thinking and feeling: "I'm confused."

I also limited myself to making statements about what *I* thought, as opposed to what I thought *he* was thinking. I did so in order not to convey the impression that I knew what he was thinking, because I thought it critical to let him know that his mind was his and his alone, and I had no interest in stealing it from him or putting my own ideas into his head.

"To people who come here," he said, registering his frustration with my slowness to understand his question, "what do you say?"

I said, "I'm talking with you now, so I say whatever I've been saying to you." What a poor reply, I thought, as I heard the words come from my mouth. It felt to me as if we were talking *at* one another, hoping that something, anything, would "stick," would be comprehensible to the other. I did not know what was happening, other than that J and I were lost to one another. We both were lost, but it seemed to me that we were in the very early stages of dreaming the experience of being lost.

Now, turning from the bookshelf to look me in the eye for the first time, J yelled at me, "*Who are you?*"

After a brief pause, I said, "J, I'm a person who wants to try to talk with you."

I do not usually use a patient's name when we talk. On hearing myself say the word *J,* I felt that *J* no longer felt like the patient's name. *J* now felt to me as if it were just a sound, not a name. I felt as if a chain reaction had been set in motion that had the power to destroy anything in its path. It seemed quite possible that J (and I) were in the process of experiencing a breakdown of the fragile psychic structure that he was able to maintain some of the time.

He sat down, and in a soft, pseudoconciliatory tone of voice that barely masked his anger, said, "Who?"

I did not know what he was asking. I had again forgotten the question. I said, "I'm lost again."

He stared at me and said gruffly and a bit menacingly, "Who are you?"

I said, "I'm someone who might be able to help *you* come to know who *you* are"—a statement that felt hollow to me.

He stood, looked at the ceiling, and in a very agitated state, shouted, "*Who are you*!" He then stood rigidly with his face turned to the ceiling in a way that seemed to be stretching the muscles and tendons in his neck with such violent force that they were in danger of being torn.

I said firmly and calmly, "J, I told you I'm a doctor who talks. I don't *do* things, I never do violent things, and I ask that of you. I think you're showing me that everything that holds you together and makes you who you are is being ripped apart. I won't let that happen here." It seemed to me at this moment that J was showing me he was in a life-and-death battle with a mother/me inside of him who both held him together and tore him apart.

He remained silent, maintaining the same fixed position for a minute or so before bending his knees and lowering himself to the floor, where he lay on his back, once again looking at the ceiling. The room smelled to me like the overoxygenated air that had been used to remove the odor of smoke from my consulting room after there had been a fire in the building a few months earlier.

I said, "I can't and won't tell you who you are, but I think I can help *you* do that." This finally felt to me to be the right way to put what I had been feeling and had been trying to say.

J said, "Oh," in a tone that was not bizarre—a human tone of voice, which conveyed a feeling that he understood what I had said. An unusual thought occurred to me in the silence that followed. His saying "Oh" seemed to me to be his reticent way of saying my name by using its first letter, *O*. I did not know whether this was simply a wish on my part, born of the intense isolation I was feeling, or part of the dream that J and I were dreaming. Probably it was both, I thought.

III. Handing the Baby to the Mother

Ms. V's sessions had become tightly focused on solving ("figuring out") problems she was having with friends, with her supervisor at work, with relatives. It had felt to me for some time that we were going over the same ground again and again without the slightest hint of change. Ms. V seemed incapable of engaging with me in a way that felt real and alive. She and I had been working together for three years at this point.

During one of the sessions in this period of the analysis, I found myself looking at the clock frequently to see how much more time there was in the session. The hands of the clock did not seem to move. I wondered if the battery had died. Imagining replacing the batteries of the clock, I could smell the metallic odor of the metal prongs holding the battery between them; I could feel the sensation in my fingers as they pressed the dead battery to one end against the tiny spring—getting my finger under the battery, lifting it out, and tossing it into the wastepaper basket. A vivid, very disturbing set of visual images then came to mind in which I was delivering the stillborn baby of a heartbroken, childless mother and throwing it into a stainless steel pan.

The analysis took on a sudden and unexpected intensity when Ms. V's dog fell ill to a serious disease. It was only then that it became fully real to me that the most intense love Ms. V had been able to feel in her adult life was the love she felt for her dog, now fourteen years old. He was very ill, had no appetite, and his legs could hardly support him. Ms. V fed him water with a medicine dropper. She told me in detail about

the herbal remedies that she added to the water she was feeding her dog. (She never once mentioned his name.) Ms. V was getting little sleep and spent hours in the middle of the night combing the Internet for possible cures for her dog's illness.

The patient and I met five times each week, and I invited her to call me over the weekends if she wanted to talk, but she never called. I worried that Ms. V might sink into an incapacitating depression, as she had done twice before in adult life—at twenty-six, after her mother's death, and at thirty-five, after her grandfather's death.

These depressions, I thought, were failed attempts at grieving the loss of her sister, older by three years, who had "disappeared" when the patient was five. Ms. V had "adored and worshipped" her sister (whose name she never told me). One day her sister was gone, without a single word spoken by her parents about it; they acted as if nothing had changed. The patient knew that she was not to ask where her sister was. Only in her teens did she learn from an aunt that her sister had been hospitalized and died of acute leukemia.

In a previous analysis, the fact that Ms. V's sister's absence was not acknowledged by her parents "never came up." I had inquired about the patient's sister early on, when the patient was being unusually vague about the circumstances of her death. We had talked a good deal about the patient's detachment from the experience of the loss of her sister, both as a child and as an adult. I knew that it was critical that I not act as if nothing was happening.

In one of our sessions, I said to Ms. V, "I think that you're trying to save both your dog and your sister." She agreed, with little emotion in her voice.

During her sessions, Ms. V became increasingly silent as she lay limply on the couch. As time went on, I became increasingly alarmed. I said to her, "It feels to me that you're disappearing in your silence as your sister disappeared. You're even disappearing physically as you lose more and more weight." Ms. V's clothes hung limply on her now, due to the weight she had lost in the course of the previous months. I felt that I was being conscripted into the role of helpless observer of the patient's disappearance, which was inseparable from her sister's disappearance

and the patient's fear of her dog's disappearance. The patient was determined to defeat death/disappearance.

As I sat in silence with Ms. V during a session in this part of the analysis, an elderly friend came to mind, a man who was one of the few obstetricians of his time to ask the mothers of stillborn babies if they wanted to hold the dead infant. He told me that not a single mother had said no. It seemed to me that Ms. V's yet-to-be-experienced grieving of her sister's death was the stillborn infant I was unconsciously being asked to deliver.

I said to Ms. V, "I worry that in trying to save your dog's life, you're going to miss out on—and your dog will miss out on—your being with him and keeping him company as he dies, and letting him feel your love for him and the pain you feel while he's dying."

Ms. V wept as she said, "I don't want that to happen."

I said, "I know you don't." My thought of my friend who handed the stillborn baby to the mother felt like the resumption of dreaming the session with Ms. V. Dreaming the analytic session had begun with the reverie in which I removed (delivered) and threw away the dead battery/baby from the clock whose hands had stopped moving. Aspects of that reverie were now coming to life in a new form, one in which the stillborn baby (the patient's yet-to-be-experienced grief) was being given over to the patient to hold, to feel, and to grieve.

Ms. V began our next meeting, a Monday session, by saying in a voice so choked with tears that she could get out only a few words at a time, "My dog died over the weekend. He died while I was lying down on the floor of the living room and he was on my chest. We lay there for hours. I dozed some of the time. I knew when he died."

First there was deadness: the deadness of time, interminable time, time that passed for time, but in fact was time that did not pass, because there was no past, no history, no death. Instead there was a void: the absence in the patient, the absence of the patient. We were able to begin to dream the session—the dream of the petrified hands of the clock, the dead batteries tossed away. Desperate attempts at magic—medicine-dropper feedings, herbal remedies, Internet cures—gave way to dreaming the doctor who could hold the stillborn baby and hand it

to the mother, and to the patient's experience of holding her dog/sister on her chest as he/she died and did not disappear.

CONCLUSION

Dreaming the analytic session is an experience created by patient and analyst. At times, the patient or the analyst seems to be the dreamer, but this impression is illusory. Neither patient nor analyst alone (and no two other people) has the capacity to dream the undreamt or interrupted dreams that the patient brings to his or her analysis. These dreams are the dreams of the unconscious analytic third created by patient and analyst and experienced separately by patient and analyst. The word *psychoanalysis* is a plural noun: there are no two analyses that are alike.

I have offered three illustrations of dreaming the session. Each analyst must find with his patient a way of dreaming a session that is unique to the two of them. Adopting a "technique" prevents such a process from occurring, for it renders the session impersonal, generic. Dreaming the session is not something one works at; rather, one tries not to get in its way.

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TEN SHORT ESSAYS ON HOW TRAUMA IS INEXTRICABLY WOVEN INTO PSYCHIC LIFE

BY DOMINIQUE SCARFONE

The author contends that it is possible to reconcile trauma and drive theories of psychopathology if we carefully examine the general notion of trauma and reexamine Freud's (1919) theory of war neurosis and of repression itself as an elementary form of traumatic neurosis. The logic of these views follows Laplanche's reintroduction and generalization of the seduction theory in contemporary psychoanalysis.

Keywords: Trauma, repression, seduction theory, Laplanche, war neurosis.

I.

The lady whom I had been called to see the day after she gave birth to twins by Cesarean section had nearly died. Everything had been going smoothly in the post-op until someone noticed that the emptied uterus was not contracting, and the patient was losing all her blood. She was finally saved but it had been a close call. The lady herself had no memory of what had happened. There was fear of the sequelae of trauma, and so the psychiatrist had been called in.

I was at first skeptical about the appropriateness of adding insult to injury—that is, I was worried that the psychiatric consultation might be perceived by the patient as a suggestion that something was wrong with her mind just after she had nearly died. But the lady welcomed me graciously and said she was happy to be fully taken care of, body and mind. She immediately added that she was sorry she could not tell me anything

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of what had happened. "You understand," she said, "all of this happened in two deaths of me!"

It is useful to state that this was a slip of the tongue, as the conversation was in French and the "in *two deaths* of me"—in French, "en *deux morts* de moi"—came out inadvertently, instead of "en *dehors* de moi," by which she meant to say that all had happened outside of her awareness.

I thereupon simply signaled the slip to her. She stopped talking, smiled, and then started sobbing for quite a while. When she was calm again, she explained to me that, of course, her slip was about her twin babies who could have died. But in the following days we continued to meet, and soon another story emerged. Throughout her childhood, she had been inexplicably sad. She was the youngest of five children in an unremarkable family. One day, she had asked her mother if something had happened to her that could explain her sadness. The mother at first replied that nothing had happened, but then, thinking again, she said that maybe something could be related to her daughter's feelings, after all. Only it had happened not in the patient's childhood, but before her birth!

It turned out that, when the patient's mother had found herself pregnant for the fifth time, she was quarreling a lot with her husband, and things were so bad that she decided to have an abortion. The procedure failed, however, and so the patient was born.

The "two deaths of me" then took on a new, dramatic meaning, suggesting that in my patient's mind, a thread, at first invisible, connected the first death threat when she was in her mother's womb to the one that had just occurred when she was herself giving birth. This second moment of the repetition nearly killed her, but also provided her with the opportunity to really elaborate her position in life, to assert her living presence in the face of the death threat that presided over her coming into being, and to uphold her desire to be in turn a mother without too much guilt toward her own mother.

I saw this lady twice a week for many months, as long as it took her to decide that she did not need our meetings any more. Before coming to that decision, however, she told me that she had started writing a novel in which she narrated her giving birth to two babies by vaginal delivery. This, she said, was her way of repairing the tear in her psychic fabric

brought about by the Cesarean section and its complications. She wanted to weave back together what had been torn "outside" (*en dehors*)—and had nearly resulted in two deaths (*en deux morts*)—of herself.

II.

In the most general sense, *trauma* is a tear, a breach; you start with a more or less unified surface that is then shredded by the force of an impact. Such force is by definition stronger than the tension of the surface; the latter yields and by the same token loses whatever function it had. Trauma, therefore, does not describe simply a loss of continuity in the surface of the body or of the mind; rather, it initiates various degrees of disorganization within what the surface both contains and keeps *operational.*

This last word is important given that trauma does not concern surfaces in general but, more specifically, surfaces wrapped around living systems and instantiating what Francisco Varela (1979) called the *operational closure.* When the closure is indeed operational, it ensures the persistence and renewal of the system's vital characteristics, its *autopoietic* function—i.e., its self-organizing and self-repairing capacity. A cell membrane is a good example.

Freud (1919) differentiated pain from trauma by the extent of the breach in the protective shields of the organism. This means, for one thing, that pain is not merely an index or an alarm signal, but already a limited form of that which, when it is more extended, we call a *trauma.* Here, too, in its extended form, the breach in the protective shield not only damages the continuity of the surface but, more important, it also causes various levels of disorganization in the workings of the apparatus —i.e., its capacity to process and bind the quantum of further excitation.

III.

Let us now turn briefly to the Scottish anthropologist Tim Ingold (2007), who conducted an interesting research around the notion of *lines.* Ingold suggests that lines, threads, traces, and wayfaring in general are the fundamental ways in which we inhabit our world. As for surfaces, he suggests that they be considered the result of a *weaving* together of

threads—which, by the way, is one of the most ancient technologies developed by humankind.

In terms of living systems, we must obviously think here in terms of *self-weaving*, be it of physical or psychic surfaces. There is a clear analogy between molecular or cellular self-organization in biology and the self-organizing properties of the metapsychological agencies, as these may themselves be seen as a woven fabric, exposed to being pierced, torn, traumatized.

The relationship between the fabric and its tear is less simple, however, than it first appears. The fabric and the tearing spearhead are not irrevocably separated; the spearhead itself, or its equivalent, is indeed not alien to weaving. It may seem ironic that the Indo-European root *trau* is at the origin of both *trauma* (the tear) and, by way of the Latin *trans,* also the source of *trama,* the weft, one of the basic structures in weaving.

We are less surprised to find a common source of the two opposite words if we consider not the static things but the *process* of their making. In using a weaver's loom, one must indeed separate the threads of the warp so as to open a passage that lets the shuttle go through (*trau*), leaving in its wake the weft thread. Such is the process of weaving: warp and weft are intertwined, forming a fabric or tissue (from the French *tisser,* to weave), thanks to the rapidly alternating opening and closing of a hole.

Whereas in ordinary weaving, this is done mechanically by a weaver who is external to the process, we shall turn our attention now to a fabric that is alive, continually weaving and unweaving itself, in a process not unlike that undergone by Penelope's piece of fabric, woven during the day but secretly unwoven during the night—which in ancient Greek calls for the same verb that describes being "analyzed" (*analuein*), as Laplanche (1991) pointed out.

If in every fabric, the tear is prefigured by the very technique of weaving, we have reason to believe that this is even truer in living tissues. Even before being subjected to trauma, the living structure is itself the product of traumatic forces that broke in (like the shuttle in the loom) and tore, deforming or subverting the existing order and space. In the psychic domain—a subset of living systems—we speak of historical forces

made of messages, desires, projects. Zooming in for a closer description, we discover that what at first appears as something organized and defended against trauma was once itself a penetrating force that tore a limiting membrane and upset a preexisting order.

A clear example of this is the conception and birth of a baby: the fetus—brought into being by the penetration (*trau*) of an ovule by one among millions of spermatozoa—is the result of a fabulous sequence that out of human desire resulted in the weaving and unweaving of embryonic layers, which ultimately form a human fetus. When finally mature, the fetus itself initiates a truly traumatic process, going from the rupture of the amniotic sac to the eruption of a new individual into the social space of the family; the newborn penetrates the complex historical fabric, totally upsetting and transforming it.

IV.

Psychic life itself can be seen as an assembly of tissues that can tear up other fabrics. It is a sequence of weft and tears in communications, of implants and intromissions (Laplanche 1990), followed by more or less successful translations. It is comparable to a series of crests and troughs formed by the crisscrossing, interpenetration, weaving, and unweaving of the lines of meaning, of the traces of the messages of the Other, of elaborative pathways and complex constructions.

What I am trying to convey is that, in its generic sense, trauma is not an exceptional event in living systems. We are comforted, on the contrary, by the thought that traumatic, penetrating, and unraveling phenomena, usually associated with disorganization, are always present in psychic organization. As a feature of Freudian thinking, trauma was not a momentary concept quickly overshadowed by the constitutional model of the drives. Though on September 21, 1897, Freud declared privately that he had abandoned his first (traumatic) theory of seduction (Masson 1985), what he was abandoning in reality was not the idea of seduction in general, but of seduction as a specific etiological factor for the defense neuroses. Thus the theory of seduction was reframed, although Freud did not keep it at the level of a general theory (Scarfone 2014).

Laplanche's major theoretical endeavor was precisely to show that seduction transcends the anecdotal events of a given life history. His

theory of generalized seduction can easily account for specific cases of seduction, be they perverse or innocent, but in all cases—infantile, perverse, or generalized seduction—the seduction always takes the form of a traumatic event.

Obviously, however, not all traumas are the same. There are structuring traumas, on the side of weaving living systems, and traumas that tear apart, disorganize, paralyze, and disorient. Laplanche has shown that the *Sexual*[1] can be of either kind: in *implantation,* it is of the structuring kind, while in *intromission* it belongs to the second, deleterious form of seduction (Laplanche 1990). *Implantation* supposes that the infant is confronted with something exceeding its capacities for translation or integration and forcing him into a reorganization through modalities other than innate mechanisms of adaptation. Encountering the adult Other and receiving—however obscurely—his messages, which are unconsciously loaded with sexual elements, triggers an unending and forever incomplete process of weaving connections and meanings on the translational side of the infant's activity, with episodes of unweaving followed by reweaving. All these movements will leave behind residues, loose threads that can be tangled together into complex knots, and/or can leave holes and gaps in meaning, depending on whether—or to what extent—the *Nebenmensch* (the helpful other) was able to assist the infant without violently intruding into the process of self-translation and self-symbolization.

V.

In Freud's conception, from the "Project for a Scientific Psychology" (1895) to *Beyond the Pleasure Principle* (1920), trauma is always a matter of unpreparedness—and some major modern neurobiologists indeed agree that avoidance of surprise is a, if not *the,* fundamental task of the brain-mind (see, for instance, Friston 2010; Llinas 2001). The ego, when taken by surprise, experiences terror (*Schriek*) and is unable to mobilize the defense mechanisms that could have allowed for the absorption of the impact without tearing the psychic fabric apart.

[1] In *Freud and the Sexual,* Laplanche (2011) explains his use of the German word *Sexual* to clearly address sexual matters in the psychoanalytic sense, to be distinguished from *sexuality* in general.

How, then, one wonders, can we reconcile trauma with mechanisms as subtle as Laplanche's *implantation*? How can we say that the *Sexual,* when transmitted in the most optimal conditions, also pertains to trauma? Trauma is indeed at work, but contrary to the massive shock of, say, war trauma, the trauma of sexual implantation does not present itself in spectacular episodes; it is a trauma that happens in at least two stages, neither of which, taken separately, is traumatic in itself. It is only through the process of *après-coup* (*Nachträglichkeit*, Strachey's "deferred action") that the traumatic effect is obtained.

Massive, disorganizing traumas, on the other hand, seem easily explainable by the enormous, unbearable load that they impose on the psychic apparatus. Let us be careful, however. The apparent difference between massive trauma and the less spectacular forms, such as implantation, may mask another difference, one that runs within massive traumas themselves. Some of these, indeed, contain a two-stage process as well, though less obviously so. Noticing this process requires taking into account another essential factor, which is the decisive difference between, for instance, trauma due to the impact of a natural disaster and trauma of combat.

We recently celebrated the 100th anniversary of the start of World War I, commonly deemed a horrible butchery, the scene of unspeakable terror whose consequences, as we know, brought back to center stage the topic of trauma in Freudian thinking. But war trauma was not just any massive trauma. So let us go into more detail about the difference between post-traumatic neurosis in general and war neurosis in particular. The difference pertains to a reality that can easily be missed by plain, empirical observation—i.e., observation that relies simply on the massiveness of the impact and neglects the specific sort of reality that was brought to light by Laplanche's psychoanalytic work: *the reality of the message of the Other*.

For instance, contrary to the unfortunate victims of a tsunami, the soldier who suffers from combat trauma is part of a system in which orders are given, plans are made, and therefore desires are expressed. In cases such as this, therefore, what obtains is the reality of a *message* whose relationship with trauma is not accidental. The traumatized soldier was indeed *sent* to combat by someone, and even if he enlisted of

his own will, his *mission* was part of a network of relations with other subjects who were the conscious and unconscious emitters of messages more complex than they themselves imagined.

VI.

In 2014, Chief-Corporal Desfossés of the Canadian military, reportedly suffering from what is now called Post-Traumatic Stress Disorder (PTSD), received repeated negative responses from the Canadian Armed Forces concerning his diagnosis and his request for treatment. Ultimately, to avoid being held accountable, the military authority simply invited the chief-corporal to leave the army. One interesting thing, illustrating rather well the role of the message in this type of trauma, is that this officer ended up feeling, in his own words, *abandoned by the Army*. It seems that his war neurosis was complicated by an abandonment neurosis, against which his symptoms seemed to be protesting.

We are well aware that symptoms are overdetermined, but one can reasonably suppose that, in Chief-Corporal Desfossés's case, they are kept active as a living connection with an ungrateful mother or a sadistic father—i.e., the army that first sent him to battle and then let him down. We also know that the serviceman who was not "lucky enough" to be wounded physically and to bear visible damage is more easily let down, given that he instead displays, in the eye of the army, a "psychological weakness," for this is how suffering from war trauma is too often misrepresented in the defensive ideology of the more obtuse military.

There will always be someone eager to suggest that this serviceman actively holds on to his suffering; he may even be suspected of malingering. "Nothing happened to you; you have nothing" is the familiar expression of the *disavowal* described by Ferenczi (1932). In reality, to think of malingering when facing a case of war neurosis is to greatly misunderstand what is going on, so let us try to shed further light on the situation.

One can find precise ways of addressing the problem of traumatic war neurosis in Freud's writings following World War I. For example:

> We know that the war neuroses which ravaged the German army have been recognized as being a protest of the individual against

> the part he was expected to play in the Army; and according to the communication of Simmel . . . , the hard treatment of the men by their superiors may be considered as foremost among the motive forces of the disease. [Freud 1921, p. 95]

Remarkably, in the original German version, Freud speaks not of "hard treatment" but of "absence of love" (*lieblose*) in the treatment of soldiers. And it is precisely the matter of love received or love denied that must be taken into account in distinguishing between a trauma due to a natural catastrophe and a trauma resulting from war or other situations in which the desire and the love of the Other—or lack thereof—play a role. Let me quote yet another Freudian excerpt, this time from *Civilization and its Discontents*: "We are never so defenceless against suffering as when we love, never so helplessly unhappy as when we have lost our love object or its love" (Freud 1930, p. 82).

The decisive difference between a natural disaster and a loss of love is a question of *message*. In a natural disaster, one may well retrospectively assign the sense of a message (from the gods or from fate) to what has happened. In the case of an actual loss of love, the message is *truly* at work. The message has contrasting consequences depending on whether it results from implantation—in which case at least a partial translation or interpretation by the receiver is possible—or from a violent intrusion that makes it untranslatable, hence agonizingly disruptive. In the latter case, the subject is at a loss to understand what it is that the other wanted of him.

Based on such premises, the complaint by Chief-Corporal Desfossés is nothing like a conscious or unconscious manipulation, but a genuine and legitimate protest over an essential ingredient in the causation of his war neurosis: the loss of love, the abandonment that followed an already perverse form of seduction on the part of military authorities.

In 2006, Clint Eastwood devoted two films to an episode of World War II, the battle for the island of Iwo Jima (*Flags of Our Fathers* and *Letters from Iwo Jima*). In an interview about these movies, he declared that he wanted to show the carnage that had happened there and to remind us that war is a way for an older generation to send away its sons to be massacred. Oedipus and his father are not very far off. While

Eastwood's analysis of the sources of war is certainly incomplete, it nevertheless highlights the defining element of war trauma (versus trauma by natural disaster): the message from an older to a younger generation that is *sent* to war.

VII.

Shortly after the end of World War I, Freud (1919) took inspiration from Karl Abraham in writing that the shock of war is not the only factor explaining war neurosis, and that a conflict is created within the soldier's ego when he is sent to combat. The conflict

> . . . is between the soldier's old peaceful ego and his new warlike one, and it becomes acute as soon as the peace-ego realizes what danger it runs of losing its life owing to the rashness of its newly formed, parasitic double. It would be equally true to say that the old ego is protecting itself from a mortal danger by taking flight into a traumatic neurosis or to say that it is defending itself against the new ego which it sees is threatening its life. [p. 209]

Freud goes on to say—mistakenly, I believe—that this can only happen in an army of conscripts and not in a professional army or among mercenary soldiers. It could be true for mercenaries, but I believe that the pathogenic mechanism also applies in the case of soldiers who enlist by their own decision. Let us go back to Chief-Corporal Desfossés: he had been a "Blue Helmet" in Bosnia, that is, a soldier on a peacekeeping mission, but later he was sent to Afghanistan, this time in the line of fire, and this is where he was traumatized.

One can take note that he enlisted at a time when the Canadian Army was a force of interposition between warring parties, an army of peace. But the Canadian government later started to steadily align itself with its American allies, and the Canadian Armed Forces became an army of war.

It is tempting, therefore, to suggest that a conflict such as the one described by Abraham and Freud was created inside Chief-Corporal Desfossés, inasmuch as a parasitic war-ego was introduced into him in the context of the new war situation in Afghanistan. Obviously, the atrocity of direct armed conflict plays a great part, but I wish to insist on the re-

lational dimension at play in a situation in which the Other, the emitter of seductive messages, holds an important role. At first, these messages were rather gentle: there was even a time when the Canadian Armed Forces invited youths to enlist with the slogan "Come join us if you are interested in life!" At the time, indeed, the forces highlighted the benefits to young people of learning new technical skills, traveling the world, helping those in distress, and peacekeeping. The untold message, of course, was totally different, but at least there was a certain truth in the manifest version. Things changed drastically when it became a matter of sending soldiers into active combat.

Chief-Corporal Desfossés claimed that he was in a stable state when he entered the army, and so he demanded to be returned to civilian life in the same state. My sympathy toward him notwithstanding, I cannot help noticing the peculiarity of this request to be returned to civilian life as if nothing had happened to him. Had he been wounded in his body rather than in his soul, he would probably not have made the same request. He actually seemed to be aware of this, for in a contradictory move, he said that he expected his nightmares and other PTSD symptoms to persist even after treatment (that is, the treatment the army was denying him).

One can thus discern in his odd demand that, having felt abandoned by his superiors, having lost their love, he now felt that he was left alone with an intruder, a foreign body of which he wanted to rid himself. One can surmise that he wanted the war-ego that had been aroused in him in Afghanistan to be taken out so as to liquidate the inner conflict between this war-ego and his usual peace-ego. For this peace-ego, the new Canadian Army had no love to give that could have helped Chief-Corporal Desfossés keep a balance with his war-ego. Hence his implicit request to be rid of the latter.

That Freud and Abraham would call the new formation a *second ego* does not prevent us from seeing in it the result of an *intromission* (in Laplanche's sense) and its persistence as a failure—or better, an impossibility in translating into one's own idiom the message of the Other. The traumatized subject indeed lacks the possibility of freely elaborating the violent message into a subjective, symbolic version. Thus, the new "war ego," in my opinion, is not so much an "ego" as an intruding foreign

body that, even prior to undergoing the experience of combat, had shattered the fabric of the ego that had been slowly woven together during the subject's lifetime. All soldiers are indeed submitted to *orders*, and orders, by definition, carry a prohibition to translate or to think by one's self. This the serviceman may well tolerate when the mission imparted to him resonates with a shared ideal, and when, though not risk-free, the mission does not entail an impending death threat.

This, for instance, was the case with Chief-Corporal Desfossés's United Nations peacekeeping missions—though even in those missions, things could turn sour and become traumatic, as was seen in the Balkans and in Rwanda. And when the situation changes dramatically, as the soldier's ideal is betrayed and his life is in jeopardy, orders become a foreign body impossible to make one's own. A perverse seduction is then at work, the intromission of an untranslatable message—the first stage of war trauma.

VIII.

Freud (1920) formulated a strictly economic explanation for the peculiar incidence of war neurosis, about which it was observed that "a gross physical injury caused simultaneously by the trauma *diminishes the chances* that a neurosis will develop" (p. 33, italics added)—a fact seemingly corroborated by more recent research (Crocq and Crocq 2000). Freud's explanation for this phenomenon was that, in the case of physical wounds,

> . . . the mechanical violence of the trauma would liberate a quantity of sexual excitation which, owing to the lack of preparation for anxiety, would have a traumatic effect; but, on the other hand, the simultaneous physical injury, by calling for a narcissistic hypercathexis of the injured organ, would bind the excess of excitation. [1920, p. 33]

This is an ingenious explanation indeed, and one that is fully compatible with the economic point of view expounded in his metapsychological papers, but also one that leaves at least one question unanswered. Indeed, if "a gross physical injury . . . *diminishes the chances* that a neurosis will develop" (Freud 1920, p. 33, italics added), this means that

protection is in no way complete, and we must then explain how it is that war neurosis *can* occur even in a physically wounded soldier.

There is, I believe, a way to answer this question while also enriching and nuancing the rather mechanistic solution offered by Freud. First, let us follow him along the *other* path, where traumatic war neuroses were facilitated by a conflict in the ego. If we complete this model by taking into account the *disavowal* described by Ferenczi (1932), then another line of explanation obtains, one that does not contradict the former but avoids its purely mechanical formulation, and that better explains the coexistence of physical and psychic wounds.

Indeed, we can easily picture how, on the one hand, when traumatized soldiers are withdrawn from the frontline, the army's investment in love and care is more easily bestowed on those who display *visible* wounds than on those who are psychically traumatized. The latter, seemingly unharmed, are often the object of suspicion if not of contempt. Their traumatic mental state will therefore get more complicated as their psychic wounds become the object of disavowal, the second and decisive step in Ferenczi's (1932) conception of psychological trauma.

On the other hand, even when physically wounded, a soldier may have been submitted to untenable, traumatic psychological situations, but while the physical damage and the ensuing care offered to him may help alleviate psychic suffering as well, if the medical and surgical treatment takes most of the caretakers' attention, then the physical condition may paradoxically also serve to disavow—or at least to overshadow—the psychic harm. Greater attention given to physical harm also reinforces the defensive ideology of the soldier's ego, his pride regarding the visible traces of his sacrifice, thus complicating the psychic trauma, whose presence may go unnoticed and untreated. So there is indeed a possible co-occurrence of physical and psychic trauma, and this does not contradict the basic theory.

IX.

If we now go back to the relationship between trauma theory and drive theory, an interesting remark can be found near the end of Freud's introduction to "On the Psychoanalysis of War Neuroses" (1919). Re-

member that this was written at roughly the same time as *Beyond the Pleasure Principle* (1920), and a long time after the traumatic conception of neurosis in general had apparently been abandoned by Freud in favor of innate drives and fantasies. I say *apparently* because, in fact, as Freud's clinical cases attest, he never lost sight of the traumatic factors, and this even before dealing with war neuroses. The notion of *complemental series,* in which both innate and accidental factors contribute to the etiology of neuroses, was the actual backdrop of his clinical thinking (Freud 1916–1917).

Admittedly, however, the most prominent aspect of Freud's metapsychology had essentially been that of a conflict between the ego and the drives, the latter stemming, in his view, from an innate biological source—except that the reality of war neuroses brought back to center stage the traumatic factor, and Freud could not but take notice. By the end of his introduction to "On the Psychoanalysis of War Neuroses" (1919), he candidly comes to terms with the problem posed by the war neuroses for the general psychoanalytic theory of neurosis. He asks himself whether *in any neurosis* the ultimate source of danger is external or internal. Against those who would evade the issue by simply excluding post-traumatic conditions from the category of neurosis, he proceeds toward "bringing the two apparently divergent set of facts [i.e., transference or defense neuroses, on the one hand, and traumatic and war neuroses, on the other] together under a single hypothesis" (Freud 1919, p. 210).

In this short and surprising work, Freud's thinking espouses a double movement. First, in the wake of Abraham, Freud tries to drive the problem of trauma back to the internal scene—namely, as we have seen, through the notion of an internal conflict between a peace-ego and a war-ego. His next step is an effort to reconcile the traumatic theory of war neuroses with the theory of drives through a factor dubbed "frustration in love" (1919, p. 210) and considered characteristic of peacetime neurosis.

> In traumatic and war neuroses the human ego is defending itself from a danger which threatens it from without or which is embodied in a shape assumed by the ego itself. In the transference neuroses of peace the enemy from which the ego is defending

> itself is actually the libido, whose demands seem to it to be menacing. In both cases the ego is afraid of being damaged—in the latter case by the libido and in the former by external violence. It might, indeed, be said that in the case of the war neuroses, *in contrast to the pure traumatic neuroses* and in approximation to the transference neuroses, what is feared is nevertheless an internal enemy. [1919, p. 210, italics added]

Freud here seems to hold firmly to the view of causation by a strictly *internal* conflict, even in the face of obvious external causes. How can that be? Here is how, in my view, we can make sense of this apparent contradiction.

First, it is important to notice that in this citation, Freud distinguishes between war neuroses and the *pure traumatic neuroses*. This, I believe, is the link that, in war neuroses, joins the two apparently diverging factors: external versus internal danger. Though Freud could not possibly have used our contemporary wording, we have here something that supports the view that the two sorts of massively traumatic neuroses differ by one major factor: that is, the role played in war neuroses by the *message of the Other*. This is indeed what is introduced into the soldier's internal mental space, *conjugating external with internal danger*.

Further convergence with this view can be found, I believe, in the rather astonishing very last sentence of the essay, immediately after what I have just cited. Freud now takes a step in the opposite direction, this time bringing the theory of drives itself, along with the central pillar of repression, closer to the traumatic model. Writes Freud:

> The theoretical difficulties standing in the way of a unifying hypothesis of this kind do not seem insuperable: after all, we have a perfect right *to describe repression*, which lies at the basis of every neurosis, *as a reaction to a trauma—as an elementary traumatic neurosis*. [1919, p. 210, italics added]

Laplanche has repeatedly shown that when such to-and-fro hesitations or about-faces are noticeable in Freud's writings, one should consider them signposts pointing at deeper theoretical problems and their possible solution. So if we do some further research around this Freudian remark, what do we find?

First, we discover that, for all its surprising allure, the idea of an *elementary traumatic neurosis* is not at all new. Freud had formulated it as early as 1895, as a kind of preface to the study of *Nachträglichkeit* in the formation of the hysteric's trauma. At the time, he spoke of a *simple neurosis*; this is a neurosis whose sources are directly attributable to a traumatic event, but one that did not entail what Freud, back then, called *symbol formation*—meaning a substitute representation, such as is formed in a fully developed hysteria. The pathological aspect of this simple neurosis consists mainly in the *persistence of the compulsion,* whereas the normal reaction to a traumatic event would be the gradual disintegration of the compulsion (Freud 1895).

Second, to call repression itself an *elementary traumatic neurosis* is a clear sign that even when the purely "internalist" model seemed to prevail, Freud's reference to trauma was not suppressed after all. In the short paper of 1919 cited earlier, repression is not a defense, but is itself a *reaction to trauma* and therefore a breach in the ego.

It appears, then, that at no time did Freud's thinking show an insuperable contradiction between the theory of trauma and the theory of conflict. This was clearly visible as early as in the first version of the seduction theory, in writings such as "The Aetiology of Hysteria" (Freud 1896), where one can see that the relationship between trauma and pathology was never a linear one, but implied elaborating the sexual trauma and the mechanism of *symbol formation*. Some twenty-five years later, Freud (1919) seems to be looking at the same process, except that he now examines it from the other end: it is repression itself, a central feature of the instinctual drives theory, that now amounts to an elementary traumatic neurosis!

If, however, one asks how repression can be deemed an *elementary* traumatic neurosis, the answer comes only by comparing it to a full-blown neurosis: what is lacking in the elementary neurosis is *the second stage* of a full neurosis, i.e., the secondary moment in the process of *après-coup* (*Nachträglichkeit*), in which the return of the repressed and the secondary defensive processes enter the scene, proceeding to the elaboration of the repressed material that makes its return. We see how repression itself makes for a different story, depending on what follows—or fails to follow—its occurrence.

X.

A clearer formulation now comes into view. Whereas Freud, without much explanation, simply equates repression with an elementary traumatic neurosis, we can try to take a further step forward. In the company of Laplanche (1999), we shall try to understand how it is that the libidinal assault from within amounts to a trauma (whose origins are normally external), and therefore how it is that repression itself can be defined by Freud as a reaction to trauma, an elementary traumatic neurosis. For this we need only consider, after Laplanche, that the internal foes, i.e., the drives, are themselves of external descent, originating in the message of the Other (Scarfone 2013).

As we have seen, Freud himself was close to saying as much concerning war neuroses when he dealt with the emergence of a parasitic war-ego resulting from the will, the plans, the orders—in short (and in Laplanchean terms), from the *messages*—of military authority. Now if the intromission of this war-ego, as an order or message *that cannot be disputed*, leads to a traumatogenic conflict within the ego of the soldier, what stops us from considering a similar, if milder, mechanism in ordinary peacetime neurosis, by way of the impact of the significant Other and his messages that are always only partially translatable?

In the hope of making things even clearer, I must insist on the fact that what enters the infant's (or any subject's) psyche and is bound to have a traumatic effect is never *meaningful* in the full sense of the word. For what pertains to meaning, our minds and our brains are encircled by what has been dubbed the *solipsistic gulf* by neurophysiologist Walter J. Freeman (1999) in speaking of the brain. This is also what Laplanche (1992), speaking of the mind, called the *Ptolemaic closure*. These two concepts, though developed independently, are themselves redolent of Varela's (1979) notion of *operational closure*. For the infant's mind to develop, it must one day operate that sort of closure—i.e., create its own meanings, which are tantamount to its own ego or self. What is really meaningful for the subject is the result of the subject's own translation (or construction). The message of the other appears meaningful inasmuch it is translatable, and translation (or any process that resembles it) is really the basic function of the psyche. It is devoted to making sense

of the environment, to situating itself and predicting as much as possible what will come next (Llinas 2001).

Yet one should not think of this translation in the usual sense of putting something into other words or into another language. *Translating* here means, of course, "making sense," but more important, it means creating meanings that are *one's own*, and are thus the most precious possessions in that they structure the subject's individuality. Translation is inseparable from the freedom to translate. And though the tools for translation (language and cultural elements of meaning) are necessarily imposed through education, the subject is normally free to attempt to construct its own version, its own theories, with the aid of those imposed tools. This is how children come up with their own brand of sexual theories formed on the basis of their own experience; they will revise these theories every now and then in view of the contradictions they encounter as they learn more. But, as Freud formulated early on in a famous letter to Fliess, translation is bound to partially fail, and such failure, he wrote, "is what is known clinically as 'repression'" (Masson 1985, p. 208).

The translational concept of repression is a most important one in that it means that repression is not a mechanical "hiding away" of meanings in some obscure mental space; rather, it is a failure to integrate parts of communication about which no meaning can be found that fits the set of meanings already achieved, and that has coagulated, so to speak, into a somewhat coherent picture called the *ego* or the *self*. Far from being just a defense, repression has a structuring role for the psychic personality, as it rests on both the meanings achieved and owned (ego or self) and the failings thereof (the repressed unconscious). In this sense, as a structuring process of the psyche, repression implies not only the ego and the repressed as topographically distinct "areas" of the psyche; the mechanism that implements this divided structure is also what installs the drives, inasmuch as failures in translation leave behind as their residues what Laplanche dubbed the *source-objects* of the drives.

Here a lengthy digression would be necessary to clarify what is meant by the word *drive*. One thing is sure and already very clear in Freud: it is not an instinct. *Instinct* is a different—biological or ethological—concept, one for which Freud systematically employed the corresponding German word *Instinkt*. But let me immediately add here that, in spite of

appearances to the contrary, the drives we are speaking of, as different from instincts as they may be, *do involve the body*, though not as their biological source. Here is how.

The part of the message that cannot befit the rest of the ego structure is the part that finds the subject unprepared. It strikes in each of us the part that still is—and will always remain—*in-fans,* i.e., left at a loss for words of one's own. This in itself is traumatic, but since *some* translation was achieved, this sort of trauma opens the way to a structuring process by which both a coherent architecture (ego or self) and a now internal irritant (the drives) are installed. Hence, one could say that the drives result from the implantation of a "moderately traumatic" source.

This conception of the drives is clearly at odds with the traditional Freudian view of drives emanating from biological sources. Yet it does not entail denying the role of the body, because a compromised message—its enigmatic part—is effectively exerting its traumatic role by *affecting* the excitable, erogenous body. I use the verb *to affect* deliberately since, as Laplanche described, the irritant, the untranslatable residue of the enigmatic message, is *implanted* in the biopsychological dermis of the mind. For all its unspeakable form—or actually *because* of that—the enigma is the carrier of an excitation that can only be felt at the level of the body: as a disturbance, a turbulence, indeed an as-yet unspeakable *affect*.

From there on, repeated efforts at making sense will result in various scripts that try to enlist, contain, and give a face and a meaning to the affect in question. As mentioned earlier, this is how children develop the sexual theories and fantasies constitutive of infantile sexuality. How the intricacies of the bodily responses in turn inform the structuring of the body-psyche is something that would require a separate detailed study.

CONCLUSION

Communications carrying the *untranslatable* may well appear totally meaningful to an external observer, or to the emitter and even to the receiver, inasmuch as only the psychoanalytic study of the fact can account for its "tainted" part. As we have noted, the subject at the receiving end cannot fully make this part its own. But here two modalities are possible.

I have mentioned the modality of implantation and its ensuing partially failed translation (repression). The other modality was introduced earlier in this paper, in section IV, as *intromission:* it is the violent form of implantation, one that not only results from a compromised message, but whose traumatogenic effect is amplified by its carrying a prohibition of personal translation. I indirectly mentioned that earlier in invoking the Ferenczian mechanism of disavowal in sections VI and VIII. What intromission impedes is the personal freedom to translate.

For instance, Chief-Corporal Desfossés probably well understood intellectually what it meant to be transferred from a peacekeeping role in the Balkans to a combat zone in Afghanistan. Yet in all probability, the murderous message that was now imposed on him not only did not fit into his ego structure; additionally, he did not have the right or the freedom to think and act differently from what the message commanded. With the term *murderous message,* I am pointing first to the easily graspable fact of sending him to combat—a place of extreme levels of excitation and of extreme danger to his life. Second, I am pointing to the fact that his superiors were unconsciously speaking to him in the obscure language of the filicidal father, as Clint Eastwood clearly recognized in the interview cited in section VI.

Third, but just as important, I wish to highlight the impossibility for Chief-Corporal Desfossés of interpreting his orders in a personal way. He was thus at once exposed to a clear message ("you are sent to a combat zone") and to its enigmatic lining ("what do they actually want of me?"), both of which were untranslatable, each in their own way, and both of which converged into tearing apart the chief-corporal's psychic structure. The war-ego intromitted in him may well have been understood intellectually, but Chief-Corporal Desfossés could not make it his own. Nor, for that matter, could *any* soldier in his place have done better.

The theory of trauma and the theory of conflict/repression are thus possibly reconciled if we see how they work in comparable, though far from identical, ways in both war and peace neuroses. What matters most is not the circumstance of war or peace, but the nature of the process by which the message of the other reaches the subject: *implantation* installs the drives somewhat traumatically—let us call this an inescapable moderate and structuring trauma—but leaves the subject relatively free to translate the enigmatic message as best he can.

As for *intromission*, it is not only traumatic, more vastly so than implantation, but it also thwarts the subject's freedom to develop its own subjectivity. The source-objects of the drives are present in both instances, but in the second and violent mode of installation, they are so unmanageable that they merely continue from within the destructive work of the external traumatic source.

One last thing: the apparent Freudian to and fro between the traumatic and the conflictual points of view in 1919 can be further explained if we suppose that Freud himself was, in fact—perhaps unconsciously—orbiting around the problem of seduction (i.e., of the message of the other). That is, he may have been circling around the model of repression contained in the famous "letter 52" cited earlier (Masson 1985). If indeed repression is a failure to translate, and considering that repression is also viewed by Freud as an *elementary traumatic neurosis,* then we have reunited the Freudian theories of repression *and* trauma, both of which fit under Laplanche's theory of *implantation/intromission* of the message of the Other.

If, as we have seen, repression is a reaction to trauma, then, already in Freud, traumatic neurosis—at least at its first and elementary stage—can be attributed just as much to the disruptive effect of the drives as to an external traumatic event. Hence there exists no either/or problem between trauma and repression nor one between inside and outside. We can therefore again posit that the consequences of the traumatic encounter—be it traumatic neurosis or defense neurosis—will depend on the subject's capacity of secondary elaboration when facing the traumatic impact. It all depends on whether and to what extent the self-symbolizing capacity of the subject is operational, and this rests on the nature, form, and relational quality of the massage—partly translatable (implantation) or utterly untranslatable (intromission).

If the autopoietic, self-repairing, self-weaving capacity is thwarted by a violent intromission, by a prohibition to translate, or by a serious *frustration in love,* then, depending on the extent of the damage incurred, *symbol formation* will either gravely fail (with the ensuing traumatic neurosis and its gross repetition compulsion) or it will, at best, result in the formation of *closed symbols* that characterize the various defense psychoneuroses.

From a therapeutic point of view, one can immediately discern the different approaches entailed by the two sorts of consequences. Whereas in cases of neurosis, analysis works toward a reopening of closed symbols (classical analytic method), in the case of traumatic neuroses proper, where symbolic forms are lacking, the work must be clearly directed toward favoring symbol formation itself. This point could entail an interesting discussion about the difference between the *analytic* and the *psychotherapeutic* stance of the analyst, but that is an issue I cannot address here.

In the logic of Laplanche's theory, the implantation of the *Sexual* in primal seduction *and* its violent variant called intromission both install a parasitic *thing*, leading to the constitution of the nuclei of the unconscious—the *source-objects* of the drives. Whether exposed to the structuring trauma of implantation or to destructive intromission and its prohibition of translation, the human being is, all the same, *self-woven* around the breach caused by the encounter with the Other. But this is not necessarily a tragic state of affairs if one considers—as poets are already well aware—that trauma is woven into the very fabric of mental life. Leonard Cohen (1992) seems to celebrate trauma as a necessary breach in our existence when he writes:

> There is a crack, a crack in everything,
> That's how the light gets in.

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THE ANALYST'S RELOCATION: ANALYSIS TERMINABLE, INTERMINABLE, AND DISLOCATED

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The analyst's relocation is relatively neglected in the literature. Yet relocation is profoundly unsettling, striking at the psychoanalytic contract in a way that illness or even severe countertransference disturbances do not, and this unsettling aspect of resettling can disturb analytic functioning. The few previous papers about relocation focus on how to best understand and manage "reality" intrusions in terms of the nature and status of the transference relationship. In this paper, an engagement with object relational ideas is the prism through which to examine the dislocations of relocation and the potential disruptions of thinking caused by the vicissitudes of moving.

Keywords: Relocation, termination, countertransference, object relations.

INTRODUCTION

Many histories, either of individuals or of movements, contain important moves, whether wished for or feared, growth enhancing or traumatic (or frequently all of these). The history of psychoanalysis contains a series of pivotal and much written about geographical moves, from Freud's early childhood journey to Vienna, to the forced emigration and resettling of a generation of European analysts fleeing the rise of national socialism. Relocation as metaphor risks being evanescently broad: psychoanalytic

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history itself could be considered as a series of geographical and metapsychological relocations, as the move from Europe to England to the Americas unfolded alongside the metapsychological relocation of therapeutic attention from the id to the ego, to the dyad, and more recently to the analytic field.

And yet relocation itself—the actual, concrete fact of the analyst's choosing, for whatever reason, to move—is a topic that through emigration and stability, through hegemony and fracture, through centrality and marginalization, and across a variety of theoretical models has remained relatively neglected. Attempts to redress the paucity of papers written about the analyst's experience of relocation frequently begin by remarking on this scarcity, noting the few results yielded by a literature search on the topic. Consider this restated here.

But why this scarcity? Perhaps relocation is insufficiently distinct as a topic, encompassed more generally in the much larger literature on termination, and unworthy of identification as a topic requiring specific attention. But:

> It should be obvious that the categories of forced, unilateral, prolonged, and mutually agreed terminations show markedly different characteristics and lead to different reactions and results . . . . Yet these distinctions continued to be ignored or denied, leading to contradictory descriptions of the phase. [Novick 1997, p. 155]

Perhaps this scarcity is linked to our discomfort in writing about our own difficulties. And yet, of the variety of issues that are challenging for analysts to address—impinging as they do on the analyst's own potential failures and shortcomings (including boundary violations, the illness of the analyst, and varieties of impairments)—relocation receives the least attention. In addition, only those analysts who have themselves moved seem drawn to write about this topic, and their papers are marked to various extents by indications that such writing was a necessary aid or even a balm in grappling with a move's consequences.

Issues of boundary violations and impaired analytic functioning, on the other hand, are generally written from outside the context of those who have perpetrated such events, while articles about termination have

come from multiple perspectival pivot points, but are not generally presented as themselves serving a therapeutic function for the writer.

DECONSTRUCTING RELOCATION

Whether the approach is ego psychological, object relational, or self psychological, whether the focus is the intrapsychic world of the patient or the relational matrix constructed by the dyad, a rare point of commonality is found not only in the sparse attention to the topic of the analyst's relocation, but more intriguingly in the confessional tone, overt or implicit, of the few writers venturing to write on the topic. After remarking on the thinness of the ranks they are joining, these authors tend to address the issue of guilt in the language of their particular theoretical model. For example: "Our explanation is that moving is so painful that most analysts 'put it out of their minds'" (Kaplan, Weiss, and Dick 1994, p. 253).

The idea of something being out of the analyst's mind is a useful lead. The activation of a need to turn to such splitting, and the consequences of such a psychic move—not only for the analyst and the treatment, but also for the metapsychology—are worthy of more attention, and are evident, albeit largely unacknowledged, in the literature that does exist. Consider these sentences from three papers written about relocation from very different theoretical orientations:

- The analyst struggles with "avoiding the Scylla of defensive self-justification and the Charybdis of unwarranted guilt" (Kaplan, Weiss, and Dick 1994, p. 263).
- "Even after all these years I find I cannot write these simple lines without weeping" (Sherby 2004, p. 69); and
- "Nothing approaching the angst I felt . . . is mentioned in the literature" (Martinez 1989, p. 97).

About termination in general, Novick (1997) wrote: "I would suggest there is something in the reaction of therapists to the end of treatment which seriously interferes with learning about and conceiving of terminations" (p. 146). This applies even more to termination imposed by the analyst, and to these difficulties, I would add difficulty writing about it:

"Writing may mobilize once again all the difficulties, conscious and unconscious, and this the analyst may wish to avoid" (Weiss 1972, p. 505). Thus, the après-coup of the move, undertaken and now looked back on, infuses the way in which the relocation has been written about—that is, as a sort of professional trauma with lingering effects, trailing in its wake a need for justification, instruction, and expiation.

I share the experience of a personal move, and I aim to examine the impact that such a move can have on one's practice, one's writing, and also on the relationship with one's theory. Relocating a psychoanalytic practice caused an upheaval not only in my practice, but also in my transference to the theories that shaped and delineated my analytic home, and this article intends to engage explicitly with this dynamic—one up to now unaddressed but, as a close reading will show, detectable and disturbing in previous writing on the subject. For it may appear that there is something superficially a bit banal about relocating, in the sense of its being perhaps no more remarkable or distinct than other life events that might affect psychoanalytic practice, and there may be no need of a separate category. However, this paper argues that relocation is in fact profoundly unsettling, striking at the psychoanalytic contract that is made with a patient in a way that illness or even severe countertransference disturbances—which are also not willingly and consciously embarked upon—do not, and that this unsettling aspect of resettling can disturb how the analyst is able to work, even once reestablished in a new practice.

This challenge affects not only the relationship to one's patients, but also potentially to one's theory. Ineluctable historical forces are one thing and unconscious forces another, while illness and death are inescapable; but what does it mean to say to a patient engaged in an open-ended psychoanalytic treatment—undertaken with no notion that the analyst him- or herself would be the one to end it electively—that the analyst plans to relocate and continue to practice as a psychoanalyst elsewhere?

The analyst's relocation occupies a vexing spot: it is neither condemnable, like a boundary violation, nor unavoidable, like death or illness, nor is it temporary, like pregnancy. And if in one respect it happens all the time, in terms of trainees graduating and moving to new institutions,

it occurs less frequently (or again, is certainly less remarked upon in the literature) with analysts established in their institutions and cities, teaching and practicing.

In preparing for my move, in addition to seeking supervision, I searched the literature for assistance. As noted, there was little to be found, and this increased my fear that moving was, as a patient put it—not in jest—"something I didn't think an analyst was actually allowed to do" and "a reportable event." Indeed, strong feelings about ethical aspects of relocating are the focus of a unique document, a paper written anonymously by an analysand in training, about forced termination of his/her own analysis due to the analyst's relocation (anonymous, 2001).

Four years after my original move, I moved again, back to my former home. To paraphrase Oscar Wilde, "To lose one parent is tragedy, to lose two is carelessness." I found no papers on moving more than once, which apparently was beyond the pale. I wondered how to think about a situation that appeared to have such few precedents. Either what I had done was strikingly unusual or, more likely, moving was particularly problematic. It did indeed appear to be a reportable event.

I did not consider continuing with my patients via Skype or phone sessions after my move. I was leaving a city brimming with excellent psychoanalysts and was unsure if or when I would return. The idea that my patients would do better continuing an open-ended, technologically enabled treatment with me, rather than working in person with a local analyst, was unpersuasive. On the one hand, it would have been a way to avoid abandonment and therefore appealing, but I felt that this radically different way of practicing, continued on an indefinite basis, would more problematically enact an avoidance of work that I needed to face and to grapple with. For I did not believe that I would be able to practice in the same way over the phone, and I worried that this would disadvantage my patients, even as I would be giving them—and myself—an initially easier path via which our work could continue. I feared that switching to treatment over the phone would lull me into a version of continuity that would screen an important disruption and loss, and that this would feel confusing to me as well as to my patients.

My unwillingness to continue via Skype/phone was an amalgam of my need to face and perhaps even to underscore the severity of the

change in circumstances, and of my inability to manage the complexity of creating a model in which I could do some of this work while also do some of the abandoning. My decision not to Skype, like my work during this phase, was shaped and constrained by anxieties and difficulties around the idea of relocation, and by my countertransference struggles in managing this transition.

The issue of relocation can be considered in relation to an endless number of important themes in analytic thinking, including the status of reality (and how this is defined) in the treatment, management of countertransference issues, theories of therapeutic action, and what is mobilized by the transference. The few existing papers include warnings and guidelines as they navigate this poorly charted territory, enacting a sort of travelogue of metapsychological dislocation. I hope to locate this paper within a more liminal, admittedly dislocated space in which the relationship to one's theory, to one's analytic functioning, is itself potentially unsettled by resettling and is itself challenged by relocation. I will employ an object relational model, generally speaking, with which to consider these issues, because I feel that this model—one that was itself a relocation from the ego psychological model in which I had been trained—allows the most movement, the most rich understanding of relocation and dislocation, and the most attention to the severe disruptions of thinking.

In this paper I focus on my initial move, and I review the literature and introduce some clinical examples to examine what can be gained by repositioning the vicissitudes of relocation, currently marginalized to a little-visited periphery, into the city center.

A DISCUSSION OF THE LITERATURE

Dewald's "Forced Termination of Psychoanalysis: Transference, Countertransference, and Reality Responses in Patients" (1966) includes a section on the analyst's relocation and is widely recognized as the first paper on the topic, which the author himself noted in a later work (Dewald 1982). He does not speculate on any cause for this but identifies an opportunity: "In view of the paucity of reports on this type of termination, I feel that the following 'experiment of nature' is worth reporting" (1966, p. 99).

Some issues around culpability and guilt are implied by the extinguishing of the analyst's activity; the passive voice (for who is doing the "forcing" specified in the paper's title?) and the placement of the blame on Mother Nature are dissonant notes that make themselves increasingly heard as the paper progresses. Dewald is working in the ego psychological mode during an era in which the idea of the analyst as objective observer, gathering data, was the prominent paradigm. Yet the "forcing" perpetrated by the analyst (granted, this is a common linguistic construction but nevertheless, or because of this, one worthy of notice) and the mention of an "experiment of nature" (1966, p. 99) hint at violence and deformation. "'Forced' suggests subjected to violence, compulsory, not spontaneous or optional, of things not happening in their proper season, proper sequence, or appropriate time. Forced termination resonates with notions of higher authorities, fate, paradise lost, expulsion, and abandonment" (Glick 1987, p. 450).

The relocating analyst has chosen to disrupt treatments in progress due to idiosyncratic personal exigencies that the treatment frame is supposed to preclude/exclude. The analyst is assaulting the frame. I would argue that the deformation, the intolerable pressing and pushing by relocation upon a psychoanalytic model not built to contain it, is the dissonant undertone of Dewald's (1966) paper, and that this "experiment" is visited not only upon the patient (or the analyst), but also upon the analytic frame and theory of treatment—a process repeated, with variations, in all the literature on the topic.

Dewald describes the reaction of five psychoanalytic patients to his relocation. He does not discuss his choices regarding how much, if anything, to tell the patients about his move; his mention of a patient being "particularly frustrated at being unable to find out where I was going" (p. 103) gives us a sense of his austere approach to self-disclosure. He evokes a startling image of a bewildered patient left with an untraceable, absconded analyst.

Dewald focuses on management of the transference while noting the tension between focusing on the intrapsychic effects of the analyst's move on patients, on the one hand, and on the other, acknowledging—in a manner that does not quite fit in with the metapsychology—just how unusual and destabilizing a move can be.

Moving is

> . . . an arbitrary decision by the analyst based on his own interests and needs, and does not take account of the potential impact on the patient . . . . Thus the net effect is to introduce into the transference situation a currently stressful and traumatic *reality* event. [Dewald 1966, p. 105, italics in original]

While in usual analytic terminations, the patient might experience desertion, "the conflict remains intrapsychic" (p. 105)—unlike in the case of a move, where a reality parameter is introduced. Yet Dewald continues his discussion in a manner that considers only the intrapsychic: "The patients' responses were a function of the nature and intensity of the transference neurosis" (p. 106).

As others have noted (Martinez 1989), the distinction between the analyst as transference figure and as "real person" is a key part of the ego psychologically oriented papers on relocation as these struggle with the "reality" aspect of the move. This distinction—and its fragility—appears in the writing: is Dewald writing as an analyst or as a "real figure"?

Whether such a distinction can be maintained is not only a clinical problem, but one for the writer as well. For a metapsychological theory that assumes such a distinction presents a problem for the writer discussing the reality he or she has introduced, and near the end of Dewald's paper, a different tone enters. Dewald speaks of the attempt of patients "to mobilize guilt" in him (p. 106), but the guilt is not simply received by him; it is also located within his own self.

> The countertransference implications in the termination included, most prominently, a feeling of guilt at "deserting" the patients. In interpreting resistances against development of the transference neurosis, I had tacitly urged the patients to trust me and to invest emotionally in the relationship, and there was an implied promise that the analysis would be continued to the point of an appropriate conclusion. The sudden termination therefore meant a breaking of this trust and of the implied promises. [Dewald 1966, p. 108]

Moreover, Dewald admits a "tendency to over-identify" with his patients "because of some separation experiences in my own life." He re-

fers to "*my various reality problems* involved in making the move at times interfered with the ideal of analytic composure and freedom from personal tension and uncertainty" (p. 108, italics added). Even as the theory attempts to contain and quarantine "reality," then, the analyst as well as the patient suffers from "reality problems" as the relocation is injected into a treatment that cannot contain it in metapsychological terms.

Sixteen years later, Dewald, who was also interested in the impact of the analyst's illness on the transference, returns to the topic of forced terminations. He notes again that "there is a reality basis for the patient's feeling betrayed or abandoned at a time when he or she is not yet prepared to cope with conflicts or life experiences alone" (1982, p. 454). He acknowledges that, in addition to the transference, "one must consider the variety of helpful nontransference experiences and elements in the treatment relationship and process. These contribute significant components to the patient's experience of the analyst as a human being, with an observable personality" (p. 442). He adds: "For the therapist, forced termination produces specific additional countertransference experiences," and that both parties "may be consciously, as well as unconsciously, motivated to avoid some of the necessary psychological work" (p. 454).

The observation that both parties may need to "avoid" some of the work is a crucial one, similar to Kaplan, Weiss, and Dick's (1994) later remark on the tendency of analysts to put this issue "out of their minds" (p. 253). I suggest that this avoidance and the out-of-mind aspect of this challenge can perfuse relocation work.

One of Dewald's last papers (Dewald and Schwartz 1993) was about factors affecting the analyst's functioning. He sent out a survey (from his home base in St. Louis, where he had relocated from New York) about such matters, this topic clearly having been a very important one for him. As well as the paper's being informed by Dewald's decades of further experience—and by the concurrent, more global shifting of the ego psychological paradigm to include thoughts about countertransference, enactments, and the analyst as a new object—one can speculate about whether Dewald's move itself created a dislocation vis-à-vis his therapeutic model and relocated his attention from the intrapsychic world to an intrapsychic one existing and created in relation to objects.

In "Forced Termination of Analysis Revisited" (1974), Schwartz also begins with a literature search, finding at that point only Dewald's (1966) work. Like Dewald, he is compelled to write because of his own experiences, and he is working squarely within an ego psychological model, believing that the state of the transference neurosis is the most important way to approach an understanding of the impact of this process.

Schwartz's writing echoes Dewald's passive constructions:

> The interruption would be permanent, and the loss of the particular and specific analytic relationship would be irretrievable. The reality of the move would tend to interfere with any fantasies or contemplations of continuing or returning to analysis with this analyst. In short, the element of choice was revoked. [1974, p. 283]

His writing also echoes the metaphorical invocation of the natural world. Into Dewald's "experiment of nature," Schwartz places an intrepid analyst-guide:

> The therapeutic regression which is the passport for this revisitation [of earlier developmental stages] is threatened with revocation before the analysand and analyst have reached their agreed upon destination. In essence, the guide who had contracted for this journey had resigned. [p. 284]

Like Dewald, Schwartz feels that it is necessary to focus on the state of the transference neurosis in order to understand the impact of forced termination, and he considers "several theoretical, diagnostic, and technical considerations" (p. 283) within his ego psychological model—such as when to tell patients, and how much of the reality of the move it is helpful for analysands to know. "I believe that some of these questions can be more accurately and systematically answered than they usually are" (p. 285), notes Schwartz.

The focus on guidelines gestures at repairing the trust broken by the analyst's move. The guide may have resigned, but Schwartz's paper will nevertheless provide instructions in order to ensure a safer journey in the case of such an emergency as our own relocation. The guiding function is held on to even as the guide is resigning—another way in which

the absence of the analyst, of the treatment, is screened against, and in which the writing about this process carries a psychological function for the analyst-writer that is insufficiently acknowledged, leading to the unsettling juxtaposition of the passive voice with the instruction manual.

Aarons (1975) writes from a position of having himself relocated and similarly focuses on the transference. "It is my assumption, borne out in my own experience in terminating cases because of a decision to relocate, that patients' reactions to termination not only catalyzed but epitomized the transference" (p. 303). He considers relocation to be both parameter and potential catalyst of the central issues in the transference. He acknowledges the difficulty for the patient of relocation:

> By the very nature of their work, analysts cannot easily move away—and it is all the more difficult if it is for personal reasons. An analyst is expected by his patients to remain permanent and available even though he may no longer be of therapeutic need to them. For the analyst to move away is akin to the loss of a loved one in whom there has been a great emotional investment. [p. 303]

The difficulty here is entirely on the patient's side and should be inflicted, we are reminded, "only infrequently." The reality of the move is seen as a parameter that can nevertheless be absorbed in a useful way into the transference work, which seems to transform potentially sadistic aspects of this move into more grist for the analytic mill.

And yet the language Aarons uses reflects a deep if unwitting confusion between who is the forcer and who is the forced and between active and passive:

> By announcing that he is leaving the analyst does not try to force the issue of termination, rendering the patient a passive victim of the circumstance, but rather to present a reality situation that may elicit an optimal active role on the part of the patient. [p. 303]

Later, Aarons writes: "To be sure, the situation produces a forced march in which there is a shorter rather than a longer time for the working through process" (1975, p. 303). Aarons notes the conflict over

whether relocation is actually an Eisslerian parameter ("an extracurricular, non-interpretive intervention is deemed necessary and . . . can be brought into analytic context at an appropriate time," p. 305) or a vicissitude of life:

> This was the case during the Nazi catastrophe that befell Europe, when along with Jews and active opponents of Fascism, psychoanalysis was also exterminated. The separation of the analytic participants was one in which both were exposed to the same fate. [p. 305]

Vicissitude connotes blamelessness, while the opposite in this dichotomy is the *parameter*, which by definition is equally outside the field of blame by being just that, a resolvable parameter—so that, either way, blame is avoided (to use a passive construction). Instead, equally innocent, analyst and analysand join hands on a forced march because the metapsychology Aarons employs cannot tolerate the sadism, confusion, and abandonment experiences that are projected and contained by both parties.

Indeed, Aarons assumes that, while the analyst will have his own countertransference, this "must, of course, be immediately recognized and surmounted by self-analysis," so that the analyst does not "succumb to his own projections" (1975, p. 304). The professed optimism about the analyst's ability to surmount countertransference finds itself cheek to jowl with bleaker feelings on this forced march.

The next category of literature on relocation does away with the idea that reality can be entirely defused by careful management of the transference, acknowledging the inevitability of the impact of the "real" not only on the patient, but also on the analyst and the analytic field. Limentani (1982), more pessimistic than Dewald, observes that: "I am concerned with the inevitable scarring left by the attack on the setting and the very essence of the analytic process caused by the broken trust and promise" (p. 420). He notes that "the outcome, good or bad, will depend on the amount of previous analytic work directed at the basic issues of separation and individuation" (p. 438). He observes: "Human beings are not reasonable, even though it would be convenient for the therapist if they were. They do not easily accept 'rejections' by fellow

members of the human species, no matter how unavoidable and totally unexpected the circumstances" (p. 439).

Scarring and *rejection* are a very different sort of terms than *vicissitudes* and *parameters*. And indeed, with the move into a more object relational or relational sphere, article titles change and affect appears, as in "Forced Termination: When Pain Is Shared" (Sherby 2004) and "Pains and Gains: A Study of Forced Terminations" (Martinez 1989). The authors of both these papers let us know, as they let their patients know, the reason for their moves, which involve both personal and professional factors. Both papers focus more on the countertransference experiences of the analyst.

Martinez (1989) identifies three areas by which "technical variations" involving the use of "non-interpretive interventions" can help: "implicit or explicit acknowledgment of the countertransference and counterreaction, providing information about the move, and consideration and process for referral for continued therapy" (p. 94). As previously mentioned, Martinez remarks that: "In reviewing the literature, I noted that regardless of the theoretical perspective, each author mentions the exaggeration of the split between the analysts as 'real' and transference object in the forced termination situation" (p. 109). She adds:

> The patient in an interrupted treatment can be seen as having to *prematurely* distinguish between the analyst as the object around which cure takes place and the transference experience of the analyst as failed childhood object(s). Making this distinction is challenge enough in an uninterrupted therapy. [1989, p. 112, italics in original]

Martinez approaches this problem by finding more space within the treatment for the countertransference of the analyst and for information about the reasons for the move. She observes that having more information does not necessarily impede fantasizing and can even enhance it: "Actually having the facts seemed to increase patients' capacity to fantasize and to reveal their fantasies" (p. 101).

Martinez turns to object relations theories and to Winnicott's concept of the usable object:

> It is my impression that, in the midst of the disruption of forced termination, these interventions allowed for something akin to the corrective experience that occurs in any successful psychoanalysis: they provided for the patient what in an uninterrupted analysis is internalized through the day-to-day experience of the analyst in both his interpretive and non-interpretive roles. [1989, p. 113]

Winnicott writes that there is no real contact with the object until it has survived destructive attack—an attack that becomes the background for real love as it reveals that the object is outside the subject's omnipotent control, a move analogous to Klein's shift from the paranoid-schizoid to the depressive position. Yet the issue of aggression is minimized in this paper in favor of pain—both the author's own and her patients.'

Sherby (2004) approaches relocation from within an intersubjective matrix. She is the only author discussed here who explicitly addresses the difficulty of *writing* about moving: "I kept copious process notes, thinking that I might one day write about the experience. It took me six years to open those notebooks, another two to begin the process of writing" (p. 70). Her paper was published about eleven years after a 1993 move.

Sherby locates herself at an opposite pole from ego psychologists: "Gone is the comfort of the analyst's conviction that the feelings generated in the consulting room are a product of the patient's intrapsychic conflicts, fantasy elaborations, and projective identification" (p. 74). Rather:

> This shared intensity of affect, although fraught with difficulty, was able to promote therapeutic growth by enhancing mutual identifications, connection, and attunement. In identifying with the needy, infantile part of her patients, the author was able to nurture both them and herself. [Sherby 2004, p. 69]

The false comfort that Sherby identifies as being afforded by the concept of parameters is not given up, but rather exchanged here for a different variety of comfort, that of sharing her pain with her patients: "I needed to be seen as a person who was hurting, in ways that were

similar, albeit not identical, to how my patients were hurting" (p. 76). Sherby notes:

> It is this confluence of experience between myself and my patients that I address in this paper, for I believe it profoundly affected the therapeutic process by leading to shared identifications that in turn created a more porous boundary, a lack of clear distinction, between my feelings and those of my patients. [p. 70]

At both ends of this polarity, issues of guilt, destructive aggression, and difficulty thinking—and writing—are not only "out of their [analysts'] minds," but also, and in an important sense, out of theory.

The papers reviewed employed a variety of models, including a partially object relational one (Martinez 1989, to a limited extent), but none, I would argue, goes far enough in applying object relational ideas to the potential minefield of destruction, guilt, and deformation stimulated in the analytic field by relocation. These elements can be heard in these papers, if in a somewhat muffled way, in the images of "experiments of nature," "forced marches," "anguish," and the "Scylla and Charybdis" dilemma. A split between the "real" analyst and the transference object is assumed and treated in a variety of ways in the literature. Staunchly ego psychological papers attempt to minimize the reality intrusion in order to continue work on the transference relationship, treating the reality of the move as an Eisslerian parameter to be managed and ultimately extinguished, with the countertransference similarly described as a temporary anomaly subject to control and extinction with careful management:

> The analyst is primarily a transference figure, and a transference figure can be replaced, not without pain, but without harm to the patient. I found that the patient used the reality aspect of my move to ward off and dilute the transference, and when the transference was understood and interpreted the reality became a minor part of the total analytic situation. [Weiss 1972, p. 512]

Martinez (1989) allows for the presence of the "real" analyst, as well as for the inevitability of countertransference reactions, and suggests various "non-interpretive interventions" that allow this reality to be

managed usefully. Sherby (2004) situates her remarks within a relational world in which it is precisely this sharing of "reality" that is therapeutic for both patient and analyst.

Crucially, both these approaches accept the metapsychological premise that there exists a firm line between internal and external reality. For either problematizing or prizing the "real" avoids a more nuanced approach to the complexities of analytic reality and makes an end run around more fully understanding what a clinical fact may consist of.

By contrast, an object relational view sees the "real" analytic relationship as always perfused by internal object relations that shape the transference and pervade every aspect of treatment, including how an announcement of relocation is delivered and how it is experienced. This view reveals the theoretical separation between real object and transference object, however it is handled, to be a faulty premise, one that allows certain experiences to be cordoned off and projected outward, including onto the function of writing as explanation, confession, and instruction. Holding on to ideas about the line between fantasy and reality may serve compelling defensive functions ("out of their minds"), since an action (relocation) that pushes the analyst's guilt and destructiveness into the foreground requires a theory to push back hard, so to speak, and to manage this "reality problem" in a tolerable manner.

But this management can have unintended and lingering consequences—not least for the analyst, who is implicitly encouraged to hew to methods of proceeding that are themselves particularly imperiled by the intensification caused by such an announcement and its reception. An object relational model seems to provide the most useful perspective from which to consider the impact of the analyst's unilateral breaking of the frame—in particular because of what it can say not only about the breaking of the frame within a specific treatment, but also about the inevitable internalization by the analyst of a persistent sense of brokenness and damage to the analytic function.

O'Shaughnessy (1964) wrote: "Absence is a natural and essential condition for a relationship, which otherwise becomes a symbiosis detrimental to the separate identity of either person" (pp. 41-42). Terminations due to the analyst's relocation occupy a transitional space in which a treatment, in whatever phase it may be in, is severely shaken by the

announcement of impending and inflicted absence. I would argue that whether or not this absence can then be successfully engaged with by the analyst, by the patient, and by the treatment depends a great deal on what sort of absence obtains—that is, whether it is a depressive position absence of a sufficiently internalized good object or analyzing function or, conversely, a paranoid-schizoid position, split-off absence in which the "real analyst's" leaving is alienated from the "transference analyst's" work in a manner that is dangerous for the treatment, the patient, and also for the analyst.

The split between the real analyst and the transference one can resonate dangerously with aspects of the paranoid-schizoid position in which untenable emotions are relocated from the self outward. The relocating analyst is quite vulnerable to such a positional regression. Mobilization of the analyst's guilt, mentioned in all the papers cited, risks a splitting off of the violence that one fears one has inflicted, and pulls both patient and analyst toward idealizing and protecting the treatment from aggression on both their parts. Hence the guidelines, instructions, technical modifications, and warnings rife in a literature that also inevitably mentions the problem of guilt: "Prior to my beginning to tell people, I had the feeling that by leaving I would do enormous damage to my patients" (Martinez 1989, p. 98). Furthermore:

> When the therapist has chosen to move to improve his own life, the therapist may find himself in harsh superego conflict and potentially evoke in the patient wishes to punish the therapist or abuse him for his selfishness or reassure the therapist it is "OK" for him to leave. [Glick 1987, p. 459]

We can think analytically about the juxtaposition of guilt and "measures." These papers attempt to reassure us that through various measures in which guilt can be handled—whether by keeping the analytic zone as clear as possible from contamination, by using technical variations, or by overt confession, whether via allowing a "catalyzing of the transference" or a "sharing of the pain"—the analytic space is thereby protected. In other words, these papers reassure us that pain can cause gain, that our guilt can be managed, and our own aggressiveness can ultimately be cordoned off from the analytic sphere.

How does a more object relational approach look? If one imagines a patient mostly at a depressive-level position confronted with the analyst's relocation, one sees a patient able to mourn, to feel guilty, and to feel the loss more deeply. A patient at a schizoid-paranoid position, either mostly or transiently so, has a rather more difficult task, as the news from an object not sufficiently internalized can be more destructive to the patient and the treatment. The analyst who announces her move is an analyst who attacks, abandons, and unsettles as both a real figure and a transference figure because the reality is not an objective factor that can be sifted out by either party.

The analyst as well is subjected to such positional movements, since she is the recipient of projective identification that can be intensified during a period in which her own ability to contain such projections may be sorely limited. The analyst may not be able to function as a fully "usable" object. The idea of keeping the reality of the analyst as interjected by relocation separate from the transference is a fantasy that serves as a dangerous defense against more useful analytic work. As well, the idea that there is a split between nonanalytic interventions (e.g., about where one is going, the matter of referral) and interpretive analytic work, and that the boundaries between these can be kept firm, contrasts with the attention paid in the contemporary Kleinian model to the *total transference situation* (Joseph 1985), in which the analyst's actions cannot be sorted into different categories, and in which the pressure of projected and introjected fantasies affects both "nonanalytic" interventions and more traditional interpretations alike.

One's theories can serve defensive functions, as has been noted, and a theory that holds that such conceptual separations are possible, such as the ego psychological model that I trained in, have been seen as offering a guide. However, the ego psychological model left me unexpectedly adrift in the après-coup as I confronted lingering difficulties in thinking and working analytically that could not be accounted for within that theory. Management of guilt, destructiveness, and loss, as well as the management of mourning and thinking about how this internal process intersected with my patients' internal lives as I ended work with some and started with others, was enormously difficult and left me feeling scarred, with the abandonment I had enacted visited upon me in the

abandonment of full use of my analytic capacities—a loss magnified by the loss of my community.

In a potentially dangerous way, relocation brings together the challenges of termination with the countertransference difficulties that analysts may have in acknowledging and managing their own destructiveness, and the ways in which they have impinged upon the cherished safety and reliability of the psychoanalytic contract. Bergmann (1997) described termination as "the Achilles heel of psychoanalytic technique." We recall that Achilles's mother, Thetis, used her thumb and forefinger to hold her baby by the heel as she dipped him in the River Styx in order to guard against a prophecy of his dying young, leaving his heel vulnerable to that later fatal arrow launched by Paris in the Trojan War. The heel has thus become a metonymic symbol of vulnerability. But the heel is also the connection between the mother and baby: the place that Achilles was held on to is what makes him vulnerable and ruins his omnipotence; the heel is therefore also a metonymic device of object relatedness, since strength granted by the mother cannot exist without accompanying vulnerability.

Negotiating the Achilles heel of the analyst's relocation is indeed painful for all involved, as it is by its nature something that cannot be examined without its precondition, the omnipotent fusion of analysand and analyst—of mother and child—being disrupted to the point of chaos and absence of mind, of destructive annihilation. The fantasy that we care for and protect our patients, even from ourselves if necessary, is disturbed by many life circumstances, including a relocation that can be seen not only as a catalyst for the transference, but also and more generally as an agent that can dangerously destabilize and deform a treatment whose metapsychology does not allow for reality to be part of the transference-countertransference relationship. Indeed, that metapsychology does not conceptualize the reality-fantasy boundary as an area created by projections and introjections and a fantasizing function of the mind, for the notion of a reality-fantasy boundary is itself a fantasy. Relocation shatters the analytic couple's shared omnipotent fantasy, which holds that the analytic situation is a bulwark against intrusions and impingements—a fantasy that analysis is a safe place with no Achilles heel.

Indeed, the analyst's various attributes in the transference-countertransference matrix as shaped by the announcement of relocation go significantly beyond an increased receptiveness to projective identification. What erupts is a coming together of regression by both parties, with the emergence of myriad fantasies—some shared unwittingly, others elicited and provoked on both sides. The issue of time seems to foreground many of these fantasies; the decision, of course, of when to tell patients is a question of time in a calendar sense (our few articles give a wide range of advice about this and deny the constraints that sometimes dictate a short time line).

But time is only the outermost layer, one that even on its own is dangerously flexible, countertransferentially. The analyst cannot tell every patient about her move on the same day simply because the effort of this sort of rupture is intense and requires an energy that needs to be parceled out as the analyst can tolerate it—in my case, over several weeks. Some days began with a decision to tell a particular patient and ended without my having been able to make my announcement. At other times, the news came out of me unexpectedly. I ultimately told patients over a month, within two weeks on either side of a nine-month period, a time dictated by the parameters of the move and perhaps as well by a time line that—rather than the six, seven, or ten months that were also possible—evoked the pregnancies I had also gone through with some of these same patients. However, I feared that this pregnant time was leading to prematurity, deformity, or stillbirth rather than to growth and development.

Another layer of time was the felt time within individual sessions, for there were those treatments in which time sped up and the analysand-analyst pair felt pressed by the time limit to complete more work, and other treatments in which the pair instead felt as if time had stopped and that each session would last forever. In the latter case, it was as though patient and analyst were immured together in a paralyzed connection that had the only (but necessary) benefit of exchanging loss for, ostensibly, denial, but more deeply for a destructive fury that needed to make an escape. At times, both parties felt the pace of the time in tandem, and at other times in severe disjunction, with each partner attuned to a very different clock.

The issue of abandonment, like time, alternately pierced painfully and retreated, handed back and forth between the partners: the analysand being abandoned was also left innocent, with the analyst abandoning her analytic functioning and therefore losing more than the patient, whose coherence as a patient, whose moral relation to treatment, remained intact and unimpeachable. The abandoning analyst on the receiving end of fury and sadness also identified with these emotions, and at times dangerously evaded responsibility by joining in fantasies of being wronged, bereft, and powerless, leaning upon the circumstances of the move—wanting to suffer together, as seen in Sherby's (2004) article, and to find communion rather than conflict and rupture, to negate the exposure of the Achilles heel by remaining in an illusory relationship with one's analytic functioning, fantasized as intact as a defense against its (hopefully temporary) strain and deformity.

CASE VIGNETTES

Ms. A

Ms. A was a 32-year-old woman who had been in analysis for four years after a three-year, twice-weekly psychotherapy. She had begun therapy because of chronic depression and severe procrastination that rendered her unable to keep a job and had led to underperforming in college. She wanted to be a writer and yet was initially almost nonverbal during sessions, to which she was at first frequently late. As issues around aggression toward her parents and disruptive separations during the very early years of her life were addressed, she gradually became able to deepen her treatment, which she began to attend punctually, and she recovered a rich and agile way with words, which improved her work performance as well as her personal relationships.

Ms. A had had a strong reaction to my maternity leaves, and when I told her, about two years after my second maternity leave, that I was relocating, she sat up, turned around on the couch, visibly shaking, and said, "I didn't think analysts were allowed to leave. I think that's unethical! I think it must be a reportable event." (I recall here O'Shaughnessy's [1964] patient, who "swung around to stare at me, his face wide with disbelief," p. 36.) She spent that session sitting up, stating that I should be

reported to whatever authorities I was certified by, and that I was doing something outrageous, unprecedented, and sadistically cruel.

As Ms. A spoke, looking at me, I was aware of feeling confused and unable to speak, and of thinking childishly, "I *am* allowed to move—it's not against the rules." I was also aware of feeling enormously guilty and of believing for a moment that I had indeed perpetrated an attack, one that I would need to defend myself against by the reminder that "it's allowed."

I also noticed that the patient produced a monologue of extraordinary fury, precision, organization, and power; she was released from the inhibition that often attended her verbal or written expressions, and this release had come from my news. We were both red-faced and red-eyed at the end of this session, red with fury and sadness. She was a patient who responded to work done in a largely ego psychological mode, and Dewald's (1966, 1982) ideas about the state of the transference neurosis were indeed largely reflective of that work. She was referred to another clinician and continued an analytic treatment to good effect.

I knew that Ms. A would be the angriest and the most exhausting of my patients to deal with, and I also knew that she would ultimately do well. In a sense, the fact that this patient was healthy enough to mobilize her aggression so overtly and powerfully usefully overwhelmed the real-object-versus-transference-object separation, so that the total transference situation was more fully engaged with. O'Shaughnessy's (1964) words came to mind: "It would seem the interruption of the treatment had been a stimulus to progress to real, as opposed to omnipotent, thinking about the absent object" (p. 41).

Ms. A was also able to mobilize the widest range of feelings in me as I responded to her reactions with times of immense sadness and guilt and deep mourning, as well as moments of identification in which I felt that her diatribe of opposition stated precisely my very own *cri de coeur* as I struggled with relocation. At times, I realized I had adopted her very phrases as an arsenal against moving. The fluid and nimble language that the treatment had helped to develop and release became a comfort that I, too, held on to and very concretely utilized myself.

Mr. B

Mr. B was a 26-year-old man who had lost his father to a sudden brief illness when he was seven years old. He had a constricted life and muffled, buried emotions, with analysis the central structure in his life for the first several years of treatment. He had dropped out of school in spite of his prodigious intelligence and was often in a state of refusal—of responsibility, of social rules, and of adulthood, even as his hunger for some relatedness and structure appeared in his faithful and punctual attendance.

Mr. B gradually became able to partially mourn his father's death and to resume some developmental progress; he began to date and pursued vocational training. I felt the guiltiest about leaving him, and I believe that I actually did do damage that was not well addressed and could not be repaired. Even as he intuited that some tremendous change was approaching before I said a word (as he had when I was pregnant), so he also moved, before I left, into a zone in which we had finished our work together (as he had done before my maternity leaves), in all but rote attendance, and in which emptiness took the place of mourning and disengagement took over for work and hope.

When I had returned from my maternity leaves to my work with Mr. B, the thread between us felt lax but remained intact, and some work, including genuine emotional engagement, was resumed. Now I was feeling very different emotions—a combination of exhausted sadness along with an uncomfortable fear of falseness and trickery in which I had promised more than I could deliver, as his parents had, leaving him the luckless victim of circumstance, which he readily if sadly accepted.

I felt most unethical not with Ms. A, who had overtly accused me of behaving unethically, but with Mr. B, who made no such complaint and indeed accepted my announcement with only mild surprise. Indeed, I was colluding with him in a zone in which analytic functioning and analytic process had already been evacuated, and we were engaging in a facsimile that was borne by each of us out of resignation to a state of abandonment, passivity, and ineffectiveness. This patient, I learned, moved out of the country shortly after my move.

Ms. C

Ms. C was a 39-year-old, never-married, unemployed woman, supported by wealthy parents, whose ostensible and frequently mentioned desires to marry and to have children were belied by her extreme passivity and isolation, in which time was denied and the anxiety of losing her chance to be a mother was split off and projected into the analyst, leaving the analyst feeling anxious and hectoring, the one to pierce the timeless fantasy and then to be seen as intrusive and stimulating. Upon being informed of my leaving, this patient powerfully increased these defenses, and an atmosphere of absolute timelessness was created, in which I would never leave simply because our session would never ever end, and a profound, almost anesthetic sleepiness would descend over me.

I felt less guilty about leaving in this case because it seemed likely that I would actually never be allowed to end a single session with Ms. C, much less leave the office, the building, or the city. In a way, it was a pleasure—a balm against all that needed to be done—when time stopped in these sessions. I was also aware of relief at the thought that the colleague to whom I would refer Ms. C would find a way out of this impasse and save her, and after years of struggling over how to help her, years of consultations and peer groups and reading, during this period I very easily accepted my failure to do so.

Like the patient waiting for her imaginary husband and babies, I had a colleague who would take over and save both of us, so there was no need to panic, no need to think, to feel. A powerful draw toward this not-thinking, not-feeling state was the enactment that kept both Ms. C and me enchanted, like Sleeping Beauty waiting for the prince, with neither of us responsible for our internal fantasies or external actions. Here there was less work of any kind and less guilt; instead there was a profound need to flee and a profound relief as each session ended.

This was a patient whom I forgot to be curious about or to ask after later on, even as I knew she continued treatment with my colleague, which was yet another abandonment—not only of her, but of my own curiosity and empathy. I realized that, as with any enchantment that has drawn to a close, some scars linger, and a period of deadness and paralysis is not easily left behind.

"MOVING ON"

There are no vignettes from after the move; these are absent, for it is the absence of the analytic functioning, for a period of time, that is part of my argument. For such vignettes would reveal a scarred and fragile analytic setting, as well as pulls toward transference-countertransference enactments that would ideally be inconsistent with a practitioner at my stage of work. O'Shaughnessy (1964) writes, "the ability to think must start with the thought of an absent object" (p. 40), and my patients and practice, both current and past, were for a time neither absent not fully mourned, but in a liminal state—unbearable to think of, ghosts of my functioning.

Practically speaking, relocation transforms an analyst from one with patients she has been seeing for many years into one with a new practice, a "young" practice even as the analyst is older. The normal turnover of a practice—the predictably unpredictable manner in which there may be several long-term patients, a couple of new ones, and many in the middle range, as well as patients who have terminated and then resumed—is transformed into a practice of all new patients, all at the same stage of treatment with the analyst, a situation that returns the analyst to an earlier developmental stage professionally. The treatment focuses on beginnings, evaluations, and engagements, and the work is all in the same phase for quite a while.

This also changes the analyst's professional contributions to conferences, meetings, and peer groups, as she finds herself with current clinical material of only very recently begun cases. This can create vulnerability in a professional setting, which also upsets the usual developmental course of an analyst's career. Rupture can lead to a multiplicity of outcomes, and relocation demands repositioning in relation to past and current patients, to the field, to an institute, and to one's theoretical framework, each of which can be internally held on to statically, broken off, mourned, or reshaped entirely.

As noted, the current limited literature on relocation highlights, piecemeal, some of the elements in an analytic treatment that has been mobilized, so to speak, by the analyst's moving. None of the literature addresses the analysts' saying hello, as it were, to a new practice, but only

the saying goodbye, neglecting the difficulty of the former and more ominously underlying just how little this should occur. But then, once the move is done, just start again!

But as with an analysand who has terminated under any circumstances and who later resumes therapy, an analyst who has terminated her practice and resumes it brings (counter)transference issues into the new enterprise. The analyst who struggles with an illness may choose to work as if there is no change, or to work less, or to work in a different manner. The analyst who plans to retire brings an unavoidable reality (of aging and death) into the analytic room.

The analyst who moves away both breaks the analytic contract out of choice ("we hope infrequently"; a "reportable event"), but is also considered by others and by him-/herself to be fully capable of immediately resuming analytic work (why not?). Indeed, the analyst may be driven to do so for professional and financial reasons, without recognizing that for a while at least he or she will be functioning as an impaired analyst who requires, at a minimum, peer groups and supervision.

As with any aspect of theory and technique, our work is filtered through the theoretical prism that we wittingly and unwittingly bring to bear. I would add, however, that whatever that prism may be, moving itself undermines it in a dangerous manner. For the analyst who moves has actually moved away from analysis as he/she knows it, and consequently must reestablish a new life as an analyst. Beginning a new practice in a new city while mourning the old practice is a particular challenge. The internal analytic working field of a relocating analyst—which I define as the new community of patients, colleagues, professional identity, an institute, a new office, an onslaught of terminations and beginnings, the maintenance of previous collegial relationships—must incorporate destabilizing challenges that persist for a good number of years.

In what ways does moving potentially activate developmental issues in the analyst—leaving the home institute for a new one, being seen on the one hand as an "adult," and yet needing to establish a practice from scratch, like a new graduate, on the other? Is there a (small) community of those emigrated analysts that have much in common, having breached not only geographical but also internal boundaries necessary in order to uproot and replant themselves?

As with any move, difficulties intertwine with opportunities, and what may be relocated, along with one's practice, is a deeper engagement with one's work, one's theory, and one's now-broadened community.

CONCLUSION

Dewald (1966, 1982) mentions that personal issues may have affected him, and it certainly must be common that the experience of relocation is a not-infrequent component of the analyst's personal history. I was in the position in childhood of being on the other side, so to speak, of a much-protested relocation. In addition, my later relocation as an analyst from my original place of work was one required by family circumstances—one I did not want, felt great sadness about, and accepted with reluctance. So a vacillation between empathy and identification also intruded upon the work.

The abandoner is thus also the one who is abandoned, and a greater awareness of this dilemma, inherent in an object relational model but neglected in the literature about relocation, is critical. Similarly, I find that I identify with a part of each of the contributors to the analytic literature whom I have discussed: with Dewald's (1966, 1982) limited self-disclosure and focus on termination; with Sherby's (2004) admission of her own personal difficulties; with Martinez's (1989) comment on her anguish. To leave a patient is to identify with all the possible abandoners whom we ourselves have experienced in our lives, as well as to identify with our own past abandonments.

Similarly, I experienced a strong transference to my ego psychological theory, an unexpected vicissitude of relocating. I experienced the feeling that first the literature—but then, more upsettingly, my own theory—had abandoned me, disappointed me, and left me bereft. My identification with my abandoned patients was fueled by my fear that my theory had also abandoned me, and that while my leaving may not have been a reportable event, my difficulty in explaining this to myself and to my patients *was* a reportable event within my theoretical framework. I projected my own abandonment onto my then predominately ego psychological theory.

During my relocation and affiliation with another institute, as a representative of this body of knowledge, I taught ego psychological courses.

Upon returning to my original professional location, I found myself immersed in, learning about, and teaching an object relational model. The issue of transference to our theories is a difficult one, also little written about, with some notable exceptions (Hirsch 2003). One's relationship to one's theory within the vicissitudes of relocating is perhaps a way to understand all the writing that has been done about the subject of relocation, including my own.

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A MODEL FOR INTEGRATING ACTUAL NEUROTIC OR UNREPRESENTED STATES AND SYMBOLIZED ASPECTS OF INTRAPSYCHIC CONFLICT

BY FREDRIC N. BUSCH

In psychoanalytic theory, the importance of actual neuroses—considered to be devoid of psychic content—diminished as Freud and subsequent analysts focused on unconscious intrapsychic conflict. This paper explores the relationship between actual neurotic and unrepresented states, which are believed to be best addressed through attention to countertransference, intersubjectivity, and enactments rather than interpretation of intrapsychic conflict. Models suggesting how actual neurotic states and symbolized intrapsychic conflict may interact with each other and environmental stressors are described. Symbolizing actual neurotic states and establishing meaningful linkages between somatic/affective experiences and intrapsychic conflict are viewed as necessary for effective treatment of many disorders.

Keywords: Unrepresented states, symbolization, intrapsychic conflict, actual neurosis, interpretation, mentalization, somatization, countertransference, enactments, analytic intervention, panic disorder.

INTRODUCTION

Although Freud (1895) noted the presence of symptoms without psychic content in his description of *actual neuroses,* which were treated

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by promoting behavioral changes, the interpretation of symbolized unconscious conflict became the predominant mode of psychoanalytic interventions. The concept of actual neurosis persisted, however, as several subsequent psychoanalytic clinicians and theoreticians averred that there are mental and deficit states that do not have symbolic meaning (Blau 1952; Freud 1895; Gediman 1984; Kohut 1957, 1971; Rangell 1955). Psychoanalysts developed an increasing interest in the role of unmentalized states in psychopathology, including in the development of somatic symptoms and panic attacks (F. N. Busch and Sandberg 2014; Mitrani 1995).

Indeed, the actual symptoms described by Freud were primarily somatic and physiologically based (Laplanche and Pontalis 1973), including symptoms of anxiety neurosis (F. N. Busch, Cooper et al. 1991; Freud 1895). Some authors have suggested that actual neuroses derive in part from somatic and affective experiences that have not been symbolized (F. N. Busch and Sandberg 2014; Killingmo 2006; Macalpine 1952) and have emphasized the importance of trauma and dissociation in understanding the development or persistence of these states (Bouchard and Lecours 2008; Bromberg 2006; Bucci 1997; Krystal 1988). These psychoanalysts view actual neurotic states as distinct from symbolized intrapsychic conflict, requiring an approach other than interpretation (Blau 1952; F. N. Busch and Sandberg 2014; Killingmo 1989; Lecours 2007; Levine 2013; Macalpine 1952, Schur 1955).

In recent years, there has been an increased interest in unrepresented states by authors who believe they are best addressed via countertransference, intersubjectivity, and enactments (Levine 2013). Although unrepresented states also lack symbolization, the emphasis of these theorists goes beyond the somatic symptoms that are considered central to actual neurosis. Green (1975), who contributed to this resurgence, examined borderline states and found a predominant lack of representational capacity as the basis of pathology, rather than repression and conflict. Instead of interpreting repressed symbolized content, the analyst accesses unrepresented states and works to create representations using countertransference and intersubjectivity. Botella and Botella (2005) describe this process of representing unrepresented states as *figurability*. Stern (2015) refers to *unformulated experience,* "a vaguely organized, primitive, global, non-ideational, affective state" (p. 497), often

secondary to dissociation, which can emerge or be understood in the context of enactments.

Many authors who have addressed actual neurotic and unrepresented states have deemphasized the role of symbolized intrapsychic conflict and repression in symptom formation, focusing primarily on models and approaches that identify how unsymbolized states, trauma, and dissociation lead to symptoms (Bromberg 2006; Bucci 1997). Alternatively, theorists emphasizing interpretation of intrapsychic conflict have often denied the relevance of unrepresented or deficit states (F. Busch 2005). This polarization continues in the current zeitgeist. For example, Milrod (2007) conceptualized that emptiness in agoraphobia can stem from impaired reflective functioning and can also function as a defense against anger. Yates (2015), however, argued against the relevance of impaired reflective functioning, identifying emptiness as a defense primarily against mourning and loss. These polarities have interfered with the development of a unified model that integrates the role of actual neurotic or unrepresented states and deficits with intrapsychic conflict and repression.

In treating patients with anxiety and mood disorders, I have been struck by the clinical importance of addressing both actual neurotic or unrepresented states *and* intrapsychic conflicts (F. N. Busch, Milrod et al. 2012; F. N. Busch, Rudden, and Shapiro 2016), and I have worked to develop a model for understanding the varying contributions of these factors. This paper will initially examine questions surrounding the nature of unrepresented states and their relationship to actual neurotic states. I will review prior efforts to elaborate how actual neurotic and symbolized states and intrapsychic conflict each contribute to psychopathology, and I will discuss limitations of these models. This paper proposes a broader integration of these models and describes how this integration affects therapeutic approaches, using panic disorder as a case in point.

ARE THERE TRULY STATES THAT ARE UNREPRESENTED?

There is controversy as to what constitutes unrepresented states and whether they are indeed entirely unrepresented. Even proponents of

this viewpoint seem uncertain as to whether and in what form these states exist. For instance, Levine (2013) appears to suggest a range of possibilities in referring to unrepresented and weakly represented states. The term sometimes refers to states that are not symbolized but are represented in some form. Somatic symptoms, for example, may be viewed as not having psychological meaning, but are nevertheless represented in the mind as bodily experiences.

Other theorists and clinicians have cast doubt on the existence of such states. Findings from infant research suggest that some form of representation occurs very early in life and may even be an innate capacity (Erreich 2015). Traumatic events that are not explicitly recalled may be registered in some form in the mind, given that clinical evidence indicates the emergence of trauma-related states in play, fantasy, and dreams (Coates 2016). Neuroscientists, however, suggest that these events may not be encoded in declarative memory, in part due to damage to the hippocampus from trauma (Bremner et al. 1997; Yovell 2000).

This paper takes the position that unrepresented states come in a variety of forms, with different types and levels of representation, which may require a variety of approaches to best symbolize them. Actual neurotic states represent one of these forms, being without psychological meaning but experienced primarily in the body. These predominantly somatic symptoms may be symbolized via other types of interventions and may not require the intensive analysis of countertransference and enactments used for other forms of unrepresented states. These approaches include identifying somatic experiences as emotions and as self and object representations and establishing the context of symptoms (F. N. Busch and Sandberg 2014; Macalpine 1952). Additional analytic investigation will be necessary to further clarify the different forms of unrepresented states and interventions that are effective in symbolizing them.

ARE THERE DEFICITS IN THE CAPACITY FOR REPRESENTATION?

Some authors have suggested that alexithymia is a form of actual neurosis and is related to deficits in the mental representation of emotions

and to early trauma (Marty 1968; Marty and de M'Uzan 1978; Nemiah 1977). Others argue that disruptions in these capacities are primarily defensive; McDougall (1974, 1980) viewed the manifestations of alexithymia as "not structures in which certain capacities are lacking but defenses of a massive kind . . . against the danger of implosion" (1980, p. 429).

In the unifying theory presented here, a representational deficit could be due to limitations in symbolizing capacity, a defense triggered by conflict, or a combination of these processes (Nemiah 1977). The capacity to symbolize is often focally rather than globally impaired. Patients with panic disorder, for example, usually have a normal level of general reflective functioning, but demonstrate a significant disruption in this capacity in relation to symptoms (Rudden et al. 2006).

The clinician may not be able to definitively identify this disruption as deficit or defense, but in employing a unified model, he can consider both the building of representational capacities and the interpretation of conflict and defense as useful approaches. This paper suggests that the mind can operate in different modes, such as different self or mental states, and different levels of representation, making it possible that both actual neurotic or unrepresented states and intrapsychic conflict contribute to symptoms.

PROPOSED MODELS OF INTERACTION BETWEEN ACTUAL NEUROSIS/ PSYCHONEUROSIS AND UNREPRESENTED/ SYMBOLIZED STATES

Although theories and approaches for integrating actual neurotic states and intrapsychic conflict have been limited, several authors have suggested various ways in which these factors may interdigitate. These analysts employ a range of models in an attempt to describe this interaction.

Fenichel (1945) believed that actual neurotic states could derive from psychic conflict that does not develop into psychoneurotic symptoms due to defensive struggles. The defenses create a block in libidinal energy that can lead to fatigue or a buildup of uncontrolled amounts of tension and irritability. These states are contentless and include psy-

chophysiological and psychosomatic symptoms. However, in Fenichel's view, these contentless states can become intertwined with the content of psychoneuroses. He noted that: "Actual-neurotic symptoms form the nucleus of all psychoneuroses" (p. 192). In addition, actual symptoms can occur following treatment of a psychoneurosis, as with a patient who is freed to express sexual wishes but is blocked from obtaining satisfaction by external circumstances.

Macalpine (1952) viewed somatization as a variant of actual neuroses. These symptoms, in her view, are caused by rudimentary, partly expressed, unidentified emotion, along with a lack of identification of the stressor and its link to early traumatic experiences. This perspective emphasizes the lack of symbolization of affective and somatic states, a modern conception of actual neuroses. Like Fenichel, Macalpine suggested that actual anxiety is at the core of psychoneurotic symptoms. However, her model does not emphasize integration, and the approaches are focused on the actual neurotic symptom, such as identification of the associated emotional state and stressor. Macalpine's therapeutic approach emphasizes helping the patient develop links between symptoms, emotions, and traumatic experiences.

According to Blau (1952), the actual neurosis, which is psychophysiological and prominent in psychosomatic cases (now viewed as functional somatic disorders [Lipowski 1984]), occurs when the psychologically based anxiety of the psychoneurotic symptom is absent or disrupted. Blau, like earlier authors, emphasized that an actual neurotic component typically continues in the presence of psychoneurotic symptoms. The adjustment in the psychoneurotic symptom, however, is fragile, and when it is disrupted there is a resurgence of the actual neurosis, which he referred to as a *decompensated psychoneurotic anxiety neurosis.*

Schur (1955), similarly, believed that actual neurotic symptoms can develop from regression. In these instances, a *resomatization* of previously psychoneurotic content can occur. In addition, in Schur's model, symbolized psychological features may be superimposed on a physiological reaction associated with an actual neurosis.

Gediman (1984) also believed that an actual neurosis and psychoneurosis can be present simultaneously. However, the actual neurosis, which she associated with a low stimulus barrier, either of biological

origin or stemming from early trauma, cannot remain contentless for any length of time. It will necessarily be elaborated in conscious and unconscious fantasy and woven in with any or all of the components in the compromise formations of the psychoneuroses and object-related representational content. For example, a somatic experience can be linked to a fantasy of a persecutory object through analytic work, allowing the development of secondary modes of thought and new ways to manage tension states.

Killingmo (2006) notes that in some patients, somatically experienced affects are not transformed into words and symbols or linked to an emotionally meaningful self-representation. He takes the view that psychosomatic pathology can be understood from the perspective of unmentalized affect, but states that "from a structural point of view, we may expect to find developmental failures and intrapsychic conflict combined in a multitude of ways" (p. 14). He argues that the analyst should oscillate between two therapeutic strategies: affirmation (constituting meaningfulness) and interpretation (searching for unconscious meaning), depending on whether deficit or conflict is paramount.

In Kleinian theory, unconscious phantasies precede the capacity for symbolization and can be viewed as including bodily impulses, sensations, and affects (Isaacs 1948; Klein 1935). Bion (1962a, 1962b) developed the notion of *beta elements,* presymbolic components that can be viewed as unmentalized contents, which are translated into symbolized *alpha elements* via an *alpha function.* Bion's conceptualization represents one model of how actual neurotic or unrepresented states are translated into symbolized elements of thought through the analyst's alpha function and reverie. According to LaFarge (2000), employing a Kleinian and Bionian perspective, primitive emotional experience, including beta elements and part objects, typically exists alongside elaborated fantasies. In treatment, analysts both receive and transform the patient's primitive emotional experience (containment), and recognize and interpret the patient's elaborated fantasies. Interpretation derives in part from containment, as the analyst is informed by his affective responses to his patient's nonverbal and verbal communications; interpretation is also itself an act of containment.

F. Busch (2005) observes that trauma, such as inadequate mirroring, can lead to nonconflict states, such as feelings of being unresponded to. These require empathic understanding on the part of the analyst in recognizing and clarifying these states. However, traumatic experiences also generate feelings and fantasies that eventually become part of an intrapsychic conflict. Intrapsychic conflict can then contribute to a traumatized patient's keeping feelings hidden from himself. A patient's conflict over acknowledging his emotional reaction can make an experience more traumatizing. In a case example, F. Busch (2005) notes that a patient's stress in response to an analyst's unempathic reaction was greater because the patient was conflicted about anger and could not consciously experience an angry response to the analyst. In regard to techniques, then, analysts should avoid overemphasizing identifying traumatic states at the expense of interpretation of intrapsychic conflict.

Taylor (2003) discusses how alexithymia, dissociation, and conflict may interact in the development of somatization and conversion. Taylor views somatization as deriving from an inability to symbolize states of emotional and instinctual arousal, which therefore escape psychic elaboration and affect the body directly. The somatic symptoms of conversion, on the other hand, are an expression of conflicted, repressed fantasies. Conflict, in Taylor's view, can also contribute to somatization by disrupting referential connections between subsymbolic and symbolic aspects in an emotion schema, as conceptualized by Bucci (2007). Although alexithymia is usually associated with unsymbolized states, Taylor, Bagby, and Parker (1991) state: "As with other types of psychic deficit, the presence of alexithymia is likely to both initiate conflict and intensify ordinary developmental conflicts; these, in turn, may evoke distressing emotional states that remain poorly regulated because of the alexithymic deficit" (p. 156).

Bucci (2007) and others (e.g., Taylor 2003, 2010) have used multiple code theory to conceptualize somatic symptom formation, highlighting dissociation among the elements comprising emotion schemas, as well as the role of intrapsychic conflict. When subsymbolic and symbolic systems are not linked, somatic symptoms, panic disorders, phobias, or acting out behaviors may develop. This disconnection may result from either a deficit (a linkage has never been formed) or an interruption of a prior

linkage. Intrapsychic conflicts between opposing impulses/wishes can lead to a defensive delinkage in an attempt to reduce unbearable conflict. Failure of formation or subsequent interruption of the referential connections between the subsymbolic (implicit) memory of a traumatic situation and symbolic systems can lead to an unidentified subsymbolic activation, resulting in somatic and arousal patterns without cognitive activation, an actual neurotic state. Bucci defines *dissociation* as situations in which referential connections have never been formed, whereas *repression* involves the blocking or destruction of referential connections that were previously in place.

MODELS OF ACTUAL NEUROTIC OR UNREPRESENTED STATES AND INTRAPSYCHIC CONFLICT IN PANIC DISORDER

Panic disorder is of interest in relation to the various conceptualizations of psychopathology developed by psychoanalytic theorists and clinicians. The symptoms of anxiety neurosis, viewed by Freud as an actual neurosis, overlap with those of panic disorder (F. N. Busch, Cooper et al. 1991). Over time, the conceptualization of anxiety neurosis shifted to the symptoms being derived from intrapsychic conflict, treatable by interpretation. Milrod and colleagues (e.g., F. N. Busch, Milrod et al. 2012) have primarily employed this model in Panic-Focused Psychodynamic Psychotherapy, which emphasizes conflicts surrounding angry and dependent feelings and fantasies in the setting of feared disruption of important attachment relationships. Identification of these conflicts and their interpretation aid in the relief of panic symptoms. However, as noted earlier in relation to agoraphobia, these authors also suggest that focal mentalization deficits are contributory; disruptions have been found in symptom-related reflective functioning in these patients (Rudden et al. 2006).

In the context of an increasing interest in unrepresented states, some authors have refocused attention on actual neurotic aspects of panic disorder. Based on Freud's and Green's formulations, Verhaeghe, Vanheule, and De Rick (2007) view panic disorder as an actual neurosis

in which a limited representational capacity disrupts the processing of endogenous excitation. Employing Fonagy and colleagues' mentalization model (Fonagy et al. 2002), they aver that the deficient representational system is caused by a failure in mirroring due to the lack of an attuned caregiver. This deficiency interferes with the identification and regulation of somatic affective states, leading to vulnerability to panic attacks. The task of the analyst is thus to establish a meaningful relationship and to contain and experience the patient's painful states as an aid to the development of representations.

Ferro (1996), employing Bion's (1962a) model, suggests that panic patients have a deficient alpha function, interfering with symbolizing emotions or beta elements, which can emerge in panic attacks. Treatment involves helping patients identify and metabolize "uncontainable emotions of hate, jealousy, and anger" (Ferro 1996, p. 997). Through containment and reverie, the analyst facilitates the conversion of proto-emotions into thinkable representations and the development of an alpha function.

F. N. Busch and Sandberg (2014) suggest that unmentalized aspects and intrapsychic conflict can contribute to and interact in panic disorder. They state that:

> The mechanism of symptom development deriving from deficits in representational capacities does not rule out the significant contributions of conflict to symptoms. Repressed symbolized conflicts within a tripartite structure can exist alongside representational deficits. Representational capacities can be disrupted by conflict. In treatment, some conflicts may be accessed by traditional interpretive approaches, others may require the development of representational capacities to access the fantasy, or the formulation of elements and representations may be necessary in order for a fantasy to exist. For instance, in many panic patients anger is accessible and relatively well tolerated in certain situations or mental constellations, whereas in others, often related to painful developmental experiences or trauma, it is not. In the latter instances the path to further psychic representation may be blocked or not present, and the anger may emerge in bodily symptoms or dissociated from a traumatic memory. This anger must be identified before a conflict about

potential damage or disruption of relationships can be formulated. [p. 184]

A SUMMARY OF MODELS COMBINING UNREPRESENTED STATES WITH SYMBOLIZED INTRAPSYCHIC CONFLICT

Psychoanalytic theoreticians and clinicians have made several proposals about how contentless, presymbolized, preverbal somatic-arousal states may interact with symbolized intrapsychic conflict, but the mechanisms by which this occurs are not always clearly identified. Several authors (Fenichel 1945; Gediman 1984; Macalpine 1952) have suggested that actual neurotic states become intertwined with symbolized intrapsychic conflict. Gediman (1984) stated that actual neurotic states are elaborated in fantasy, compromise formations, and object representations, to the point that contentless states may be present only momentarily. In the view of several authors (Blau 1952; Fenichel 1945; Schur 1955), conflict that cannot be processed or elaborated in a symbolized form can lead to an actual neurotic state. This circumstance can be caused by defenses preventing the development of a symbolized conflict, a regression from intolerable intrapsychic conflict, or a new stressor or trauma.

Some authors have emphasized the need to translate unmentalized states into symbolized ones (Bion 1962a; Ferro 1996), whereas others have focused on the need for linkage between subsymbolic and symbolized states (Bucci 2007; Taylor 2010). Intrapsychic conflict can defensively disrupt the capacity for symbolization and meaningful links between affective/somatic states, stressors, and fantasies.

These models suggest that actual and psychoneurotic, unrepresented and symbolized states are invariably intertwined and coexist. Actual neurotic and unsymbolized affects and somatic states exist alongside conflicted symbolized elements. Several factors can contribute to the degree and manifestations of the various components, including neurophysiological vulnerabilities, past traumas and current stressors, problematic mirroring and deficient caregiver input in identifying internal emotional and psychological states, and a limited capacity to represent somatic and emotional states—to symbolize and to fantasize. I will de-

scribe a model that incorporates these various components and portrays how they interact in contributing to symptoms and reactions to environmental stressors.

A PROPOSED MODEL FOR UNDERSTANDING HOW UNREPRESENTED STATES, INTRAPSYCHIC CONFLICT, AND ENVIRONMENTAL STRESSORS INTERACT

To further elaborate how actual neurotic and psychoneurotic states interdigitate, I will describe building blocks of these states, how these building blocks may or may not be linked or organized, and how they are affected by environmental stressors, including past traumatic events. These building blocks include affects and emotions, physiologically based and psychologically experienced somatic states, self and object representations, and representations of environmental events, including the experience of others in interpersonal relationships.

Although definitions of affect and emotion vary, in this paper, *affect* refers to a primarily physiologically based state that increases the potential for certain behaviors and that is experienced subjectively and consciously as emotion. Affects become associated with particular kinds of experiences with people and other aspects of the external world in ways that designate them as rewarding or aversive and inform future behavior.

Over time, affects, other bodily states, and experiences with others become increasingly symbolized as emotions and representations of self and others. These elements can develop into intrapsychic fantasies that include wishes, impulses, emotions, and potential or anticipated reactions of others. Varying degrees of linkages are identified and symbolized between affects, emotions, somatic states, fantasies, and environmental triggers, providing an increasingly sophisticated array of information and memories with predictive potential about interactions between one's self and the environment. However, inherent limitations in symbolizing capacities, traumatic developmental events, and the failure of caregivers to contain, modulate, and symbolize the child's emotions can create a high degree of unrepresented states, including poorly identified somatic affective states and increased intrapsychic conflict, leading to a variety of symptoms and impaired adaptation.

Levels of representation and type of affects and fantasies are affected by past traumatic events in several ways. As noted earlier, traumatic experiences may disrupt the development of representations (Ferenczi 1949; Peláez 2009), interfering with the identification of the source of mental states and emotions that are experienced as dangerous, damaging, or "bad." In addition, mentalizing can be disrupted by the abusive behavior of caregivers, as it becomes too painful for individuals to think about the motives and mental states of others (Fonagy et al. 2002). These various consequences of trauma, then, can disrupt the development of symbolized affects, intrapsychic fantasies, and conflict, increasing the propensity to focus on somatic states.

However, traumatic events and the affective reactions to them are often symbolized in memory and fantasy, either consciously or unconsciously, and heighten intrapsychic conflict. For example, abusive behaviors can intensify both dependent wishes and angry feelings and fantasies while heightening fears of rejection, abandonment, or damage associated with these fantasies.

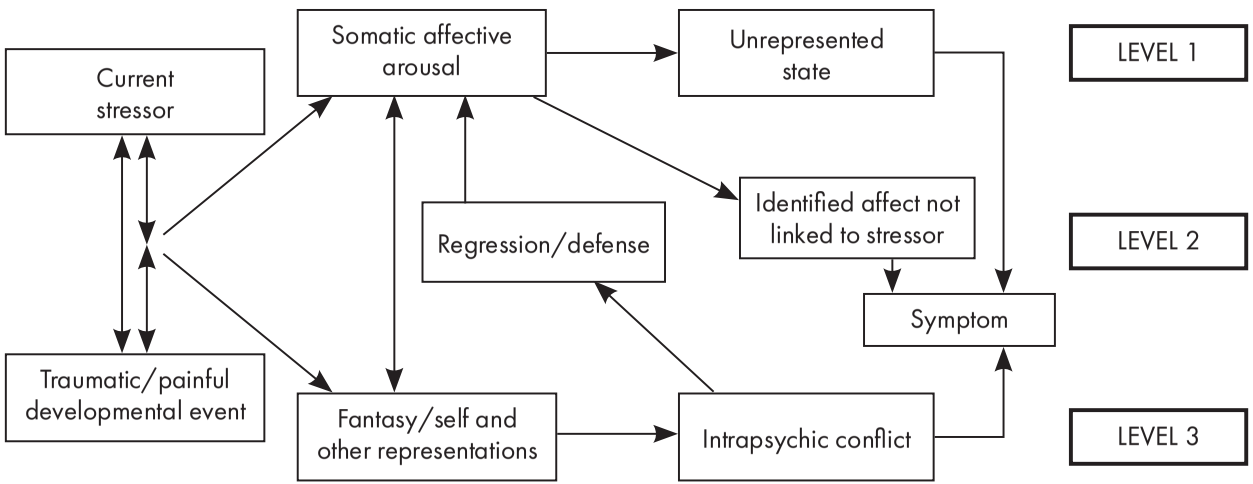
Current events may create intense distress and symptoms based on a link to past traumatic experiences. This linkage can occur in an associative form through the subsymbolic system, including preverbal, unrepresented states, as well as through the symbolic system, based on memories or fantasies linked to the trauma. Individuals often do not recognize the impact of current events and past trauma on their state of mind. This can be due to difficulty tolerating affects and fantasies triggered by the event, difficulty identifying the event as a source of stress, or a lack of psychological knowledge about the relevance of links between stressors, development, and internal states. The impact of a current event that triggers past painful and traumatic experiences can be intensified by difficulty in representing and symbolizing an affect or fantasy. Current events and past traumatic experiences, however, also trigger symptoms through their connection to symbolized intrapsychic conflict and fantasies.

The proposed model examines current stressors, past traumatic events, affects and emotions, somatic states, self and other representations, and fantasies on three levels; see the table and diagram on pp. 88-89. These levels represent degrees of symbolization and of linkage between these various elements. *Linkage* refers to the individual's recog-

Levels of Representation/Linkage to Stressors of Past Traumatic Events/Affects/Somatic States/ and Self and Object Representations

	LEVEL 1	LEVEL 2	LEVEL 3
Past Traumatic Events	a past traumatic event has not been symbolized and the link to a current stressor is not identified	a past traumatic event is symbolized but not linked to current stressor	a past traumatic event is symbolized but the memory or linkage to current event has been repressed due to intrapsychic conflict
Affects	physiologically based affect system activated and not identified as emotion; not linked to stressor	affective reaction identified as an emotional state; not linked to stressor	affect identified as emotion, linked to stressor; intrapsychic conflict leads to repression of identification, link
Somatic States	somatic experience not recognized as psychologically or emotionally relevant; not linked to stressor	somatic experience recognized as psychologically or emotionally relevant; not linked to stressor	somatic experience recognized as symptom, linked to stressor but intrapsychic conflict leads to repression of identification, link
Self/Object Representations	early preverbal experiences of self and others experienced as affects and bodily sensations and are not linked to current stressor	self and object representations, or a fantasy involving self and object, are symbolized but not linked to stressor	symbolized self and object representations and fantasies are painful or conflicted, triggering repression of the fantasy or link to a stressor

Contributions of and Interactions between Environmental Stressors, Unrepresented States, and Intrapsychic Conflict to Symptom Formation Operating at Three Levels



nition that these states are associated with each other in a meaningful way. Psychopathology can derive from a lack of representation, a lack of linkage between various components, and intrapsychic conflict and defense.

In the first level, the states are unlinked and at least one is unsymbolized; on the second level, they are symbolized but have not been linked or are dissociated; and on the third level, they are symbolized but not linked due to repression from an intrapsychic fantasy and conflict. The levels can operate independently or interact, including in the development of symptoms.

In order to delineate each level, I will use as an example the association between the particular component and a triggering stressor, although the various elements (affects, somatic states, self and other representations, fantasies, current stressors, and past traumatic events) may be linked in a similar associative pattern. A specific stressor is experienced as frightening or damaging due to its association with a core intrapsychic threat or past trauma, and can cause affective arousal with overwhelming or intolerable emotions, somatic distress, and/or increased intrapsychic conflict. The individual may or may not recognize that the stressor is having an impact on his current psychological and emotional state.

With regard to current events and their link to past trauma, at Level 1, a current stressor triggers a past traumatic experience that has not been symbolically represented, causing a somatic/affective reaction (see table); at Level 2, the current stressor triggers a trauma that has been represented symbolically and is accessible to verbal reconstruction, but the stressor and past traumatic event are not identified as linked. At Level 3, a past symbolized traumatic event is being triggered by a current stressor, but memory of the past trauma or the linkage is repressed due to intrapsychic conflict. The stressor and its link to past trauma can trigger conflicted feelings and fantasies that heighten defensive reactions, further restricting access to memory of the trauma.

In relation to affects, at Level 1, the physiologically based affect system becomes activated, but the affect is not adequately represented in the symbolic system as an emotion (e.g., it is viewed as a somatic symptom, but not as anger or fear) and is not linked to the triggering stressor. At Level 2, the affect system is activated and identified as an

emotion but is not linked to the stressor or past trauma. As described by Bucci (2003): "One may be aware of the physiological activation, the painful physical arousal, associated with the activated schema of anger or fear, and also aware of aspects of one's history, including the trauma and abuse, but without connecting the two" (p. 548). At Level 3, the affect system is activated and identified as emotions and has been linked to a symbolized representation of the stressor, but the linkage or identified affect is repressed because it is too painful, conflicted, or frightening to experience consciously.

Somatic states, at Level 1, are not symbolized or recognized as psychologically meaningful or as part of an affect; they are experienced as symptoms. They are not linked to a triggering stressor. At Level 2, the somatic state is identified as having psychological meaning or as an emotion but is not linked to the triggering stressor. At Level 3, the somatic symptom has been linked to a stressor but the meaning, emotion, or linkage has been repressed. In addition to the levels described, somatic symptoms can function as part of a defense mechanism, which avoids painful affects, frightening fantasies, or traumatic memories through a focus on the body. The experience in the body can also symbolically represent the conflicting affects and fantasies in the form of conversion.

Self and object representations follow a similar pattern, as early preverbal experiences of self and others at Level 1, and symbolized self and object representations and associated frightening or painful fantasies at Level 2, are not linked to the conscious experience of a current stressor or a past trauma. At Level 3, symbolized self and object representations and accompanying fantasies triggered by a stressor may be painful to experience or in conflict with the dominant or conscious view of self and others, and are therefore repressed.

This model, then, as depicted in the table and diagram on pp. 88-89, proposes that actual neurotic or unrepresented states exist alongside unconscious symbolized intrapsychic conflict and can be triggered independently or simultaneously by an internal experience (e.g., an emotion, memory, fantasy) or environmental event in creating a symptom. The event, typically a stressor, connects with a past painful or traumatic experience and triggers some form of affective or somatic arousal. In one pathway (Level 1), this arousal can be experienced by the individual

as a state of discomfort or a somatic symptom that does not have a psychological meaning. Lack of symbolic representations of affects interferes with the capacity to better regulate the impact of the stressor. The absence of meaning of the symptom is derived from a lack of symbolization and representation.

In other instances, an affect or somatic state is identified as emotionally meaningful but is not linked to a triggering stressor or past traumatic event (Level 2). The individual experiences anxiety, depression, or somatic preoccupation but does not recognize a context, adding to the experience of this state as a symptom. In a third pathway (Level 3), the stressor and the linked traumatic event trigger affects and fantasies that lead to intrapsychic conflict and a symptom that symbolizes or defends against the conflict. The nature of the traumatic experience and conflicted fantasy are repressed and therefore unidentified.

These pathways also interact. Unsymbolized affective and somatic states can increase intrapsychic conflict since the associated inability to modulate intense affects (the absence of representation to modulate affects or drives [Bouchard and Lecours 2008]) can fuel fantasies that are more aggressive or frightening. As noted earlier, intrapsychic conflict can contribute to unsymbolized states by causing a defensive regression that disrupts symbolizing capacities, or by coopting unsymbolized states as a defense against the conscious emergence of conflict. This interferes with the individual's capacity to recognize that affective/somatic states have psychological meaning.

Conflict can also defensively trigger a delinkage between affective/somatic states and precipitating stresses, memories, or fantasies. Finally, intrapsychic conflict can block access to meaning by (1) triggering defenses, such as denial, repression, and somatization, or (2) generating a somatic symptom that symbolically expresses a disguised form of the intrapsychic conflict or compromise formation.

THE IMPACT OF SYMBOLIZATION PROBLEMS AND INTRAPSYCHIC CONFLICT ON INTERPERSONAL RELATIONSHIPS

Difficulty in identifying and symbolizing affects and somatic states, as well as particular intrapsychic conflicts, can interfere with the capacity to

express feelings and needs to others. Fantasies and intrapsychic conflicts that predict catastrophic risks in attempting to address needs and conflicts with others can both consciously and unconsciously inhibit these efforts. These factors can lead to the persistence of problematic interpersonal patterns, further intensifying frustration, unrepresented states, intrapsychic conflict, and symptoms, including anxiety, panic attacks, and somatic preoccupations.

PSYCHOANALYTIC APPROACHES

Consistently, psychoanalytic clinicians who have discussed the importance of actual neurotic, unrepresented, or deficit states have suggested that interpretation of intrapsychic conflict should not be a primary approach to these aspects of psychopathology. These authors have emphasized establishing that a symptom has meaning, as well as the use of more supportive, affirmative, containing attitudes and approaches by the therapist. Several techniques have been suggested for representing actual neurotic states, including psychoeducation about emotions (Lane and Pollermann 2002) and somatic experiencing (Ogden and Minton 2000). F. N. Busch and Sandberg (2014) recommend identifying somatic experiences and bodily sensations as affects/emotions and self and object representations, and a context in which symptoms occur, including current stressors and past traumatic experiences. These approaches overlap with those suggested by Macalpine (1952).

In the model proposed in this paper, establishing linkages is an important aspect of representing unmentalized states. Relevant stressors and traumas are recognized as meaningful and linked to threatening somatic states, affects, and fantasies. Unrepresented states that are not somatic may require a much deeper and more extensive immersion in the exploration and use of transference-countertransference, including the clarification of projective identifications and enactments (Bromberg 2006; Cassorla 2013).

Representing unmentalized states allows one to more readily (1) identify emotions and self and object representations, (2) construct intrapsychic fantasies, and (3) link somatic states, affects, current stressors, past traumatic experiences, and intrapsychic fantasies. Interpretation

of conflicted intrapsychic fantasies (1) allows for easier identification of somatic states and affects that have been experienced as threatening or frightening, and (2) aids in making linkages between unmentalized states and conflicted emotions and fantasies. For example, interpreting conflicts about angry feelings and fantasies makes these feelings more accessible to awareness, aiding in identification of affective/somatic states, stressors, and trauma associated with these feelings.

Therapists and patients cannot always determine if a symptom derives from actual neurotic states, intrapsychic conflict, or both. At a given moment, one mode is likely to be predominant, and clinicians do their best to identify it. If the patient is not able to comprehend the analyst's intervention, it is useful to try to address the alternative level. However, clinicians employing psychoanalytic approaches do not need to be correct at all times about their level of interpretations, since both levels typically need to be addressed.

In addition to representing unmentalized states and interpreting intrapsychic conflicts, as well as the interactions between the two modes, these approaches suggest ways to reduce current stressors. Increased identification of stressors and tolerance of associated emotions aid in the conscious awareness of feelings and needs regarding the behavior of others. Awareness of these factors can help patients to more directly address their wishes with others and thus to determine whether or not they can be responsive. Effectively addressing needs can help diminish the degree of anger, separation fears, and guilt, making these feelings more manageable, tolerable, and easier to symbolize, thereby reducing the intensity of related intrapsychic conflicts involving ambivalence toward significant attachment figures.

The case vignette that follows will be employed for the purposes of demonstrating the simultaneous presence of unsymbolized and symbolically conflicted aspects of panic and how to approach them. Although there is a tendency to presume that improvements in short-term approaches are likely to be a "transference cure" or evidence of the development of a false self, the patient described in the following section experienced a rapid improvement in her symptoms and in many areas of her life that persisted after treatment. These changes were associated with insight into the meanings of her somatic symptoms and her previ-

ously unconscious fantasies, conflicts, and defenses. The predominant interventions were psychoanalytic (e.g., identification of unconscious conflict and genetic, defense, and transference interpretations).

The approaches to building representations from actual neurotic states are clearly demonstrated in this material (e.g., symbolizing somatic symptoms, identifying emotions, linkage to stressors/traumatic events, recognizing defensive disruptions to identifying meaning). The interventions that symbolized actual neurotic states may have aided in the patient's rapid improvement.

CLINICAL VIGNETTE

The patient was treated in a research protocol involving the use of Panic Focused Psychodynamic Psychotherapy (PFPP) (F. N. Busch, Milrod et al. 2012; Sandberg et al. 2012). Throughout this description, comments will be provided in parentheses or brackets regarding the intervention and the level being targeted.

Ms. A was a 55-year-old, married mother of a teenage daughter. She presented with many years of panic attacks and chronic symptoms of anxiety. Her panic symptoms included palpitations, tingling, and shortness of breath (actual neurotic state, unidentified as an emotion and not linked to a fantasy or stressor). Although the attacks typically occurred out of the blue, she could sometimes connect them to tensions with her husband or worry about her daughter's increasing independence (some areas of linkage of symptoms to marital conflict, separation). She reported several prior psychotherapeutic treatments that had had little impact on her symptoms.

Ms. A's childhood was characterized by verbal abuse from her mother and molestation by two neighbors from ages seven through eleven, arranged by her mother, a prostitute. Ms. A's experience of feeling attacked and unprotected by a "monster mother" was intensified by an absent father and by living in a crime-ridden neighborhood (early traumatic stresses not linked to or dissociated from current states of distress). She was close to a grandmother with whom she felt some security in relation to religious activities.

She recalled intense anger and yelling in her home while growing up, including tirades by her mother and between family members, but

stated that any expression of anger on her part had no impact on her mother (emotion identified as out of control in home, not linked to current state). On the ADIS IV-L (DiNardo, Brown, and Barlow 1995), a structured interview that assesses current and past episodes of anxiety disorders, mood, somatoform, and substance abuse disorders, she met DSM-IV criteria for Panic Disorder without Agoraphobia (severity 6/8), Generalized Anxiety Disorder (5/8), and Specific Phobia: dentist (4/8). She was enrolled in a study of PFPP that involved a 12-week, 24-session treatment.

Ms. A appeared to grasp quite readily the approach in PFPP, rapidly engaging with the therapist in identifying panic triggers and the influence of her childhood on her panic attacks (understands concept of linking stressors to actual neurotic, unsymbolized states). However, these capacities for self-understanding had not aided her in prior treatments, which she repeatedly expressed frustration with.

In her second session, she reported an episode of panic symptoms, which she and the therapist were able to relate to a trigger: the news that a neighbor had been robbed (linking affective/somatic state to current stressors). She then associated the robbery to a poignant traumatic memory of having been robbed as a child (linking current stressor to childhood trauma). She reported tearfully that two items that were very important to her, her sewing machine and her television, were taken in that robbery. She recalled that her mother was unresponsive to the loss of her important possessions (identifying painful developmental experiences linked to relevant self and object representations).

One aspect of Ms. A's panic was a feeling of lack of control, which was then linked to the helplessness (panic/actual state linked to fantasies/feelings) she had felt as a child from the intrusions (dangerous self and object representations) in the robbery, the molestations, and her mother's tirades. She also recognized a painful feeling of aloneness that was part of her panic (linking an identified affect to panic/actual neurotic state). She feared her husband would react in the same unempathic way to her anxiety about being robbed as her mother had to the robbery, not acknowledging her degree of distress or sense of lack of safety, even though she recognized that he was not like her mother (anticipating unempathic response of other, link to traumatic experience). Thus, she

experienced a heightened catastrophic threat of intrusion, loss, lack of protection, and unresponsiveness in the current situation (fantasies of harm from others to self).

In this context, Ms. A experienced a sense of being heard and recognized by the therapist, who helped her understand her traumatic past, and she began referring to meaningful "conversations" with her therapist and their impact. The therapist empathized with Ms. A's pain and her troubled background, which helped him better formulate her sense of helplessness, frustration, and lack of control.

In these initial interventions, a series of aspects of the panic became linked and symbolized. The panic episode, previously seen as having limited meaning, was linked to a traumatic memory after accessing the current trigger, which was the news of her neighbor's robbery. Thus, the affective state and bodily symptoms were linked to a current stressor, past trauma, and fears of abandonment and intrusion by others. Feelings of a lack of control or protection, aloneness, and loss were related to the traumatic memories of the robbery, instantiated in previously unrepresented or unidentified expectations of self and others, now experienced in the present. Thus, particular self and object representations were elaborated, such as: "I will not be protected by others from loss," "I will be intruded upon and damaged by others," and "Others will not be responsive to my loss, fears, and feelings of aloneness." Frightening and painful fantasies included: "I am fearful that I will be hurt and others will not respond or comfort me" and "I have no control over attack or intrusion by others."

In the same session, the therapist also explored somatic experiences accompanying the panic, described as a surge of energy, heat, numbness, tingling, and shortness of breath, which Ms. A did not see as connected to any psychological content (an actual neurotic state). While describing these somatic states, another traumatic memory of her mother's tirades emerged, one in which her mother persistently screamed at her (unsymbolized somatic state linked to past trauma). Ms. A stated that with her mother, "It would get worse and feel like a volcano in my head was going to explode because she never stopped. I don't think she could." The patient would run out of the apartment to attempt to cope with and tolerate the outbursts. Thus, she felt at the mercy of mother's rages

and could avoid them only by temporarily escaping, although this would leave her feeling alone.

The therapist, immersed in the patient's experience, then referred to the "volcano" in her mind and connected this mental state to Ms. A's feelings in response to her mother's unstoppable anger and intrusion (link of somatic state to symbolized affect/emotion, self and object representations). The volcanic somatic experience could then be related subsequently to explosive, destructive, angry fantasies involving her mother. Shortness of breath was similarly linked to the intolerable intrusion by her mother, which Ms. A had felt helpless to stop. These interventions were part of representing the bodily experience as specific emotions, self and object representations, and fantasies, relocating them from the body to the mind.

Ms. A, in the same session, adopted this approach herself (development of alpha function [Ferro 1996]), identifying the meaning of another of her panic symptoms: she noted that she currently experienced feelings of suffocation when she did not run away from her problems. At this point, there was no clear evidence of intrapsychic conflict; later, conflict was revealed in relation to the fear that her own anger would spiral out of control, with anxiety about the damage her anger could do to others, including triggering an attack or abandonment. However, as will be seen, the identification of these affects, self and object representations, and early traumatic experiences aided in constructing the elements of conflict.

In session 4, the patient described an occurrence of a panic attack, now recognized as anxiety, in the context of a visit to the dentist (linking identified affect to a current stressor). She had decided to spend extra money to see a private dentist rather than an in-network one in the hope that a troublesome tooth could be saved. However, after the visit, it was not clear whether this was possible. Ms. A was mostly self-critical, feeling she should not have spent the extra money. She became anxious in the session as she described having experienced shortness of breath and rapid heartbeat while with the dentist (actual symptoms recognized as anxiety and linked to the stressor of the dental visit), which the therapist explored with her.

The therapist noted the absence of anger at the dentist, and the patient responded that she had in fact experienced some anger (identification of somatic/affective state in relation to stressor). This recognition created intense discomfort as she struggled with her anger, feeling it was "not justified" because the dentist had done his job and "did not do anything wrong." Thus her anger was in part being defended against by denial, reaction formation, and undoing (evidence of intrapsychic conflict, possibly contributing to difficulty identifying affect and somatic states). The therapist noted that she did not feel entitled to her anger, at which point Ms. A expressed that maybe she did not understand anger (unable to consistently recognize anger and/or need to obscure it out of conflict).

The therapist interpreted as follows:

> THERAPIST: One of the ideas I want to suggest is that part of the chaos you describe in this part of your mind that you fear being out of control has something to do with angry feelings. There were frequent angry outbursts in the home between your grandmother, your mother, and you. There was an enormous anger being expressed a lot of the time. And that can create real confusion in how to deal with one's own anger and to know what's appropriate, what's destructive, what's inappropriate. I believe that at least some of the time your anxiety and panic may have to do with angry feelings that are hard to know what to do with, and that you may have a kind of default position, which is that it's your fault [linkage of conflicted emotion to traumatic experience, partial interpretation of conflict].

The therapist also suggested that Ms. A's fear of intrusion and the link to the abuse she had experienced may have intensified her reaction to the dentist (self and object representation linked to current stressor and past traumatic experience). After this intervention, Ms. A noted that her anxiety significantly diminished.

Although the therapist was alert to the transference implications of anger at the dentist's possibly harmful intrusion, he believed that at this early stage, addressing the patient's anger at the therapist himself might cause a negative response. The wisdom of this course was borne

out by subsequent efforts to address her anger directly in the transference beginning in sessions 11 and 12, in which she adamantly denied experiencing any angry feelings toward the therapist. Although it may be argued that this defense suggested Ms. A was being a "good patient," she was aware that the therapist believed she was angry at him but did not yield to this interpretation. Ultimately, she was able to express anger directly toward him about the impending separation at the termination of treatment. However, significant analytic work also occurred in the context of representation of somatic affective states and in extratransferential relationships.

As the foregoing material demonstrates, both unrepresented and symbolic conflicted states were contributory toward the patient's panic. For example: (1) in certain contexts or self-states, she could not represent or identify anger, contributing to its being experienced in bodily form, and (2) conflicts about anger led her to feel threatened by its emergence into consciousness.

Thus, actual neurotic components, including bodily symptoms, and conflictual symbolic elements obscured access to and identification of her anger. Intrapsychic conflict could also have led to a regressive reaction to primary process thinking and unmentalized states—*resomatization,* as described by Schur (1955). The therapist helped Ms. A recognize her angry feelings, which were in part being expressed somatically, and how these feelings were being defended against (suppression, denial, reaction formation). Once these feelings were identified, the fantasies and conflicts could be represented, including vengeful wishes toward others, which triggered guilt and fear, and the therapist could link her symptoms and conflicts to traumatic aspects of her past.

In session 5, Ms. A began by saying that she had experienced a fleeting thought of anger toward the dentist, but now recognized that it was an important emotion that likely contributed to her anxiety (representation of her anger allows for linkage to other experiences, as well as identification of conflicted fantasies about anger). Because she felt she could not do anything about her anger, she "eliminated" it (defense in response to conflict, distress). When the therapist responded, "Eliminated it from your conscious awareness," she followed up: "Yes, but not

from inner awareness because my body must have absorbed it somehow, and it comes out this way" (direct link of emotion to bodily symptoms).

Ms. A also referred to an intervention the therapist had made linking her anxiety with the dentist to not liking things being probed inside her, based on the abuse she had experienced in childhood (another example of links between intrusive experiences/fantasies and anxiety). She stated: "It made me realize that when I sit down in the dentist's office, my anxiety is coming from past feelings of fear" (link of emotion to past traumatic situations). The therapist followed up with a comment delineating two types of her anger: destructive anger and helpless anger, which both felt out of control (emotion linked to self and object representations). She agreed and stated that she needed to learn how to get "in the middle" of these two parts.

In this session, Ms. A felt safe in exploring her anger in the context of her therapist's nonjudgmental and attuned stance. She demonstrated her growing capacity to employ the approaches discussed thus far, using her developing alpha function, describing how she had difficulty identifying her angry feelings or defended against awareness of them. The therapist worked to further refine her understanding of her anger as either destructive or helpless, making a link to models of the poor management of anger in her family (building self and object representations and intrapsychic fantasies). The feeling of being out of control represented another component of the bodily experience of panic, now related to anxiety about her feelings and her traumatic past.

In session 6, Ms. A was able to demonstrate her use of her understanding gained in treatment, including better identification and effective expression of angry feelings, and the therapist was able to further interpret intrapsychic conflicts. Ms. A began by describing the onset of a panic attack when she realized she had misplaced her wallet (current stressor, loss linked to panic). Rather than engaging in her usual tendency to blame herself, she was able to get her family to respond in a way that was helpful to her, telling them to stop criticizing her and help her look for the wallet (use of emotion to shift interpersonal relationships), after which her panic symptoms resolved. She linked her fantasy of badness to the past in recognizing that she could never please her mother and so blamed herself, self-directing her anger.

The therapist then suggested that her sense of badness likely contributed to difficulty getting in touch with the rage she felt toward her mother. Ms. A responded: "I felt that if I showed her too much anger, I would never get her love. So sometimes it's difficult for me in this life now to be too angry; it might be normal anger, but for me it seems *too* angry, at least with people that I'm very close to, because I might lose their love."

THERAPIST: You become anxious that you'll lose their love [interpretation of intrapsychic conflict].

Ms. A: And I don't, and I know that.

Here Ms. A employed her increased understanding of her panic, her somatic experiences, her feelings, and their link to trauma to better manage her interpersonal situation. She was able to recognize that her panic and somatic symptoms were psychologically meaningful and to link them to the loss of her wallet. Her awareness of and feeling of entitlement to angry feelings allowed her to express to her family how they could better respond to her needs and fears. A more elaborated intrapsychic conflict could be elucidated, a core dynamic for many panic patients: fear that anger will lead to the disruption of a relationship or rejection. Additionally, Ms. A was able to differentiate that the danger was in the past rather than in the current situation.

After identifying conflicted, symbolized aspects of her anger, she and the therapist intermittently returned to addressing her somatic symptoms and angry feelings and how she experienced and expressed them. Thus, they continued the process of representing her angry feelings and fantasies. In addition, they continued to link these struggles to current stressors and traumatic events.

For example, in session 13, Ms. A demonstrated a greatly increased knowledge of her anger and her difficulty in managing it in reference to her rage at her mother and the men who had molested her, and how she had directed this toward herself. She reported, "I'd have all this energy built up in me of anger. And not know what to do with it. It would come to the point where I would become so overwhelmed that it would just go flat, just numb out—no anger. I didn't know what to do with all this anger inside me that was churning and the heat that it was producing

[relating somatic experience to identified affect] along with the anxiety that was coming from it. Before, this was all happening to me unconsciously."

Now that she was aware of her anger, Ms. A affirmed that "I can feel all that even when I feel anger. I can think about what to do with all that now that I actually feel it. As a child, that was impossible." The therapist responded: "And I think that now your anger is much less frightening to you. So you can recognize it and tolerate those feelings, and then you're freer to determine what to do with them and how you can express them. It does not have to be either destructive or helpless anger."

> Ms. A: This is because I realize now that anger has different levels. Before, it was either anger or no anger, because I lived in a household that was filled with anger—enormous amounts, like volcanoes [somatic experience has become a metaphor]. Or no anger. So there was never anything in between. We never practiced that art of back-and-forth anger. Now I know that maybe I'll feel like acting on this, or maybe I'll feel this uncontrollable rage inside of me and I don't have to act on it. I can say, oh, you feel like breaking a plate. That frees me to be me, to be a human being. I never knew that the word *anger* was so varied. It was just a word to me. No feeling. Or it was hateful anger.

Ms. A's comments show her growing capacity to identify her somatic symptoms as related to emotional states and stressors, and to have an increased sense of the complexity and impact of her angry feelings. As noted above, she was eventually able to express anger toward her therapist in the context of termination. At the time of discharge from the protocol (several months after the booster sessions), her ADIS severity scores were PD, 3/8; GAD, 0; and Specific Phobia, 1. Follow-up several years later indicated that Ms. A's symptoms remained abated, and she reported a continuing positive effect of the therapy.

DISCUSSION AND CONCLUSION

The case of Ms. A demonstrates the importance of alternating therapeutic efforts to symbolize unmentalized states with interpretation of

unconscious conflict. In early treatment sessions, representing somatic affective states allowed the patient to recognize her bodily symptoms as meaningful and to build intrapsychic fantasies.

One central theme in the case of Ms. A was the identification of bodily symptoms as in part angry feelings believed to be highly damaging. The acknowledgment of this anger allowed for the emergence of angry feelings and fantasies that triggered fear and guilt. Thus, the symbolizing process aided in the identification and interpretation of intrapsychic conflicts. Although representation of unmentalized states predominated early on, followed by a steady shift to interpretation of unconscious conflict, this was not a linear process. In later sessions, the increased safety with angry feelings aided in the patient's gaining a more textured awareness of her anger, in part through reexploring bodily symptoms.

In examining this case, questions may be raised as to how such states could be symbolized in the context of a brief analytic psychotherapy. As suggested previously, the techniques required to symbolize somatic states may not require the same degree of access to countertransference, intersubjectivity, and enactments that psychoanalysis provides as do other forms of unrepresented states. These approaches may also represent a shortcut to symbolization. Alternatively, access to intense countertransference-transference states may be present but is not as clearly identified as an agent in the process of representation. Work in PFPP suggests that the time-limited nature of treatment heightens the intensity of the therapeutic relationship (F. N. Busch and Milrod 2013).

In cognitive and affective experiences, unmentalized, unrepresented components are always present alongside symbolized emotions, self and object representations, and fantasies. With regard to psychopathology and symptoms, both unrepresented states and intrapsychic content are likely contributory, although the relative contributions of each will vary. The primary approaches to these aspects differ: establishing meaning and representing unmentalized states as compared to interpretation of intrapsychic conflict. Representation of unmentalized components can aid in the development and identification of intrapsychic conflict, and interpretation of conflict can ease the process of identifying unrepresented states.

In a given instance, the therapist cannot be certain whether unmentalized or symbolized and repressed components predominate. The clinician's task is to be aware of both these aspects and to work on identifying and addressing them, using both the patient's material and cues and the therapist's own internal reactions to the patient. Thus, the therapist's efforts to identify emotions, represent somatic symptoms, link symptoms to current stressors and past traumatic states, and elaborate defenses and intrapsychic conflicts will vary depending on what may be most accessible to the patient or most needed to adequately address symptoms. An either/or model or approach will delay effective treatment, as some somatic affective components may be left inadequately represented, or intrapsychic conflict may remain insufficiently interpreted.

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REVISITING DESTRUCTION IN "THE USE OF AN OBJECT"

BY JEREMY ELKINS

"The Use of an Object" (1969a) has been widely recognized as among Winnicott's great papers and has deservedly received a good deal of attention. Much of that attention has focused on the importance that the paper gives to the role of destruction in bringing about the experience of externality. Yet the nature *of that destruction has too often been assumed based on Winnicott's earlier writings. In the view that follows from that, destruction is equated with the aggression that fails to destroy the object, and the experience of externality is regarded just as the result of that failure. In offering a rereading of "The Use of an Object," the author suggests that, while this aspect of aggression/destruction indeed plays an important role in the establishment of externality, it is only part of the story, and that the central contribution of "The Use of an Object" is Winnicott's attempt to offer a new theory of primitive destruction, one that provides an* impulsive *basis for separation/externality itself. This theory and Winnicott's ongoing attempts to develop it after "The Use of an Object" led him to rethink the very nature of the drives.*

Keywords: D. W. Winnicott, use of the object, motility, drive, playing, child development, destruction, transitional phenomena, infants, fantasy, aggression, me/not-me, externality.

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INTRODUCTION

Despite its famously chilly reception at the New York Psychoanalytic Institute in November 1968, "The Use of an Object" (1969a) is today regarded by many as among Winnicott's most important papers. That view was no doubt shared by Winnicott himself. The subject of the paper, he wrote, is "the most difficult thing, perhaps, in human development" and "the most irksome of all the early failures that come for mending": the subject's capacity to encounter an object "not as a projective entity," but as a genuinely "external phenomenon . . . an entity in its own right" (1969a, p. 713). And of the specific account that he offered in "The Use of an Object" of what is involved in this "most difficult thing," Winnicott wrote that it required nothing less than a "rewriting of the theory of the roots of aggression" (p. 715). For one who had been thinking about aggression and its roots for at least thirty years, this was a bold statement indeed.

Winnicott regarded "The Use of an Object" as a significant development in the progression of his own thought as well. In 1954, he wrote a first draft of what would have been his only monograph on early development, but which, despite continual revisions up until his death (C. Winnicott 1988), he never published. As to why he did not, he offered only one explanation. We find it on p. 79 of that book, which was published posthumously as *Human Nature*. In the context of a discussion of early aggression and destruction, he reiterates in a footnote his view that destructiveness, though it appears in "anger at frustration," originates earlier, and that "at the present time I find I need to assume that there is a primary aggressive and destructive impulse that is indistinguishable from instinctive love" (Winnicott 1988, p. 79n). In 1970, however, Winnicott added to the footnote the following: "N. B. This is the reason why I could not publish this book. That matter resolved itself, for me, in 'The Use of an Object'" (p. 79n).[1]

I, too, consider "The Use of an Object" to be an extraordinary paper, among Winnicott's great contributions, and a significant moment in the development of his thought. Since my first awestruck experience

[1] Hereafter all citations are to D. W. Winnicott except where otherwise noted.

of reading the paper years ago, I have come back to it again and again, and through its lens I have reread parts of Winnicott's earlier work. My deep reverence for it is in no way diminished by my belief that it is unfinished—a view that, as we can discern from his unpublished notes, Winnicott shared. One of the aims of this paper is to show *how* it is unfinished, and why it was that after writing "The Use of an Object," Winnicott continued to grapple with the problem raised by the paper during the last two years of his life.

This is related to a second aim of this paper. "The Use of an Object" has received thoughtful and insightful attention by commentators. Yet I shall argue that there is a standard reading of the paper that has made it too easy, and that the first task of rereading the paper must be to make it more *difficult*. Many commentators have sought to understand "The Use of an Object" by reading it in the light of Winnicott's longstanding views on aggression, and in reading "The Use of an Object," we shall indeed need to understand it as "in the direct line of development that is peculiarly mine" (1969a, p. 711), as Winnicott put it. But at the same time, we shall need to try to understand why it is that Winnicott himself regarded the paper as such a breakthrough, and why in 1968, in the midst of presenting a paper on a topic that he had clearly been thinking about for many years, he would declare that the very "central postulate in this thesis" still remains "the difficult part . . . for me" (1969a, pp. 713-714).

Both of these, however, are components of what is the broadest aim of this paper, which is to situate "The Use of an Object" as a key point along the trajectory of Winnicott's thinking on a matter that had long been of central concern to him: the impulsive origin of the self and its early relation to the external world.

As I shall discuss in greater detail later, beginning in the mid-1950s, Winnicott had come to understand the growth of the self and the encounter with the world as intimately connected to each other, and both of these as originating in the infant's early self-directed movements, or what he came to refer to as primitive *motility:*

> The summation of motility experiences contributes to the individual's ability to start to exist . . . . In health the foetal impulses bring about a discovery of environment, this latter being the

> opposition that is met through movement, and sensed during movement. The result here is an early recognition of a not-me world, and an early establishment of the me. [1950–1955, pp. 213-214, 216]

These impulses, for Winnicott, were an early form of aggression. But what was the nature of this aggression? This was the vexing problem. Winnicott had long identified early aggression with primitive love, but he came to believe (for reasons I shall discuss) that that view of aggression could not account fully for the emergence of a robust sense of externality, nor did it sufficiently describe the very early pleasure of the motility impulse in finding opposition from a not-me world. "The Use of an Object" was Winnicott's attempt to respond to this difficulty.

Drawing on a line of his work that examined the development of externality from a different perspective—as part of the maturational process that he had been describing in a line of papers going back to the early 1940s (including "The Observation of Infants in a Set Situation" [1941] and "Transitional Objects and Transitional Phenomena" [1951])—Winnicott would now suggest that *that maturational process leading to the experience of externality was itself partly based in impulse:* that the infant does not *merely* experience external reality as a frustration of desire (though there is that as well), but *also* (under supportive conditions) plays an active role in *creating* that externality. The implications of this idea were enormous. And while "The Use of an Object" did not itself fully acknowledge them, they would lead Winnicott to rethink the very nature of the drives.

THE ENIGMA OF "THE USE OF AN OBJECT"

"The Use of an Object" (1969a) is a strikingly short paper, taking up just five pages (plus references) in the *International Journal of Psychoanalysis,* a mere 4,000 words.[2] The substance of the paper divides roughly

[2] The paper was reprinted with some modifications in Winnicott's collection of essays, *Playing and Reality,* published in 1971. Later in this paper, I shall note some of the changes. Except where there is a specific need to refer to a change from the first to the second published versions of "The Use of an Object," I shall cite the first published version, in the *International Journal of Psychoanalysis* (1969a).

into two parts. (In the original presentation of the paper, Winnicott, in the imagery of golf, described the first part of the paper as getting "on the green" and the second as getting the ball into the hole.) Roughly, the first half of the paper is concerned with describing what is meant by the capacity to *use an object* and the developmental achievement for that accomplishment: "the subject's placing of the object outside the area of the subject's omnipotent control, that is, the subject's perception of the object as an external phenomenon" (1969a, p. 713). The second half of the paper is concerned specifically with the role of destruction (and survival) in this process: "the fact," as Winnicott puts it, "that the first impulse in the subject's relation to the object (objectively perceived, not subjective) is destructive" (p. 713). So the paper as a whole is concerned with two central ideas and the relationship between them: the capacity to use objects and destruction.

What is that relationship? More specifically, what is the nature of this destructive impulse? One possible answer involves the following sequence:

1. There is an "instinctual aggressiveness" that "is originally a part of appetite, or some other form of instinctual love" (c. 1939, pp. 87-88), although this "destruction" is only "by chance"; for "it is not the infant's aim to destroy" (1950–1955, pp. 210-211), nor is there "yet a capacity for taking responsibility" (1950–1955, p. 210).

2. There then comes a "theoretical stage of unconcern or ruthlessness in which the child can be said to exist as a person and to have purpose, yet to be unconcerned as to results." Though this is still "aggression as a part of love" (1950–1955, pp. 205-206), now aggression "is meant" (1950–1955, p. 205) and "destructiveness becomes more and more a feature in the experience of object relationships" (1963b, p. 102).

3. There follows a "gradual build-up in the child of a capacity to feel a sense of responsibility" (1963b, p. 102) and "concern for the loved object" (1988, p. 79). "This phase" may "involve the child in a special kind of anxiety . . . related to . . . destruction" (1963b, p. 103), and "if the mother-

> figure is not able to see the child through over this phase" (1963b, p. 102), "there may come so great a protection of the mother" (1963c, p. 76) and "a protection of the world" that there is an "inhibition of all impulses, and so of creativity" (1964, p. 234). As a result, "the creative use of objects is missing or relatively uncertain" (1963b, p. 102). By contrast, where "the object is not destroyed," but "has . . . [been] found to survive," the baby comes to recognize that it is "because of [the object's] own survival capacity," and through this recognition "the object [can be] used without regard for consequences, used ruthlessly" (1963c, p. 76). Through this, there comes a "dawning recognition of the difference between what is called fact and fantasy, or outer and inner reality" (1954–1955, p. 268), and with it "the capacity to use objects" and to "form relationships with objects that are external to the self and outside the area of omnipotent control" (1961, p. 81).

Not only is this one possible answer to the question of the relationship of destruction and externality/use; this is also the account that, prior to "The Use of an Object," we got. We had already been given, that is, a story of the relationship of destruction to the capacity to use objects roughly of this sort:

1. Destruction without aim;
2. Then destruction that is intended (or recognized, there not being a sharp distinction between these) and for which there is a taking of responsibility;
3. In fortunate cases, survival of the object; and
4. With this, the capacity to use objects.

On this account, the role that the destructive impulse plays in the establishment of externality is precisely and exclusively that it fails.

Many commentators have either understood the role of destruction in "The Use of an Object" in this way, or have (perhaps assuming this) disregarded the question of whether or how the account in "The Use of an Object" differs from it.[3] Winnicott's New York discussants, it seems,

[3] See, e.g., Abram (1996, 2013); Epstein (1984); Goldman (1993); Meredith-Owen

shared that view (Fine, unpublished; Jacobson, unpublished; Milrod 1968).

I want to say very clearly that I think this is an important part of the story of "The Use of an Object." Not only did Winnicott not discard this account, but it continues to be reflected in some of his post-"Use of an Object" writings. But I do not think that this is the whole story. One reason for this is that, as I have noted, Winnicott regarded "The Use of an Object" as a breakthrough; he believed that with that paper, he had found what he had for some time been looking for. Yet the whole of this story had been fully told by the early 1960s. Indeed, the idea that the object's capacity to survive instinctual aggression leads to "the baby's dawning recognition of the difference between what is called fact and fantasy, or outer and inner reality" was already articulated in the mid-1950s. That passage itself was written in the very year (or perhaps the following year) in which Winnicott wrote the first draft of *Human Nature* (1988), which, as already mentioned, he did not publish because—on his account of it—the matter of destructiveness was not resolved until "The Use of an Object."

So that is one problem. Here is a second. It concerns not what Winnicott said *before* "The Use of an Object" or what he said *about* "The Use of an Object," but what he says *in* "The Use of an Object." I shall give a few examples, italicizing the words and phrases that are particularly significant:

- This change (from relating to usage) *means* that the subject destroys the object . . . . After "subject relates to object" comes "subject destroys object" (*as it becomes external*) . . . . It is the *destruction of the object* that *places* the object outside the area of the subject's omnipotent control. [1969a, p. 713]

- The central postulate in this thesis is that, whereas the subject does not destroy the subjective object (projection material), destruction *turns up and becomes a central feature* so far as the object is objectively perceived, has autonomy, and belongs to "shared" reality. This is the difficult part of my thesis, at least for me. [1969a, pp. 713-714]

(2011); Nason (1985); Posner et al. (2001); Rudnytsky (1989); and Samuels (2001). For two notable exceptions, see Benjamin (1988) and Davis (1993).

- The experience of maximum destructiveness [is that of the] . . . object *not protected.* [1969a, p. 714]

- At whatever age a baby begins to allow the breast an external position (outside the area of projection), then *this means that* destruction of the breast has become a feature. [1969a, p. 714]

- This sequence can be observed: (1) Subject relates to object. (2) Object is in process of being found instead of placed by the subject in the world. (3) *Subject destroys object.* [1969a, p. 715] [All italics in these four bulleted points have been added.]

If the story I summarized earlier were the story that Winnicott was trying to tell in "The Use of an Object," why use such seemingly roundabout language to tell it? Why not say: "that subject 'destroys' object and object survives *leads* to change from relating to usage," rather than, as is actually said, "change (from relating to usage) *means that the subject destroys the object*"? Why not say something like "the object becomes external because subject 'destroys' object and it survives," rather than, as Winnicott actually says: "'Subject destroys object' (*as* it becomes external)"? If what is entailed in the capacity to use objects is merely the recognition of "the actual survival of cathected objects" against destructive attacks, why add that the objects that survive are "at the time in process of becoming destroyed *because real, becoming real because destroyed* (being destructible and expendable)" (1969a, p. 715, italics added)? Why say that "*destruction* . . . places the object outside the area of the subject's omnipotent control," rather than that the survival of destructive impulses does so? "*Destruction turns up and becomes a central feature* so far as the object is objectively perceived": is this not a strange way of saying that the object is objectively perceived because it survives subjective destruction?

There is yet a third problem. If the aggression-destruction at issue is the aggression that is part of primitive love (let us call this "appetitive aggression," for shorthand), why should the object's survival of the baby's destructive impulses establish externality? Could it not just as well establish its *internality*? Did not Freud imagine, for example, precisely that the permanence of certain perceptions was a "sign of an *internal* world," while a "perception which is made to disappear by an action" is, for that

reason, "recognized as *external*" (Freud 1915, p. 119; 1917, p. 232, italics in original)? As Eigen (1981) wrote: "One would have had to know the object had been there in order to appreciate its survival . . . . Winnicott's description *assumes* and does not account for the original constitution of the object" as external (p. 415). For Eigen, however, this is a reason why "one cannot take . . . overliterally" Winnicott's description of the "experience of externality" created by "the subject's dawning awareness of the limitations of his all-out destructive attacks" (p. 415). On Eigen's view, that is, in order to take "The Use of an Object" seriously, we must treat it as saying something other than it (literally) says.

These are not the end of the difficulties. The focus of "The Use of an Object" is the development of the capacity to use objects, and the creation (for the infant) of externality. But Winnicott also argues that there is a destruction of the object that is repeated not only once or twice or a hundred times, but again and again, forever: "From this moment, or arising out of this phase, the object is in fantasy always being destroyed" (1969a, p. 715). But why? Is it that the infant, having learned that the object can survive its attacks in fantasy, is nonetheless inclined to forget this and thus needs continually for the rest of his or her life to reexperience the surprise of objects' survival? If so, why should this be understood not just as destruction in fantasy, but as Winnicott says, in "unconscious fantasy" (1969a, p. 713)?

In light of all these difficulties, we may wonder why "The Use of an Object" has been read so long and so often in the way that I have described. Perhaps the answer is twofold. First, as I have noted, this reading is along the lines of what Winnicott wrote elsewhere and involves ideas that he continued to hold. And second, this view of the matter is sensible and is in accord with familiar ways of thinking about frustration, aggression, and the reality principle. These are all good reasons and might ordinarily be thought to commend an interpretation. But if we are to give the paper its due, we ought to take seriously Winnicott's expression that the thesis of the paper was not only a resolution of a *problem* for him, but was *difficult*. We must ask why, at this stage in his thinking, this should be so; and if we are to follow his thinking, how we would need to understand that thesis as something both new and difficult.

MOTILITY AND THE DISCOVERY OF THE WORLD

In order to do this, we shall need to understand the paper against the backdrop of a set of ideas that had become central to Winnicott's thinking: ideas about the development of the self in relation to the external world. These ideas, as noted in my introduction, revolve around what Winnicott sometimes referred to as *motility*. In this section, I will briefly set out these ideas, which I have elaborated elsewhere (Elkins 2015), and I will indicate the very fundamental questions that these raised for Winnicott. I shall then return to "The Use of an Object" to reconsider that paper against the backdrop of these ideas.

By *motility,* Winnicott meant roughly the free, uninhibited, non-defensive movement of an organism *as* an organism, in contrast to its component systems. This movement—which Winnicott believed begins in utero and appears early on in the infant's "spontaneous gesture" (1960, p. 145)—is an expression of "personal impulse"; it is the basis of a healthy, alive, and "true" self. For the infant, this "free movement" or "personal impulsive experience" is, in fact, *being* itself, and the "continuity of being is health" (1988, p. 127). The healthy development of the self thus depends upon a "facilitating environment" to protect this continuity of being against excessive interference or "impingement" by the environment. Under supportive conditions, the motility impulse is the basis for the growth of a self that is authentic, original, and spontaneous—a self that is "creative and can feel real" (1960, p. 149).

In healthy development, the external world is discovered through the personal motility impulse—not as an *interruption* of the infant's movement, but as part of it. In the healthy pattern, as Winnicott put it,

> . . . the environment is constantly discovered and rediscovered because of motility. Here each experience within the framework of primary narcissism emphasizes the fact that it is in the centre that the new individual is developing, and contact with environment is *an experience of the individual* (in its undifferentiated ego-id state, at first) . . . . [By contrast, in the unhealthy] pattern the environment impinges on the foetus (or baby) and instead

> of a series of individual experiences there is a series of reactions to impingement. [1950–1955, p. 211, italics in original]

"The result" of the infant's impulses is a "recognition of a not-me world, and [the gradual] establishment of the me" (1950–1955, p. 216).

For Winnicott, this primitive motility is associated with aggression. This is so, first and most basically, in the sense that motility is activity, and "at origin, aggressiveness is almost synonymous with activity" (1950–1955, p. 204). But Winnicott came to see that motility is related to aggression in a second sense as well. In some of his earlier work, he had stressed the importance of the *inconspicuousness* of the environment: the environment as silently adapting to the infant's need so as to allow the infant's own activity to dominate. However, in the mid-1950s, Winnicott began to see that the growth of the healthy self *depends* upon an encounter with the environment and an experience of opposition in relation to it, and that the danger of impingement is not in the *fact* of opposition, but in the *direction* of it. Impingement consists in the environment excessively pressing *in* on the infant, and this is a threat to health, while in healthy development, the motility impulse itself naturally leads the infant toward its own oppositional encounter with the environment.

"In health," as Winnicott put it, early motility "impulses bring about a discovery of environment, this latter being the opposition that is met through movement, and sensed during movement" (1950–1955, p. 216). There is pleasure in this encounter, in pressing up against an external environment. Indeed, the infant "*needs to find opposition*, . . . needs something to push against" (1950–1955, p. 212, italics in original). Motility is thus connected with aggression not only in the broad sense that "at origin, aggressiveness is almost synonymous with activity," but also in the more specific sense that the motility impulse is itself *aggressive:* it *seeks* opposition with an external world and finds pleasure in pushing against a world of external objects. This early aggression is the mode of discovering and beginning a relationship with a world of objects on the infant's own terms, without loss of personal impulse.

Initially, motility is connected directly with physical movement and with the psychosomatic experience of that movement. But as "the psyche and the soma aspects of the growing person" "gradually . . . become

distinguishable" (1949, p. 244), motility—this self-directed movement pressing against a world of external objects—comes to take on a psychic form that (while still tied to the body) is less directly bound up with physical movement. In a very early form, this *psychic motility* (as we may call it) is expressed in the infant's reaching out creatively, in "a gesture that [arises] out of need" (1988, p. 110) and that "produces" the objects that it finds—for instance, nipple and milk, and everything else that is entailed by what we call *breast* (1948, p. 163).

In this early psychic motility, the encounter with external objects originates from within. It rests on "the infant's ability to use illusion," for through the illusion that what is found has been made, "contact is possible between the psyche and the environment," in accordance with the infant's own movement and "without loss of sense of self" (1952, pp. 222-223). It is this early experience that "lay[s] down the foundation" for the individual's continuing ability to "reach to the world creatively" (1968a, p. 25).

> It is creative apperception more than anything else that makes the individual feel that life is worth living. Contrasted with this is a relationship to external reality which is one of compliance, the world and its details being recognized but only as something to be fitted in with or demanding adaptation. Compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living. [1971a, p. 65]

The (illusory) creation of an externality that can then be met is thus an important stage in the development of a live relationship with the external world. But a world created out of need (and one that can disappear when the need disappears) is not an external world, and just as the early motility impulse finds pleasure in the opposition with a physical world of objects, so in a more distinctly psychic form, the motility impulse finds satisfaction in the push against a world that is actually not-me. The motility impulse "need[s] an external object," and to find satisfaction in pressing against the world requires a world that is not merely in our own mind and of our own making. If there is to be a genuine and creative relationship with a world of real objects, a baby cannot continue

"feeding on the self," but rather must learn to "feed from an other-than-me source" (1971c, p. 89).

Under good enough conditions, then, the early "capacity for illusion"—the illusion that the world has been produced from one's own need—must permit "gradual disillusioning" (1948, p. 163). Still, there must be a sequence here, else the discovery of the world as a fact comes in as itself an imposition, and the relationship to the world that develops is one of compliance. It is the early experience of imaginative extension—of pressing toward a world that can meet the pressure, of producing a world that can be found—that allows for the "retention throughout life of something that belongs properly to infant experience: the ability to create the world"; yet at the same time, we come to learn that we can "only create what we find" (1970b, pp. 39-40, 53), and that "the sense of reality or of existing" (1950–1955, p. 213) depends upon a world of actually existing objects.

On what terms, then, might this disillusionment occur? It is commonplace to describe the infant's encounter with the reality of the world in terms of frustration and the aggression to which it gives rise. That there is, indeed, "anger at frustration in such phases" can hardly be denied. ("The Reality Principle," as Winnicott puts it succinctly enough, "is an insult" [1970b, p. 40].)

But must we conclude, then, that the very satisfaction at which the motility impulse aims—of "moving and meeting something," of "something to push against"—depends on an experience of externality that develops wholly out of frustration? Does the very encounter that the motility impulse seeks develop only through the experience of insult? Must the recognition of externality come about wholly as an experience of imposition, of impingement of personal impulse? Or, alternatively, might it be the case that the recognition of externality—though it involves frustration, and in some less fortunate cases involves primarily the experience of imposition—can, in healthy development, come about in part *through* the infant's own impulse, as something that the infant does, and not merely via something that is done to it?

Winnicott came to believe that the latter was indeed so. But he saw that in order for it to be so, early aggression would have to be more complex than his previous view of it as "originally a part of appetite,

or some other form of instinctual love" (c. 1939, p. 88). That form of aggression aptly characterized one aspect of motility: that which is perhaps best captured, Winnicott suggested, by the word *greed* (c. 1939, p. 88)—for instance, the baby pressing itself into the breast, or, when hungry, attacking it (1945, p. 152). Winnicott never abandoned this view of early aggression or the belief that it—and the later aggression that comes from frustration, anger, and hate—contributes, along with the object's survival, to the fuller experience of externality. But he came to think that this could not be sufficient.

I have discussed some of the reasons for this in the previous section of this paper, but there are other reasons that, as we can now see, are more directly related to the nature of the motility impulse itself. The natural tendency of appetitive aggression is to close in on the world, to press into it, and (in its more distinctly psychic form) to encounter the "world" primarily as a bundle of projections. Yet to the extent that the motility impulse "needs something to oppose," finds pleasure in relation to an *external* world, only a world with "its own autonomy and life" (1969a, p. 713) can provide the live relationship that the motility impulse seeks. For Winnicott, this suggested the possibility that the motility impulse itself includes an inclination toward separation and externality. And it is this idea, I shall suggest, that lies at the heart of the destruction described in "The Use of an Object."

BEGINNING AGAIN

I have spoken of "The Use of an Object" in the singular. In fact, however, there is not one paper, but four. There is the paper that was delivered to the New York Psychoanalytic Institute in 1968 (which was preceded by a summary that Winnicott had sent to his commentators prior to his talk); there is a slightly modified version of that paper, which Winnicott sent to the New York Psychoanalytic Institute some time shortly after his visit; there is the paper that Winnicott published in the *International Journal of Psychoanalysis* in 1969(a); and there is the paper that Winnicott republished in *Playing and Reality*, which appeared in 1971(c). No two of these are the same, and while the differences among them are modest, they can help us understand what Winnicott is trying to do in "The Use of an Object."

In September 1968, in advance of his New York presentation, Winnicott sent a copy of his paper to his discussants, along with two clinical illustrations and a one-page summary of his argument. The summary ended as follows:

> The destructiveness plus the object's survival of the destruction places the object outside the area in which projective mental mechanisms operate, so that a world of shared reality is created which the subject can use and which can feed back into the subject. [unpublished, a]

However, shortly afterward, Winnicott sent a follow-up letter in which he indicated that "I would like to alter the last sentence . . . . It would make sense to say: 'How this usage develops naturally out of play with the object is the theme of this talk.'"[4]

This is a stunning addition for two reasons. First, it was not offered as a *clarification* of what he had already said; there had been no mention of play at all in the summary. And yet not only was it important enough to justify a follow-up letter; it also offered a statement on nothing less than the very "theme of this talk."

Second, not only had the theme of *play* gone unmentioned in the summary of the paper, but it would also be hardly mentioned in the paper itself. In fact, it was not mentioned at all except in the introduction. There Winnicott wrote that "*obviously* the idea of the use of an object is related to the capacity to play," and that his recent work "on the subject of creative playing . . . is near to my present subject" (1969a, p. 711, italics added). And so we have the statement that the development of the use of the object out of play is both "obvious" and the very "theme" of a paper that does not otherwise mention play. Adding to the enigma is this: while these sentences about play from the original paper were included in the introduction to the first published version of it (in the *International Journal of Psychoanalysis* in late 1969), Winnicott removed them when he prepared "The Use of an Object" for republication in *Playing and Reality* in 1971.

[4] For this information, and for access to the original archival material from Winnicott's 1968 presentation, I am indebted to Nellie Thompson, Curator of Archives at the Brill Library of the New York Psychoanalytic Society and Institute.

Not only did Winnicott remove those sentences; he also deleted the entire paragraph in which those references appeared, a paragraph meant to explain the statement of the prior one (which awkwardly remained) that "this work on the use of an object . . . is in the direct line of development that is peculiarly mine." The deleted paragraph had referred to three other sets of ideas: "my work on transitional objects and phenomena"; "The Observation of Infants in a Set Situation" (1941), from which the work on transitional objects "followed naturally"; and, as a second line of development, "the concepts of the holding environment." At the end of that deleted paragraph, Winnicott had once again suggested the overarching significance of play:

> All this makes sense, for me, of the special focus that there is in my work on what I have called transitional phenomena and the study of the minute details that are available to the clinician that illustrate the gradual build-up of the individual's capacity to play and the capacity to find and then to use the "external" world with its own independence and autonomy. [1969a, p. 711; cf. 1971c, p. 86]

In the body of the paper (in both published versions), Winnicott would return explicitly to two of these ideas: transitional objects and the facilitating environment. We are reminded that "the essential feature in the concept of transitional objects and phenomena is the paradox, and the acceptance of the paradox" that "the baby creates the object but the object was there waiting to be created." The transitional object, both created and found, is thus intermediate between the experience of objects as purely subjective and that "stage further on . . . towards real," which is the focus of "The Use of an Object," in which there is "acceptance of the object's independent existence, its property of having been there all the time" (1969a, p. 712). And—coming now to the second of these ideas—this change is "another example of the maturational process as something that depends on a facilitating environment" (p. 713). "It is an important part of what a mother does, to be the first person to take the baby through this," to "carry the baby over from relating to usage" (pp. 714, 712).

So, of the four ideas referred to in the deleted paragraph, Winnicott comes back clearly enough to two of them in the body of the paper. But with the deletion of the introductory paragraph, there is no reference left to play or to "Observation of Infants in a Set Situation" (1941), the third part of which is precisely about the capacity to play.

Yet it would be a mistake to conclude from this that Winnicott no longer believed that these ideas were relevant to "The Use of an Object." The second published version of "The Use of an Object" appears, after all, in a book called *Playing and Reality* (1971c); it is the sixth chapter. The book has eleven chapters in all, but the first six clearly form a unit, and Winnicott indicates that they are meant as a progression of ideas: first is the paper on transitional objects, then several papers on play, and then "The Use of an Object." One of these papers, "Playing: A Theoretical Statement" (1971b), is the very one (with some modifications) on "creative playing" to which Winnicott referred in the deleted paragraph, and in it Winnicott again refers to the importance of "Observation of Infants in a Set Situation" (1941) to "the development of my own thought and understanding [of] . . . play" (1971b, p. 48).

In rereading "The Use of an Object," we are thus faced with a riddle. Here is Winnicott indicating to us, again and again, the "clear," "obvious" connection of the thesis of that paper to play, including the play that is the subject of "The Observation of Infants in a Set Situation" (1941). And yet at the same time, he seems continually to shroud in mystery the connection between these, closing the door just as he opens it. If we are to understand "The Use of an Object" and the difficulty of its thesis, it seems, then, that we shall need to answer two questions: first and most important, what is the "obvious," "central" relationship that Winnicott is pointing to between the development of the capacity to use objects and play? And second, what is the reason for his hesitation?

Let us take these questions in that order.

DESTRUCTION AND PLAY

We have been reminded that an essential feature of the transitional object is that it is both created and found. There is, however, another feature that we should recall as well: "It must survive instinctual loving, and

also hating, and, if it be a feature, pure aggression" (1951, p. 233). So at the stage of the transitional object, there is *already* aggression and survival. In order to get from there to "the subject's perception of the object as [wholly] external phenomenon"—which is, as Winnicott puts it, "one stage further on than is the transitional object towards real" (unpublished, b)—*something else* must occur that involves destruction.

Is this something else merely a *quantitative* increase of the same sort of aggression that is already a feature of the transitional object? It is certainly not in the area of "instinctual . . . hating," for in "the destruction of the object" that leads to externality, Winnicott writes plainly, "there is no anger" (1969a, p. 715). An increase in "instinctual loving," perhaps? It is difficult to see why there would be such, and if there were, why this instinctual loving and survival that up to a point is a feature of transitional objects would, past that threshold, result in the "placing of the object outside the area of the subject's omnipotent control" (p. 713). Instead, it seems that something else is involved: either the destruction leading from the transitional object to its use is *of a different sort* than the aggression that is a feature of the transitional object, or there has been a change in Winnicott's thinking about early aggression in general since the account given in "Transitional Objects and Transitional Phenomena"—or both.

A first indication is given in "Playing: A Theoretical Statement" (1971b), the paper to which Winnicott had directed our attention. In this paper, written seventeen years after "Transitional Objects," Winnicott describes the development from the stage prior to play—in which "baby and object are merged in with one another" and "baby's view of the object is subjective"—to the first stage of play. This first stage involves an "intermediate playground" of "potential space" and is a "direct development from transitional phenomena" (1968d, pp. 595-596, 598). And what is required for the movement from merger to intermediate playground, Winnicott now says, is for the object to be "repudiated, reaccepted, and perceived objectively" (p. 596)—though at this stage, the "repudiation" is still only partial, and not yet the fully "repudiated world, the not-me, that which the individual has decided to recognize (with whatever difficulty and even pain) as truly external, which is outside magical control" (p. 592).

This language of *repudiation* was not new for Winnicott. He had used it as early as 1955, when he remarked that, for the infant, "integration of the 'I'" means that "what is not-he or not-she is repudiated, and is external" (1955, p. 148). Similar language appears in several other papers, including "The Capacity to Be Alone" (1958, p. 33) and "Ego Integration in Child Development" (1962, p. 61)—two papers that, along with "Playing: A Theoretical Statement" (1971b), Winnicott had specifically requested that his discussants read in advance of his presentation so as to "help in my exposition" (unpublished, a). And although the term *repudiation* does not appear in "The Observation of Infants in a Set Situation," written ten years before "Transitional Objects," the idea is central to it.

"The Observation of Infants in a Set Situation" (1941) describes a routinized observation in which a baby, five to thirteen months, sitting on its mother's lap, is placed within reaching distance of a shiny metal spatula (tongue depressor). In his description of the babies' responses, Winnicott discusses three stages. There is typically first a hesitation to take the spatula and second a gradual possession of it. It is the third stage that is of relevance for us here. This is the stage is which the "infant practices ridding himself of the spatula."

> The baby first of all drops the spatula as if by mistake. If it is restored he is pleased, plays with it again, and drops it once more, but this time less by mistake. On its being restored again, he drops it on purpose, and thoroughly enjoys aggressively getting rid of it, and is especially pleased when it makes a ringing sound on contact with the floor. [1941, p. 54]

Winnicott interprets this and Freud's reporting of the *fort-da* game along the same lines:

> The infant who throws away the spatula (and I think the same applies to the boy with the cotton-reel) . . . externalizes an internal mother whose loss is feared, so as to demonstrate to himself that this internal mother, now represented through the toy on the floor, has not vanished from his inner world, has not been destroyed by the act of incorporation, is still friendly and willing to be played with. [1941, p. 68]

There is a long way to go before "The Use of an Object." But we can see easily enough why, looking back at the time of "The Use of an Object," Winnicott believed that a line of development culminating in that paper had begun with "Observation." And we can begin to see the meaning of the thought that "how this usage [of an object] develops naturally out of play with the object is the theme of this talk."

Indeed, there are two respects in which the use of an object can be said to develop "out of play." In one respect, it develops out of play sequentially: *from* the first stage of play as an intermediate space in which objects are not yet allowed to be external. But also, and more to the point here, it develops out of play in the sense that it is *through* play—with spatula or cotton-reel, in Winnicott's illustrations—that the baby can experiment with getting rid of an object.

From this we can see the beginning of a different account of the destruction leading to the acceptance of externality. In contrast to the first story of the establishment of reality coming through the shock of the object's survival in the face of all-out destructive attacks, here we have a story of the baby actively engaged in a gradual testing of the boundaries of the *me,* a testing that takes the form (as confidence grows) of a game of repudiation/ridding, etc.

So there is the beginning of a different account, but only the beginning. In these earlier papers, we have the idea of an object being repudiated or cast off and made external. But what Winnicott had not yet appreciated—so he came to think—is the nature and degree of the aggression (destruction) that repudiation requires.

From the beginning of his thinking about repudiation of the external world, Winnicott believed that repudiation involves aggression and the danger of retaliation. "This I AM moment is a raw moment; the new individual feels infinitely exposed," and "in the initial stages, protection is needed else the repudiated external world comes back . . . and attacks from all quarters and in every conceivable way" (1955, pp. 148-149). But it is not clear how Winnicott had thought of the individual's own destructive activity in relation to this repudiation. Even a decade after writing the words just quoted, Winnicott was writing about the danger of "magical destruction":

> Primitive or magical destruction of all objects belongs to the fact that (for the infant) objects change from being part of "me" to being "not me," from being subjective phenomena to being perceived objectively.
>
> By taking each infant through this vital stage in early development in a sensitive way the mother gives time for her infant to acquire all sorts of ways of dealing with the shock of recognizing the existence of a world that is outside his or her magical control.
>
> When there is good enough mothering and good enough parentage, the majority of infants . . . achieve health and a capacity to leave magical control and destruction aside. [1964, pp. 238-239, original emphasis removed]

However, at the same time, he was beginning to think more about the nature of the destructiveness involved in this changeover from me to not-me (1965b). How different things sounded, then, in a talk given in 1970 in which Winnicott described the "positive value" of aggression in terms of the expulsion of the object:

> I show a child's drawing . . . but if you had been there you would have known that it represented a climax of adventure in the trust situation of a therapeutic consultation at which the little girl broke away from heavily loaded clinical dependence on the mother . . . and for a few seconds . . . put her mother *over there*, by kicking her. Naturally she was scared and needed quickly to reestablish her mother as available, accessible and responsive without vindictiveness. [1970a, pp. 286-287, italics in original]

"Destruction," as Winnicott had come to put it in "The Use of an Object," is a condition for "love of a real object." "Study of this problem involves a statement of the positive value of destructiveness" (1969a, p. 715).

What is entailed in this change in Winnicott's thinking? There is a change, first, in focus; the emphasis here is not on the capacity to "leave [magical destruction] . . . aside," but on the destructiveness that is necessary for there to be an external world. Second, this destructive aggression that is part of relinquishment is not described as part of primitive love or

appetite. To that impulse there is not a single reference in "The Use of an Object." As I have said, this does not mean that Winnicott abandoned the idea of appetitive aggression as part of primitive love, and in fact he was still developing that line of thought at the same time that he was writing "The Use of an Object." (See, e.g., 1968b, p. 148; 1968c, p. 239.) Nor does this mean that the destructiveness he is describing here is not genetically connected with the primary impulse. (We shall come back to this.) But the aspect of destructiveness that is the subject of that paper is not well described immediately in terms of appetitive aggression.

Indeed, the destructiveness at the heart of "The Use of an Object" would seem to have almost the opposite character: whereas the aggression of instinctual loving involves a *pressing* toward the object (such as, for instance, biting it—or, in the ruthless stage, a frontal assault on it), the destruction of relinquishment involves a *letting go* or *expulsion* from the area of omnipotent protection. The difference here is not in the degree of violence or active destruction; I have used the term *expulsion* (as in: "put[ing] her mother *over there,* by kicking her") along with *letting go* to emphasize the active and violent element in this process of abandoning the object to the "wasteland of destroyed reality" (1963a, p. 230). The distinction between the aggression of ruthless love and the destruction of relinquishment is of rather a different sort: with respect to both kinds of destruction, the survival of the object (when it does survive) is a welcome surprise, but (to exaggerate only slightly) while in regard to the former, the surprise is that the object survived *me*, in the latter, it is that it survived *without me.*

Once we see the destruction of "The Use of an Object" in terms of repudiation or relinquishment or casting out, it is quite obvious why Winnicott says all the things he says, as I earlier quoted them, in the way that he says them. It becomes clear why the "change (from relating to usage) *means* that the subject destroys the object," why "destruction turns up and becomes a central feature so far as the object is objectively perceived," why "the experience of maximum destructiveness [is that of the] . . . *object not protected*" (1969a, p. 714, italics in original), why "the word 'destruction' is needed, not because of the baby's impulse to destroy, but because of the object's liability not to survive," and so forth. Or as Winnicott put it plainly enough in the original paper: the destruction

here is "part of the child's growing ability to place the [object] outside the area of subjective objects" (unpublished, b).

What is at issue here is not a frontal assault on the object; if it were, the word *destruction* would be needed precisely in reference to the baby's impulse to destroy. No, what is at the heart of the matter here is the baby's *abandonment of the object into the no-land of the not-me*. At the early stage of integration, not-me is morass and what is loved is inside. The establishment of externality "develops naturally out of play with the object," but this is extremely risky play indeed, for what is at stake is nothing less than the expulsion of loved objects from the protection of the "area of . . . omnipotent control" to the desert of "liability not to survive."

It is no wonder, then, that Winnicott insists that the "development of a capacity to use an object" cannot occur except in the context of an adequately "facilitating environment." As Winnicott had put it privately as he was developing this thought several years earlier:

> In health the infant is helped by being given (by ordinary devoted Mum) areas of experience of omnipotence while experimenting with excursions over the line into the wasteland of destroyed reality. The wasteland turns out to have features in its own right, or survival value, etc., and surprisingly the individual child finds total destruction does not mean total destruction. [1963a, p. 230]

It is dangerous play not because there is no sense of a not-me (which was the basis of Eigen's [1981] thought that Winnicott's account could not be taken literally), but rather because there is such a thin sense of it—or better, because there is a sense of it as so thin. The not-me is dangerous territory not quite because there is no such planet, but because whatever is known of it is not known to be habitable. To say that the dynamics under study in "The Use of an Object" come after "object is in process of being found" is to say there has already been a first step in "repudiat[ing], reaccept[ing], and perceive[ing] [the object] objectively." The recognition of "the object's liability not to survive" implies that there has already been a step away from the perspective of a world still largely organized as subjective; "destruction . . . potential" (1969a,

p. 714) already implies a step beyond *no-outside,* for a place of danger is already a place, and the risk of destruction is already the possibility of survival.

To get "one stage further on than is the transitional object towards real," there must be a willingness (perhaps even an eagerness) to take the risk, to expel from "omnipotent control" to "wasteland," to allow the object the chance to live without protection. Only with this and the accompanying survival of the object comes the full recognition of a place that is not-me where life can actually exist, and the satisfaction that comes in finding objects that have "independent existence," that are "real in the sense of being part of shared reality, not a bundle of projections" (1969a, p. 712), that can be bumped up against and handled and used and loved and hated, etc., in a special way.

If further evidence of the danger of abandonment of objects to the wasteland of "liability not to survive" were necessary, we need hardly look further than A. A. Milne's account of the terrible fate of the mother of James James Morrison Morrison Weatherby George Dupree, who still "took great care of his mother though he was only" (and though he was already) "three."

> James James
> Said to his Mother,
> "Mother," he said, said he;
> "You must never go down to the end of the town, if
> you don't go down with me."
>
> James James
> Morrison's Mother
> Put on a golden gown,
> James James
> Morrison's Mother
> Drove to the end of the town.
> James James
> Morrison's Mother
> Said to herself, said she:
> "I can get right down to the end of the town and be
> back in time for tea."
>
> King John
> Put up a notice,

"LOST or STOLEN or STRAYED!
JAMES JAMES
MORRISON'S MOTHER
SEEMS TO HAVE BEEN MISLAID.
LAST SEEN
WANDERING VAGUELY
QUITE OF HER OWN ACCORD,
SHE TRIED TO GET DOWN TO THE END OF
THE TOWN—FORTY SHILLINGS REWARD! . . .

James James
Morrison's Mother
Hasn't been heard of since.
King John
Said he was sorry,
So did the Queen and Prince.
King John
(Somebody told me)
Said to a man he knew:
"If people go down to the end of the town, well, what can anyone do?"

[Milne 1924, pp. 32-35]

The destruction at the heart of "The Use of an Object" is the violence of *letting* mother go to the end of the town *without me*—or, indeed, being willing to *kick her over there*. What Winnicott came increasingly to appreciate is how much destruction there is in the release/abandonment/repudiation that is necessary for there to be a world of independent objects. So while in the earlier story of destruction, the significance of the destructive impulse was that it failed, in this story it is more complicated. In one sense, it is of course the case that if the object survives, there is a failure of destruction. But insofar as the impulse is not primarily to destroy the object (though there is that important aspect of aggression as well), but to release the object that is liable to destruction, the survival of the object does not mark a *failure*, but a *relief:* relief that the object, now released and liable not to survive, has in fact survived on its own. This is why Winnicott can say that objects are *both* "destroyed because real" and "real because destroyed," and both of these precisely because destruction entails "being destructible and expendable."

APPETITE AND REPUDIATION

This leaves us with a question I raised earlier: why, after indicating the progression of his thought from "The Observation of Infants in a Set Situation" (1941) through "Playing: A Theoretical Statement" (1971b), and particularly after noting the centrality of play to the theme of "The Use of an Object," did Winnicott delete these references in the second version of "The Use of an Object"?

To this we might now add a further question. If, as suggested, Winnicott's view of destruction did not replace his earlier ideas about aggression but supplemented them, what is the relationship between these forms of aggression? I believe that the answers to these questions are very much related.

As to why Winnicott deleted the introductory paragraph, we can only speculate, of course. Perhaps it was related in part to the fact that the second publication of "The Use of an Object" appeared in *Playing and Reality* after several of the papers that were originally cited. So it may be that, in the context of that collection, Winnicott regarded at least some of the references as unnecessary. Still, it is curious why there is no mention at all of the connection between the lines of thought that he had originally cited.

So I want to offer a different possibility. I have suggested that the destruction at the center of "The Use of an Object" must be understood as involving a repudiation or relinquishment. But where does this impulse come from? Is it drive-based? If so, is it a derivative of another drive, such as primary aggression? And if that, how is the destruction of repudiation/relinquishment related to the underlying drive? Or is the impulse to repudiate itself a primary drive?

In papers such as "The Observation of Infants in a Set Situation" (1941), casting away the object is discussed as a development milestone. Should the destruction of "The Use of an Object" be understood, as Winnicott put it elsewhere (1964, p. 239), as an achievement? Should it perhaps be considered not a primitive impulse, but a development of the ego? In "The Use of an Object" itself, there is no discussion of this question beyond the very ambiguous statement that "the first impulse in

the subject's relation to the object (objectively perceived, not subjective) is destructive" (1969a, p. 713).

In his commentary on "The Use of an Object," Fine (unpublished) raised precisely this question. Using the term *aggression* in the more traditional sense, he asked whether, if there is aggression involved in the ability to recognize an object as external, is this capacity not also part of "the maturation and development of the ego"? And he pointed to the "seeming contradiction" between Winnicott's statement that the capacity to use objects "is not inborn" and yet is "a maturational process dependent on a facilitating environment." These are serious questions, and from his notes following the talk, it is clear that Winnicott took them as such. So perhaps it was the case that, while Winnicott, having just written "Playing: A Theoretical Statement" (1971b), had been excited by the thought that the underlying "theme" of "The Use of an Object" was "how usage develops naturally out of play," that very idea raised a host of difficulties that he had not resolved about the origin of the destructive impulse.

That this was a reason for deleting the introductory paragraph can indeed only be speculation. But what is not speculation is that, after presenting "The Use of an Object," Winnicott continued to struggle to understand and articulate the nature of the destructive impulse that is at the heart of that paper. He *did* believe that this destructive impulse was a primary drive—indeed, that it was, or was somehow part of, *the* primary drive, even as he tried to understand how this could be so. "I realise that it is this idea of a destructive first impulse that is difficult to grasp," he wrote in notes responding to comments on his paper, and "I see that all this may have some flaw in it" (1968c, pp. 239-240).

Winnicott tried to articulate the nature of this destructive drive. In the "vitally important early stage," he wrote, it "is simply a symptom of being alive"; and this "'destructive'. . . aliveness" "starts off as a unit or unity," "prior to that which makes sense of the concept of fusion." He suggested that this refers "to such things as *eagerness*," and that the "physiological basis" "is out-breathing" (1968c, pp. 239-240, italics in original). The right word, he suggested, is perhaps *provocation*—or "perhaps the right word has not been found" (1969b, p. 245).

But why call this first drive a destructive drive? If it begins as a unity, it could not be *merely* destructive. And so he wrote, "the first drive is itself *one* thing, something that I call 'destruction,' but [that] I could have called . . . a combined love-strife drive" (1969b, p. 245, italics in original). He drew the analogy of "fire from the dragon's mouth," and quoted from "Pliny who (in paying tribute to fire) writes, 'Who can say whether in essence fire is constructive or destructive?'" (1968c, p. 239). In a different vein, Winnicott suggested that:

> The drive is [only] potentially "destructive," but whether it *is* destructive or not depends on what the object is like. Does the object *survive*, that is, does it retain its character, or does it react? If the former, then there is no destruction, or not much. [1969b, p. 245, italics in original]

There is still confusion here. The more that Winnicott pressed the idea that the destructive drive was simply "what is there in the activity that characterises the baby's aliveness" (1968c, p. 239), the more things looked like the earlier story of appetitive aggression—aggression as a part of primitive love—with destruction understood as an instinctually driven fantasy of "hurt[ing], damag[ing]," etc., the object. But this does not sit comfortably with the idea that Winnicott is constantly pressing in "The Use of an Object": the "central postulate . . . that, whereas the subject does not destroy the subjective object (projection material), destruction turns up and becomes a central feature so far as the object is objectively perceived," that what occurs in the healthy case is the "sequence . . . subject destroys object." This sounds much more like the idea of destruction as rupture that is an activity and not merely an effect, and that comes about through playful "experimenting with excursions over the line into the wasteland of destroyed reality." The important difference between these lines of thought is not, of course, whether there is actual destruction of the external object; in both cases, the object survives (when things go well). The difference is in whether there is an impulse toward separation/externality or whether that is merely a consequence of aggression plus survival.

Winnicott, I believe, came to see that he was, in fact, trying to bring together these two lines of thought. As he did, he also saw that, de-

spite his longstanding rejection of the idea of a death instinct, he was arriving squarely in the territory of Freud's distinction (and Empedocles's, to which Freud refers) between an impulse toward aggregation or "agglomerati[on]" and an impulse toward disaggregation or "seek[ing to undo, etc. etc.]"—what Winnicott will now "allow myself to call life and death instincts" (1969b, pp. 243, 245). He is coming closer to expressing the idea that the distinction between (what he is allowing himself to call) life and death instincts marks a distinction not only or especially between love and aggression, but also between *kinds* of aggression, each of which has its own relation to love. There is on the one side the aggression of appetitive love (and all that it entails); on the other is the destruction of repudiation that permits the joy of loving a separate object ("'Hullo object!' 'I destroyed you.' 'I love you'" [1969a, p. 713]).

In insisting that "the first drive is itself *one* thing," Winnicott is claiming that the first drive is *both* of these: on the one hand, a pressing in on the object, and on the other, a pushing away of it. Destruction in the sense of "dis-agglomeration" is indeed an achievement in that it depends upon a supportive environment, but it is also an inborn inclination. This destruction of relinquishment/repudiation that "develops naturally out of play with the object" and the aggression of appetite that is part of primitive love are two aspects of the same primary impulse.

I am suggesting that it is this idea that Winnicott is struggling to articulate. In reading his notes from around the time of "The Use of an Object," one gets the sense that he is circling an idea without quite being able to snatch it. He says he "could have called" the first impulse a "combined love-strife drive." But why, then, didn't he do so, and why does he persist in using the language of destruction? And what is he trying to get at in searching for "the right word," such as *provocation?* He senses that "This thing I wish to put forward is a culmination of a trend in my thinking," of which "I can now see evidence . . . in my papers of a decade ago." In this connection, he cites specifically his paper "Roots of Aggression" (1964). He does not say what idea in that paper he is referring to, but we find there this key passage on the origin of aggression:

> If we look and try to see the start of aggression in an individual what we meet is the fact of infantile movement. This even starts

> before birth . . . . A part of the infant moves and by moving meets something . . . . In every infant there is this tendency to move and to get some kind of muscle pleasure in movement, and to gain from the experience of movement and meeting something . . . . We can see that these early infantile hittings lead to a discovery of the world that is not the infant's self, and to the beginnings of a relationship to external objects. [1964, p. 233-234]

We are, of course, back at the idea of motility. Not just of movement and the experience of "continuity of being," but aggressive movement, movement that gains pleasure in finding a world and hitting up against it, in pressing in against an object that can hold the pressure, that can both yield and resist (Elkins 2015). And now this resistance is named: the survival of an object that "retain[s] its character" against "provocation" (Winnicott 1969b, p. 245).

From the beginning, or very nearly so, the motility impulse seeks this aggressive encounter, this provocation with a not-me world. Yet as noted earlier, there is a tension internal to this impulse, particularly in its more distinctly psychic form. On the one side, it entails a movement *toward:* pressing into, biting and burrowing, agglomeration and aggregation, assimilation and—in the sense in which Winnicott so often uses the term—*projection:* reaching out toward an object and making something of it, a psychic burrowing of the ME into an object. And yet at the same time, the pleasure of this encounter depends upon there being an external *world* to press in*to*, a world that is not of one's own making, that is not projection material but has "its own autonomy and life, and . . . contributes in to the subject, according to its own properties" (1969a, p. 713). So the impulse must also contain an inclination to move *away from*, separate, repudiate, relinquish, dis-aggregate, distinguish, push away, kick, etc.—to externalize in the sense (different from "projection material") of recognizing a not-me.

This is the tension that Winnicott now associates as a tension between love and strife and that starts as a unity. Who can say whether this primary drive is of pressing into or casting off, *philia* or *neikos* (Empedocles), Eros or (what I "will here allow myself to call") the death

instinct? To say that "the first drive is itself *one* thing" and that "*this unity is primary*" (1969b, p. 245, italics in original) is to say that these two movements are part of the same motility impulse, two sides of the same coin of what Winnicott once called the "life force" (1950–1955, p. 205) and now "a symptom of being alive." At the start, there is "provocation" (or that "better word" that "has not been found"), an inclination to push against an environment. This "opposition that is met through movement" is already the beginning of the end of pure subjectivity. Through this opposition there comes a "recognition of a not-me world" (1950–1955, p. 216); there is already in this a destruction of unity.

Yet this pressing up against the world is also a reduction of separation, a pushing of an incipient self onto a world, an "agglomeration." At the extreme, this would be the destruction of the difference between the me and the not-me and the evisceration of the pleasure of opposition. So there is both an inclination toward the destruction of unity and an inclination toward the destruction of difference. Strife and love. In a first drive, that is *one thing. This unity is primary.*

We are now in a position to see the sense in which the destructive drive of "The Use of an Object" is both connected to and different from Winnicott's earlier conception of a primitive "aggression of appetite" that is part of primitive love. That earlier conception highlights the oral aspect of primitive aggression: biting, fantasies of devouring, ingesting, burrowing, scooping out, etc. This destructiveness, which is part and parcel of the quality of pushing in on the object, is at first not intended—there being "not enough baby there . . . for aggression to mean anything" (1968a, p. 31)—but only "implicit" in the infant's actions. Only gradually is "aggression . . . meant" and with it the "capacity for taking responsibility (1950–1955, pp. 205, 210). And there is relief when the object survives. In all of this, there is an early "discovery of environment," "an incipient recognition of a Not-Me world" (1950–1955, p. 216).

Yet just as there comes only gradually a capacity for taking responsibility for the destructiveness of appetitive aggression, so with externality itself. The initial experience of externality is as a fact or circumstance, rather than as part of the infant's own actions. Only gradually, when

there is enough integration and when circumstances are supportive, can externality itself come to be intended. This is the destruction of relinquishment/repudiation, the object being expelled, thrown, and kicked out of reach. And with the realization of the object's capacity to survive on its own, there is joined to the pleasure of pressing against the pleasures that come from letting go.

Even here in the active expulsion of the object, appetitive aggression may well be (and perhaps always partly is) *used*. The "baby bites and scratches and kicks and pulls her hair," Winnicott wrote in "Breast-feeding as Communication" (1968a), a paper delivered (in his absence) in the same month as "The Use of an Object," and the mother's "one job . . . is to survive" (1968a, p. 30). When anger and hate come into the picture (as they do when "it is in an analysis that these matters are taking place"), they, too, are employed for the "destructive activity" that is "the patient's attempt to place the analyst outside the area of omnipotent control—that is, out in the world" (1969a, p. 714). That the object can survive this aggression is crucial. But in "The Use of an Object," Winnicott wanted to emphasize the active impulse that comes to appear in the baby's and the patient's *attempt to place the object outside the area of omnipotent control:* the development of the stage when repudiation is itself meant.

In the original presentation of "The Use of an Object," Winnicott had described that "most difficult thing, perhaps, in human development" as "the subject's acceptance of the object's position outside the area of the subject's omnipotent control"; it is this, he said, that "means that the subject destroys the object" (unpublished, b). Sometime after he gave the paper, however, he sent the New York Psychoanalytic Institute a modified version in which he made a point of correcting this too-passive version of the statement. He crossed out the word *acceptance* and handwrote the word *placing* in its stead, so that the sentence now read: "the most difficult thing, perhaps, in human development" is "the subject's *placing* of the object outside the area of . . . omnipotent control" (unpublished, c, italics added). This destruction utilizes whatever aggression is at hand. Yet as Winnicott seemed intent on emphasizing, repudiating the object as external is an act and not merely an event.

DESTRUCTION: FANTASY AND RENEWAL

I am suggesting that in "The Use of an Object" (along with the unpublished writings surrounding it), we get an understanding of aggression and destruction that is very different from what we get in Winnicott's earlier work—one that does not supplant the earlier account, but that is laid over it. It offers a bold and distinct theory of the psyche—including the idea of an original impulse, something like *provocation*—that does indeed "involve . . . a rewriting of the theory of the roots of aggression" (1969a, p. 715), and that is indeed in a "line of development that is peculiarly" Winnicott's. In all of this, there is an original and profound contribution to metapsychology.

Yet it may well be asked, when all is said and done, why it matters whether we read "The Use of an Object" in this way that I have suggested as opposed to the more standard reading. It matters, I think, a great deal. If we think along the lines of the standard reading, in which the focus is simply on the shocking survival of the object against ruthless aggression, we would naturally think of the recognition of externality purely as a conceptual achievement and a developmental stage. There *is* that (though, despite the dramatic presentation of it in "The Use of an Object," it comes gradually): "to use an object," as Winnicott puts it, the subject must have developed a capacity to use objects" (1969a, p. 713). But what, then, are we to make of Winnicott's insistence that the destructiveness at issue is not only a part of the *development* of the capacity to use objects, but also a part of the capacity itself, that the capacity to use objects *entails ongoing destruction*? "While I am loving you I am *all the time* destroying you in (unconscious) fantasy" (1969a, p. 713). Shall we read this to say that what is ongoing is the persistent shock of survival? To conclude this would be to eradicate the difference between the capacity and its lack. After all, when we encounter someone (for example, a patient) who continues to be surprised that his or her aggression does not destroy an object (such as the analyst) in reality, do we not take this precisely as evidence not of the capacity to use objects, but of a failure of that capacity?

If we think in terms of the repudiation-relinquishment-expulsion model, however, a better answer becomes available. To see it, it is helpful to situate what Winnicott says about the use of objects as part of a fundamental problem with which he had long been concerned. Stated as a "philosophical dilemma" (1970b, p. 53), the problem is this: how can I perceive a world of external objects when whatever I can perceive is from my perspective? Or, differently: how is it possible to have a relationship with external objects if they can only be for me what they are for me? Or stated not as an abstract philosophical dilemma but in terms of a project of living: how can I live in a world that feels "real . . . in the sense of being part of shared reality" if what I can make of it always involves "a bundle of projections" (1969a, p. 712)?

For Winnicott, this dilemma is bound up with the central task of carrying on that "primary creativity . . . that never ceases to have meaning, as long as the individual is alive" (1988, p. 111). The problem is that, "in our sanity," we know that "we only create what we find" (1970b, p. 53); yet at the same time, we can know that living imaginatively depends upon the capacity to maintain something of the early "feeling . . . that the world is personally created" (1988, p. 111). As I quoted earlier:

> It is creative apperception more than anything else that makes the individual feel that life is worth living. Contrasted with this is a relationship to external reality which is one of compliance, the world and its details being recognized but only as something to be fitted in with or demanding adaptation. [1971a, p. 65]

The danger is double-edged: on the one side, of being "so firmly anchored in objectively perceived reality" as to be "out of touch with the . . . creative approach to fact" (1971a, p. 67), and on the other, of allowing oneself "to pretend too well that what [one] imagine[s] is" the same as what is "actual" (1970b, p. 52), so that one is continually "feeding [only] on the self" (1969a, p. 712). The tension here is not of creativity *versus* external reality. Creativity itself—if it is genuine and not a form of "omnipotence . . . and control," or a "solo experience in a mental asylum or in the asylum of our own autism" (1970b, pp. 50, 53)—depends on being able to experience a world of real objects that are not mere projections.

And yet the imaginative or creative life requires the capacity for creating the world, and as well for setting aside those perceptions and "seeing everything afresh." The twin danger, then, is, on the one side, that the world will be seen as wholly outside of me, and my relation to it one of acquiescing "in a passive way to the demands of external reality" (1988, p. 108), and on the other, of living within one's own mind and mistaking one's projections and apperceptions for the world.

What Winnicott came to see was that to live in a *live* way requires not merely the destruction that establishes externality, but ongoing destruction in relation to external objects. This involves a destruction in fantasy, but also a destruction of something that is actual: the actual object as it was subjectively created, the once-apperceived object that has come to be taken as the perceived object. What is being destroyed in part, that is, is a relationship *between* internal and external, between the actual object as it has been perceived and the actual object.

So there is destruction here of two sorts. The first of these had been discussed by Winnicott long before "The Use of an Object": this is the destruction in fantasy that the recognition of externality allows. "There are no brakes on fantasy," he wrote in 1945, "and love and hate cause alarming effects . . . . The subjective has tremendous value but is so alarming and magical that it cannot be enjoyed except as a parallel to the objective" (p. 153). With the security of knowing that survival does not depend on the protection of the me, destruction can be permitted in "inner psychic reality, in the individual's dream life and play activities, and in creative expression" (1965a, p. 232). Objects can continue to be chomped, devoured, clawed, messed, mutilated, eaten, wasted, and eviscerated; they can also be assimilated, reconstituted, invented, and apperceived. With respect to this aspect of destruction, the contribution of "The Use of an Object" comes in understanding the development of the capacity for appreciating externality that allows a richer fantasy life.

The second sort of destruction involves the capacity to destroy objects again and again as they have been perceived. What is continually being destroyed here is the *identification* between perceived object and actual object. It is from this destructive capacity that there comes the possibility of continually reperceiving and reapperceiving the world, of having a relationship with objects that exceed one's projections. Clare

Winnicott was referring to just this when, in discussing "The Use of an Object," she called ongoing destruction "a cleansing process, which facilitates again and again the discovery of the object anew" (C. Winnicott 1989, p. 3).

These two aspects of destruction are connected. It is the recognition of the external object as independent of the subject that allows the subject to destroy the subjective object again and again. And it is the destruction of the subjective object (along with survival of the external object) that allows the external object to be rediscovered as something new with which there can be a live relationship. The experience of "maximum destructiveness [:] . . . *object not protected*" (1969a, p. 714, italics in original) is a destruction of *letting go* that is a condition of the possibility of subjective mutilation; subjective mutilation of the object is a condition for refinding it anew; and so forth.

While these two aspects of destruction are not clearly distinguished in "The Use of an Object," they are plainly differentiated in Winnicott's unpublished notes responding to comments on his paper:

> Survival of the object leads on to object-use, and this leads on to the separation of two phenomena:
>
> 1. fantasy and
> 2. actual placing of the object outside the area of projections.
>
> [1968c, p. 239]

Winnicott had long insisted that it is the aggressive impulse that "makes object relationships feel real, and makes objects external to the self" (1959–1964, p. 127). This idea was originally articulated in relation to the aggressive aspect of the primitive love impulse: "This love is originally a form of impulse, gesture, contact, relationship, and it affords the infant the satisfaction of self-expression and release from instinct tension; more, it places the object outside the self" (1954–1955, p. 265). In "The Use of an Object," Winnicott came to see the destruction of relinquishment—"objects that are . . . in process of becoming destroyed because real, becoming real because destroyed (being destructible and expendable)"—as the other side of this, and that because of both of these together, the "quality of 'always being destroyed' makes the reality

of the surviving object felt as such, [and] strengthens the feeling tone" (1969a, p. 715).

The early aggressive impulse and the later destruction of relinquishment are equally born from that primary "impulsive gesture [that] reaches out" for "opposition" and "that makes the infant need an external object, and not merely a satisfying object." Where they are successful, each contributes to the joy of the "reality in this experience" (1950–1955, p. 217). The impulse to test the survival of objects is at least in part to relinquish them *as* subjective objects so that they may be refound in the world—so that they can become the kind of objects that can get "in the way," and so that, consequently, "there can be a relationship" (1970b, p. 41). That relationship, to be fully alive, depends both on the capacity to press into the world, to project the self—imposing on the object, making something of the object, creating—and on the ongoing capacity to recognize the object as existing in its own right, to withdraw from it the claims of psychic ownership, to let it be so that it is capable of being discovered anew.

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TWO PSYCHOTIC PLAYWRIGHTS AT WORK: THE LATE PLAYS OF AUGUST STRINDBERG AND TENNESSEE WILLIAMS

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August Strindberg and Tennessee Williams both became severely deranged during their playwriting careers. Both emerged from the most intense form of their derangement and wrote plays afterward. Strindberg, however, wrote his greatest plays after his psychosis; Williams, before his. Strindberg's psychosis spurred his creativity; that of Williams severely damaged his. This paper proposes that Strindberg mastered his psychosis and that in his late plays he dramatically symbolized psychotic processes. Williams, on the other hand, could neither access nor master his, and his late plays embody the repeated, unsymbolized acting out of his psychosis within an aesthetic context. These differences between the two playwrights become clear not through analysis of dramatic characters, but through changes that each playwright made to the dramatic medium itself.

Keywords: August Strindberg, Tennessee Williams, creativity, madness, father, playwrights, autobiography, affect, psychosis, symbolization, symmetry, camp.

INTRODUCTION

One can think of many poets and painters who were deranged, but August Strindberg (1849–1912) and Tennessee Williams (1911–1983) are

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highly unusual—perhaps unique—in being playwrights who became so.[1] Both initially functioned fairly normally, but during the course of their playwriting careers became deranged. Both eventually emerged from the most intense forms of their derangement and wrote plays afterward. Strindberg, however, wrote his greatest plays after the period of his greatest madness; Williams, before his. From a purely aesthetic point of view, Strindberg's madness was a blessing in that it spurred his creativity; that of Williams was a curse in that it severely damaged his. Examination of the two playwrights' late plays helps shed light on the dramatic medium, on how each playwright altered that medium as he strove artistically to deal with his derangement, and on creativity in general.

PATTERNS OF WRITING / PATTERNS OF PSYCHOSIS

Strindberg produced no creative writing between 1892 and 1897. Instead, in the first two or so of these years, he initially engaged in scientific and then alchemical research and experiments. Between 1894 and 1896, he descended into the period of his greatest madness—the period described by many of his contemporaries and described by himself in his autobiographical *Inferno* (1898). The plays he wrote after he emerged from his inferno are arguably the most original and radically innovative in Western drama. Through the plays he wrote between 1898 and 1902, as well as through the so-called Chamber Plays written in 1907, Strindberg single-handedly created *dramatic expressionism,* the style familiar in visual art through such paintings as Van Gogh's *The Starry Night* (1889) and Munch's *The Scream* (1893–1910).

Strindberg's late plays were to influence Osborne, Beckett, Pinter, Albee, and Williams, among others. Ingmar Bergman, who believed that Strindberg's *The Ghost Sonata* (1907) was one of the most important plays in the history of drama, stage-directed the play on four different occasions, the first when he was twenty-three and the last when he was eighty-one (Törnqvist 2000). Eugene O'Neill, in the program notes to the 1922 American production of the same play, called Strindberg "the precursor of all modernity in our present theater" (cited by Stocken-

[1] For a discussion of artists and madness, see MacGregor (1989) and Sass (1992).

ström 1988, p. ix), and in his banquet speech upon winning the 1936 Nobel Prize in Literature, O'Neill declared Strindberg to be the "greatest genius of all modern dramatists . . . [and] still to this day more modern than any of us, still our leader" (O'Neill 1936).

Williams's playwriting career did not end with such an upward swing but rather followed a parabolic curve. After a series of initial apprenticeship plays, Williams created two of the great standards of the American theater—*The Glass Menagerie* (1945) and *A Streetcar Named Desire* (1947)[2]—but none of the plays he wrote after *The Night of the Iguana* (1961) was well received. His breakdown and psychiatric institutionalization in 1969, far from initiating a new creative advance in his playwriting, finalized an ongoing process of artistic decline that had begun at least eight years earlier. With rare exceptions, his plays of the 1970s and '80s have continued to evoke considerable disdain from theater reviewers, drama critics, drama scholars, and audiences.

Strindberg and Williams differ not only in the quality of their late plays, but also in the nature of their derangement. One should not say anything to diminish Strindberg's intense suffering during the period described in his *Inferno* (1898). However, in comparison to the derangement of such well-known figures as Hölderlin, Schreber, and Nijinski, Strindberg experienced what might be termed a *Goldilocks psychosis*. The psychosis put him in touch with the deepest layers of his psyche but did not destroy it; it immersed him in the psychotic aspects of himself but did not drown him in them.

Jaspers (1922), in his seminal pathography of Strindberg, concluded that he "suffered from a . . . process which we might classify as schizophrenic, paraphrenic, or paranoid. The terminology matters little" (p. 82). Jaspers noted that Strindberg experienced two thrusts into schizophrenia. The first, from 1885 to 1887, involved a descent into manic jealousy; the second and much more severe one, from 1894 to 1896, a descent into psychotic paranoia. During this latter inferno period, Strindberg believed, for example, that powers were sending him messages through cloud formations and that a Polish poet and his henchmen were following him and attempting to do him in. Carlson concluded that

[2] *Cat on a Hot Tin Roof* (1955) might be added to this short list, but since Elia Kazan had a major hand in its creation (Lahr 2014, pp. 290-310), I have omitted it.

during the inferno period, Strindberg experienced five "psychotic episodes" (1971, p. xv).

Yet except for the moments of his most intense madness, even at this time Strindberg was able to move from city to city, to arrange for his lodgings, and to take care of his basic needs. As Jaspers noted, Strindberg was not confused, stayed connected to external reality, and was able to orient himself in space and time. He continually detached himself from what was happening in his mind and attempted to make sense of it in an effort to determine whether he was sane or insane.

Williams's derangement was in many ways more severe than Strindberg's, in part because of Williams's initial psychic makeup and in part because of the nature of his derangement. Bak (2013) noted without elaboration that Williams "battled psychosis his entire life" (p. 214), and it may well be that the alcohol and drugs Williams took starting in 1949—and that he inhaled, ingested, and injected in an ever-increasing tempo after his partner's death in 1964—weakened his ability to fight that battle and contributed to his eventual breakdown in 1969. Williams's mental state became "progressively unstable" (Gussow and Holditch 2000b, p. 1022) starting in 1966. Toward the end of 1968 and beginning of 1969, Williams, "gaunt, withdrawn," was living in a "drugged out, paranoid blur" (p. 1022).

By September 1969, Williams had become confused and detached from reality. A close friend noted that he "never knew where he was most of the time . . . . He'd get paranoid and would scream and shout and cry." He insisted to another close friend that "someone was going to break into the house and kill him . . . . He was convinced there were prowlers and murderers" (Lahr 2014, p. 497). Williams's younger brother Dakin finally took him to St. Barnes Hospital in St. Louis, where Williams spent three months on the psychiatric ward. A relatively short time after his release, he returned to drink and drugs.

It could be argued that psychoanalysis can tell us little, if anything, about the differences between Strindberg's and Williams's creativity or about the qualitative differences in their late plays. Why some people recover—or partially recover—from psychosis and others do not is not psychoanalytically clear. Also not clear are the continuing effects of drink and drugs on Williams's playwriting, though it is even less clear to what

extent these were the partial cause of his bad playwriting or his own partial response to knowing that he was writing bad plays.

Finally, and perhaps above all else, one must note the differences in the innate abilities of these two playwrights, abilities that psychoanalysis cannot tell us much about. Williams has been described by one scholar as "an artist with the misfortune to outlive his talent" (Berkowitz 1992, p. 161). Strindberg has been described by another scholar as a "megalomaniac who was, in fact, a genius" (Valency 1963, p. 238). The different factors that lead to talent or genius—or, perhaps more accurately in this instance, to the differences between a minor and a major genius—as well as the factors that extinguish these are not psychoanalytically clear.

Some worthwhile observations can nevertheless be made about the factors that furthered or impeded Strindberg's and Williams's playwriting. I propose that Strindberg mastered his psychosis, and that in his late plays he bound and symbolized psychotic processes. Williams, on the other hand, could neither access nor master his psychosis, and his late plays embody the repeated, unsymbolized acting out of psychosis within an aesthetic context.

I wish to acknowledge that each of these playwrights wrote his plays not only in response to his psychosis; as I have noted elsewhere, plays are written for many different reasons (Mandelbaum 2008, 2015). A focus on psychosis here is called for, however, by the differences between each playwright's pre- and post-psychotic plays (though some of the differences in Williams's began to appear during the run-up to his final psychotic break).

STRINDBERG

An understanding of Strindberg and his late plays, as well as of the differences between him and Williams, rests on understanding some of the essential features of his highly complex psychic makeup. Especially noteworthy are two of those features, the first of which initially seems counterintuitive.

It is difficult to think of any other author who revealed himself and his mental states more fully than Strindberg did. Yet he cannot be placed in the Romantic tradition of those who strove to present themselves and their inner world subjectively through their writing; he was no Keats or

Shelley. Strindberg saw himself above all as a scientist, and although his perceptions of the world were deeply colored by his varied, sometimes irrational psychic states, he viewed his world, including those closest to him, at arm's length—from a detached, objective point of view. As a close doctor friend of Strindberg's perceptively observed in relation to his marriages, "He did not live with his wives; he kept them under constant observation. They were the object not of his caresses but of his scalpel" (cited by Sprinchorn 1982, p. 7).

The ultimate object of Strindberg's detached, scientific observation was himself. Strindberg "often claimed to have mastered the complex art of regarding himself and his life objectively. Indeed, what distinguished him from critics of his subjectivity was, according to a letter of 1895, precisely his ability 'to objectify [him]self' [*sic*]" (Robinson 1986, p. 3).

As Strindberg declared through one of his alter egos:

> In order to write my oeuvre I have had to offer up my biography, my personality. Indeed, it struck me, quite early on, that my life was put on stage for me in order that I might see it from all sides. That reconciled me to my misfortunes and taught me to think of myself as an object. [quoted by Sprinchorn 1982, p. 7]

Strindberg's continuing, deep-seated need to objectify himself and his world went hand in hand with an equally powerful need to avoid experiencing any individual aspect of these in isolation. Instead, he viewed phenomena within abstract systems. Through this process, he made sense of the world and of himself—and also detached himself from both. To cite a telling example of such thinking, while assistant librarian at the Royal Library in Stockholm (1874–1882), Strindberg taught himself enough Japanese and Chinese to make out the library's holdings in those languages and to classify and catalogue them (Meyer 1985).

In a similar vein, Johannesson (1968) noted that "Strindberg is undoubtedly one of the most persistently autobiographical writers in the history of modern literature" (p. 3), but he also commented: "Although Strindberg writes about himself and his experiences, this autobiographical foundation is irrelevant, because the schemes of meaning underlying his constructed plots are clearly designed to illustrate psychological theories concerning the nature of the self" (p. 6).

One might conclude from Strindberg's need to objectify and systematize his inner and outer worlds that he had an obsessive character structure. However, one can view him more fruitfully and richly through Britton's (1998) elaboration of Rosenfeld's (1987) distinction between *thick-skinned narcissists* and *thin-skinned narcissists.* Later in this paper, I will examine this distinction in greater detail when comparing Strindberg and Williams; here I will touch on just one side of it in regard to Strindberg. Britton noted that some patients exhibit both a thick skin and a thin one, sometimes during the same session, but that they tend to fall into one or another of these categories overall. The thick-skinned narcissist, such as I propose Strindberg was, experiences a combined objective and subjective point of view as catastrophic, and avoids the catastrophe by adopting an objective point of view. As Britton noted of one such patient:

> She feared chaos if anything to do with her maternal relationship should ever enter into the world of order provided by her own systematic thinking. Initially she organized her analysis along systematic lines. Her relationship with her analyst was to do with logic and empirical observation; ideas were abstract and perceptions objective . . . . Her references to herself were all objective, and she expected objective explanatory interpretations. [1998, p. 51]

Strindberg's thick skin, I propose, affected how he dealt with his psychosis. His thick skin initially would have kept it at bay, for the objectification and systematization armored him against the chaos awaiting him in his psychotic core. His thick skin also helped him intermittently to contain his psychosis during his descent into it. During the inferno period, he continually detached himself from his internal states and tried to make sense of what was happening in his mind; such a process repeatedly helped him to reintegrate as he came back to himself after being pulled under by the darkest moments of this period.

There can be little doubt that Strindberg's initial psychic makeup was also the center around which much of his personality reshaped itself toward the end of his inferno. Strindberg cannot be said to have emerged from his psychosis; rather, as Jaspers (1922) noted, he inte-

grated the psychotic parts of himself into his psyche. Sprinchorn (1982) observed that Strindberg was an atheist before the inferno period but emerged from it a transformed man. The

> . . . convert to atheism went through a psychological and intellectual crisis and emerged a Swedenborgian mystic. Everyone was astonished, Strindberg's friends as well as his enemies—even Strindberg himself. The man he had been was now a stranger to him. [p. 1]

Strindberg's transformation, while remarkable, is not surprising. Through Swedenborg, he acquired a new worldview, a new way of perceiving reality, a new sense of his past and present life, a new eschatology, a new way of understanding his madness—in sum, a new abstract system within which to view the world and himself objectively.

The content of this mysticism, as well as Strindberg's use of it, has been superbly examined by Stockenström (2002) and lies outside the scope of this paper. In brief, in emerging from the inferno as a mystic, Strindberg came to believe, among other things, that everyday reality was merely a shadow of a higher, hidden reality; that his severe guilt feelings were the result of crimes and sins he had committed in previous lives or that were committed by his doppelgänger; that the extraordinary suffering he luxuriated in as a narcissistic masochist was a mark of his greatness, as well as a sign that he had been selected by God to be purified and transformed into a higher state of being; and that everything that happened had a purpose and a transcendent meaning.

The use of an ordered system to account for what happens to oneself, as well as to make sense of the world, is evident in other psychotics. Strindberg, however, differs from others in that his system was not a self-created, solipsistic one involving a withdrawal from reality. Strindberg found his system ready-made in the world, where he also found many other mystics with whom he made extensive contact, and his turn to Swedenborg's ideas thus involved not only a withdrawal from reality, but also a deeper immersion into it. Another way in which Strindberg differs from others is that he was a playwright with a powerful need to symbolize his inner states through playwriting. And just as he incorporated his psychosis into his psyche as he emerged from his inferno, so, too, did

he incorporate it into his plays. As Johannesson (1968) noted, within Strindberg after the inferno, "knowledge of the unconscious is no longer repressed but integrated" (p. 16).

Strindberg's newfound "knowledge of the unconscious" had little to do, however, with the repressed unconscious. Rather, Strindberg now accessed and consciously used psychotic processes themselves. Put another way, he detached himself sufficiently from the pressure exerted by hitherto unconscious but now conscious processes to shape them and their results into dramatic form. This symbolization is evident in Strindberg's best-known post-inferno works—*To Damascus, Part 1* (1898), *A Dream Play* (1901a), and *The Ghost Sonata* (1907)—but it is already evident in rudimentary form some ten years earlier in *The Father* (1887), his first play to win international acclaim and, as Dahlström (1930) cogently argued, also his very first expressionist play.

The Father is based on Strindberg's marriage to Siri von Essen, his subsequent doubts about her faithfulness, his manic jealousy, and his ensuing questioning of whether his children with her were actually his own. In creating the play, Strindberg did not, however, draw closer to his subjective marital experiences; instead, he objectified and systematized them. As Dahlström (1930) noted, in *The Father,* Strindberg is "objectifying what passes through his soul" (p. 100), and the play is thus "the objectification of the subjective" (p. 87). In the play, Dahlström observed, this objectification occurs because the "autobiographical material is typified and universalized, and not moulded into an individual situation enacted in a particular social milieu" (p. 115).

The characters in *The Father* are thus not individuals with individualized feelings or interactions with others, but instead are types—that is, exemplars of the class of characters to which they belong, and their interactions exemplify the generalized class of interactions among those types. The father, the play's central character, for example, has no name and is called simply "Captain." For Strindberg, he belongs to the class of captains, and even more generally to the class of husbands and fathers, and even more generally to the class of all males and their suffering at the hands of all females. In sum, in the play Strindberg does not present the struggle between a George and a Martha, as Albee—heavily influenced by *The Father* as well as by Strindberg's *The Dance of Death*

(1901b)—does in *Who's Afraid of Virginia Woolf* (1962). Instead, as Dahlström (1930) noted, Strindberg in this play depicts "the ur-struggle between the ur-pair, man and woman" (p. 96).

Dahlström observed that Strindberg's move toward character typification begins with *The Father* (1887) and differentiates that play from all his previous plays. He also noted that character typification is one of the central hallmarks of the new kind of drama that Strindberg initiated with *The Father* and is evident throughout his subsequent post-inferno-period expressionist plays. As Dahlström (1930) observed: "Typical characters surge throughout dramatic expressionism" (p. 64), and "Typification is the rule in expressionistic drama" (p. 65).

Strindberg's creation of a drama based on character types did not, I propose, come about accidentally in *The Father*. As has already been noted, Strindberg's first thrust into schizophrenia, involving his manic jealousy, occurred between 1885 and 1887. *The Father* (1887) appears in the midst of these schizophrenic processes.

The nature of some of these processes was made clear by Matte Blanco in his discussion of the logical principles governing the unrepressed unconscious. Matte Blanco (1975) noted that "the study of schizophrenic thinking shows that it conforms to two definite principles" (p. 35). The first is that:

> The system Ucs. treats an individual thing (person, object, concept) as if it were a member or element of a set or class which contains other members; it treats this class as a subclass of a more general class, and this more general class as a subclass or subset of a still more general class, and so on . . . . We may call this the principle of generalization. [p. 36]

Such a process rests "*only* upon the common quality, the defining attributes, of the members or things in a set. This ignores the individuality of its members" (Rainier 1995, p. 33, italics in original). I propose that in creating dramatic expressionism with its hallmark presentation of types, Strindberg consciously used the unconscious processes embodied in the *principle of generalization*. The road to such use was at least partially paved by the objectifying and systematizing aspects of his initial psychic makeup.

Not only is Matte Blanco's first principle of unconscious processes evident in Strindberg's plays, but the second one is as well. As a mystic, Strindberg perceived what he termed "the endless continuity in the apparently great disorder" (quoted by Robinson 1986, p. 45) of the universe. He believed that since God created everything and thus was in everything, everything was related—in fact, the same as—everything else. As Strindberg noted, "'Everything is in everything, everywhere" (quoted by Robinson 1986, p. 45). As Dahlström (1930) stated, for Strindberg: "All things are one thing. Soul and body, material and immaterial, subject and object, these are anti-poles for the concept of reality but are not endowed with separate existence" (p. 53).

Embodied in such thinking, I propose, is Matte Blanco's second principle governing schizophrenic thinking, *the principle of symmetry.* One version of this principle is: "When the principle of symmetry is applied, all members of a set or of a class are treated as identical to one another and to the whole set or class and are therefore interchangeable" (1975, p. 39). Thus, if two unique phenomena have an element in common and are members of a class, then in the unconscious they are fully interchangeable—that is, symmetrical—even if they are also members of many other classes in ways that logically would make them vastly different—that is, asymmetrical.

Strindberg's late plays contain numerous examples of dramatized symmetrical thinking. The supreme examples of symmetry in both content and structure are *To Damascus, Part* 1 (1898), Strindberg's first post-inferno play, and *A Dream Play* (1901a), generally considered his greatest achievement. In the three *To Damascus* plays, Strindberg dramatizes his spiritual journey during his inferno, in particular his initial struggle against and final acceptance of God the Father and hence of the paternal presence as an all-powerful force controlling the world and his own life. In *To Damascus, Part* 1, Strindberg's alter egos—embodied symmetrically by the "Stranger," the "Beggar," and "Caesar"—fail to achieve the humility and self-abnegation required to fully accept God. This lack of full change is reflected in the play's extraordinary structure.

To Damascus, Part 1 is organized in a highly unusual manner, one that has been noted by Strindberg scholars (e.g., Sprinchorn 1982) and that is primarily found in works transmitted within an oral tradition,

such as the Bible's Old Testament and Homer's *Iliad* (Douglas 2007). The seventeen scenes in the play are arranged as a ring: that is, there is a sequence of eight scenes leading up to one central event/scene, and variations of the preceding scenes are then repeated in reverse order in eight more scenes after that event: A, B, C . . . H, I, H1 . . . C1, B1, A1. Not only is each scene on one side of the ring symmetrical with the scene on the other, but the movement from scene to scene within the ring is symmetrical as well.

From one point of view, the narrative advances as the play unfolds. From another point of view, the forward and backward movements of events involving the central unchanged character are symmetrical. As Matte Blanco (1975) noted, in the unconscious, "(event) y follows after (event) x = (event) x follows after (event) y" (p. 39).

Symmetry is also evident in the content and structure of *A Dream Play* (1901a). The central theme of the play is that people's hopes and expectations in life are always dashed and that to live is to suffer. But the play does not present that dark theme through one action consisting of a temporal succession of moments, as does, say, Chekhov's *Three Sisters* (1901), which embodies a similar theme. *A Dream Play* (1901a) does so, instead, through a sequence of symmetrical scenes.

For example, in one scene, a soldier appears as a young man, then immediately afterward as a middle-aged one, then immediately after that as an old one, and finally as an aged one. In each case, he waits for his beloved to leave the theater where she performs, but she never does so, and his lifelong wait is in vain.

In the next scene of *A Dream Play*, a lawyers appears, his face deeply etched by his continual exposure to human misery and depravity, as well as the hopelessness of changing these. Soon afterward, a young, idealistic couple fall in love, get married, and then appear in their impoverished married state, their idealism destroyed and their love in tatters. The soldier, lawyer, and young couple are interchangeable versions of each other and exemplify the play's theme. The play, then, is not a series of moments sequentially arranged, but one timeless moment of truth symmetrically manifested in various ways.

The content of the scenes in *A Dream Play* exemplifies Strindberg's conscious use of yet another unconscious process. Evert Sprinchorn (1982) noted of the play:

> No other play in world literature contains so many pictures and images, scenes and characters that are quickly and lastingly imprinted on the mind. But the literary critic tends to overlook the pictures or refuses to examine them with care, preferring to look for meaning where he always found it before: in the words, in the plot, in the characters. [p. 154]

A Dream Play (1901a), in sum, is constructed around pictures—sometimes stationary, sometimes briefly enacted—each one accompanied by powerful affects, and the play, rather than advancing through a narrative defined by the continuing verbal interaction among characters, moves instead from one affect-saturated picture to another.

Much of this is true of others of Strindberg's expressionist plays; even when there is a narrative, as there is, for example, in *The Ghost Sonata* (1907), each segment of that narrative is almost invariably built on powerful visual images. Strindberg in such plays thus symbolizes his inner states through pictures—or, more precisely, he continually transforms inchoate inner states into visual images through processes described by Bion (1962). In Bion's terms, the visual images produced by Strindberg, his *unconscious waking dreams,* were not, however, hidden from him, as they are for most people, nor were they accessible to him only during moments of reverie. Instead, he seemed able frequently, if not continually so, to access the pictorial elements of his waking dreams to detach himself enough from those dreams, to give them dramatic shape, and to integrate them into his plays.

At times, Strindberg's pictures are relatively simple. At one of the climactic moments of *The Father* (1887), for example, the enraged captain, driven mad by his wife, throws a lamp at her. That visual image symbolizes the captain's loss of his mind—his loss of the light of reason, his loss of his ability to think, and his need to act violently instead. Here the visual image for Strindberg also symbolizes the ultimate truth of what the captain's wife did to him, as well as what the ur-woman does to the ur-man in the battle of the sexes.

At other times, as in *A Dream Play* (1901a), Strindberg dramatizes picture after picture, each the symmetrical equivalent of the other. At yet other times, the pictures are remarkable visual representations of highly complex affective and cognitive states. Throughout *A Dream Play*, for ex-

ample, a castle, fertilized by the muck around it, grows. At the very end of the play, the castle—with a bud on its roof—begins to burn, and in the italicized stage direction with which Strindberg ends the play: "*Music can be heard. The backdrop is illuminated by a wall of human faces, questioning, grieving, despairing . . . . As the castle burns, the flower bud on the roof bursts open into a giant chrysanthemum* [*sic*]" (1901a, p. 264). This visual image is a pictorial representation of Strindberg's own sense of his transformation into a higher state of being, as well as a symbol of the more purified state he believed that man can achieve through his suffering.

Strindberg's incorporation of psychotic processes into his plays, as well as his mastery of those processes, reveals itself in at least one other of their central features, one requiring a consideration of changes in dramatic characters and of what I would term *dramatic speed.* Perhaps the most difficult thing to portray convincingly in drama is character change—change in a character's view of himself, in his mental state, in his beliefs, in his habitual modes of behavior, in what he is prepared to do or not do, and so on. By *dramatic speed,* I mean the rate at which such change occurs in a scene or during the course of a play. For example, Lady Macbeth persuades Macbeth to go through with the murder of Duncan in a scene of fifty-two lines (Shakespeare 1606). If the scene were three hundred lines long, the dramatic speed in the scene would be slower; if it were thirty lines, it would be faster; and if it were only three lines, it would be faster still.

In *The Father* (1887), Strindberg noticeably accelerates dramatic speed beyond the speed evident in contemporary plays. As Lamm (1948) noted in comparing *The Father* with a typical Ibsen or Dumas *fils* play: "[In *The Father*] the tempo is quicker . . . . Phases of action and points of view which earlier playwrights would have developed over several acts are confined by him to one point" (p. 211). For example, during the play, the captain begins in a sane state and ends up insane and in a straitjacket. The change in him is faster than it would be in a contemporary play and faster than it is in *Othello* (Shakespeare 1603), for example, which depicts a very similar process.

What is true of *The Father* (1887) is also true of Strindberg's subsequent *Miss Julie* (1888) and *The Creditors* (1889). As Carlson (1982)

noted, in these three plays, the playwright presents "the heart of an action in the shortest time possible" (p. 78).

In his post-inferno expressionist plays, Strindberg accelerates dramatic speed even more. As has already been noted, in *A Dream Play* (1901a), in rapid succession, a soldier appears first as a young man, then a middle-aged one, then an old one, and finally as aged. In *The Ghost Sonata* (1907), dramatic speed accelerates further. It does so because Strindberg presents changes in characters more or less instantaneously through enacted, affect-laden visual images. For example, *The Ghost Sonata* contains the following exchange between Hummel, an old man in a wheelchair, and a character called simply "Student":

> HUMMEL: Take my hand and feel how cold it is.
>
> STUDENT: Yes, incredibly! *(He tries in vain to free his hand.)* . . .
>
> STUDENT: But let go of my hand! You're draining my strength, you're freezing my blood! What do you want of me? [p. 470]

Crystallized in this exchange is the depiction of Hummel as a member of the class of humans who, vampire-like, draw the life force out of others. He is doing so with the student, who begins in a normal state in this brief exchange and ends up drained. But Strindberg, instead of writing an entire play or even a scene embodying this change, presents it visually in what is almost a flash.

Differences in speed are at the heart of the distinction made by Freud (1911) between primary and secondary processes. In terms of drama, we could note that the relatively slow interactions among characters leading to change in one of them, evident in naturalistic plays such as Ibsen's, result from and embody fully developed secondary processes within the playwright. Characters undergo change in such plays, but generally do so slowly within a dramatization of their inner world and of the social milieu they inhabit. The acceleration in dramatic speed evident in *The Father* (1887), written during Strindberg's first thrust into schizophrenia, and unmistakable in the post-*Inferno* (1898) expressionist plays, written after the second thrust, represents Strindberg's incorporation of primary process thinking into his plays. The faster the dramatic speed of his plays, the closer they are to primary processes—and, as is evident in

the accelerated speed of *Midsummer Night's Dream* (Shakespeare 1605), for example, the closer they are to dreams and dreamlike states.

Strindberg is not, however, in the grip of these processes as he composes his plays, for they do not overwhelm and master him. As is evident in the brief interaction between Hummel and the student in *The Ghost Sonata* (1907), Strindberg accesses the dreamlike, forward rush of the primary process to depict change, but then depicts a dramatic interaction between two characters that halts that forward rush.

The process evident in the Hummel–Student exchange, as well as in other such exchanges, is similar to the one that Shapiro (1950) described in Van Gogh's creation of *The Starry Night*. Shapiro noted that in many of the twenty-one preparatory sketches and paintings for *The Starry Night*, Van Gogh replicated the intense, affect-laden swirls of night sky in the swirls he embedded in the town depicted below that sky. In the final painting, however, the town contains short, ordered, parallel lines that contrast with the impassioned swirls of the sky above. As Shapiro notes: "Van Gogh does not surrender passively to his exciting vision; he is able to detach himself as an artist and to seek an articulation which increases the emotional charge by opposing to its obvious effects other elements of contrast" (p. 100).

THE FATHER AND THE FRAME

One of the central differences between Strindberg and Williams reveals itself through consideration of each author's best-known play: *Miss Julie* (1889) and *The Glass Menagerie* (1945), respectively. At first glance, the plays have some similarities. Strindberg's view of himself as a member of the lower class who seduced and then married his first wife, the noble Siri von Essen, became the basis for *Miss Julie*. Williams's work at the International Shoe Company and his subsequent escape from the world of his mother and sister, Rose, became the basis for *Menagerie*. Both plays are thus based on well-known autobiographical material. Both also focus on severe harm done to a woman by a careless man: Julie goes off stage to slit her throat after her sexual tryst with Jean; Laura's heart is broken by her gentleman caller.

Perhaps most interestingly, each play also presents an invoked but absent father. He is signified in *Miss Julie* by the boots of Julie's father,

and in *Menagerie* by a photograph of the father who abandoned the family. In *Miss Julie*, however, the father makes his appearance toward the end of the play as a disembodied voice on an intercom addressing Jean, who upon hearing that voice immediately subjugates himself to the paternal presence. In *Menagerie*, on the other hand, the father remains missing throughout the play.

Without a father, it goes without saying, there can be only a duality—a mother and a baby. But as Green observed during his discussion of Winnicott, "There is no such entity as a baby with his mother. No mother-child couple exists without a father somewhere . . . . There are mothers who want to wipe out any trace of the father in the child. And we know the result: a psychotic structure. Thus we can assert that ultimately *there is no dual relationship*" (1978, pp. 294-295, italics in original). We might well ask, then, where the absent father is in *Menagerie*. The answer not only defines one of the essential differences between Strindberg's and Williams's dramaturgy, but also helps clarify one of the central reasons for Williams's eventual self-destruction as a major playwright.

To address the question of the absent father in *Menagerie,* one needs to consider more thoroughly the differences between the thick-skinned narcissist and the thin-skinned one, alluded to earlier. Britton (1998) notes that thick- and thin-skinned narcissists experience as catastrophic the coming together of the mother, as represented by the subjective point of view, and the father, as represented by the objective one. A thin-skinned narcissist avoids the catastrophe by avoiding objectivity and adopting pure subjectivity—that is, through a special relationship with or even a merger with the mother that excludes the father. Any aggression directed at the mother is displaced onto the father, who is then experienced as an aggressive, persecutory object, as well as what Britton calls a "malignant misunderstanding" one (p. 41).

I propose that Williams, unlike Strindberg, was a thin-skinned narcissist, and that he continually strove to create plays based on his subjective view of himself and his world. As he himself said at one point: "My theory about creative art is that it must, or should be, as close to your intensely personal experience as possible" (quoted by Bak 2013, p. 18). Many of Williams's plays, in fact, can be viewed as what Ferro (1999) termed *narrative derivatives* of the underlying schematic pattern evident in the thin-skinned narcissist.

Many of Williams's plays depict an all-encompassing, dyadic relationship that is then threatened or undermined when a malignant—often aggressive—outside figure appears. In *The Glass Menagerie,* Jim, the so-called gentleman caller, breaks a unicorn's horn as well as Laura's heart. In *A Streetcar Named Desire* (1947), the relationship between Blanche and Stella is intruded on by Stanley. In *Gnädige Fraulein* (1965), the outside figure is the Cocalooney bird who pecks out the fraulein's eyes. In *Kingdom of Earth* (*The Seven Descents of Myrtle)* (1968), the outside figure is Chicken, so called because he bites the heads off chickens and drinks their blood.

Britton (1998) makes one other distinction between thick-skinned and thin-skinned narcissists that is crucial in differentiating Williams from Strindberg and crucial also in finding the missing father in *Menagerie.* The distinction entails two differing attitudes toward the psychoanalytic frame. The thick-skinned narcissist, Britton notes, respects the frame and does all he can to maintain it; for him, the frame—an external, objective given of the psychoanalytic process—helps confirm and maintain his own detached objectivity.

The thin-skinned narcissist, on the other hand, does all he can to attack and destroy the frame. For him, the frame stands in the way of his effort to be at one with the mother. Implicit in this distinction is Britton's observation that the psychoanalytic frame represents the father, as it does for Green (1978), who notes that: "In the analytic situation the third element is supplied by the analytic setting" (p. 295).

Loewald (1974) and Cassorla (2005) suggested that psychoanalysis can be viewed in some ways as a kind of theater, and if we momentarily indulge in symmetrical thinking, we might view theater in some ways as a kind of psychoanalysis. The equivalent of the psychoanalytic frame would then be the dramatic one. Like the psychoanalytic frame, the dramatic frame involves aspects of time and money. And just as the psychoanalytic frame establishes boundaries and distances, so, too, does the dramatic one. The dramatic frame requires that the play be established and maintained as an aesthetic object independent of and separate from the playwright and independent of and separate from the audience.

Implicitly, within the dramatic frame, the playwright is separate from and independent of the audience as well. Chekhov presents these sepa-

rations with his typical, gentle humor in brief notes that he wrote around 1898 for a short story he never actually composed: "In the theater. A gentleman asks a lady to remove her hat, which is impeding his vision. Murmurs, annoyance, requests. Finally, a confession: Madam, I am the author! The answer: What difference is it to me?" (cited by Finke 2005, pp. 18-19).

A full discussion of the various ways in which the dramatic frame has been maintained as well as temporarily broken in conventionalized ways in the theater, ever since Aristophanes, lies outside the scope of this paper. It is clear, however, that in *Miss Julie* (1888), Strindberg maintains the dramatic frame: there is a clear separation between himself and the play, between the play and the audience, and between the audience and himself. In Matte Blanco's terms, various elements of the content of Strindberg's plays are symmetrical, but the play, the audience, and he himself are asymmetrical; they are not members of the same class and are not interchangeable.

For Strindberg, then, there are distances and there are boundaries among the various elements of the dramatic frame. And within the space established by these distances, he can create, just as an analysand can create and heal within the distances established by the psychoanalytic frame.

It is also clear, however, that this separation is not evident in *The Glass Menagerie* (1945), for in it Williams breaks the dramatic frame. The break is not an isolated one, nor is it a conventional break, such as generally occurs at the end of a Shakespearean comedy when an actor addresses the audience directly during the *plaudite*, the request for applause. Rather, the break in the dramatic frame in *Menagerie* is a continuing part of the play, for Tom Wingfield is both a character in the play and the play's narrator. As the narrator, he directly addresses the audience before, during, and at the end of the play. The postcard that the father sent to the family with its "'Hello-Good-bye!'" (p. 401) can be said to represent Williams's own hello-goodbye to the father and to the dramatic frame as well. As Williams noted in the preface to *Cat on a Hot Tin Roof* (1955), he always wanted to have "a highly personal, even intimate relationship with people that go to see plays" (p. 877).

At least two observations about the historical context of Williams's dramatically promiscuous relationship with the audience in *Menagerie* can be made. First, two contemporary plays—Thornton Wilder's *Our Town* (1938) and John Van Druten's *I Remember Mama* (1944)—contain narrators, but neither narrator attempts to establish a direct, intimate relation with the audience in the way that Tom Wingfield does in *Menagerie*. Second, it is now universally believed that Tom's appearance as the play's narrator is an inevitable and necessary part of the play, but that was not always the case. As Krauss (2014) noted, three major, opening-night New York reviewers of *Menagerie* declared independently of each other that Williams's use of Tom as the play's narrator was dramatically unnecessary. In fact, Krauss continued, one senior reviewer declared that Williams's use of a narrator, as well as the narrator's relation to the audience, was the play's central flaw.

Menagerie can thus be separated into two parts: the *play proper*, embodying the dramatized interactions among the play's characters, and the *narrator*, embodying direct addresses to the audience. In the *play proper*, Tom escapes from home and thereby separates himself from his mother. In the *narrator* part, Tom (Williams) draws close to—and attempts to become at one with—the mother-as-audience by destroying the father-as-frame. The play can be viewed as an enactment between Williams, using the *narrator* part of the play to break down the formal barriers between himself and his mother-as-audience, and the actual audience, breaking down the formal barrier between itself and the play—that is, between itself and the mother-as-aesthetic-object. What Williams attempted to achieve *through* the play, it should be noted, he actually achieved *by means of* the play. He assigned half the enormous money-making rights of *Menagerie* to his mother. No longer financially dependent on Williams's father, she left him.

Although *The Glass Menagerie* can be divided into two parts, these two parts, as well as the impulses dramatized in each, are balanced; neither part subsumes the other. The two parts are, moreover, integrated into a novel and complex dramatic construct. Equally important, the powerful affects embodied in the play, especially Tom's guilt at having abandoned his sister, are grounded in the characters, their circumstances, and their interactions with each other; the affects are thus integral to the play. No

matter how close the affects might be to those of Williams himself, they are separated from him and are fully symbolized dramatically. Williams, in short, is in *Menagerie* the master of his internal world, and the play is his creative, adaptive effort to integrate and satisfy his varied needs.

As will shortly become clear, however, the balance between Williams's needs in the *play proper* and the need to establish oneness with his mother through the *narrator* part increasingly began to shift from the former to the latter as he descended into his psychosis. As a result, Williams in his late plays repeatedly destroyed the distance between himself and his audiences, between his audiences and his plays, and between himself and his characters. The resulting plays are then by and large the metastasized *narrator* parts of *Menagerie* with little left of its *play proper*.

In sum, in crafting his late plays, Williams, hemmed in by collapsed spaces, was left with little, if any, room within which to create. From a different, seemingly paradoxical point of view, Williams, bereft of boundaries and barriers, was surrounded by unbounded, infinite space (Lombardi 2016), and within such a state only God can create.

WILLIAMS

From the time he was eight on into early adulthood, Williams's extant letters to his mother, Edwina, show a repetitive pattern: "For the prude and the social climber in Edwina, Tom [Williams] crafted letters that bespoke a choir boy's innocence and that claimed acceptance by leading families and literary figures encountered on his travels" (Devlin and Tischler 2000, p. xiii).

As this observation suggests, Williams and his mother had a symbiotic relationship. The mother basked in his claimed but only imaginary social and literary importance; the son basked in her adulation and the enhanced feeling of self-worth it engendered. As Lahr (2014) succinctly noted in his acclaimed biography, Williams was "joined to [Edwina's] apron string by a shared fantasy of self, a sort of grandiose co-production that became his destiny" (p. 56).

In the period following the enormous success of *The Glass Menagerie* (1945), Williams no longer had to claim "acceptance by leading families and literary figures," acceptance that earlier he had not actually

achieved. At a time when the theater played a much more prominent role in society than it does today, Williams, after the 1945 New York opening of *Menagerie,* became a celebrity. He was interviewed on the radio, was featured in national magazines, was instantly recognized by many members of the public, and was introduced to and hobnobbed with the elite of the entertainment world. Immediately after *Menagerie,* he became "the darling of Broadway if not almost a household name" (Bak 2013, pp. 112-113).

Williams at this point satisfied his need as a thin-skinned narcissist—not, however, in the theater, as he had tried to do earlier, but out in the world. The grandiose feeling of oneness he attempted to achieve by way of the audience-as-mother through *Menagerie,* he achieved through the world-as-mother as a result of it. In that state, he wrote his masterpiece, *A Streetcar Named Desire* (1947).

In time, the wine became vinegar. Without Strindberg's grandiosity and megalomania and with his own thin-skinned reaction to criticism of his work—with which not everyone was taken—Williams became less and less certain of his playwriting abilities, and less and less certain that he was the apple of the world's eye. Bak (2013) noted that Williams's observation in his notebook during his composition of *Cat on a Hot Tin Roof* (1955) "could have been applied to most everything he wrote after *Streetcar*" (p. 145). Williams wrote:

> What troubles me most is not just the lifeless quality of the writing, its lack of distinction, but a real confusion that seems to exist, nothing carried through to completion but written over and over, as if a panicky hen running in circles. [quoted by Bak 2013, pp. 144-145]

And in time, Williams entered middle age and lost his youth and youthful good looks, a difficult position for a gay man in the entertainment world of the 1950s. In 1949, he begins to "rely heavily on drugs"; in 1951, he "grows increasingly dependent on alcohol and drugs"; in 1954, he "drinks heavily and takes increasing amounts of drugs"; and in 1955, he "continues to rely on drink and drugs" (Gussow and Holditch 2000a, pp. 1016, 1017, 1018, 1018). In June 1957, he entered an aborted, unsuccessful analysis with Lawrence Kubie.

What Williams felt he was losing in the larger world he attempted to re-create once again through his plays. An early indication of what was to come in Williams's dramaturgy appears at the very end of *Sweet Bird of Youth* (1959), in what Berkowitz (1992) affirmed "may be the worst curtain line ever written by a great playwright" (p. 97):

> CHANCE: (rising and advancing to the forestage): I don't ask for your pity, but just for your understanding—not even that—no. Just for your recognition of me in you, and the enemy, time, in us all. (The curtain closes.) [Williams 1959, p. 236]

This direct address to the audience is not, however, actually spoken by Chance, the play's central male character. The syntax and thoughts make clear that the lines are Williams's direct address to the audience. As Lahr (2014) noted, "In these lines—too poetic and too eloquent for Chance—the character morphs into the playwright" (p. 383), and, it should be added, the playwright attempts to morph into the audience.

The severe break in the dramatic frame at the end of *Sweet Bird* is part of a constellation of breaks and near-breaks evident in the play and in its creation. When Elia Kazan first read the play, he declared it to be "the most truly autobiographical play Williams ever wrote, not," he noted, "in the way *Menagerie* was as a memory of events past but as a representation of Williams's 'here and now.'" Chance, Kazan added, was "Tennessee himself in disguise, right down to the thinning hair" (quoted by Lahr 2014, p. 378). Chance, then, as Kazan first encountered him, was not a fully neutralized symbolization of Williams, but a near-direct dramatic embodiment of Williams himself.

The affect in the play, in the original version, was also detached from the characters and not fully integrated into their interactions. In the play, despite warnings to Chance that he will be (literally) castrated if he does not leave town, he stays, and at the very end he faces men who approach to castrate him. In the play that Williams originally gave to Kazan, there was little dramatic reason for Chance to stay in town, and his passivity and subsequent castration were thus a direct expression of Williams's own sense of guilt and need to be punished.

It was Kazan who urged Williams to create clear reasons for Chance's decision to stay. As Lahr noted: "Nearly all of Kazan's strategic sugges-

tions—including the need to raise the stakes of Chance's guilt at the finale, in order to make him submit to a castration—were incorporated into Williams's final script and became part of its meaning" (2014, p. 384). Evident in the play, then, is not only a breakdown of the distance between playwright and character, and between playwright and audience at the end, but also Williams's difficulty in fully symbolizing his inner world through the dramatic medium.

The constellation of factors evident in *Sweet Bird of Youth* (1959) became intensified in Williams's late plays, written and produced without input from Kazan. In them, Williams repeatedly attempted to master and symbolize his inner life. He wrote and continually revised many of the plays, at times over a period of many years, in an effort to dramatize the various aspects of that life. His now overwhelming need to achieve oneness with his audiences, however, repeatedly undermined his work. His repeated destruction of the dramatic frame, while in many ways a creative, adaptive effort to modify the dramatic medium, just as Strindberg had modified it, is, however—like Chance's speech at the end of *Sweet Bird*—not well integrated into his plays. The destruction of the frame, moreover, does not undergo development as a dramatic device as one moves from play to play and, as will shortly become clear, is related to Williams's increasing difficulty in dramatic symbolization.

Williams's continuing effort to destroy the dramatic frame through direct addresses by characters to the audience is evident in many of his plays of the 1960s through '80s. Characters named "One" and "Two" do so at the beginning of *The Milk Train Doesn't Stop Here Anymore* (1963), the first of Williams's late dramatic failures; Claire and Felice do so during *Out Cry* (1973). A character named "Young Man" makes an extended speech to the audience in *Confessional* (1970). Toward the beginning of *Kirche, Küche, Kinder (An Outrage for the Stage)* (1979), a character called "Man" addresses the audience in a two-and-a-half-page speech. At the end of the play, the characters make their exit through the audience, at which point a character called "Wife" speaks directly to the audience. In *Vieux Carré* (1977), a character called "Writer" is both a character in the play and the play's narrator, in the latter role addressing the audience.

It is not irrelevant to note that after the negative reviews for *Small Craft Warnings* (1972), Williams attempted to attract audiences by ap-

pearing in the play as one of the actors. Inevitably drunk, he would initially talk to the audience about whatever was on his mind that evening and, often forgetting his lines in the play, would simply turn and speak to the audience then as well. In the play, "Williams himself, rather than his work, was becoming the main attraction" (Saddik 1999, p. 22).

Williams attacked the elements of the dramatic frame not only in such overt ways but also covertly through the campiness of many of his late plays. Their camp is an unsettling contrast to the seriousness of his earlier work. In *The Remarkable Rooming House of Mme. Le Monde* (c. 1982), for example, a man with an enormous penis recounts that while he was urinating on the street the previous night, a woman named Rosie O'Toole, passing by in a cab, invited him into the cab and, after seeing the size of his penis, asked him to leave it out for her. The man ("Hall") says of their interaction:

> HALL: Distinguishing characteristics? Of Miss O'Toole? The expression is to deep throat. Well she was a deep-throater, took it all the way in. However. She said, "Don't come in the oral preliminary. I want you to fuck me." I told her frankly that I was not so inclined as her general deportment had given rise to the speculation that she might be diseased. Not wishing to contract the clap or syph from her, I politely declined. She became somewhat annoyed. "Then remove your cock from my mouth, please." I did not comply with this bad-tempered request. On the contrary, I shot my load immediately down her esophagus. [p. 99]

In *Kirche, Küche, Kinder* (1979), to cite another of numerous examples of camp, a minister pushes his 290-pound wife off the Staten Island Ferry so that he can continue his affair with his organist, Fräulein Hausmitzenschlogger, who gives "wonderful head between hymns" (p. 114), is ninety-nine years old, and is pregnant after having been repeatedly raped by the minister. In the play's initial production, she was played by a transvestite.

In the play, a father, grooming his adolescent son—who has just returned from kindergarten—to become a male prostitute, asks to see his son naked from the front:

MAN: Now make a half turn so I can assess the posterior attractions—Ah there's your fortune, me laddie, waste it not in SoHo. Reserve it for uptown gentlemen who can afford to indulge the taste of Tiberius without concern for the price . . . . Proceed with all possible haste to the public rooms of posh hotels overlooking the Central Park of Manhattan . . . . Lubricate well, but howl, howl as if in insufferable pain. Shout out, I'm gonna tell Papa what you done to me UNLESS—

SON [*as he finishes dressing*]: Unless what, Papa?

MAN: He lavishes on you the whole contents of his wallet, and if this be not sufficient, advise him to draw out monies secured in the strong-box of the security vault of the lobby. [p. 129]

Such camp features in Williams's late plays lead to at least two observations (neither of which, I wish to note, has to do with their homosexual content). First, the camp rests on mockery of laws, of social mores, of the distinction between public and private, and of the difference between youth and maturity. The camp destroys the absolute standards by which anything can be measured, valued, or judged and replaces these with subjective standards. The camp is thus underpinned by an attack on—and destruction of—an objective point of view and of the paternal presence it represents. Camp, whose main practitioners all had "formidable mothers" (Booth 1983, p. 89), thumbs its nose at the father.

Second, through the camp in his plays, Williams instantaneously calls into being an in-group consisting of himself and his audience, an in-group in which everyone is at one through their sharing of the same mocking attitude. Williams's camp thus rests on his destruction of the father and on his complete sense of oneness with his audience-as-mother.

The camp elements no doubt represent Williams's adaptive efforts to integrate and satisfy his varied needs, including his needs as a thin-skinned narcissist, but they do so at a tremendous cost. By its very nature, camp does not have universal meaning and does not appeal to a broad-based audience, as *The Glass Menagerie* (1945) and *A Streetcar Named Desire* (1947) do. Camp also does not have the depth of feeling or the three-dimensional characters found in those plays. Instead, camp appeals to and titillates a small, self-selected coterie. To become at one

with that coterie, Williams in his camp plays narrowed his vision and limited his dramatic means.

Williams's merging of himself with his audience correlates, I propose, with his continuing difficulties in symbolizing his experiences and inner states through his late plays. Symbolization generally refers to the transmutation of inchoate inner states into their verbal, pictorial, or auditory representations, and it might initially seem that in writing his plays, Williams was doing precisely that. But playwrights symbolize through the dramatic medium; that medium is their language. In these terms, Williams's late plays are, with rare exceptions, not fully symbolic.

As Segal (1957) noted, symbolization rests on differentiation between self and object, as well as on separation of what is inside from what is outside the self. When such separations occur, the symbol becomes neutralized and can be used freely and creatively. When the separation does not occur, the symbol and what it symbolizes are equated; the purported symbol is the symbolic equivalent of what it ostensibly symbolizes.

Many of Williams's late plays, especially those written after 1969, when he had his breakdown, are in these terms symbolic equivalents for what they are meant to represent. The plays are by and large thinly veiled—and often not veiled at all—dramatizations of, rather than artistic transformations of, Williams's inner life or vignettes from his life. The often-intense affects in the plays, moreover, are frequently only tenuously connected to the characters and their interactions, so that the affects seem excessive in relation to the plays, which is one reason why the late plays often strike one as "hysterical." Lahr (2014), for example, noted that *In the Bar of a Tokyo Hotel* (1969) is an "unusually raw and baldly autobiographical meditation on the problem of self-envy, of the artist whose best work may be behind him" (p. 190). Clive Barnes's observation in his review of the same play—that "less self would be a distinct advantage" (cited by Saddik 1999, p. 27)—could thus be applied to many of Williams's late plays.

The repeated intrusion of Williams into his late plays differentiates them from his early, amateurish ones. Williams's early plays repeatedly deal with one of his favorite themes: libido or aggression, initially suppressed, which then surfaces, at times in an explosive way. In his early plays, Williams was able to create the characters and actions that sym-

bolize this theme. *Not About Nightingales* (1939), for example, set in a prison, ends in a prison riot in which one of the prisoners kills the warden. The characters and actions in this and other such plays may not have had great depth or resonance, but they were symbols distinct from Williams.

The late plays, on the other hand, as Berkowitz (1992) observed, show Williams's "growing inability to separate himself from his plays" (p. 163), or, as Brustein (1962) declared at the end of his negative review of *The Night of the Iguana* (1961): "There is at least one more genuine work of art left in Williams, which will emerge when he has finally been able to objectify his personal problems and to shape them into suitable myth" (p. 128).

Williams's difficulty in objectifying his inner life, in symbolizing that life through his plays, and in giving it a universalizing meaning is increasingly evident as one moves from *The Glass Menagerie* (1945) to *Sweet Bird of Youth* (1959) to *The Milk Train Doesn't Stop Here Anymore* (1963), the first of Williams's late unsuccessful plays. The distance between Williams's life and *Menagerie* is much, much shorter than the distance between Strindberg's life and *Miss Julie* (1888); there is simply less transformation of autobiography into art in the former than in the latter. And, as has already been noted, the distance between Williams and his plays shortened even further in *Sweet Bird,* at times breaking down in the play's initial version, though it was later reinstated by Kazan. The distance then disappeared more or less completely in *Milk Train*. After reviewing the play's many flaws, Saddik (1999) concludes by noting: "One main reason for *Milk Train*'s inadequacy is that in many ways it is an excessively personal play" (p. 114).

"Excessively personal" could applied to many others of Williams's late plays. Clurman, in his review of *Out Cry* (1973), noted: "Williams has always held to the romantic idea of art as self-revelation, but in this instance the mask of an objective dramatic argument is so thin that there is hardly a separation between the face and the mask" (quoted by Free 1980, p. 247). Berkowitz (1992) went even further and noted that: "The characters in *Out Cry* have no reality as human beings; they are merely the voices speaking Williams's words"; the characters, he added, "are . . . clearly the author speaking without translation into art" (p. 163).

In the Bar of a Tokyo Hotel (1969), Berkowitz observes, "is so obviously a self portrait that [Williams] breaks the bounds of the play"; *Clothes for a Summer Hotel: A Ghost Play* (1980a), he continues, embodies a "hardly disguised projection of the author's own self-pity" (p. 163). One could further note that *The One Exception* (1983) simply dramatizes a woman (Williams) being taken off to a psychiatric institution after her nervous breakdown, while *The Traveling Companion* (c. 1980b) portrays a brief interaction between Vieaux and Beaux, an aged homosexual man and his paid younger companion.

Elias (1999) noted that one of the central tasks of the creative artist is to de-privatize his work, a sublimatory process during which the work is "cleansed of all purely I-related residue" (p. 104). In these terms, as Robert Brustein (1960) declared some nine years before Williams's breakdown, Williams at some point "stopped trying to be an artist" (p. 283).

CONCLUDING REMARKS

In the seminal "Sanity of True Genius," Charles Lamb (1826) took issue with an idea about creativity and aesthetic valuation that goes back some two and a half millennia. The idea is that great works are created by mad geniuses in transcendent states of mind—or, as Plato, speaking through Socrates, would have it, "the poetry of the sane man vanishes into nothingness before that of the inspired madman's" (Plato c. 400 BC, p. 469).

Lamb begins his essay with a startling counter-assertion, namely, that the greater a creative work, the more sane is its creator:

> So far from the position holding true, that great wit (or genius, in our modern way of speaking) has a necessary alliance with insanity, the greatest wits, on the contrary, will ever be found in the sanest writers. It is impossible for the mind to conceive a mad Shakespeare. [1826, p. 272]

The implication of Lamb's assertion is that while a writer's psychosis might well give his work its distinct stamp, the psychosis—or neurosis—is only directly involved in the creation of inferior works, not great ones. Great works, Lamb asserts, are not written by anyone in a psychotic—or neurotic—frame of mind. More specifically, Lamb's assertion suggests

that although Strindberg and Williams were both psychotic, Strindberg was not psychotic when he created his late plays, whereas Williams was when he created many of his. The observations made thus far about both playwrights' late works bear out the validity of such observations.

Williams's late plays repeatedly embody his continuing need to transform his life and inner states into art, but they also embody his continuing need, direct and immediate, to become at one with his audience. Thus, what was in *The Glass Menagerie* an enactment became in many of Williams's late plays a compulsive, driven form of acting out within an aesthetic context. The result was a lack of neutral psychic space within which to create much of substance in his late plays: the decreasing inner space resulted in a decreasing outward "there-ness." The late plays thus lack the length and scope of *Menagerie* or *Streetcar;* the late plays are short plays.

They are also derivative. At times, Williams modeled his late plays on Beckett's, at times on Pinter's, at times on camp style, at times on the style of his own early plays (Saddik 1999). At yet at other times, he was "Strindbergian" (Bak 2013, p. 250).

Strindberg's late plays are admittedly not often performed. Strindberg's vision of life on earth has a medieval darkness at odds with our inherited Renaissance idea that the world is a beautiful place and that to live in it is a blessing. It would take someone like Beckett—in many ways Strindberg à la Vaudeville—to make Strindberg's dark vision palatable. Strindberg's late plays, moreover, make enormous technical demands on the theater—e.g., a castle that grows, bursts into bloom, and burns—and although they embody dramatic elements familiar to theatergoers, they also embody a multitude of strange, possibly disturbing elements rooted in psychotic processes. Perhaps most important, Strindberg's turn to typification of characters, though it allowed him to dramatize what he considered absolute truths, kept him from creating characters with whom one can easily empathize or identify in the way that one can with those of Williams at his finest.[3]

Strindberg, however, exerted dominion over his inner life in ways that Williams could not. He created the psychic space that he needed

[3] For a seminal discussion of typification and individuation in art, as well as for the relation of these to empathy, see Worringer (1906).

to draw on psychotic processes, to develop innovative techniques to dramatically shape them, and to integrate the results into coherent artistic constructs. The result was a radically new kind of drama that assimilated psychosis, much as psychosis was assimilated into many paintings, sculptures, novels, and poems in the twentieth century (Sass 1992). That kind of drama not only stands on its own, but also has come to exert enormous influence on much of the drama that has followed.

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BOOK REVIEWS

BETWEEN MIND AND BRAIN: MODELS OF THE MIND AND MODELS IN THE MIND. By Ronald Britton. London: Karnac, 2015. 160 pp.

In this book, Ronald Britton addresses several issues at the heart of the psychoanalytic enterprise. He asks: what are the hidden, unconscious models that, treated as facts, determine the form and understanding of our experience, and how do we achieve optimal self-observation with which to recognize these models as beliefs rather than facts, and thus to include them as objects rather than determinants of the psychoanalytic process?

Specifically, Britton addresses how the theoretical models of the mind that psychoanalysts cling to, promote, and apply are not facts, but constructions influenced by fantasy and the social need to give meaning to and control of reality. He identifies what he calls *mental models*, which structure our thinking and disguise our subjective reactions as facts. He asks how the analyst can achieve the necessary skepticism and objectivity so necessary to the psychoanalytic process, when we seem to hold so tenaciously and with such allegiance to what are actually mere beliefs.

Britton, a past president of the British Psychoanalytical Association and the author of several collections of essays, is an object relations clinician and theorist, but his thesis applies to every model and school of psychoanalysis. He begins with a discussion of natural belief systems that underlie our daily experience and guide us in our relationships and activities. For all practical purposes, according to Britton, life would be unmanageable if we constantly doubted these models.

He compares these natural beliefs to the findings of scientific inquiry and, specifically, to recent claims regarding the operation of the brain and the neurological underpinnings of thought. He argues convincingly that no matter how "true" these scientific and mathematical "discoveries" might be, they are on another order of organization from the natural be-

liefs and models that guide our daily lives. The application of quantum physics to our understanding of the brain might be extremely valuable, but we will never live according to Heisenberg's uncertainty principle; for all practical purposes, such a life would be unmanageable.

In the chapter entitled "Models of the Mind and Models in the Mind," Britton states:

> Thinking in models has enormous advantages for us as a species, in representing the unknowable world in a form in which we can locate ourselves and with which we can engage. But it also has disadvantages. We can become the "fly in the bottle" of our own model. [p. 47]

Trapped in our own system of beliefs that have been overdetermined by personal interests, desires, and fond theories, we may tenaciously cling to them. On the other hand, as psychoanalysts, we use our models to develop theories that we hope will hold universal validity and that can give meaning to clinical process—and, most important, to our patients' experience. If we use Bion's concept of the *container* and the *contained*, the challenge is how we make the model fit the patient, rather than making the patient fit the model. As Britton notes: "The patient's state of mind should find a home in an appropriate model in the analyst's receptive mind and not an analytic model looking for a container in the patient" (p. 49).

In chapter 7, "Myths as Models," Britton notes that the vast storehouse of myths in world culture is a rich source of models that can be of use in clinical practice, especially for psychoanalysts in Western culture. Revisiting the myth of Oedipus, Britton shows that as we expand our understanding of the larger context of Oedipus's story, we find other elements and additional meanings—specifically, the back story of Laius and his fear that his son will grow up to kill him. The fact that Oedipus was conceived as a result of Jocasta's desire, anger, and trickery evokes a fear of female sexuality and the dangers posed by the expression of women's desires. Britton proposes a new elaboration of the oedipal myth, within which he includes this male fear of desire and pleasure, as well as the resultant refusal to acknowledge parental intercourse. He closes the chapter by noting that the "to and fro" of this type of model-making

through myths (as exhibited here) has characterized psychoanalysis from the outset.

The child's healthy acknowledgment of his parents' relationship, followed by confidence in this "one world shared with two parents" (p. 65), creates a type of *triangular space* within which the child can reflect on the relationship of his parents, seeing himself in interaction while also entertaining the other's point of view. However, for many patients, the failure to close the oedipal triangle results in a persistent split in which objectivity and subjectivity are kept apart. Specifically, a fear of the destructiveness of parental intercourse, Britton believes, is the unconscious motive behind the patient's anxiety regarding the analyst's objectivity. As a result, Britton identifies two types of patients: those relying on an overly intellectualized and objective orientation toward life, resisting any introduction of emotion and feeling into sessions; and those who are emotion-based and insist on an undisturbed and complete state of empathic connection. The analyst's "objective clinical view and ideas of what might be necessary" (p. 73) promote the defensive intellectualizations of the first type of patient, on the one hand, and threaten the emotional needs of the second type, on the other.

It is the second type of patient, borderline patients, which most interests Britton, perhaps because of the way that these patients so directly and emphatically challenge the analytic process as he understands it and prefers to practice it. For these patients, the subjective sense of reality would be destroyed by another's objective view of them. The underlying fantasy is that the objective father and the subjective mother in the act of intercourse would destroy themselves and their child. Most important clinically is that these patients cannot tolerate the analyst's self-reflection—the *internal objective evaluation* that Britton believes is the defining quality of the analyst's position. This can evoke existential anxieties in the analyst, as empathy and objectivity begin to seem incompatible, and the patient comes to experience the analysis itself as an almost catastrophic threat.

Britton provides several clinical examples in which the patient demanded "perfect understanding, perfect symmetry" (p. 81) from the analyst. With these patients, the analyst's thinking and the resulting interpretations violated the need for a perfectly empathic tie and conse-

quently provoked terror. As a result, the normal activities that determine the analyst's self-experience and self-esteem are repudiated and viewed as a threat. Britton argues that the continued insistence on an analytic attitude will only confirm the patient's fears and strengthen resistance. In some instances, the analysis itself, paradoxically, compels the patient's flight from treatment.

In my experience, the clinical challenge posed by the fear of analysis that Britton describes, combined with the patient's strategies to protect him- or herself against the analyst's interpretations—as well as against the feared imposition of the analyst's models—is a frequent challenge. Whether or not readers agree with Britton's theory of the origin of these beliefs and behaviors in the oedipal complex, I think they will find his description of the clinical problem compelling and useful. Many patients require, even demand, a period of flawless attunement during periods of analysis. In these instances, the analyst is there to respond with perfect attunement, and no expression of a separate thought or intention is permitted. The analyst may find this maddening, and the analytic process feels shut down.

Britton is not very clear about what to do about this. However, in the last paragraph of chapter 10, he gives us a clue. He states:

> In such circumstances, the positive transference may attach the patient to the person of the analyst but not to the analysis. In such cases, the patient's fear that free association and acknowledgement of transference love will lead to madness needs to be exposed repeatedly. Only after this has been worked through does a freer relationship develop between the patient and his/her hidden thoughts. [p. 95]

I will discuss this important point later in this review.

In his final chapter, "The Preacher, the Poet, and the Psychoanalyst," Britton brings his discussion of the conflict between objectivity and subjectivity to a dramatic conclusion. Using John Milton and William Blake as examples of contrasting attitudes, he illustrates how both poets resorted to a contrasting type of psychopathology in an attempt to promote certain core beliefs.

It is not possible in this short review to do justice to this rich and complex chapter, so let me note only that the struggle over models,

ways of organizing and giving meaning to experience, and making truth claims is ongoing and fundamental to our cultural and relational interactions. Milton and Blake are merely extreme versions of the struggle over meaning and truth, which characterizes human life at all times and at all levels. Psychoanalysis is simply a newer set of models and beliefs that attempt to give valid meanings to experience.

One of these beliefs (which have been at the core of Western thinking for centuries) is the value of objectivity and, specifically, the possibility of what Britton calls *internal objective evaluation*. The development of this capacity to step outside one's most cherished models and think about them critically (i.e., to remain skeptical) is not only an essential capacity of the analyst, in the view of Britton and of countless others, but also a defining feature of mental health and maturity.

In contrast to Britton, I would argue that we can never actually step outside the constraints of our models and subjectivity. In fact, Britton points out that models are a necessary basis for thinking, and we are always using models to organize and give meaning to our experience. The very process of self-reflection is possible only by employing certain models that we find useful and meaningful. Although this does not mean that skepticism is not possible, is it clinically desirable? I mean, is it possible as a general position or an attitude?

The skeptical analyst takes a position that implies, if not insists, that the patient's subjectivity is not real and/or valid, and thus must be subjected to some higher order of objective "truth." Obviously, many patients may find this invalidating. Rather than skepticism, I would emphasize the clinical utility of self-reflection and inquiry. Most important, we must respect the models that our patients make use of and that are important to their self-experience and relationships. In clinical work, to imagine that we can establish some form of objective position is to risk breaching the empathic tie.

What position are we in fact taking when we say that we are being objective? I believe we are defensively retreating from the patient's experience by creating a dissociative fantasy that imagines we can dwell outside the experience of the session, apart from the ineluctable subjectivity of the relationship with the patient. This is why I think Britton's patients fear the psychoanalytic process: they experience the analyst's need to be

objective as a threatened abandonment, and the potential imposition of the analyst's model of treatment as a traumatic impingement.

There does not need to be a supposedly objective reference point in order for analysis to work. The analyst's role does not have to be that of exposing pathological beliefs to some detoxifying, corrective reality. It is enough that the analyst offers an alternative subjective organization, which comes up in contrast to the patient's organization in the interest of the patient's welfare. Patients come to analysis because their belief systems, their models, do not work for them. The analyst's role is not to disprove these beliefs; rather, it is to explore the patient's experience—to inquire in a sustained and respectful fashion into the meanings that these models hold for the patient. As a result of this process, alternatives that are no doubt already present in the patient's mind are opened up—possibilities that have long been sequestered and perhaps protected from exposure.

Regarding Britton's brief mention of the positive transference to the analyst as a person rather than to the analytic treatment per se, I agree that this is the key to therapeutic progress. But this just goes to show that our dependence on clinical models and metapsychological theories can blind us to what really matters: a sense of connection, trust, respect, and resilient collaboration that lies at the heart of the clinical relationship, no matter what the model. I assume that Britton would agree with me here—but I would also encourage him to question the traditional assumption that such positive features are merely preparatory to the true analytic work that we, as trained, credentialed experts, have a special relationship with and that is privileged over the patient's personal system of meanings.

GEORGE HAGMAN (NEW YORK)

MY MOTHER'S EYES: HOLOCAUST MEMORIES OF A YOUNG GIRL. By Anna Ornstein and Stewart Goldman. Cincinnati, OH: Emmis Books, 2004. 174 pp.

In 1944, Anna Ornstein was a healthy, happy 17-year-old girl who was eagerly looking forward to the future. As a Jew, she was painfully aware

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that she and her family were enveloped in anti-Semitism and were being subjected to increasingly virulent political oppression and suppression of their rights as Hungarian citizens. The Jewish community in the little village of Szendro lived in relative isolation, but nevertheless peacefully within the restrictions that were increasingly placed upon them by Admiral Horthy's regime. Their peace was shattered in the spring of 1944, however, by the arrival of German soldiers, some of whom were SS troops. The increasing terror Anna and her community had been feeling as the Germans drew near quickly mushroomed into panic when the Jews in the area were rapidly identified, were forced to sew six-pointed yellow stars onto their sleeves, and were targeted for extermination.

Anna's two older brothers were sent to forced labor camps, along with other able-bodied Jewish men. (One brother died of typhoid fever in Mauthausen concentration camp shortly before it was liberated, while her other brother disappeared without a trace; her father also perished.) Six weeks after the arrival of the Germans, the remaining Jews were herded together for shipment to extermination camps. It is significant that in the little reminiscences Anna composed to read to her children—one by one, over two and a half decades—she brought back to life the lost members of her immediate and extended family. Not only that: she also revivified them as warmly interactive and strikingly human. ("Writing," as Sylvia Plath put it, is "a way of ordering and reordering the chaos of experience."[1]) Anna's descriptions of her family members contrast noticeably with the much more measured and dryly factual account of what she and those around her experienced at the hands of their Nazi captors, who set out to systematically humiliate, dehumanize, and torture their victims before dispatching them.

Anna arrived at Auschwitz in a semiconscious state—after several days in which she and about a hundred other human beings had been crammed so tightly together in a boxcar that there was hardly any room to move, and most of them were unable to get to the barrel that was stuck in one corner to serve as the only (un)available toilet facility. There was no food and no water, despite the stifling heat of June 1944. Needless to

[1] Plath S. (1982). *The Journals of Sylvia Plath*, ed. T. Hughes & F. McCullough. New York: Ballantine Books, p. 280. See also: Silverman, M. A. & Will, N. P. (1986). Sylvia Plath and the failure of emotional self-repair through poetry. *Psychoanal. Q.,* 55:99-129.

say, her description of the trip is very painful to read. When they got to Auschwitz, after a rushed "selection process" carried out by the infamous Dr. Mengele, she and the women around her were stripped of family and friends, stripped of the meager belongings they had been allowed to carry with them, stripped of their clothes, and stripped of all the hair on their heads, their underarms, and their pubic areas. They were subjected to vaginal searches in the belief that they might somehow have hidden valuables there. After this they were forced to grab one ill-fitting dress apiece, along with an ill-fitting pair of shoes, from a stack of nondescript items that they were rushed past with the assistance of rifle butts.

What was yet to come is epitomized in the following passage:

> We had to move fast, picking up the first item we could grab. Did the dress fit? What about the shoes? There was no time to decide. Whether or not the dress we picked would fit was less important than whether or not the shoes we picked would fit. High heels? Summer sandals? Shoes that were several sizes too big or too small? Picking a pair of appropriate shoes could spell the difference between life and death. Without socks, ill-fitting shoes would make walking impossible. They would break the skin and create blisters that could get infected. [p. 62]

Along with other women, Anna and her mother were herded into a barnlike structure in which they were forced to sit for close to a week on a dirt floor. They were crammed together so tightly that it was impossible for them to stretch out their legs. "We learned the first lesson of camp life," Anna writes. "Survival required cooperation. We took turns leaning against each other's backs, trying to relax, trying to fall asleep" (p. 63). *Leaning on one another was to become an integral key to survival, from that point on!*

In several of the stories contained in *My Mother's Eyes,* we are told about the various forms of orchestrated, sadistic torture to which Anna, her mother, and the other women were subjected by their Nazi captors. For a time, for example, they were sent each day to a quarry, where they were forced by whip-cracking, uniformed overseers to lift stones that were so heavy that their arms drooped down close to the ground as they moved. They had to carry them from one random pile to another, for no purpose other than to torture them and sap their strength.

Anna recalls having risked being shot when she impulsively darted off to snatch up a small head of cabbage that had fallen off a truck. She and her mother hastily wolfed it down in order to temporarily reduce the mind-numbing, constant hunger that was always with them at Auschwitz.

Another story recounts an incident in which Anna and about a thousand other women were forced to go outside, to strip naked, and to stand for hours in the bitter cold of winter. Then they were herded into a building. They spent the night there, crammed so tightly together that if any of them lost consciousness, there was no possible way she could fall to the ground. In the morning, they were inexplicably released, given new clothes, and sent back to their barracks. It was a complete mystery to them—until they discovered that "the constant flow of Hungarian transports in the summer of 1944 had outstripped the capacity of the gas chambers" (p. 82).

The Nazi murder machine could eliminate huge numbers of human beings, but it could not kill all of them, and it could not eliminate irony from life. As Anna puts it, with dry, pithy understatement, "life and death depended on numbers and simple logistics" (pp. 82-83). A bit of hope sprang up when Anna and her mother were transferred to a labor camp to work in a wartime factory, but it proved to be only a little less horrible than Auschwitz itself. Wisps of hope, however, were absolutely necessary.

Anna's concentration camp memories, as they are recorded in this book, present themselves as brief eruptions of horror that she slowly allowed to surface (over a period of twenty-five years!) out of the shadowy, numbed, nightmarish daze into which they had had to be submerged. Memory traces of the constant, unremitting brutality to which she had been subjected could not have been allowed to reside in full awareness. She was able to let them rise up openly into consciousness only in tiny doses that were stretched out over a very long period of time. And she did it *only when she needed to recall them for her children,* after they asked her to tell them about what she had experienced.

Is it any wonder that very few Holocaust survivors have been inclined to speak with their children about what they went through? Or that it has taken a great many years for even a few of them to be able to write about

it—or that they have done so only after reaching an advanced age, after they have begun to worry that their history would die with them?

Anna alludes to her need to bury her horrific memories of the camps out of conscious awareness by ending the chapter about her night in a gas chamber—which her Nazi captors were unable to use *only because they had temporarily run out of Zyklon B*—as follows: "My memory of that night grew hazy in my mind because, I believe, I had never registered it fully. But it also is a night I have never completely forgotten" (p. 83).

Three things stand out to me as extremely important. One is that Anna and her mother survived in no small measure because they managed to remain close to one another and to look out for each other—as well as reaching out (sometimes at great risk) for assistance from others. A good number of people who have written about their concentration camp experiences have emphasized that their survival required looking out for themselves, first and foremost, but also looking out for and cooperating with others. *No one could manage to do it alone.* Anna makes it clear, furthermore, that clinging to hope and seizing upon tiny morsels of dignity, humanity, and bits of good fortune were absolutely necessary.

Luck played a huge part as well, as is illustrated by her recollection of escaping extermination *only* because the Nazis running the camp experienced a temporary shortage of poison gas! As her husband, Paul, put it in his introduction to her book: "Anna Ornstein's physical survival was a quirk of fate" (p. 7).

Anna meaningfully includes snippets of recollection of the (few and far between) better incidents in the camps. One involves a gloriously wonderful "bath" she and her mother were able to take when the cook and assistant cook allowed them to make use of the leftover bucket of water that they had just used to wash themselves. Another poignant memory is of her life having been saved by a camp nurse who was responsible for deciding which of the inmates brought to her were so sick that they should be gassed—but instead of doing that, this nurse closeted Anna out of sight in a little back room while she suffered an extremely severe case of dysentery!

Anna realized that she was recovering from her bout of dysentery when she found herself regaining the intense, gnawing hunger pains that had been temporarily clouded by the delirious state into which her

major illness had thrust her. But let me permit Anna to speak for herself about the Auschwitz brand of starvation:

> Miracles do happen. Somehow my mother found the core of an apple. She found it, I believe, on the street close to the camp, on the way back from the train we took every day to the factory. She saved the core of the apple for my birthday. And what a present it was! There were a few good bites left on the core. I wanted her to share it with me, but she insisted that it was my birthday, and so I ate it all. [p. 107]

In the paragraph that follows, Anna describes the abiding, powerful love of apples that she took away from the apple core incident at Auschwitz. This love included always "looking forward to eating the core" (p. 107).

Reading this reminded me of someone I met while serving in the United States Army in Frankfurt. This man was there to apply for reparations from the German government, after he had delayed doing so for many years. As an adolescent, he had spent four years hiding in a hole during the Second World War—a hole that had been dug for him under a barn in Poland. At one point, German soldiers were billeted in the barn. The farmer who was hiding my friend was unable to provide him with supplies, and he came within a whisker of dying of hunger and thirst. Finally, an opportunity arose for the farmer to slip a bag of flour and a gallon of water down to him. "It was the most wonderful feast I had ever had!" my friend told me. "I couldn't wait until I got free and could have it again! I thought about it over and over." The first thing he did after he was liberated and had regained enough strength to wander about town was to purchase a sack of flour. Trembling with excitement, he mixed some of the flour with water and sampled the result. He was astonished by what he had created and spit it out. "*It was paste!*" he declared.

Was my friend an amazingly strong and remarkable person for having survived the intense loneliness; the almost total privation; repeated wars with lice; a bout of hepatitis that rendered him jaundiced, feverish, and delirious; and the waves of suicidal depression that swept over him during the four years that he hid out in that hole in the ground? When I met him, he was emotionally shattered, unable to accurately carry out

simple arithmetical calculations—although he had been an honor student in science and mathematics in high school—and he lived in terror of being abandoned by his friends and others. (This followed his escape from his World War II "prison," where he had been totally alone for five years, after which he discovered that his entire family had disappeared without a single trace.)

And what about Anna and her mother—were they unusual and extraordinary human beings for having survived? She does not believe so. As she modestly declares: "There is nothing special about survivors; none of us is in possession of special powers. Those who have not been tried have no way of knowing their own resources, their own capacities for survival" (p. 17).

I am not certain that I completely agree with her. The will to live can be very strong. The determination to get through phantasmagoric horrors, no matter what; the willingness to do whatever it takes to do so; the courage to take huge but necessary risks; and the ability to integrate putting oneself first, but also thinking about and helping others, are qualities that people possess to varying degrees. Anna and my Frankfurt friend were fortunate to possess them to a very large extent.

So were Egon Balas, who managed to survive the ravages of both the Nazis and the Communist regime in Romania,[2] and Bernat Rosner,[3] who, like Anna, was shipped to Auschwitz along with the rest of his family. The same can be said of Basia Temkin-Berman and her husband.[4] It is no mean feat to survive what each of these people had to go through.

When Anna and her mother were finally liberated from Auschwitz, their ordeal was not quite over. They and other survivors had to scramble

[2] See the following works: (1) Silverman, M. A. (2002). The will to succeed—and the capacity to do so: a review essay on the power of positive identifications. *Psychoanal. Q.*, 71:777-800; and (2) Balas, E. (2000). *A Will to Freedom: A Perilous Journey through Fascism and Communism.* Syracuse, NY: Syracuse Univ. Press.

[3] See the following works: (1) Silverman, M. A. (2015). The Third Reich in the third person: exhuming the horrors of the Holocaust. *Psychoanal. Q.*, 84:479-492; and (2) Rosner, B. & Tubach, F. C., with Tubach, S. P. (2010). *An Uncommon Friendship: From Opposite Sides of the Holocaust.* Berkeley/Los Angeles: Univ. of California Press.

[4] Silverman, M. A. (2014). Review of *City Within a City*, by Basia Temkin-Berman. *Psychoanal. Q.*, 83:187-194.

for food and shelter, both of which were very hard to come by, as they struggled to get back to Hungary. They walked a good part of the way before they were fortunate enough to get onto a train, with assistance from a Good Samaritan. Finally, they were able to reunite with the few members of their families who had also managed to escape extermination.

Anna was reunited as well with Paul Ornstein, whom she had known for several years, and whom, while in the camps, she had decided to marry. He had been in a forced labor camp for several months before he and a friend managed to escape. He, too, had lost most of his family. He gladly fulfilled her wish for them to marry and to rebuild their lives together.

Anna, Paul, Anna's mother, and a close friend of Paul's joined forces in recovering from what they had gone through and in dedicating themselves to living rather than dying. Anna returned to school, while her mother ran an orphanage for forty Jewish children who had lost their families. Her mother helped most of them get to Palestine. Paul went to medical school in Romania, and then he and Anna both attended medical school in Heidelberg, in the American occupation zone of postwar Germany (which was a source of special satisfaction for them, considering what the Germans had done to them and their families).

After that, Anna and Paul moved to the United States, where they became psychiatrists and psychoanalysts. Is it any wonder that they gravitated toward self psychology, which focuses to a large extent on helping people get what they have needed but have not gotten from the world, so that they can develop a relatively strong, stable sense of self and of purpose in life?

The last group of stories in *My Mother's Eyes* tells of a reunion of Holocaust survivors and their attendance at the dedication of the Holocaust Memorial Museum in Washington, DC; and it focuses on trips Anna and Paul made—first by themselves and then with their children—to revisit the Auschwitz-Birkenau concentration camp in which Anna and her mother had been imprisoned and the Sisyphean-organized quarry in which they had labored. They also visited the Mauthausen concentration camp, where one of her brothers and others of her relatives perished. She makes it clear that they *had* to do this.

One implication of this book is that we must all remember what happened in Nazi Europe.[5] It cannot be swept into the dustbin of forgotten history. Genocide cannot be allowed to take place while the world looks the other way. It is important that we not forget that Adolf Hitler was encouraged by the world's very lukewarm reaction to the wholesale slaughter of Armenian Christians in post-Ottoman Turkey during the First World War.

In one of the last stories in the book, Anna writes about how she reacted, on one of their returns to Europe, to seeing the Monument of Buchenwald, near Weimar, Germany. When she spotted it, she thought: "This monument will always be part of the landscape" (p. 155). We can be thankful to Anna Ornstein and Stewart Goldman for having provided us with this book, so that it can always be part of *our* landscape.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

The Psychoanalytic Quarterly joins many of its readers and innumerable others in expressing deep sorrow at the death of Paul Ornstein on January 19, 2017, at the age of 92. His contribution to psychoanalysis and to the lives of countless individuals was inestimable.

LOOKING BACK: MEMOIR OF A PSYCHOANALYST. By Paul Ornstein, with Helen Epstein. Lexington, MA: Plunket Lake Press, 2015. 198 pp.

Looking Back: Memoir of a Psychoanalyst is more than its title suggests. While it is indeed the memoir of a psychoanalyst, it is also a Holocaust memoir, and it is a historical account of a lost world. Paul Ornstein has traveled great psychological and geographical distances from the small town in Hungary where he was born between the two world wars, to become an international, distinguished, and indeed towering figure in psychoanalysis. We are privileged to share his journey.

[5] Silverman, M. A. (2014). Review of *Never Again: Echoes of the Holocaust as Understood through Film*, by S. L. Ginsparg. *Psychoanal. Q.*, 83:2, 495-503.

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I first met Dr. Paul Ornstein in 1981, six years after my graduation from a psychoanalytic institute. My training had not included much about self psychology, and I knew that he was an expert in this area. He and his wife, Dr. Anna Ornstein, had been trained by Heinz Kohut. They had also been in a study group with him for a number of years, and Paul Ornstein was one of three disciples whom Kohut expected to carry on his legacy.

In a weeklong seminar that Paul and Anna Ornstein conducted at the Cape Cod Institute, I learned that there was much in self psychology that was compatible with my own thinking about the nature of the therapeutic process and therapeutic action in psychoanalysis. I shared Paul Ornstein's criticisms of classical psychoanalytic drive theory, and I embraced his empathic responsiveness to patients. His focus on the patient's subjective experiences as a way to enter into his or her inner world was in keeping with my phenomenological approach to analytic work. I appreciated his openness to self-scrutiny in order to better understand his own contribution to the process, as well as his willingness to share his personal reaction to the patient's experience when it moved the work forward. Ornstein's recognition of the reciprocal impact, what I would eventually refer to as intersubjectivity, was something I, too, saw as inevitable and integral to the psychoanalytic process. Further, I valued Ornstein's compassion and his recognition of the patient's strengths, as well as the fundamental vulnerability that brought him or her into the analysis. From the implicit and explicit values expressed in the seminar, I could tell that Ornstein was someone whom I could respect and admire and would like to get to know better.

In time, I did; but back then, I had no personal information about the remarkable couple teaching the seminar. I had no idea how much personal history we actually shared, including a common traumatic past. Like me, Anna and Paul Ornstein were survivors of the Nazi Holocaust who had come to New York City in 1951—the same year I arrived there in search of a better life. At the time of the seminar, analyst self-disclosure was still somewhat taboo, and very few of our psychoanalytic colleagues had written memoirs or shared autobiographical details with the world. Google was not yet a fact of life. It would take another two decades for

me to learn more about Paul Ornstein, the person, and to discover our common history.

This discovery was facilitated by some of the changes that were taking place in different sectors of society. There was a general tendency toward more openness and disclosure in the culture at large and more specifically in the field of psychoanalysis, as well as in the trauma survivor population. Toward the end of the twentieth century, a new psychoanalytic orientation was emerging, and its proponents looked differently at self-disclosure than the classical analysts had for many years. Judicious analyst self-disclosure became one of the significant elements of relational psychoanalysis; it was perceived as inevitable and deemed to be an important tool for the therapeutic alliance and for furthering the analytic process. At the same time, the memory of the Second World War was fading, and the number of Holocaust survivors was gradually dwindling; as a result, there was increased pressure to document the first-hand stories of persecution and survival. Archives were set up to record testimonies for posterity, and survivors were interviewed with increasing regularity.

In that atmosphere, a number of survivor psychoanalysts allowed themselves to be interviewed or revealed their personal lives in writing. In 1998, a biographical account of Anna and Paul Ornstein appeared.[1] It was a fascinating story about their early life in Hungary, their chance meeting during adolescence, their incredible survival of the Holocaust, and their harrowing experiences during the war, as well as their emotional reunion in its aftermath. Several years later, Anna Ornstein wrote a personal account of her Holocaust memories,[2] and now it is Paul Ornstein's turn.

Memoir writing as a genre of literature has gained importance over the years. "Memoirs, the signature literary form of the twenty-first century, speak to us privately of the most intimate aspects of life," writes Helen Epstein, a journalist and the coauthor of Ornstein's book.[3] Ep-

[1] Peck, J. M. (1998). *At the Fire's Center: A Story of Love and Holocaust Survival.* Chicago, IL: Univ. of Illinois Press.

[2] Ornstein, A. (2004). *My Mother's Eyes: Holocaust Memories of a Young Girl.* Cincinnati, OH: Emmis Books.

[3] See https://www.amazon.com/Wolf-Attic-Legacy-Hidden-Holocaust/dp/0789015501.

stein, who as a young woman wrote a groundbreaking book based on her interviews of children of Holocaust survivors,[4] introduced the concept of *intergenerational transmission of trauma* in the late 1970s. As a child of survivors herself, she has intimate knowledge of this population. Epstein's familiarity with the Holocaust culture, her expertise with this genre of writing, and her long-term friendship with the Ornsteins uniquely qualify her to co-write this important work. It is a fortuitous collaboration, and readers are the beneficiaries of a wonderful alliance.

This book is based on conversations between Paul Ornstein and Helen Epstein, which she recorded beginning in 2005, then put aside for the next ten years, resuming when the pressure of time made itself felt. At that point, Ornstein had become a nonagenarian, and there was a sense of now or never. Two years before the completion of this memoir, Ornstein experienced a recurrence of an old medical crisis that adversely affected his memory. Epstein's help in completing this work was invaluable. In his acknowledgment section, Ornstein writes: "Helen gently but with persistence prodded my failing memory to remember details that I had long forgotten" (p. 134).

We the readers of this memoir are grateful that this remarkable story will not be forgotten. It begins in Hajdúnánás, Hungary, the small town where Ornstein was born to an Orthodox Jewish family in 1924. Lovingly and with some nostalgia, he describes the town of his childhood and the place of the Jewish population in it. He depicts many of the routines of daily life that fostered the illusion that the Jews were protected against the growing hostility and anti-Semitism around them, which ultimately culminated in rabid hatred under the Nazi occupation.

Ornstein leaves the quiet town of his childhood at the age of fifteen when he enters the high school of the Jewish Seminary in Budapest. At this point, he is still struggling with the decision of whether or not to go to Palestine, or to pursue rabbinical studies, and despite strong family values of Zionism, he decides on the latter. He leaves behind his mother, father, and four younger siblings: a sister and three brothers. On the very day he arrives at the rabbinical seminary, the Second World War breaks out.

[4] Epstein, H. (1979). *Children of the Holocaust: Conversations with Sons and Daughters of Survivors.* New York: Penguin Books.

While much of Europe is occupied by Germany, Hungary is spared until 1944, the last year of the war. During this reprieve, Ornstein studies at the rabbinical seminary. While the war rages on, the young people at the seminary are busy with their studies and absorbed in their own lives. Stories they hear about what is happening in other parts of Europe are dismissed as exaggerations. In retrospect, Ornstein acknowledges that the need to deny was powerful. For him, this is an exciting time of discovery and growth; he first encounters psychoanalysis, and he meets Anna—and falls in love with both. Perhaps the shadow of war intensifies life decisions and romantic involvements. When they meet, Anna is only fourteen and he is seventeen, but he has a strong sense of what he wants and a determination to pursue it.

Similarly, as a result of his passion for psychoanalysis, which begins while he is a student at the seminary, he devours psychoanalytic literature and makes a commitment to become a psychoanalyst, which he fulfills many years later. But by the time he is ready to graduate from high school, the Germans invade Hungary, bringing an abrupt end to his plans. He is drafted, along with his father and several thousand Jewish men, into forced labor on the eastern front in Poland and the Ukraine.

This book makes important contributions to a number of areas of interest. It gives us an intimate look at a lost world: the Jewish community in Hungary between the two world wars, with the growing menace of anti-Semitism leading to the catastrophe of the Holocaust. The narrative of Ornstein's conscription into the forced labor battalion, his survival, and its aftermath represents another important contribution to the growing Holocaust survivor literature. Through his memoir, he bears witness and gives testimony—a process crucial to the survivor's recovery, as well as to the fulfillment of an obligation to this and future generations, so that the tragedy that took place is not forgotten or denied. The memoir is a memorial to a lost community of friends and relatives, and also to a lost world.

A memoir of this nature can also be viewed as a document that details how a life is lived and provides some insight into the means by which a particular individual copes with traumatic events. Like a good clinical illustration, it can help us understand how theoretical concepts translate into lived experience, but it can also challenge those theories.

In this case, when we examine Ornstein's trauma experience and his reflections on it, we note a significant discrepancy between the prevailing theoretical position on trauma and his lived experience.

Looking Back: Memoir of a Psychoanalyst seriously challenges our current understanding of the effects of massive psychic trauma. The psychoanalytic literature on catastrophic trauma consists primarily of abstract, metapsychological speculations presented in the form of sweeping generalizations that gloss over vast individual differences in the capacity of human beings to cope with traumatic circumstances. Survivors are seen primarily through the prism of psychopathology, and are often presented as one-dimensional beings devoid of complexity.

Currently, the predominant psychoanalytic trauma theory is the one advanced by Dori Laub, a child survivor of the Holocaust who co-founded the Fortunoff Video Archive for Holocaust Testimonies at Yale University, an organization that has recorded the testimony of thousands of survivors since the early 1980s. Laub and his associates have written extensively on Holocaust trauma, and this literature has been the basis of much contemporary theorizing on the subject. Because of his credibility as co-founder of the archive, Laub's ideas about survivors are widely and uncritically accepted.

Laub's basic theoretical position is that, for all survivors, the Holocaust annihilated the *good object* in the internal world, and that as a result, the survivor's ability to remember, imagine, symbolize, or represent his or her experience is severely compromised if not totally abolished.[5] According to this theory, the traumatic loss of the good object and the libidinal ties to it unleashes the death instinct.[6] Hence: "The concept of the death instinct is indispensable to the understanding and treatment of trauma."[7]

These assumptions, which lie at the heart of this theoretical position, are often presented as facts, and they are deemed universal among

[5] Laub, D. (2015). Introduction. *Contemp. Psychoanal.*, 51:216-218.

[6] Laub, D. (2005). Traumatic shutdown of narrative and symbolization: a death instinct derivative? *Contemp. Psychoanal.,* 41:307-326.

[7] Laub, D. & Lee, S. (2003). Thanatos and massive psychic trauma: the impact of the death instinct on knowing, remembering, and forgetting. *J. Amer. Psychoanal. Assn.,* 51:433-463. Quotation is from p. 434.

survivors of genocide. A *generic* survivor experience is postulated, one that is "common to all directly affected by the Nazi persecution, whether in hiding, ghettos, labor camps, or extermination camps."[8] Every survivor ostensibly suffers from the same malady, with the same dire consequences. In this conceptualization, not only are the conditions of persecution leveled, but other factors—such as the pre-trauma personality, or the age or capacities of the individual—are considered irrelevant to the essence of Holocaust trauma, which is a dreaded fear of annihilation linked to the sense of living under a death sentence.

Psychoanalysts who generally value the uniqueness of the self and self-other configurations seem to abandon this principle when it comes to the trauma of genocide. Undoubtedly, some survivors did experience a significant rupture between self and other, but the idea that the good object ceased to exist in the psyche of all survivors of the Shoah is at best a gross overstatement that fails to take into consideration the complexity and diversity of emotional responses to massive psychic trauma, as well as the multiplicity of self-states in which the survivor exists in its aftermath. The focus in these conceptualizations is on pathology, to the exclusion of a more balanced view of survivors; individual strengths are virtually ignored, and all survivors are depicted as one-dimensional.

That said, however, I want to clarify my own conviction that the effects of living through genocide are unquestionably devastating and are never truly extinguished. Some survivors were exposed to more brutality and humiliation than others, but all suffered severe losses and daily terror. One does not fully recover from such trauma; reverberations are felt for a lifetime. With such monumental losses, there is no end to the work of mourning. Wounds may heal but scars remain; the challenge is to live a full and satisfying life in spite of the nightmarish past. Ornstein heroically met this challenge.

The author lost most of his family in the Shoah. All his siblings perished; his sister died in a bomb attack in Budapest, and his three young brothers, along with his mother, were deported to Auschwitz and murdered. The only member of his immediate family to survive was his fa-

[8] Laub, D. & Auerhahn, N. C. (1989). Failed empathy—a central theme in the survivor's Holocaust experience. *Psychoanal. Psychol.*, 6:377-400. Quotation is from p. 380.

ther, who—like Ornstein himself, as mentioned—had been conscripted into a forced labor battalion. Being assigned to a labor battalion was far preferable to incarceration in a concentration camp, as Ornstein himself acknowledges; however, it was nevertheless a life-threatening situation. Charles Fenyvesi, who provides a historical context in the afterword to Ornstein's book, points out that of the 100,000 or so Jews conscripted into the labor service in Hungary, more than 40,000 lost their lives.

Ornstein felt that he was extremely lucky to have cheated death. His confinement had been relatively light—certainly when compared with his wife Anna's experience in Auschwitz. Despite all the major losses he had incurred, his attitude remained positive and confident. In his words: "I was always very much aware of what I lost. But I thought: life has to continue; I have to live" (p. 90). His miraculous reunion with Anna after liberation confirmed that he was indeed a lucky man. Despite her harrowing concentration camp experience, Anna, too, was optimistic and full of hope for the future. Apparently, trauma did not extinguish their optimism or hopefulness, as would have been predicted by the prevailing psychoanalytic theory.

It is clear to me that, in addition to good luck, Ornstein's personal gifts played a crucial role in his survival. As a young man, he demonstrated qualities that stood him in good stead in a time of crisis. He was courageous, creative, and resourceful; he had a healthy sense of self-esteem and a strong conviction about what was important to him. His tendency toward optimism prevailed despite the horrific circumstances he faced. Confronting death and hardship did not diminish his optimism but in fact reinforced his determination to survive.

Ornstein had the capacity to form deep and lasting friendships. Wherever he went, he made friends and had meaningful close relationships—some lifelong, such as that with his best friend, Steve Hornstein, whom he met at the age of four. During his seminary days, Ornstein bonded with his fellow students; one of them, Gyuri, was conscripted with him into the same battalion. There he and Gyuri became part of a group of five young men whose cooperation and support were invaluable in the struggle to survive. They protected each other, shared food and rations, and together decided on survival strategies by voting. Ornstein's loyalty was unwavering, and he was well liked by his peers.

Relationships were vital for Ornstein. One of his most poignant and revealing anecdotes highlights the fact that his attachment needs superseded even his need for self-preservation. He describes a terrifying moment when he finds himself under fire:

> Two hundred yards from the trenches, I suddenly realized that I left my jacket behind. Gyuri told me to leave it behind, afraid that the rockets would hit me. But I had photographs of Anna and my family in the pocket of that jacket and they were my talisman. Gyuri returned with me to retrieve my jacket. We then crawled back on our bellies. [p. 40]

It is clear from this quotation that for Ornstein, relationships, both internal and in real life, had the power to sustain him. His youthful optimism and healthy self-confidence, as well as his courage, were important factors contributing to his endurance. In the midst of the chaos and terror of daily life in the labor battalion, Ornstein soothed himself with a fanciful daydream: he would escape, find a farm, and the farmer's daughter would fall in love with him and hide him until the Russians arrived.

Contrary to Laub and Auerhahn's prediction (see footnote 8) that under such circumstances, the existence of empathy, of human communication, and of one's own humanity are thrown into question, this young man's optimism and healthy self-esteem prevailed; they were not extinguished by the traumatic circumstances that he encountered. In thinking about Ornstein's story, what is actually thrown into question is the theory itself. It is evident that his ability to hold on to internal good objects was unaffected by the physical and psychological assaults of forced labor. His capacity to love is intact when he reunites with Anna after the war. In fact, it seems to have deepened for both; Anna agrees to marry him.

After the war, he also reunites with his childhood friend Steve, and from that moment on, these two remain in constant close contact until the end of Steve's life in 2008. They and their wives study medicine in Heidelberg, emigrate to the United States at around the same time, purchase houses in the same community, and together with their wives become an inseparable foursome. Like so many survivors who have lost relatives, their closest friends become their family.

Reflecting on the effects of his and Anna's traumatic experiences and how they coped once the crisis was over for them, Ornstein writes:

> I can't say that, at the time, we mastered our rage and grief. We postponed dealing with them. In retrospect, I can see that we were numb in a certain way, more than we realized then. The fact that Anna and I met again brought us back to life together. I have often thought that the so-called "survival guilt" is in many ways a figment of the imagination of psychoanalysts who escaped from Europe on time. We did not suffer from "survival guilt." In spite of everything, we were able to enjoy life. [p. 54]

Here Ornstein gives us a glimpse into his understanding of how he was able to so effectively master his trauma and embark on a remarkably fulfilling life. He acknowledges that his connection with Anna was instrumental in bringing them both back to life. The relationship between them has been the center of their lives, from adolescence to old age, and they have been lifelong witnesses for each other. Elsewhere I have written that for the trauma survivor whose experience has been chaotic and fragmenting, the witnessing function is especially vital; it provides opportunities for repair through connection and integration.[9] It is interesting that both the Ornsteins are professionally identified with a theoretical orientation that places the function of *mirroring* at its center; I see mirroring as a crucial aspect of being witnessed.

My only wish is that the author had written more about how, ultimately, he was able to master his rage and grief once the numbness wore off and he allowed himself to feel its full force. As is common among this population, the focus after the Shoah has been to rebuild one's life as quickly as possible; survivors become preoccupied with the present and the future. Nonetheless, the energy and single-mindedness with which the Ornsteins pursued their career is remarkable, especially after the momentous losses they had suffered. Anna had lost her father and both of her brothers. As noted, Paul had lost his mother and all four of his siblings; both had lost countless relatives and friends as well. They had suffered hunger, physical punishment, and humiliation, and had lived through near-death experiences, yet their life force prevailed.

[9] Richman, S. (2014). *Mended by the Muse: Creative Transformations of Trauma.* New York: Routledge.

Because so much of Ornstein's narrative in *Looking Back* is framed in optimistic and positive terms, it is tempting to view his remarkable life as a testament to resilience, as if he had a unique quality that inoculates him against moments of despair. I feel a need to call attention to this because a dichotomous view of resilience predominates in our thinking about trauma: survivors are generally thought of as damaged, but if they are functioning very well and do not fit the stereotype, then they are deemed "amazingly resilient." But resilience is a more complicated phenomenon. There is an internal dialectic in the term *resilience*; one can focus on the side that expresses the triumph of having overcome a tragedy, or one can look at the debilitating long-term effects of having sustained devastating losses.[10] The survivor is both resilient and vulnerable at different times and in different situations or self-states. Survivors are not *either* damaged *or* resilient—they are both resilient and vulnerable; and like other people, they are multifaceted and have the capacity to be vibrant and engaged at one moment but depressed and despairing at another, or sometimes numb and dissociated. Ornstein hints at this complexity, but he underplays the long-term effects of the severe losses he sustained in his youth.

Although I personally do not believe that one can ever overcome catastrophic trauma, I do believe that one can live beside it in relatively peaceful coexistence in a state of healthy dissociation. The traumatized self is ever present, but for most survivors who function well in present time, it remains in the shadows until an association or a memory evokes it. While we all experience multiple and shifting self-states, the trauma survivor lives in separate worlds and different time zones. This type of dissociation is what enables him or her to function—to mourn profound losses of the past, even as s/he is able to celebrate survival and look forward to the future with gratitude and hope. This kind of dissociation has been referred to as *doubling:* that is, through a process of altered consciousness, a dual self is created, which makes it possible for the survivor to live a rich life in the aftermath of catastrophic trauma.[11]

[10] See Valent, P. (1998). Resilience in child survivors of the Holocaust: toward the concept of resilience. *Psychoanal. Rev.*, 85:517-535.

[11] See Alford, C. F. (2009). *After the Holocaust: The Book of Job, Primo Levi, and the Path to Affliction*. New York: Cambridge Univ. Press.

More than half of Ornstein's memoir focuses on life after the Shoah—the struggle to develop a career, immigration to the United States, the creation of a family, training in psychoanalysis, life as a successful psychoanalyst and teacher, and, ultimately, retirement.

After the war, Ornstein sets out to fulfill his dream of becoming a psychoanalyst. He and Anna decide that the most practical way to obtain medical degrees is to study in the U.S.-occupied zone in Germany. The fact that many of their professors had been Nazi sympathizers does not deter them from their goal; they are totally focused on the future. They do not socialize with German classmates; their community consists entirely of other Jewish students and American Jews in Germany. Ornstein describes his state of mind in Heidelberg:

> We strongly identified with our liberators, feeling secure and free, and jolly for the first time in years. The tragic experiences of the recent past were curiously submerged, at least for that magic moment in history as we were rapt with resurrection fantasy. [p. 58]

The Ornsteins graduate from the University of Heidelberg—both with medical degrees—and emigrate to the US, after which Paul continues his studies in psychiatry and, with great anticipation, begins psychoanalytic training at the well-respected Chicago Institute for Psychoanalysis.

This memoir will hold much interest for psychoanalysts because it offers a perceptive look at the early years of psychoanalysis from an insider's perspective. We have a unique opportunity to see psychoanalytic training in the 1950s, when psychoanalysis was reaching its zenith, through the eyes of a dedicated and enthusiastic candidate. But Ornstein can also be a sharp critic; he is particularly sensitive to the rigidity and arrogance he encounters in his training. Through detailed accounts of courses and supervisory experiences, we learn about some of the seminal ideas of the day and meet some of the stars of the psychoanalytic community, such as Michael Balint and Heinz Kohut. As a leading figure in the self psychology movement and a member of Kohut's intimate circle, Ornstein introduces us to Kohut, the man, as well as to Kohut, the founder of an extremely influential movement.

This book's chronological narrative ends with a time of retirement, as Ornstein enters his nineties and looks back on his life. Writing a memoir is an aspect of life review, a common process at this point in the autumn of one's life. As with life review, memoir writing can be immensely therapeutic; it helps recover memories, it fosters a sense of continuity and psychic integration, and it is a creative means by which to deal with the trauma of facing decline and death. Writing one's story can provide a sense of purpose and meaning, and it can also fulfill the desire for generativity when the writer feels that he or she is making a significant contribution to future generations.

Ornstein faces the end of life with the same courage that got him through the grave dangers he faced and overcame in his youth. He communicates a sense of acceptance of what has been and what is to come. With his characteristically positive attitude, he looks back on a long life well lived: "I'm very lucky to have had a very long life, and with the exception of the six months in 1944, enjoyed almost every minute of it" (p. 127).

But Ornstein also shares some of his profound regrets with the reader, in the following passage:

> Looking back at it at the age of ninety-one, if I had to do it all over again, I would spend more time with my children. They deserved more of my attention. I was a traditional father, the kind of father that was taken for granted in American culture of the 1950s and 1960s . . . . I was bent on professional accomplishment to the detriment of being a hands-on father. I loved very much what I was doing. I wanted to climb the academic ladder and to become not just a good, but an extraordinary analyst. [p. 122]

This sentiment is punctuated at the end of the book when in the final paragraph he confesses: "I have never said it out loud, but most important in my life have been my wife and my children, even more than psychoanalysis" (p. 129).

His end-of-life confession notwithstanding, we are grateful for Ornstein's love of psychoanalysis; it is responsible for his considerable contributions to self psychology, and for the window he has provided into the

early days of psychiatry and psychoanalytic training. The book is a gift to the psychoanalytic community and to generations of psychoanalysts.

Coda: The appendix to this book features a glossary of Yiddish and Hebrew terms, but one important term is missing: the Yiddish word *Mensch*. A *Mensch* is a person of integrity and honor, a man with impressive and rare qualities, someone to admire and respect—in short, an entirely fitting description of Paul Ornstein.

SOPHIA RICHMAN (NEW YORK)

FREUD AND WAR. Edited by Marlene Belilos. London: Karnac, 2015. 104 pp.

Freud and War is a compendium of essays assembled and edited by French psychoanalyst Marlene Belilos, originally published in French in 2011, and subjected in this volume to a number of translators.

The book is rooted in the exchange of letters between Albert Einstein and Sigmund Freud in which the great physicist seeks, at the behest of the League of Nations, to obtain from Freud his views on the possibility of "delivering mankind from the menace of war."[1] Freud responds at some length with the guarded hope that, in time, perhaps civilization might triumph over the universal plague of human aggression.

There follows what appears to be the first description published in English of a 1935 investigation of Freud and Viennese psychoanalysis by Italian fascist embassy officials. It concludes that Freud and his colleagues were all left-wing-oriented Jews, under careful observation and control, and that there was no "necessity for the creation in Italy of an Association like Freud's," since it might serve as a "front for, and be used by, political tendencies that were not necessarily favorable to fascism."[2] As a result, Italian psychoanalyst Emilio Servadio was denied his request for permission to join the Viennese Society.

Included in this volume and of some interest to the meticulous scholar is Mark Solms's translation of the original text of Freud's lecture

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on "Death and Us," given to the Vienna B'nai B'rith society in 1915.[3] A slightly altered version of this lecture had been published in the same year.[4] In some sixty footnotes, Solms points out that a number of passages of specifically Jewish interest, along with a number of jokes and anecdotes and other details, were omitted or revised in the published essay.

More compelling, perhaps, is the detailed account by Laura Sokolofsky, a Parisian psychoanalyst, of the complex relationship between Freud and his Italian follower Edoardo Weiss, who persuaded him to serve as consultant to a case involving a difficult transference problem with a young woman and her politically important father. Weiss persuaded Freud to send to Mussolini a copy of his essay "Why War?," inscribed with what has been interpreted as an ambiguous dedication. Sokolofsky elaborates the intricate details of this occasion, setting it in the context of the fascist opposition to psychoanalysis that led ultimately to Weiss's emigration to the United States.

The three succeeding chapters—informative interviews with Eugénie Lemoine-Luccioni, François Ansermet, and Phillippe de Georges—introduce a Lacanian approach to Freud's conception of the death drive and its relation to his ideas about war. De Georges, in particular, relies heavily on Lacanian language that, in parts, translates rather heavily (at least for this reader) into standard English.

In sum, this book will provide the reader with a compact, often richly literary survey—written from a largely French perspective—of the background, meanings, and impact of Freud's writings on the subjects of war and death. Usefully, it ends with a timeline—a chronology of the crucial historical events from 1914 through 1939—and a useful bibliography, heavily loaded with Lacan's writings.

AARON H. ESMAN (NEW YORK)

MICRO-TRAUMA: A PSYCHOANALYTIC UNDERSTANDING OF CUMULATIVE PSYCHIC INJURY. By Margaret Crastnopol. New York: Routledge, 2015. 268 pp.

If one rates societies' levels of civilization, material surplus will be a determining factor. Civilization is the product of surplus where reasoning,

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tolerance of truth, and love for children exceed the need for power to acquire food and especially water. *Micro-Trauma* sets out to examine the interpersonal struggles from underlying competitive states in adults. In fact, the words *developmental trauma* do not appear until the end of the book. They are also the product of economics, a struggle for supplies in which the parent competes with, rather than provides for, the child's needs, materially and emotionally, and then blames the child for its failure. Here I would borrow Shengold's apt term *soul murder*,[1] which is well described by the following words: "First you break our legs, then you curse us for limping."[2]

Most insight-oriented patients are not the victims of intense, deliberate traumatization. However, recent research on nonhuman mammals has shown that even three hours of separation per day of a newborn from its mother, over an extended period of time, prevents formation of the epigenetic code needed to turn off separation anxiety. Lifelong attachment problems result, including lowered self-esteem, rejection sensitivity, and, ultimately, isolation and depression. These discontinuities in bonding are caused not by ignorance alone, but by an incapacity for empathy—the result of the caretaker's own early traumatization.

The author lays out seven chapters exploring seven categories of micro-trauma, each bearing her invented name for the inflicted trauma. The first of these she names "Unkind Cutting Back and Its Navigation." Here and in the following chapters, she reveals her high level of civility, which reflects understanding as opposed to blame—which is, after all, the hallmark of psychoanalysis. She also allows for being wrong.

I found only one instance where the author's labeling misled her, and that was in chapter 5, "Psychic Air Brushing and Excessive Niceness." In this chapter, she presents sessions with her patient, a successful and very ambitious young man, who begins one session by extolling a psychological book, which he claims helps him understand the concepts that she has been exploring with him. She sees in this his intention to replace her by reading—a sense that she is being replaced by the book,

[1] Shengold, S. (1991). *Soul Murder: The Effects of Childhood Abuse and Deprivation*. New York: Ballantine.

[2] This was quoted to me some thirty years ago by a young man who had spent time in a mental hospital, but I am unable to verify its origin.

that is, an "unkind cutting back," the subject of chapter 1. Furthermore, she sees the patient's presumably hostile act as "air brushing" her, as concealing his aggression by praising the book rather than overtly criticizing her. He is taken aback by this interpretation, but she sticks to it.

In my understanding, the analysand was looking for approval from a respected teacher by demonstrating his intelligence, initiative, and cooperation, and thus to achieve acceptance, if not love. But even if she is right about his attack, I think it would be more useful to pursue what precipitated it, such as her absence, the fee increase, or some perceived criticism of him.

Other chapters bear the titles of the newly defined *micro-trauma*. "Connoisseurship Gone Awry" (chapter 3) has implications for supervision. "Uneasy Intimacy: A Siren's Call" (chapter 4) demonstrates how defenses can interfere with intimacy. "Unbridled Indignation" (chapter 7) analyzes a character in a tragic tale by Philip Roth called "Indignation."

Overall, Crastnopol demonstrates sensitivity to the patients' needs for understanding. Her references are invariably to those writers who demonstrate a relational point of view, beginning with Harry Stack Sullivan. She is honest in allowing for her own errors and in giving examples of writers who address *their* errors: for instance, Philip Bromberg, whose open exploration leads to improvement in both patient and analyst.

The author's openness extends to two meaningful examples of micro-traumas recently inflicted by her own parents. Her mother compares a crude act of her own with a highly sophisticated one of Crastnopol's. Although this is funny, it has developmental trauma implications in that the mother does not see her daughter's competence.

I agree with the author (and with her references to Loewald, Ogden, and other analysts on this topic) that generational conflict is not caused by infantile sexual and aggressive wishes. Conversely: "What is at stake in most moments of intergenerational friction, it seems to me, is each party's longing for narcissistic affirmation and continued attachment along with his or her desire to individuate" (p. 221). The ancient Greek tale of Oedipus and the playwright Sophocles had it right.

I return to trauma inflicted out of economic concerns. It is one that is personal to the author and is also humorous. I say *humorous* because the micro-assault occurs in the Pacific Northwest, where Crastnopol

lives, and is called "Seattle N(ice)" (p. 207). It illustrates "Unkind Cutting Back and Its Navigation." The natives are friendly to newcomers at first, but soon "cut back"—a phenomenon seen around the world. The economic good fortune of the indigenous is threatened by newcomers, whom they mock.

ERIC LAGER (PHILADELPHIA, PA)

FREUD AND THE SCENE OF TRAUMA. By John Fletcher. New York: Fordham University Press, 2013. 365 pp.

The mind of a genius is a fountainhead of originality, inspiration, fascination, and creativity for those of us who are not as intellectually well endowed. Gifted individuals can be included in this group as they may be among the first to appreciate radical new ideas. As was demonstrated by, for example, Beethoven, Picasso, Einstein, and Shakespeare, the world the genius inhabits is never quite the same afterward. And certainly in the field of psychology, the revolution brought forth by Sigmund Freud needs no introduction to this readership.[1]

Among the rather esteemed contributors to this field, certain scholars have gone way beyond the usual reading of Freud to conduct a meticulous study of his writing, examining in exquisite detail the development, elaboration, renunciation, reworking, and revising of his ideas. John Fletcher is one of those scholars. An Associate Professor of English and Comparative Literary Studies at the University of Warwick, where among other topics he teaches psychoanalytic ideas, Fletcher brings an in-depth understanding of the enormous contributions made to psychoanalysis by Jean Laplanche.

Fletcher has undertaken the translation of Laplanche's work for the English-speaking population, a long-term project. From an early Laplanche work to a more recent one, and continuing with the book that is the subject of this review, Fletcher has astutely observed and interpreted Freud's writing through a Laplanchean lens. And this lens is sharply in focus.

Fletcher clearly presents his thesis, which is to carry out

[1] See: Makari, G. (2008). *Revolution in Mind: The Creation of Psychoanalysis.* New York: HarperCollins.

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> . . . a study of the central role of trauma in Freud's thought [and to argue] . . . that it is Freud's mapping of trauma *as a scene*, the elaboration of a *scenography* of trauma, that is central to both his clinical interpretation of his patients' symptoms and his construction of successive theoretical models and concepts to explain the power of such scenes in his patients' lives. [p. xiii, italics in original]

In this way, Freud could free himself from Charcot's neurological model and incorporate his encyclopedic knowledge of literature at crucial nodal points in his thinking.

Fletcher is on firm ground here, as he has taught undergraduate and postgraduate courses on literature and psychoanalysis, as well as on psychoanalysis and cultural production. Indeed, the work under discussion here originated from a grant by the Arts and Humanities Research Board and was ten years in the making. Such a magisterial work, as he notes in an understated way, "takes time" (p. xi).

Fletcher reviews well-known historical turning points in Freud's thinking, such as his September 1897 letter to Wilhelm Fliess in which he rejects the seduction theory and considers instead a "universal event" (p. 98) in the young child's sexual development. However, it is not until 1910 that he uses the term *Oedipus complex*.[2] Along the way, Freud turns to great literature for guidance, Fletcher notes—obviously, in this case, to Sophocles's *Oedipus the King*, as well as to Shakespeare's *Hamlet*.

At another key moment in Freud's thinking—the turning point of 1919 to 1920, when he introduces his controversial death instinct[3]—Freud once again turns to literature, Fletcher emphasizes. He now draws on the work of E. T. A. Hoffmann and others pertaining to an exploration of the uncanny.[4] Here Freud fleshes out his previously described compulsion to repeat[5] and then "turns to literary texts that exemplify a repeated pattern of traumatic scenes . . . that dramatize precisely a traumatic scenography" (Fletcher, p. xv).

[2] Freud, S. (1910). Five lectures on psycho-analysis. *S. E.,* 11; see p. 47n.

[3] Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18; see p. 54.

[4] Freud, S. (1919). The "uncanny." *S. E.,* 17.

[5] Freud, S. (1914). Remembering, repeating and working-through. *S. E.,* 12.

Fletcher contends that Freud utilizes literature at times of crisis in his thinking—turning, for example, to the life and work of Leonardo da Vinci and viewing it as "thought experiments in the imaginary space of literature and painting" (p. xv).[6] Although he could have done so, Fletcher chooses not to invoke Winnicott's extremely useful concept of *transitional space* here to further elaborate his thesis.[7] Instead, he stays true to his mission to mine exclusively Laplanche's work, including Laplanche's critique of Freud.

Fletcher amplifies Laplanche's contention that Freud's monumental shift from trauma to a developmental model of neurosis linked to psychosexual stages resulted in a huge advance in thinking, but at a great cost. It resulted in the failure to appreciate that there is an adult *other* with his or her own sexuality. Laplanche described it as a shift from an essentially two-person psychology to a one-person psychology. As such, Laplanche contended, this shift was actually regressive, and he likened it to a movement from a Copernican model of trauma to a Ptolemaic one. This astronomical metaphor alluded to an ironic reversal of thinking by Freud, pointing to the great advance in man's understanding of his place in the universe. Copernicus's heliocentric theory, i.e., of the earth orbiting the sun, paved the way for a deeper understanding of the solar system and the universe. (Interestingly, Freud characterized this momentous discovery as a major narcissistic injury to mankind, on a par with his own discovery of the unconscious, which showed us that man is not even in control of his own mind.[8])

Fletcher does English-speaking analysts a great service by pointing out that Laplanche's ideas about trauma considerably pre-dated the relational model of the mind, which has gained so much prominence in psychoanalysis in the United States in the last twenty years. However, he does not remind us that other relevant works—for example, Ferenczi's "Confusion of Tongues" paper—pre-dated Laplanche's ideas.[9] Again, a

[6] Freud, S. (1910). *Leonardo da Vinci and a Memory of His Childhood. S. E.,* 11.

[7] Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *Int. J. Psychoanal.,* 34:89-97.

[8] Freud, S. (1930). *Civilization and Its Discontents. S. E.,* 21.

[9] Ferenczi, S. (1933). Confusion of tongues between adults and the child. In *Final Contributions to the Problems and Methods of Psycho-Analysis*, trans. E. Masbacher et al., ed. M. Balint. New York: Brunner/Mazel, 1980, pp. 156-167.

major aim of Fletcher's project is to teach us Anglophiles more about Laplanche, as well as to offer his own remarkable textual analysis. One does wonder, however, whether this in-depth focus comes with its own price.

Freud and the Scene of Trauma is divided into five parts. Part I, "The Power of Scenes," contains two chapters, one pertaining to Charcot's ideas and the other to Freud's ideas on hysteria. Fletcher details how Freud deciphered his patients' dramatic symptoms as disguised stories of early trauma. Although Freud's subsequent work veered away from this most important realm, it foreshadowed the work of future generations of analysts who have explored dissociated trauma.[10]

Part II, "Memorial Fantasies, Fantasmatic Memories," includes a chapter on Freud's all-important concept of *Nachträglichkeit,* or *deferred action* in Strachey's translation, though Laplanche preferred to translate it as *afterwardness.* Another chapter in this section addresses Freud's discovery that fantasy may be much more prevalent than bona fide memories of trauma in neurosogenesis. His September 21, 1897, letter to Fliess is examined by Fletcher in great detail. The culminating chapter in this section explores the so-called scenography of trauma in the Oedipus myth and how Freud applies the moral of the story to his central developmental thesis of the Oedipus complex.

Part III includes a chapter entitled "Screen Memories and the Return of Seduction," which explores Freud's study of Leonardo da Vinci's memory of finding a bird in his cradle and the possible role of his own early trauma in his artistic sublimation (see footnote 6). Part IV, "Prototypes and the Primal," consists of two scholarly chapters: one on the primal scene, drawing on the case of the Wolf Man, and a theoretical chapter on the transference.

The last section, Part V, "Trauma and the Compulsion to Repeat," addresses the controversial issue of the death drive in the book's penultimate chapter, including its relevance to the repetition compulsion. Here again, Fletcher's in-depth knowledge of both Freud and Laplanche provides the reader with an extensive textual analysis.

[10] See, for example: Brenner, I. (2001). *Dissociation of Trauma: Theory, Phenomenology, and Technique.* Madison, CT: Int. Univ. Press.

In the final chapter, we are reminded of how much Freud was influenced by Hoffmann, the early-19th-century romanticist who was something of a Renaissance man, and in particular his novella *The Sandman.* It is emphasized here that Freud's ideas about the death drive had been presaged a century earlier by Hoffmann. As Fletcher explains:

> The relationship between Hoffmann and Freud, then, is far from being a straightforward one of reflection in which metapsychology explains theoretically what literature presents in narrative form. The relationship between the two bodies of work is somewhat paradoxical. It is true that certain psychoanalytic concepts enable us to recognize and begin to analyze the inner logic of the fantastical creatures of Hoffmann's tales that had seemed to early critics, such as Sir Walter Scott and Thomas Carlyle, merely self-indulgent, morbid, or willfully eccentric, that is, that psychoanalysis can perform something of the function of the so-called master discourse. [p. 318]

As the reader can see, Fletcher's complex prose reflects his extensive knowledge of literature and his greater interest in applied psychoanalysis over clinical psychoanalysis. This emphasis at times may be a bit esoteric for those primarily interested in clinical work.

Fletcher's short epilogue restates his thesis that:

> Freud is drawn to, even magnetized by, literary and dramatic works that stage elaborate scenic sequences driven by the forces of traumatic repetition, embodied in persecutory figures of a daemonic or spectral other (Apollo, old Hamlet's ghost, the Sandman and his avatars, Cardillac and his voices) and bound to originary, traumatic—"primal"—scenes and fantasmatic prototypes. In other words, these are works that stage the very "traumatology" that Freud is in the process of apparently marginalizing or repudiating theoretically, and which he subjects to an endogenous, normalizing—"oedipal"—interpretation. [p. 349]

Thus, Fletcher makes an eruditely convincing argument that Freud's own psychology, despite his protestation, is first and foremost a trauma psychology.

IRA BRENNER (BALA CYNWYD, PA)

THE LIVES OF ERICH FROMM: LOVE'S PROPHET. By Lawrence J. Friedman, assisted by Anke M. Schreiber. New York/Chichester, West Sussex, UK: Columbia University Press, 2013. 410 pp.

Erich Fromm was a commanding figure in American intellectual life for a good part of the twentieth century, as well as a seminal contributor—though often a marginalized or overlooked one—to much of what have become the prevailing approaches of contemporary psychoanalysis in the United States. Originally trained as a classical psychoanalyst in Europe, Fromm went on to found the Interpersonal school of psychoanalysis with Harry Stack Sullivan, Frieda Fromm-Reichmann, and Clara Thompson, among others, as well as to develop his own singularly stamped, radical humanistic position, which encompassed and integrated political, philosophical, theological, ethical, sociological, and psychological conceptions into the whole cloth of his humanistic agenda for both psychoanalysis and human *being*.

As the definitive biography of Fromm was perhaps yet to be written, Lawrence J. Friedman's book was eagerly anticipated, especially given Friedman's reputation as an incisive historian of important contributors to psychoanalysis, such as Erik H. Erikson and the Menninger family. And while Friedman's volume is to be justifiably commended for the breadth of its prodigious research (including access to significant archival materials), the book disappoints in the end, as it falls short of meaningfully capturing and illuminating the essential heart and soul of Fromm, the man, and his radically humanist mission for both psychoanalysis and human being. Moreover, and of most significance for a psychoanalytic reviewer, Friedman damns with faint praise the importance of Fromm's prescient contributions to contemporary psychoanalytic ideas and clinical concerns. In fact, it may be said that a main thrust of the book seems to be to show that, in spite of his prodigious accomplishments and wide fame, Fromm was perhaps overrated.

Beginning with the title and throughout the book, Friedman seems intent on viewing and describing Fromm as a person with many so-called lives. Here he does not seem to be emphasizing the incredible breadth of Fromm's noteworthy contributions to psychoanalysis, to intellectual academic and populist scholarship, or to humankind and culture, but

instead he seems to be implying a type of fragmentary "buckshot" approach to living, or perhaps a disingenuousness to Fromm's life and exceptional contributions. Friedman casts Fromm's passion for living and his immense commitment, energy, and drive toward his radically humanist mission for both psychoanalysis and the world at large as a sort of manic-like quest to satisfy his own sense of self-importance. Friedman further implies that Fromm's activities in this regard interfered with his dedication to the difficult and perhaps more "mature" work of seeing things through to their fully realized conclusions.

To provide a working context for my views, I will briefly summarize some of the many contributions that Fromm made to psychoanalysis. His professional career spanned more than fifty years as a practicing psychoanalyst, supervisor, and teacher in a number of different countries, and was marked by his involvement as a founding member of several psychoanalytic training institutes—most notably the William Alanson White Institute in New York City. There he is considered to be one of the two foundational progenitors, along with Sullivan, of the Interpersonal tradition in psychoanalysis. It should be further noted that relational perspectives in contemporary psychoanalysis, which are perhaps currently the most dominant points of view in American psychoanalysis, take the Interpersonal tradition as central and foundational to their views on clinical theorizing and praxis.

Fromm published more than twenty-five books and some seventy articles, with his publications translated into a great many languages. His books have sold tens of millions of copies. He was for many years a worldwide best-selling author of psychoanalytic books written for both those within the discipline and the general public. He was an advisor to important members of the United States government who were interested in his views as applicable to foreign policy, and he was a founding member of the National Committee for a Sane Nuclear Policy (SANE), which evolved into today's Peace Action organization.

Fromm's prescient contributions to psychoanalytic thinking include conceptions that have become central features of contemporary interest, beginning with his early (1934) interpersonalization of Freud's thinking, in which he asserted that "a typology based on object relationships rather than erogenous zones or clinical symptomatology offers fruitful possibili-

ties" for psychoanalytic theory and practice.[1] This emphasis pre-dated by some years Fairbairn's assertions that object relations develop independently of their origination in drive reduction.

Fromm's views of the human condition were grounded in an existential appreciation of the difficulties of being human. He emphasized the

> . . . origination of the conception of psychoanalytic symbiosis and its counterpart; the necessity of negotiating individuation as central to human development; issues of authenticity and selfhood and the search for personal relevance and meaning [for both patient and analyst, both within the consulting room and their fuller lived experience]; the viability of the interface between Buddhist and psychoanalytic conceptions; a full and far-reaching appreciation of the predominant role that narcissism plays in all people's personal evolution[s] and difficulties in living; [and] the rightful relevance of ethical considerations and values in psychoanalytic theorizing and practice.[2]

Furthermore, Fromm played an instrumental role in the shift in clinical psychoanalysis from a so-called one-person psychology to that of a two-person perspective. In elaborating Sullivan's pioneering emphasis on participant observation and its implications for countertransference and the analyst's subjectivity in clinical practice, Fromm took note of the way in which Sullivan's emphasis on observation and extratransference work could sometimes be alienating or distancing.

Alternatively, Fromm pioneered the notion of the clinical exchange as a here-and-now encounter between two equally participatory psychoanalytic subjectivities, conceiving of the analyst as more of an observant-participant. He thereby furthered the Interpersonal tradition's evolution to its more contemporary elaborations and conceptions of coparticipant inquiry and experience.[3] In this view of the clinical encounter, both in-

[1] This observation of Fromm's is quoted on p. 61 of: Burston, R. (1991). *The Legacy of Erich Fromm.* Cambridge, MA/London: Harvard Univ. Press.

[2] Zicht, S. (2006). ALL YOU NEED IS LOVE (BUT THERE'S A CATCH): A retrospective book review of Erich Fromm's *The Art of Loving.* PsycCRITIQUES—*Contemporary Psychology: APA Review of Books,* 51(48): Nov. 29. Quotation is from p. 3.

[3] See, for example, the following: (1) Wolstein, B. (1977). From mirror to participant observation, to coparticipant inquiry and experience. *Contemp. Psychoanal.,* 13:381-

dividuals are seen as necessarily endeavoring to contact, confront, and negotiate their experience of themselves and the other; thus, the experience of psychoanalysis is not one of the analyst's *doing to,* but of *being with*. This clinical aesthetic is deeply baked into the Interpersonal tradition in psychoanalysis, which in turn has similarly and profoundly influenced and informed relational perspectives in psychoanalysis—and indeed the overall contemporary clinical analytic scene in the United States.

Yet, beginning with his very first chapter, "The Unsteady Apprentice," Friedman questions whether or not Fromm's accomplished reputation is well deserved. Despite the chapter's title, Friedman notes that by the age of twenty-nine, Fromm had received his doctorate, completed psychoanalytic training, and opened a clinical practice; he had founded (along with others) the Frankfurt Psychoanalytic Institute while also working in the Berlin Institute; he was beginning to publish papers; and he was "invited to be a visitor and part-time investigator at the Institute for Social Research during its formative years" (p. 27). Nevertheless, of the latter achievement, Friedman writes at the chapter's end that: "His unsteady career was taking another turn" (p. 27).

Friedman's assertions of Fromm's putative unsteadiness seem contradicted by his own clear detailing of Fromm's achievements, which are prodigious for a man not yet thirty years of age. This pattern is repeated throughout the book, in fact, in that Friedman spells out in a highly detailed way the many and exceedingly significant accomplishments of Fromm's, on the one hand, yet undercuts them with faint praise, on the other—often without a very compelling argument, in my view.

The same may be said of the book's central narrative thrust of describing Fromm as a man who lived many disparate lives. This approach never really coalesces into a convincing organizing principle for a persuasive view of Fromm and comes across as an unfortunate literary artifice. More fundamentally, however, it demonstrates a significant misreading and misunderstanding of Fromm's central holistic views on humanism

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386; (2) Levenson, E. A. (1992). Harry Stack Sullivan: from interpersonal psychiatry to interpersonal psychoanalysis. *Contemp. Psychoanal.,* 38:450-466; (3) Fiscalini, J. (2004). *Coparticipant Psychoanalysis: Toward a New Theory of Clinical Inquiry.* New York/Chichester, UK: Columbia Univ. Press.

and on life fully lived and fully realized—in short, of his conceptions of psychological health. Fromm strove to fully live out this productive biophilic orientation.

Yes, it is true that Fromm could be self-centered and self-important; these attributes (common to other famous and accomplished individuals, of course, both within psychoanalysis and elsewhere) of his have been previously recorded. While worth noting, they hardly seem worthy of taking center stage in his biography, nor do his *difficulties in living*—to use the felicitous phrase that Sullivan coined—detract from his significance as an author, theorist, supervisor, and clinician. The fact that Fromm struggled with many of the issues that he identified and emphasized for psychoanalysis and humanity does not detract in any way from the importance of the ideas that he promulgated, nor from the work to which he dedicated himself; it merely shows the lived sagacity of Sullivan's aphorism that we are all more human than otherwise.

In addition, I must address some concerns about the editing and scholarship of the book in relation to Fromm's contributions to psychoanalysis. In detailing the founding of the White Institute, for example, Friedman refers to a "Frieda Janet" (p. 121), who seems to be an inaccurate (if felicitous) amalgamation of Frieda Fromm-Reichmann and the less well-known Janet Rioch.

Ann-Louise Silver, a well-regarded contributor to Interpersonal psychoanalysis whom Friedman acknowledges for her help in "understand[ing] the dynamics of Fromm's marriage to Frieda Fromm-Reichmann," is mistakenly referred to as "Anne-Louise Strong" (p. xv). The name of Miltiades Zaphiropoulos, acknowledged as having had "much to say about Fromm the clinician" (p. 340), is incorrectly spelled. Friedman refers to Sullivan, Thompson, Horney, Fromm-Reichmann, and Kardiner as neo-Freudian *psychologists,* though in fact all were psychiatrists (p. 77).

He later writes that Clara Thompson, the White Institute's first director, was in analysis with Fromm, and specifically that she underwent this, her second analysis, after her previous analyst, Sándor Ferenczi, had died. However, this piece of information, which has no citation or footnote, could not be confirmed by anyone at the White Institute, including those who knew both Fromm and Thompson personally. Furthermore, it

has been widely documented that Thompson had also previously been in analysis with Joseph Thompson (no relation to her), which would then have made her analysis with Fromm her third rather than her second.

Friedman writes that "while the evidence is inconclusive," there is a good possibility that Fromm met Freud and that they would have discussed Freud's "science of the psyche" (p. 24). This would be a matter of some historical significance, if true, but no support is provided for it. To me, it sounds speculative at best—especially given Friedman's continuous assertions of Fromm's grandiosity and verbosity throughout the book, for what analyst would *not* mention having met with and discussed psychoanalysis with Sigmund Freud himself? It is difficult to believe that Fromm would not have mentioned it on more than one occasion, if true, or that it would not be common knowledge at the White Institute. Yet again, in response to my broad inquiries, no one at White had ever heard of or could confirm such a meeting and discussion. Robert Akeret, who worked with Fromm in supervision in the 1960s, wrote in response to my inquiry:

> I had two years of supervision with Erich, and for sure, he loved to tell stories to make a point. We did talk about Freud and what was useful and what was not, but not once did he ever say he met with Freud, and if he had . . . he would have told me about their meeting.[4]

Later in the book, Friedman refers to Sullivan as bisexual, although it has become commonly accepted, after many years of biographical "closeting," that Sullivan was a gay man.[5] Of James Inscoe Sullivan, generally accepted as Sullivan's life partner, Friedman writes only that the two "almost certainly had an affair" (p. 89).

Unfortunately, these multiple errors and oversights, which I am able to highlight only in the light of my own more limited knowledge and ex-

[4] Akeret, R. (2015). Personal communication.

[5] See, for example, the following: (1) Allen, M. S. (1995). Sullivan's closet: a reappraisal of Harry Stack Sullivan's life and his pioneering role in American psychiatry. *J. Homosexuality,* 29:1-18; (2) Blechner, M. J. (2005). The gay Harry Stack Sullivan: interactions between his life, clinical work, and theory. *Contemp. Psychoanal.,* 41:1-20; (3) Wake, N. (2011). *Private Practices: Harry Stack Sullivan, the Science of Homosexuality, and American Liberalism.* New Brunswick, NJ: Rutgers Univ. Press.

pertise, cast a pall upon the overall scholarship of the book. In addition, it seems peculiar that a biography of anyone, let alone of a psychoanalyst, would pay such limited attention to the details of its subject's early life. Except for some cursory and passing references, and what again sound like overly speculative inferences, Friedman seems to ground the development of Fromm's character as a person in the significant relationships that he formed as a young man in the context of his scholarly and academic pursuits.

Finally, the book has problems due to what seem to be limitations of Friedman's understanding of psychoanalytic practice, both historically and clinically, in that some of the complex ideas of seminal contributors to psychoanalytic theory and praxis are reductively and anachronistically construed. For example, in referring to Fromm's analysis with Fromm-Reichmann, before they married, Friedman charges that Fromm "to be sure, had transgressed personal boundaries" (p. 130). However, given that Fromm-Reichmann was the analyst and Fromm the patient, any transgression of boundaries would have been her responsibility, not his, since the clinician and not the patient is responsible for maintaining the treatment frame.

Ferenczi, an important contributor to contemporary psychoanalytic thinking, documented his personal struggles with utilizing his subjectivity in his clinical work. He experimented with elasticity and mutuality in his clinical participation, considering the potential efficacy of extremes of both rigid abstinence and flexible emotional responsivity. Friedman, however, reductively characterizes Ferenczi as having "emphasized using kindness and empathy, and [an approach] which gently encouraged the patient to experience how emotionally pleasurable life could be" (p. 60).

Fromm's and Horney's disagreements with Freudian metapsychology are similarly reductively and dismissively characterized as their "entertain[ing] doubts about what they somewhat simplistically perceived as Freud's emphasis on patriarchy, the Oedipus complex, and female sense of genital inferiority" (p. 79). Of course, Freudian theory did originally emphasize these ideas, among many others. In fact, Horney and Fromm were pioneers in considering Freud's ideas deconstructively; their disagreements with Freud's metapsychology were neither "simplistically perceived" nor conceived, but rather revealed both of them to be

forerunners in viewing Freud's ideas (and all psychoanalytic ideas) as potential cultural symbols and/or symptoms. Their pioneering efforts in reading Freud deconstructively have proved to be enlightening and of tremendous theoretical and clinical utility.

In the end, the book is not without its pleasures and is certainly worthy of some praises. It reminds the psychoanalytic community of Fromm's exceptional contributions and adds to the overall study of his ideas. The book is prodigiously researched and catalogued, and clearly has been no small undertaking. Unfortunately, the amount of data gathered does not in the end rise as much as one might have hoped to the challenge of illuminating Erich Fromm the man and the psychoanalyst. Nevertheless, perhaps Friedman's volume will offer an important stimulus to those interested in further studying this seminal psychoanalyst and his prescient ideas. Fromm's definitive biography remains to be written.

STEFAN R. ZICHT (NEW YORK)

NOURISHING THE INNER LIFE OF CLINICIANS AND HUMANITARIANS: THE ETHICAL TURN IN PSYCHOANALYSIS. By Donna Orange. New York: Routledge, 2015. 220 pp.

WHAT ABOUT ME? THE STRUGGLE FOR IDENTITY IN A MARKET-BASED SOCIETY. By Paul Verhaeghe, translated by Jane Hedley-Prole. London: Scribe, 2014. (Original work published in 2012.) 272 pp.

While giving a paper at a workshop in New York, Donna Orange commented that she had wanted to call the final book in her trilogy *Other-wise* to stress her focus in all three of her books on the ethical imperative to put the *other* first, to be *wise* to the other.[1] Drawing on the work of Emmanuel Levinas and Primo Levi, among others, Orange challenges contemporary psychoanalysts and other humanitarian clinicians to think more deeply about what, in her mind, has typically been simplified into a facile understanding of empathy—standing in someone else's shoes.

[1] Orange, D. M. (2016). *Other-wise*. Paper presented at TRISP Workshop Series, New York, January 9.

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Orange argues that being *other-wise* is neither straightforward nor simple at all. It is not, she maintains, enough to recognize the other or even to engage in a process of interaction that promotes mutuality. Rather, articulating her understanding of responsibility to the other, Orange says: "All theories of intersubjectivity that emphasize mutuality and reciprocity and dialectic . . . miss the radical asymmetry" (p. 31) that Levinas demands.

In other words, in Orange's asymmetrical ethical system, one is compelled to subject oneself to the other; the demand on the ethical individual is greater than mutuality as it requires submission. Indeed, our very subjectivity is constituted by our response to the other. According to Orange: "Responsibility replaces recognition in the world of the ethical . . . to serve the other, without much recognition, without self-promotion, is to allow ourselves to be interpellated (commanded, and thus brought into being) every day" (p. 33). Our very being, our very subjectivity is constituted through serving the other.

In Orange's ethical philosophy, living well requires opening one's eyes and ears to the suffering stranger. But that is not enough. One must also remain aware of one's own complicity in the suffering of the other and be willing to sacrifice oneself for others. Orange offers the ideas of Levinas and Levi, both survivors of the Holocaust, to highlight the guilt of the bystanders who watched their neighbors being taken to their deaths. According to Levi, she notes, "the clearest guilt . . . belongs to the Nazis, and to those who organized the genocide, as well as to those who stood by and did nothing about it" (p. 85), but Levi also "insisted on explaining that one could feel wrong in living on, even without having mistreated anyone" (p. 85).

Moreover, Orange challenges us to see that we are all bystanders in a world where anyone is hungry, homeless, or forsaken, and therefore we all have an ethical calling to sacrifice for the other. Nelson Mandela serves as a formidable example of someone who lived out Levinas's requirement for substitution—one for the other. "Ethical responsibility, in extreme situations, calls for radical sacrifice" (p. 99). Mandela is a member of what Orange calls her chorus—that is, a chorus of voices who support her and challenge her to remember that the only way to achieve social justice is to restore dignity to all human beings.

One of Orange's main objectives is to offer resources for those who work daily with trauma. In *Thinking for Clinicians*,[2] the first book in the trilogy, Orange shares her favorite philosophers, translating their ideas specifically for clinicians. In *The Suffering Stranger*,[3] she distinguishes classical psychoanalysis, based on a hermeneutics of suspicion (a phrase she borrows from Ricoeur to explain the stance of the classical analyst as authoritarian toward and mistrustful of the patient), from contemporary psychoanalysis (including relational, self, and intersubjective schools), based on a hermeneutics of trust, in which the patient is approached with respect, confidence, and hope, thereby preserving his/her dignity. She reviews the work of a number of iconoclastic psychoanalysts who were ousted by mainstream psychoanalysis, but whose work was based on a hermeneutics of trust and is thereby compatible with the phenomenological philosophers whom she studies in *Thinking for Clinicians*.

The last book in her trilogy, *Nourishing the Inner Lives of Clinicians and Humanitarians*, one of the two books of this review, encourages clinicians to draw on these thinkers as well as on their own sources of support, inspiration, and challenge, with the objective of developing a rich inner life that can sustain us as we attempt to live an ethical life, one that requires that we witness, hear, and respond to the trauma of the suffering stranger.

In a chapter on trauma and traumatism (defined as the clinician's response to being beleaguered by the other), Orange explains:

> The clinician, like other humanitarian workers, lives in a double symmetry. From a surface point of view, we have all the power in the clinical relationship. We set the time, the place, and the fee, and decide whether to see this troubled person at all. On the other side, once we are involved, we are besieged and persecuted by the face of the other, just as Emmanuel Levinas wrote. One expression he used for this infinite responsibility, when we are so finite, is traumatism. [p. 11]

[2] Orange, D. M. (2010). *Thinking for Clinicians: Philosophical Resources for Contemporary Psychoanalysis and the Humanistic Psychotherapies.* New York: Routledge.

[3] Orange, D. M. (2011). *The Suffering Stranger: Hermeneutics for Everyday Clinical Practice.* New York: Routledge.

In a time when many mental health clinicians have attended presentations dealing with secondary trauma that offer superficial suggestions for self-care—such as eating well, exercising, getting a massage, or meditating—Orange implicitly recognizes the paucity of such acts, given the magnitude of traumatism, an assault to the self that is allowed willingly by the clinician for the sake of the other. Her offering is ethical philosophy. Her generosity is the gift of bringing ethical philosophers to clinicians in a language that we can understand and of connecting it directly to the trauma work that we do. Internalizing the ideas of this chorus of restorative voices, Orange suggests, is much-needed nourishment for those of us who confront the indignity and injustice of traumatic suffering every day in our clinical work.

While Orange is focused on subjecting the self to the other and sees the very self as constituted in the act of submission, in his critique of neoliberalism, *What About Me? The Struggle for Identity in a Market-Based Society,* psychoanalyst Paul Verhaeghe, assuming a more autonomous or separate identity, wonders what happens to such an individual identity or self when it is subsumed by a culture of materialism and consumerism. Like Orange's, Verhaeghe's world is an intersubjective one; he reminds us that "it's no coincidence that philosopher Hegel traced the origins of self-consciousness back to the gaze of the other" (p. 12).

Defining identity as "a collection of ideas that the outside world has inscribed on our bodies" (p. 8), Verhaeghe explores the tension between "the initial process of identification or mirroring . . . [and] a second process . . . a striving for autonomy, and thus for separation from the other" (p. 8). Although he insists that identity emerges from an "interaction between the identity holder and the wider environment" (p. 33), emphasizing that identity development is context driven, his assumption of a separate identity holder is one not held by Orange, who insists that identity or self emerges only in response to the other.

At the same time, like Orange, Verhaeghe turns to the ancient philosophers in search of an ethics of self-in-community and concludes that ethics are inherent in identity and promote self-realization. Referencing Aristotle, Verhaeghe argues that "if a person develops optimally, and achieves his or her innate potential, the person will become a true member of the community and that will in itself bring happiness" (p.

41). For Aristotle, Verhaeghe explains, this happiness is not so much an endpoint as a byproduct of the fact that people are social beings, so what is good for us as individuals is necessarily what is beneficial to the community.

Verhaeghe traces the element of self-denial so present in Orange's ethics to the emergence of Christian theology in the Middle Ages. However, for Orange, the mandate to attend to the suffering stranger, even at the expense of oneself (substitution or sacrifice), comes not from a divine authority, and particularly not from one who would allow for suffering such as she describes in the Holocaust. Indeed, Orange, a former nun herself, rejects theodicy and other attempts to justify evil. With Levinas, she "feels no obligation to disprove the possibility of this coherence of sin and virtue in order to feel justified in rejecting it" (p. 135). Instead, she would argue that an ethic of self-denial is inherent in the nature of human relationships, in the obligation that comes when one looks into the eyes of another.

It seems—at least, at first glance—that Verhaeghe's concern is with the loss of the autonomous self in the haze of an economy unconcerned with social justice, while Orange is concerned that too much focus on "me" or autonomy is the essential problem that drives a society and economy away from social justice. For Verhaeghe, a new identity-shaping narrative, neoliberalism or "the Enron society," has begun to take hold. Invisible to most of us because of its cultural pervasiveness, it holds the power to shape our very sense of who we are. He argues that while "throughout history, economies have always been embedded in religious, ethical, and social structures" in neoliberalism, this is no longer so; "on the contrary, religion, ethics, and society are subservient to 'the market'" (p. 114).

To the extent that our very identities are structured by neoliberal values, we lose the ability to see the causes of social injustice, and thereby the ability to critique them. The illusion of a meritocracy is maintained through values of neoliberalism, wherein it is "the most productive man or woman" who "constitutes the ideal individual" (p. 121). Thus the most profitable institutions will thrive, and the individuals most able to consume and support the market are most valued. The consequence for social justice is alarming. In Verhaeghe's words:

> A neoliberal meritocracy combines both forms of inheritance, and installs a new, static class society based on a combination of qualifications and money—a society whose upper layer not only carefully guards its own privileges but also significantly extends them. [p. 141]

If we accept Verhaeghe's depiction of the current state of affairs—the market and the broader culture that it determines, and the way in which the values that inhere in that culture shape individual identity—how can we even imagine a hermeneutics of trust and an ethic of self-sacrifice that involves bearing witness and responding to the trauma of an other? While Verhaeghe's vision is bleak, in his final chapter, entitled "The Good Life," he attempts an answer. He argues that the Internet offers us possibilities for grass-roots organizing, such as the development of Wikipedia. He points to voluntary organizations, such as "Therapists for Young People" in Antwerp, Belgium, which is staffed by therapists who work for pay elsewhere but offer pro bono services there.

Verhaeghe takes all consumers to task:

> The postmodern individual suffers from a strange type of dissociation, a new form of split-personality. We condemn the system, are hostile to it, and feel powerless to change it. Yet at the same time we act in a way that reinforces and even extends it. [p. 236]

These words recall Orange's mandate to reflect on our own complicity in the suffering of others. Moreover, Verhaeghe, like Orange, challenges the reader to rethink the neoliberal assumption that self-care "must be at the expense of the other" (p. 244). Instead, returning to the ancient philosophers, he notes that "care of the self simultaneously implied responsibility to shape one's life ethically, in line with the interests of the community" (p. 245). He suggests that doing for others will make us feel better and provides "an antidote to the current mood of depressive hedonia" (p. 237). He stops short, however, of offering a prescription for deep reflection or deep change.

Unlike Verhaeghe, who appeals to the reader's desire to pursue happiness, Orange appeals to the reader's desire to lead a meaningful life. Her answer to the problem of a neoliberal, market economy that perpetuates injustice is to develop deeply felt and held inner resources

from a chorus of teachers, mentors, philosophers, writers, composers, artists, craftspeople, and others who command us to engage in useful suffering—suffering that addresses the suffering of an other and therein moves us closer to social justice.

Many of Orange's readers have challenged her Levinasian idea of infinite ethical responsibility, suggesting that it is in fact a form of masochism masquerading as ethics. In the chapter titled "Is Ethics Masochism?," Orange attempts to deal with this charge. Masochism, she argues, is based on taking pleasure in pain. In moral masochism, she says, quoting Freud, "the suffering is what matters . . . the true masochist always turns his cheek whenever he has a chance of receiving a blow" (p. 51). Moreover, "the masochist *unconsciously seeks to suffer and owns the suffering as deserved*" (p. 51, italics in original). By contrast, she argues, "suffering without ego, without intention, with sincerity, does not seek pain; it simply suffers for the sake of the other. To surrender is not to seek pain or punishment" (p. 58).

In masochism psychoanalytically defined, as Orange herself acknowledges, the desire for suffering is unconscious. Is it possible, then, that Orange herself, in defending radical responsibility, unconsciously experiences her own suffering as deserved? She would say no. "Precisely in responding to the command that the other's suffering imposes on me I am brought to subjectivity, constituted as a subject . . . there is no masochism here, no pleasure in this suffering" (p. 30), she observes.

And yet, with Levinas and Levi, Orange accepts that we are all guilty and complicit in social injustice and human suffering:

> Not only is there no cure for shame over crimes against humanity; awareness that we belong to a species capable of dehumanizing its fellows to this extent is a shame from which we would turn away at the peril of our own further dehumanization. [p. 87]

Does such shame not come with an expectation that punishment or suffering is deserved? In the end, I want to argue that Orange's work successfully refutes the challenge that it is masochistic with its claim that our very subjectivity is created in a context with others. With Verhaeghe, she maintains a steadfast commitment to the value of community in the

human project. At the same time, however, her insistence on infinite responsibility, which places the greater burden on oneself—an insistence that moves her beyond a more reciprocal understanding of ethical responsibility—makes it difficult to completely dismiss those who find her ethics to be masochistic.

Orange's philosophy, with its insistence on identification and relationship, leaves little room for a system that acknowledges or even honors the development of individual autonomy. Indeed, even in accepting Orange's argument that asymmetry in relationship is not necessarily masochistic, I find myself wondering why it is necessary to privilege the other over oneself in order to live ethically. So many of our patients who struggle to define themselves as separate have lost touch with Winnicott's true self[4] and suffer deeply as a result. It is therefore difficult for me to reconcile Orange's idea of asymmetry with the goals I often have for my patients: to be able to assert themselves while at the same time existing ethically in relationship with others.

Nourishing the Inner Life of Clinicians and Humanitarians is Orange's gift to those who seek philosophical resources to sustain them in the often self-effacing consequences of working with trauma. It is a gift, however, with a cost. As Ogden astutely observes:

> We regularly create the soothing illusion for ourselves that we have nothing to lose from the experience of reading, and that we can only gain from it. This rationalization is superficial salve for the wound that we are about to open in the process of our effort to learn. In attempting to learn, we subject ourselves to the tension of dissolving the connections between ideas that we have thus far relied upon in a particular way: What we think we know helps us identify who we are (or more accurately, who we think we are).[5]

Orange expresses a hope that her readers will follow her lead in developing a chorus of voices who support and nourish them in their clinical work. She acknowledges also the importance of being challenged. Ogden reminds us just how powerful such a challenge is to our

[4] Winnicott, D. W. (1965). *The Maturational Processes and the Facilitating Environment.* New York: Int. Univ. Press.

[5] Ogden, T. H. (1989). *The Primitive Edge of Experience.* Northvale, NJ: Jason Aronson. Quotation is from p. 2.

very identity—to who we think we are. Both Orange and Verhaeghe take the position that identity is forged in the context of relationships—to others and to the culture at large. Identity is ever-forming, and reading, as Ogden notes, exposes us to ideas and feelings that force us to change the way we were, to become someone different. *Nourishing the Inner Life of Clinicians and Humanitarians* offers the reader an opportunity for far more than nourishment; in her gentle but insistent voice, Orange challenges us, her readers, to face social injustice and to bear witness to the suffering of others, and in doing so, to constitute ourselves as ethical beings.

Verhaeghe and Orange exhort us as clinicians to think hard about life outside the consulting room. Verhaeghe expresses concern that our very identities, and those of our patients, are structured by the market economy that defines our culture, but he offers little insight into how we can utilize his understanding in our work as analysts. Orange offers a chorus of voices, models such as Nelson Mandela, who have made significant personal sacrifices to advocate for justice for all—but I am left feeling somewhat inadequate to the charge. Yet both authors offer clinicians the opportunity to consider how a psychoanalytic perspective can provide a unique and critical lens with which to view the social realities of our time.

If we are not left overwhelmed by the magnitude of these two authors' concerns about social justice, we have the opportunity to integrate their understanding into our clinical insight and thereby to enrich our work and ultimately the lives of our patients as well. Orange and Verhaeghe remind us that psychoanalysis, if practiced deeply and thoughtfully, is about leading not only an examined life, but also one that is ethical and just.

WENDY WINOGRAD (CHATHAM, NJ)

EMOTIONAL MUSCLE: STRONG PARENTS, STRONG CHILDREN. By Kerry Kelly Novick and Jack Novick. Bloomington, IN: Xlibris, 2010. 292 pp.

Many adult patients enter treatment with a rigid, highly resistant character structure, the product of self-protection against painful experiences with parents and caregivers. The difficulties these patients experi-

very identity—to who we think we are. Both Orange and Verhaeghe take the position that identity is forged in the context of relationships—to others and to the culture at large. Identity is ever-forming, and reading, as Ogden notes, exposes us to ideas and feelings that force us to change the way we were, to become someone different. *Nourishing the Inner Life of Clinicians and Humanitarians* offers the reader an opportunity for far more than nourishment; in her gentle but insistent voice, Orange challenges us, her readers, to face social injustice and to bear witness to the suffering of others, and in doing so, to constitute ourselves as ethical beings.

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Many adult patients enter treatment with a rigid, highly resistant character structure, the product of self-protection against painful experiences with parents and caregivers. The difficulties these patients experi-

ence range from an inability to recognize and name their feelings to an incapacity to carry out the more complex tasks of integrating positive and negative feelings toward self and other and managing the pain and anxiety of separations. Often, these patients also do not have enough impulse control to be able to contain and reflect on the sources of their feelings or to develop more adaptive, less self-destructive strategies for engaging with reality.

Analyzing these patients requires seemingly infinite patience and frustration tolerance. Change comes slowly and is difficult to see in the short term, generating doubt and uncertainty about the work and the analyst's role in it. Analysts in the throes of this, and particularly child analysts, have often dreamed of an alternative process, one that could prevent the development of pathology in adults by providing an environment for children in the earliest years of life, from birth to age five, that draws on psychoanalytic knowledge to operationalize and implement a psychoanalytic vision of normal development.

The Allen Creek Psychoanalytic Preschool in Ann Arbor, Michigan, described in this book, is a remarkable example of this. Designing and managing such a psychoanalytically oriented preschool requires addressing many difficult and complex issues. Decisions need to be made as to the aspects of normal development that are to be emphasized, and methods of teaching need to be developed that take into account the developmental transformations of the age groups in the school. An overarching conceptual framework must be developed, one that captures the essence of what the school aims to accomplish, in everyday language accessible to adults and children. This book's authors describe this as developing *emotional muscle*—the qualities or personal characteristics that enable both parents and children to meet the challenges of life.

The title of the book—*Emotional Muscle: Strong Parents, Strong Children*—makes clear the Novicks' long-standing emphasis on working with both parents and children. Accordingly, the Allen Creek Preschool was designed with parents and children equally in mind. Parents meet regularly with a psychoanalytically informed family consultant in a group setting, where they work toward developing the emotional muscles they need to nurture their children's character and to enhance their own competence and pleasure in parenthood. Parents then teach their chil-

dren how to develop the emotional muscles needed to accomplish the developmental tasks required at each age. The efforts of teachers and parents complement each other, as both come to understand the necessary emotional muscles to be developed and practiced. Children also play a role in this process, as they can assist in teaching and reminding other children, and even parents, of the emotional muscles to be used and strengthened.

Implicit in the idea of emotional muscle is the analogy with physical muscle; both take time to develop and need to be exercised in order to provide strength and durability. No one gets in shape overnight.

The book's chapters are organized according to age, covering birth through six years. Each chapter is divided into two sections that describe the emotional muscles the children need to develop and the emotional muscles the parents need in order to help their children build them. There are helpful summaries at the end of each chapter that remind the reader of the muscles described and the relationship between them. Each age group has some muscles specific to that age, but others are important at all ages, and become more differentiated and integrated as development progresses. At the end of the book, the authors summarize the core emotional muscles needed by children and parents and the specific means with which to actualize them.

The analytically informed reader will recognize the sophistication behind the selection and description of the muscles, particularly those that present challenges to all age groups. The emotional muscles the authors describe bear a close resemblance to psychoanalytic descriptions of ego functions, ego strength, and the synthetic function of the ego. One cannot fail to be impressed by the authors' ability to translate these metapsychological concepts into language and behavior that have meaning and value to parents, teachers, and children.

Novick and Novick describe themes—or aspects of personality functioning—that they consider core components of the emotional muscles children and parents need to develop for psychological health. Those that children must acquire address feelings, foster mastery and autonomy, manage negative feelings, engage reality, lead to cooperative relationships, and facilitate executive functioning. The muscles that parents need to develop include those that promote developing and sus-

taining empathic attunement and retaining positive feeling for the child, managing separations and respecting the separateness and individuality of the child, constructively addressing aggression, and assuming the responsibilities of parenthood while feeling good about being a parent. A developmental process is delineated for each theme, such that the muscles at later ages build upon and incorporate those established at earlier ages.

Some common threads run through all the themes. The emphasis throughout is on teaching both parents and children about feelings. Children are taught about feelings from as early as age one. Efforts are made at each age to teach children to name feelings, to tolerate mixed feelings, to contain both love and hate toward the same person, to learn emotional cause and effect, and to tolerate unpleasant affects, including sadness. They are also taught to be self-reflective and to see the positive side of worries, which let them know that action may need to be taken.

Special emphasis is placed on managing aggression and utilizing it constructively, reflecting the authors' interest in sadomasochism and in open- and closed-system relating. Children are taught strategies for self-control—how to make big, overwhelming angry feelings just the right size, for example, so that they can be contained and symbolized, rather than acted upon with negative consequences. They are encouraged to see the value and importance of anger as a signal and a potential source of strength. Anger signals that a wish is being frustrated, and it may be that something constructive can be done to address the frustration, turning anger into healthy assertion.

As they reach the age of four and five, children are encouraged to develop and embrace internal controls, and to recognize and tolerate painful feelings without immediately acting to alleviate them. Closely related is the authors' emphasis on teaching children to engage reality. Gradually, they learn to distinguish fantasy from reality, to modulate fantastic notions of power, to accept limitations of self and others, and to move away from the dominance and control of closed-system relating, while moving toward recognition of the separateness of the other and open-system, cooperative relating.

Recognizing, tolerating, and managing feelings are also a key component of the emotional muscle groups that parents should develop and

strengthen. Parents need to learn to bear intense feelings, to tolerate anxiety and uncertainty, and to contain both positive and negative feelings for their child, particularly when anger and resentment threaten to overwhelm their love and joy in the child's growth. Keeping love in mind helps parents tolerate the sadness that accompanies losses associated with their child's emerging individuality and separateness, and facilitates the transformative possibility of new and gratifying forms of relating.

Emphasis is also placed on teaching parents to manage their own and their child's aggression. Parents are taught to avoid power struggles that lead to authoritarian attempts at dominance and control. The authors recognize how difficult this can be at times—when parents' needs conflict with the child's, or when children defend against painful feelings of powerlessness by becoming demanding and controlling. Novick and Novick feel it is helpful for parents to find something positive in the child's wishes whenever possible. Throughout the book, the authors stress finding the positive or constructive in areas that others might see as problematic or even pathological. In this instance, finding the positive helps parents contain retaliatory aggression that leads to closed-system struggles for omnipotent control, instead fostering open-system relating that assists the child in finding adaptive solutions. Parents must actively engage the child's aggression when it becomes destructive, however, underscoring negative social consequences and making it clear that hurting others is not acceptable. As parents become more aware of the negative impact of their experience of their own parents' aggression, they become less prone to repeating these experiences with their children and more empathic with their children's conflicts, enabling them to see meaning in misbehavior, rather than merely opposition and defiance.

Another important common element of the emotional muscles of both parents and children is the ability to find pleasure in exercising these muscles. The authors stress the importance of persistent efforts to remind the child of the pleasure experienced in completing a task. They also highlight the pleasure in developing successful strategies for addressing frustration, in sustaining mutually rewarding cooperative play, and in maintaining self-control. Parents are reminded of the pleasure in parenting, of feeling good in the role of the parent, and of the pleasures

of engaging with their children as they become more individuated and capable of relating on mature levels.

The themes and common threads described provide an overview of the muscles or muscle groups the authors view as central to the development of healthy character. Each chapter follows the same format. The relevant emotional muscle is described in a brief paragraph or two, and the remainder of the section is devoted to a clinical vignette describing examples of the muscles, methods, and strategies used by teachers and family consultants to teach them. The psychoanalytic sophistication and sensitivity of the teachers and family consultants become readily apparent in reading the vignettes. The teachers' ability to put complex concepts into words and ideas that children can readily understand is impressive.

Creative and innovative strategies were developed to deal with problematic behavior that emerged in the different age groups. For example, parents of one-year-olds who were beginning to have play dates were concerned that children "didn't want to share" (p. 73). Were the children selfish, lacking in empathy, or was something being expected of them of which they were not yet capable? The staff at the school reframed the problem: it was not about sharing, but about teaching children how to take turns, with the knowledge that they would not be forced to share but would get what they called *a whole turn.* Once a child was assured by parents or teachers of getting a whole turn, conflicts over sharing were no longer a problem.

The staff also developed several innovative approaches for addressing the children's aggression. This is in accord with the Novicks' emphasis on teaching parents and children how to manage aggressive and other negative feelings. Parents tended to use time-outs when overwhelming angry feelings led to temper tantrums or meltdowns. Children often perceived this as punishment, which increased their anger and left them without the ability to symbolize and process their feelings. The staff addressed this by suggesting that children be given *time with* instead of time-outs. A parent or teacher would stay with the child and help the child make his or her "'too big' feelings just the right size" (p. 107), so that the causes of the tantrum could be understood and addressed.

Parents and staff also struggled to find ways to address children's tendency to protect against feelings of powerlessness with omnipotent

attempts to dominate, control, and boss others. They devised a clever means to address omnipotent fantasies by introducing realistic limitations. They set up three buckets, one of which was for what children were in charge of. Another was for what parents and teachers were in charge of, and the third was for what no one was in charge of. The children learned that they had power in some situations but not in others, and that in some situations, no one had power. The bucket game was particularly effective with toddlers, though at times it was also used with three-year-olds.

The authors' ability to translate metapsychological concepts into language that parents and children can readily understand and use to successfully navigate the challenges of increasing cognitive, emotional, and physical development was most strikingly evident in their description of the superego and the ego ideal as an *inside helper*. As the name suggests, positive aspects are stressed. The inside helper is not a hindrance; it is a conscience that acts as "a guide, a goal setter, a moral compass" (p. 167)—one that generates good feelings when thoughts or action "mesh with . . . values" (p. 167). The authors are aware of the dangers of either an overly strict or an overly lenient inside helper and the painful affects of guilt and shame associated with it; they devote most of the chapter on four-year-olds to detailing the steps that parents can take to develop an inside helper, rather than either a tyrannical or an overly permissive *inner judge*.

Some of the Novicks' suggestions will be familiar, such as not to overreact to misbehavior, and to label the action rather than the child. Other recommendations reflect the authors' emphasis on reinforcing pleasurable experiences whenever possible, particularly the pleasure experienced when acting in accord with the inside helper and facilitating engagement with the real world. In this chapter more than in others, they address the unconscious dynamics of parents and children as resulting from the parents' experience of discipline as children and the children's tendency to externalize a punitive aspect of the inner helper and to provoke punishment to defend against guilt and shame.

There are over 100 vignettes in the book, illustrating parents and teachers teaching children about the muscles that need to be developed and strengthened. The specific wording of the interventions in the vi-

gnettes is deserving of thoughtful consideration, as it captures the concept being taught in language that is understandable and meaningful to the child. In reading through the vignettes, however, I noticed a tendency to get lost in the details of the vignettes at times and to lose sight of the overall themes of the chapter. It might have been helpful if the muscles described in each chapter had been organized into groups that closely follow the themes described in the final summary, indicating which muscles are specific to that age group and which apply more generally to all ages.

Most of the vignettes have positive outcomes, and some are even inspiring in what they accomplish. Yet they generate a certain skepticism; it cannot always be that easy. The authors are aware of this and caution in the introduction that "life is messier than books" (p. 17), and that emotional muscles require consistent and sustained effort; they do not "come out of the blue" (p. 16). For those educators, parents, and analysts who are confronted daily with the difficulty of building emotional muscles, it would have been helpful, informative, and even empathic to illustrate the struggles that may arise along the way and to include more vignettes that do not end positively, accompanied by explanations and suggestions that might guide future efforts.

The authors also make the point that emotional muscle is an "idea about *conscious* effort and change over time" (p. 123, italics added). This concept does not purport to address unconscious dynamics and particularly not deep-seated unconscious conflicts. In the vignettes, this distinction is sometimes blurred, and even when unconscious conflicts are mentioned and seem close to the surface, the interventions described rely largely on conscious solutions. One wonders if interventions more specifically designed to address these unconscious conflicts in both parents and children would make it easier for them to find the muscles needed to meet the challenges they face.

I would also have liked to learn more about the school. How were the teachers and family consultants chosen and trained? From their descriptions, they seem very knowledgeable about psychoanalytic ideas and able to effectively implement them. How often do family consultants meet with parents, and how are parents and children selected? Are they a more or less random group or do they have prior interest in or experi-

ence with psychoanalysis? Is there a marked difference between children who started at the school as infants and stayed through age five, and those who began at a later age?

I would be most interested in any longitudinal data. How have these children fared over time? Will they end up in our analytic offices with the rigid character structure described earlier, or will they continue to build on and use the emotional muscles they developed as children?

The book appears to be primarily directed to educators, parents, and child analysts and therapists, yet it speaks to adult analysts as well. Analysts have long stressed the mutative effect of the interpretation of unconscious conflict while overlooking or minimizing the educative aspects of their work. Analysts will recognize the similarity between what Novick and Novick advocate teaching children and what analysts teach their patients. It is an analytic vision of healthy functioning that informs and directs all aspects of our work. The authors have rendered an important service in breaking down this vision into manageable bits, operationalizing it, and calling our attention to the essential educative aspects of our work that we often take for granted. I highly recommend *Emotional Muscle: Strong Parents, Strong Children* to parents, teachers, therapists, and analysts involved in education and child development.

KEN WINARICK (NEW YORK)

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ABSTRACTS

PSYCHE–ZEITSCHRIFT FÜR PSYCHOANALYSE UND IHRE ANWENDUNGEN

Translated and Abstracted by Rita K. Teusch

Volume 69 (2015)

Behandlungskrisen und die Rolle des Analytikers. [Treatment Crises and the Role of the Analyst.] By Franz Peter Plenker, pp. 25-46.

This author focuses on the role of the analyst in the context of treatment stalemates. He begins by saying that there is a tendency among some analysts to interpret a patient's hurtful and negative words or behaviors toward the analyst as a jealous attack on the analyst's function, as a defense against dependency, or as the patient's inhibition about further growth. These interpretations are considered to be evidence of the patient's destructiveness.

Plenker suggests that treatment stalemates can also result from the analyst's inability or unwillingness to reflect on his contribution to the development of a treatment stalemate. He posits that such an inability is often connected with intensely negative feelings being evoked in the analyst by the patient, including feelings of rejection, devaluation, or dismissal, or worthlessness and ineffectiveness stemming from perceived attacks by the patient. The analyst unburdens himself and reverses his pain and helplessness by making overtly or covertly aggressive interpretations, attributing destructiveness to the patient. The author maintains that the analyst who understands the patient and the analytic situation in this way, and who responds with such theory-based interventions, views himself as a neutral observer of an analytic process that is independent of the analyst's emotional inner world.

Plenker refers to Heimann's (1956) paper on countertransference, in which she noted that the patient does not simply reenact his early object relationships in the transference, but rather reacts to the person of the analyst, and that the analyst becomes part of the analytic situation and of the patient's problems. Heimann (1950) maintained that countertransference feelings, no matter how intense, will not be enacted if the analyst is able to understand why the patient is responding or behaving in a certain way. Throughout her life, Heimann remained critical of the assumption that the patient projects an unacceptable, often destructive part of himself into the analyst; she believed that such beliefs arose from the analyst's superego position.

Heimann (1989) also made an important distinction between the active introjection of an object and the passive acceptance of an object's intrusion, including unsuccessful resistance against it. In the first case, the introjection of an object is based on positive, libidinal impulses; in the second, the introjection is the result of a forceful intrusion by a terrifying object to which the subject must submit with helpless rage. If there are violent attacks on the analytic situation, they are often best understood in relation to a patient's having suffered excessive intrusions by a significant object; in an effort to defend and protect himself, the patient has identified with the invasive aggressor.

Efforts to intrude into the analyst can also represent the patient's reaction to an analyst who is defensive and unreceptive (Bion 1959). Those attacks will decrease when the analyst becomes able to again be more receptive. Rosenfeld (1987) suggested that treatment failures occur not only because the patient is beyond help, but also because the analyst does not listen carefully enough to what the patient is saying.

Plenker goes on to discuss two conflictual situations that often result in a treatment impasse:

1. Severe guilt feelings in both patient and analyst.
2. Fear of disintegration that is not recognized or is misunderstood.

One can assume the presence of severe unconscious guilt in a treatment stalemate when the patient, upon hearing an interpretation of his destructive impulses, reacts by feeling unjustly attacked, condemned, or

rejected—i.e., he feels that the analyst is telling him he is a bad human being. Such a patient's dynamics are dominated by an unrelenting, cruel superego, which tells him that his destructive impulses are unforgivable; and the interaction with the analyst is just one more piece of evidence that he is bad. Consequently, he has to deny his destructiveness altogether, including the guilt connected with it.

If the analyst is unable to tolerate his countertransference to such a patient, i.e., feelings of rejection, or feeling accused and cornered, he may respond in a retaliatory way that makes him act like a rejecting, accusatory, and condemning object. Being unaware of such countertransference feelings, the analyst reacts with his own guilt and anger about being attacked or devalued by the patient. To relieve his guilt, the analyst is driven to project his guilt and anger onto the patient and will insist on his interpretations, which such a patient can hear only as condemning and demeaning. The negative transference-countertransference is cemented, and the analytic situation becomes persecutory for both analyst and patient.

O'Shaughnessy (1999) called such a malignant involvement *relating from superego to superego.* If the analyst is able to recognize that he is caught in an analytic encounter that touches on his own sensitivities—evidence of which may be that he is feeling compelled to justify himself, and mutual blame is present—he may become aware that both partners in the analytic couple are suffering and putting blame on the other because bearing the guilt is intolerable. If the analyst is able to reset his position as a result of his own inner work, he will be able to understand how difficult it is for his patient to accept severe guilt and destructiveness as a part of himself.

Only those patients who have access to a good internal object will be able to make good use of interpretations of their destructiveness. A patient who does not possess a good enough internal object will hear the analyst's interpretations of hate as a confirmation that he is "all bad" and will react with increasing despair and defensiveness.

Plenker states that even if the analyst is able to maintain empathy in a situation of this type, the patient may nevertheless reject the analyst's empathy because he believes that he is truly bad. For such a patient, Plenker suggests, it is important that the analyst positively acknowledge

every attempt at reparation that the patient makes, however limited and compulsive it may be, because reparation nevertheless constitutes the patient's attempt to save himself from his deep-seated belief that he is fundamentally bad.

The second treatment situation that often leads to a stalemate involves a patient who withdraws from the analyst, seems indifferent or suspicious, becomes hardened, or escapes into omnipotent fantasies. The author maintains that to interpret these behaviors as motivated by envy, or to reflect back the patient's self-destructive behaviors or his denial of dependency, may be to miss a deeper understanding of the patient. Such reactions can represent the patient's desperate attempt to survive emotionally and to manage his disintegration anxieties.

Plenker draws on Bick (1968), who investigated patients who did not experience a secure holding environment during infancy. The consequence was that the containing function of the skin was not securely developed, and the patient experienced himself as coming apart, as falling into a vast space, or as in danger of disintegrating. These patients hold themselves together by building a *second skin,* according to Bick, which replaces the normal dependency on an object with a self-protective (defensive) pseudoindependence, often with a focus on sensory stimuli, which are fascinating to such a patient. These patients are frequently seen to be constantly in motion or in a state of permanent muscle tension.

If the analyst interprets such a patient's omnipotence, retreat, or withdrawal as a destructive resistance against the analytic relationship, the analyst misses the patient's overwhelming anxieties about disintegration, as well as the patient's intensely painful dilemma. Technically, it is very difficult to reach such a patient because the patient feels that the analyst cannot be trusted until he becomes available for holding; however, the patient's defenses prevent him from being able to experience such secure holding. Addressing the patient's fears seems to be most effective in these situations—i.e., telling him that the analyst understands how dangerous it feels to the patient to allow himself to have a good experience with the analyst, and how difficult it is to believe that the analyst will not abandon the patient or hurt or harm him.

In such treatment situations, the analyst is often pulled into acting in a way that is consistent with the patient's internal object world. Plenker offers the following clinical example: a 55-year-old female patient, who suffered from deep-seated feelings of not being good enough, and who had chronic joint and muscle pain, felt herself to be under a lot of pressure and as though she could not manage her life, even though to the outside world she presented as strong and highly competent. The patient was afraid to use the couch, even though she wanted to; she was frightened of "letting go."

The patient came on time to a session and mentioned briefly that she was coming from the hospital. The analyst remembered that a few weeks earlier, she had had surgery, and he asked whether this was a postoperative appointment. "No," the patient replied, "I went to a preventive appointment."

Then the analyst remembered that in the past week, the patient had spoken of a lump in her breast that needed regular monitoring. The analyst felt guilty that he had gotten it wrong with his first question, and he continued, "I see—you went for a mammogram." "No, it was an ultrasound," she said, and the analyst then remembered that she had mentioned this, too, the previous week.

The patient continued: "The doctor asked me where exactly the tumor was, when all she needed to do was to look in the chart for a moment." The analyst responded: "Perhaps you also feel that I should have remembered that you went for the ultrasound." The patient then said, "Yesterday you asked me again about [a certain aspect of . . .] my childhood, but I had already told you about it several times." She continued talking about the many people treated at the clinic.

The analyst said: "Perhaps you feel that I, too, am seeing too many people here in my office. If there were fewer, perhaps I would have remembered better what you had told me." The patient said: "Yesterday I was actually wondering what it's like for you to meet with one patient after another, and how can you possibly remember all your patients' details?"

This patient was the second of four siblings born in a span of only three and a half years. Her younger sister was only ten months younger than she. So the analyst said: "There are too many siblings—and you get

lost." When the patient continued to be silent, the analyst continued: "You feel you have nothing to hold on to—at night this feeling is at its worst, and you feel thrown away, that you need to find a way of holding yourself together by making an enormous effort and tensing your muscles. To let go is too dangerous because you have evidence that you can't rely on me, and you fear you will fall endlessly without having anything to hold on to. Therefore you have to hold on to things by yourself and can't risk revealing what is important to you."

The patient began to cry and then talked about her intense longing to be understood, adding that the endings of sessions were especially painful for her, even though she knew that each session had to end. Plenker realized at that moment that he had avoided the patient and had perhaps unconsciously protected himself from her unacknowledged longing. He had forgotten the ultrasound, even though she had told him about it in the previous session and had added that perhaps she would be late because of it. He had also expected to see the patient who came after her in the waiting room when he called her into the consulting room. This showed him that he had indeed forgotten about this patient, and that he had "let her fall" internally.

Plenker maintains that the analyst's theory about the earliest human development affects how he intervenes: whether he believes, like Heimann, that the infant experiences a state of primary narcissism in which he cannot differentiate between self and object and exists in an undifferentiated objectless state, in which he is one with his "mothering environment" and that his feelings of omnipotence and invulnerability are necessary to survive this phase of extreme helplessness—or whether the analyst believes that there is no primary libidinal cathexis of the self, but rather that the infant has, from the beginning, ambivalent object relationships with others, and he has complex feelings about them. The idea that an infant is passively being held together through skin contact with the primary object, and feels he will fall apart if that object fails him, stands in contrast to a view of the infant as capable from the beginning to actively split his objects; in that view, it is the innate death drive, which manifests itself as primitive envy, that causes the infant to feel annihilation anxiety.

Plenker closes by reminding the reader that, aside from the analyst's theories, many other variables influence analytic understanding and

the capacity for empathy. Most analysts have worked through their own narcissistic issues and their feelings of omnipotence, even though this cannot be achieved completely. If the analyst is not aware of his envy, for example, this can prevent him from recognizing the strengths and good parts of his patients and adequately recognizing their progress.

Racker (1957) pointed out that the analysand is drawn into the emotional world of the analyst, and that the patient's transference is often a reaction to the analyst's countertransference—and, of course, vice versa. An analysis is an encounter between two people whose ego or self is under pressure from the id, superego, and external reality. Both analyst and patient live with their own particular forms of dependencies, anxieties, and pathological defense mechanisms, and in a sense, they are both still children with their internal parents. It is a myth to view analysis as an encounter between a sick person and a healthy person. On an unconscious level, the patient represents the analyst's internal damaged objects that are in need of his care and reparation, as well as the analyst's own early self. Not understanding a desperate patient can feel oppressive to the analyst, creating guilt and depressive anxieties. To protect himself from such anxiety and guilt, the analyst may be driven to take a position of power and superiority and to react with hostility by returning unmetabolized feelings to the patient; thus, instead of owning his guilt about not understanding the patient, the analyst projects it onto the patient by saying that the patient does not want to be understood.

Plenker calls on analysts to pause when becoming involved in such difficult treatment situations. He suggests that it is important for the analyst to reflect on his own contribution to treatment stalemates and to work through his own feelings of damage—which, though it may be painful, will allow him to again assume an attitude of thoughtfulness and empathy. It is often those moments that are transformative for the patient and will be remembered long after the analysis is over.

Chronisches Schweigen und die Redekur. [Chronic Silence and the Talking Cure.] By Ursula Kreuzer-Haustein, pp. 685-713.

Kreuzer-Haustein seeks to elucidate a special analytic situation characterized by patients who are chronically silent and to address the challenges for the analyst to remain in emotional contact with such a pa-

tient. She reflects on her analysis of Ms. A, which took place more than a decade ago, and discusses how she managed this challenging analytic situation. The author also investigates the work of several clinicians who have written about the phenomenon of chronic silence in an analysis, from the perspective both of the patient and of the analyst, and their interactions—such as, for example, Reik (1968), Freud (1912a), Green (1973), and Parsons (2008).

Reik, in his paper "The Psychological Meaning of Silence," noted that "even the concepts of speech and silence themselves are twins which originally could only be thought of together" (1968, p. 183). Talking and silence are two sides of a coin. He developed the concept of hearing with the *third ear,* suggesting that the analyst listens for derivatives of the patient's unconscious communications, which are often beyond words and communicated through strong feelings and action. He suggested that the analyst must develop a secure internal frame so that she does not lose her analytic attitude in the face of the patient's intense emotional pressures.

Green (1973), with his concept of the *dead mother,* elaborated on early unspeakable traumatic experiences of patients who had to withdraw their object cathexis from their primary object and who then experienced a black hole inside themselves (disobjectalization). Kreuzer-Haustein reviews Heimann's (1950) concept of countertransference, stating that in contemporary case presentations, the focus is often on the consciously experienced countertransference of the analyst ("I felt tired, irritated"), whereas Heimann emphasized the unconscious aspects of the analyst's countertransference. She believed that the analyst understands the patient's unconscious through her own unconscious, and that she needs to remain open to being affected by surprising and foreign bodily sensations and fantasies in order to understand the patient's unconscious conflicts that cannot yet be spoken about. Similarly, Parsons (2008) emphasized, with his notion of *emotional availability,* the analyst's twofold task of being receptive to his patient's unconscious and also to his own, so that he can become aware of his own resistances to listening and taking in the patient's communications.

Kreuzer-Haustein refers to Freud's essay on "The Dynamics of Transference" (1912a) in which he elaborated the twofold function of trans-

ference: i.e., transference as a resistance and also as the analyst's most powerful ally, transference as an enemy of the work and also as a comrade during the fight against the patient's illness. Freud suggested that whenever the patient's associations stopped, i.e., when he fell silent, the patient was experiencing a conflict between becoming aware of an unconscious thought (often about the analyst) and a resistance against this awareness; as a result, the compromise between this wish and the defense was silence.

Kreuzer-Haustein suggests that the patient's silence expresses a similar phenomenon: silence conceals important unconscious content that the patient wishes to express, but the resistance is too strong. The resulting silence is the compromise, and it is a communication to the analyst. Kreuzer-Haustein suggests that the analyst should strive to meet the challenge of the patient's silence from the position of a secure internal frame, knowing that the patient's silence can push the analyst to the limits of her analytic capability and tolerance. Such silence can extend along a wide spectrum ranging from "the patient just needs a little encouragement to begin speaking the unspeakable" to "the emergence of a sudden, rigid, fearful stoppage of associations that leads to a prolonged stubborn silence, which cannot be penetrated by the analyst for a long time." The situation is especially complicated when the patient does not allow the analyst to analyze the transference.

The author presents the case of Ms. A, who only rarely allowed movement between silence and speaking. However, the analyst was aware throughout that she and her patient were experiencing an intense unconscious relationship with each other, which was characterized by the patient's wish to know and to not know at the same time. The analyst was thrown back onto herself during this analysis, in a much more intense way than she usually experienced with patients able to communicate regularly with words.

Ms. A was a 29-year-old single woman who sought analysis because she felt generally unable to speak in the context of an intimate relationship, which led to her experience of overwhelming anxieties, in turn leading to her leaving the relationship. She felt great shame about this and a deep sense of worthlessness. She was generally high-functioning in her life and held a responsible job, which required extensive inter-

personal contact, and this was no problem for her. In her first interview with the analyst, she had problems speaking "because there is a real possibility that we might work together," which made her feel anxious and embarrassed.

The analyst interpreted that she might be so anxious because she worried that the analyst would not be interested in her or would judge her based on her difficulties. The analyst further explained that the analytic situation involved the patient telling about herself, and that she and the analyst together would figure out what made speaking so difficult for her. After the second session, the patient called the analyst, apologized for her difficulties in speaking, and stated that she really wanted to do an analysis with the analyst.

In order to obtain insurance approval for the analysis, the analyst had to ask the patient questions about her history and current symptoms, all of which Ms. A answered without difficulties. She described her mother as either intrusive or depressed during her childhood. Her mother had made a suicide attempt with the patient present when the patient was two years old. Her father was described as a narcissistic man, alternating between being seductive with her and devaluing of her. Her parents got divorced when Ms. A was eight. She lived for some years with her father, then with her mother. Ms. A was considered to be "the quiet one" in school; at age sixteen, she made a serious suicide attempt because she could no longer bear her withdrawal and her inability to speak.

They began a four-times-weekly analysis on the couch. Kreuzer-Haustein thought that Ms. A chose to lie on the couch to escape the analyst's gaze, which she had described as "mean." Soon Ms. A's silence became manifest in the transference and countertransference. The analyst began to think of her as "the silent one," which she recognized was her attempt to distance herself from the at times paralyzing silence in the room. The analyst filled the silence with comments to herself about the patient's body language and her own reveries and fantasies.

Once the analyst had a panic attack during a silent session, with intense dizziness and chest pain, as she imagined Ms. A walking through the woods and feeling that she was totally alone in the world. Ms. A had told her that, as an adolescent, she would take long walks in the woods carrying a rope, and that the thought that she could hang herself was

comforting to her and allowed her to return home, hoping she would feel better the next day. Sometimes Ms. A talked a lot, especially when she had promised her boyfriend or her mother that she would talk in the analysis, but during most sessions, she was silent.

When Kreuzer-Haustein analyzed Ms. A's superego and showed her that she tended to condemn herself for her inability to talk, the patient rejected such interventions. When the analyst was also silent, Ms. A seemed to experience her as an absent or menacing object.

Kreuzer-Haustein became aware that the patient experienced the silence of her analyst in many different ways: as benevolent, loving, nurturing, seductive, submissive, indifferent, persecuting. Kreuzer-Haustein tried not to have a totally silent hour and spoke to the patient based on what she imagined the patient was experiencing, or she made interpretations based on the material the patient told her. The analyst often felt that she herself talked too much or talked merely to break the silence because it felt intolerable to her. Kreuzer-Haustein thought the patient expressed her aggression and anger toward her through silence, because Ms. A felt that it was too dangerous to be overtly angry with the analyst.

At other times, the analyst felt that the patient wanted the analyst to experience what it was like to be in the presence of an unresponsive mother; i.e., during some sessions when Ms. A seemed far away and unreachable, the analyst felt like a small child begging the patient to give her some reaction. When she disclosed these countertransference feelings to the patient, she did not get a reaction. She felt that she and Ms. A were trapped in a sadomasochistic relationship.

Ms. A often brought a "third" into the session. For example, she would ask her boyfriend to call the analyst and tell her that she was unable to attend the session that day. When the analyst told the boyfriend to tell the patient that the analyst was expecting her, Ms. A would come to the session after all and seemed happy when she arrived. As with many traumatized patients, it initially seemed impossible to analyze such enactments.

Another enactment occurred before the first summer break, when Ms. A brought in a letter written by her boyfriend but dictated by the patient herself. She said that her boyfriend had said the analyst should read it. When Kreuzer-Haustein asked if Ms. A wanted the analyst to read

it, Ms. A got very upset, was unable to answer, and eventually said that the analyst should read it, if she felt interested. The letter stated: "I think you are mean because you are not interested in me. I know this because you rarely ask me questions, and when you do, I am convinced you ask even though you are not interested. You hate me because my silence is really frustrating to you and you feel you are not making any progress with me. I am very afraid you will laugh at me when you read this."

It was only after this session that Kreuzer-Haustein fully understood that Ms. A could only communicate by letter her desperate belief that the analyst was a hostile object, and her conviction that the analyst's hostility and derision were the cause of her own inability to speak, and also that she wanted the analyst to stay in touch with her. After the vacation, it became somewhat possible to speak about the letter, although most of the analyst's interpretations were met with silence, which left Kreuzer-Haustein feeling depressed, ineffective, and angry. For example, she said to Ms. A that she realized how much of a risk Ms. A was taking by coming to analysis and by speaking when she was convinced that the analyst hated her. She also said that perhaps it gave Ms. A some security to feel that she was being hated because not getting a response or understanding was familiar to her; to imagine that the analyst was on her side was too scary. She later told Ms. A that she perhaps needed the presence of a protective third person, since as a child, being alone with a suicidal mother was too dangerous. Especially expressing her angry feelings was scary because she feared she could destroy the analyst and lose her.

It was only through Kreuzer-Haustein's reflections on her countertransference that she understood again and again the deep despair of the little girl who was filled with hatred and disappointment, and who was, on the one hand, convinced that she would never be able to have a positive relationship with the analyst, and on the other hand, hoped to be freed from her destructive repetition compulsion so that a new relationship could emerge that allowed her to break out of her silence. Sometimes, at the end of a session, Kreuzer-Haustein noticed that Ms. A gave her a loving or even a tender look, and sometimes her parting handshake was a little longer and felt more familiar.

The patient ended the analysis relatively precipitously after two years because she had accepted a job in a different city. Kreuzer-Haustein was

somewhat relieved of painful doubt and guilt when the patient was able to accept and follow through with a referral to a new analyst. However, the analyst was not sure if her containment, her constant presence, and her interpretations had resulted in a true transformation of the patient's internal world. She wondered if the patient had to leave the analysis because she continued to feel hopeless that she would ever be able to emerge from her tormenting objects, and also feared that she would destroy the analyst if they continued their work.

"Der Sprung ins Imaginäre"—Zur behandlungstechnischen Verwendung psychosomatischer Körpersymptome. ["The Leap into the Imaginary": Technical Issues When Treating Psychosomatic Symptoms.] By Barbara Ruettner, Adrian Siegel, and Lutz Goetzmann, pp. 714-736.

These authors aim to elucidate our understanding and treatment of psychosomatic symptoms. They suggest a psychoanalytic technique that will allow the analyst to gain access to unconscious psychological meanings often hidden in somatic symptoms. They review the most common psychoanalytic models that explain the dialectic between psyche and soma:

1. The conversion model (Freud 1894): Bodily symptoms are viewed as an expression of repressed unconscious conflict: an unbearable psychic idea or experience is displaced onto the body, and the symptom presents a compromise formation between the wish represented in the idea and the defense against it. Freud furthermore posited that, under the influence of a trauma, the individual's capacity to manage and integrate the traumatic event can be overwhelmed, and a regression to an earlier somatic mode of reaction ensues, with the trauma becoming inscribed in the body—i.e., a resomatization.

2. The alexithymia model (Marty and de M'Uzan 2003): Marty and de M'Uzan developed the concept of alexithymia, which suggests that psychosomatic patients are lacking awareness of their feelings and possess only a reduced capacity to symbolize.

Ruettner, Siegel, and Goetzmann state that these different psychoanalytic models reflect the split between psyche and soma in that they present incompatible explanations with regard to how the relationship between mind and body is conceptualized. That is, the conversion model claims that symptoms symbolize an unconscious conflict, while the alexithymia model claims that symbolization of symptoms cannot take place in patients with alexithymia.

The authors use Sami-Ali's model (1974) as another way of conceptualizing the body-mind dynamic. Sami-Ali views bodily symptoms as occurring along an axis with two poles, which together present a *psychosomatic totality.* That is, each psychosomatic symptom has a bodily and a psychic dimension, and these dimensions are two sides of the same coin. One pole represents the *symbolic-imaginary* and the other the *imaginary-organic.* At the symbolic-imaginary pole, the bodily symptoms express symbolically something that has been repressed and has become unconscious. At this pole, the term *symbolic* is used in the original Freudian sense, according to which the conscious symbol points to an unconscious representation (Freud 1900).

The imaginary-organic pole, on the other hand, marks the precipice of the unimaginable. Here it has been impossible to build up an imaginary space, or the imaginary space has been destroyed as a result of early traumatization. The traumata that could not be represented have led to bodily changes or organic dysfunctions and lesions. It is in the domain of the Imaginary that our bodily proto-self comes into being as a result of our earliest interpersonal experiences. These experiences determine whether there is a predominance of warmth and comfort or of loneliness, helplessness, coldness, and discomfort; whether we experience our body as safe, full of vitality and pleasure, or whether we feel a constant sense of paralysis or pain, an irritation of the mucous membrane, or a psychogenic blindness in the eye.

The authors maintain that psychic traumas are identical to bodily injuries; psychic pain *is* bodily pain. A trauma can be caused by a traumatic environment (sexual and physical abuse, neglect) or by traumatic fantasies, which cause the traumatic Real to emerge again in our dreams.

A body that did not receive good enough maternal mirroring, for example, cannot project itself completely, or not at all, into a deficient

or absent imaginary space. In an extreme case, the injured organ takes the place of the traumatic object loss, and in this way constitutes a specific defense against a traumatic experience or a traumatic fantasy. Such organic injuries are difficult to reach by interpretation.

The authors point out that they do not follow Lacan's trinity of the Real, the Symbolic, and the Imaginary, which are, according to him, united in a Borromean knot. The authors follow Lacan only in that the middle section of the axis represents the Imaginary. The bodily symbols, however, are to be found at the symbolic-imaginary pole, and they represent a bodily symptom through an unconscious fantasy. And at the imaginary-organic pole, the organic does not refer to Lacan's Real, but rather to the organic and sensuous bodily texture.

Lacan posited that the Imaginary comes into being during the mirror stage. During this stage, the child encounters a whole image of himself in the mirror for the first time; he sees himself as a whole person. This perception constitutes the *I* (the ego/self) and the *mirror* (the image). The Imaginary opens the way for the child to develop self-consciousness. During the mirror stage, both the bodily self and the psychic self are "doubled"—i.e., a second layer of experience is created. As the child identifies with his image, his self-feeling begins to change. The mother, with her physical presence, her glance, and her nurturing behavior, can be understood as the child's mirror.

The authors suggest that the analyst suspend judgment regarding whether a symptom is physical or also connected with emotional factors, and instead remain open to the possibility that the patient's bodily symptoms contain at least an element of the patient's imaginary world. If we understand that a bodily symptom often provides an entryway into the earliest subjective, unconscious self-experience of the patient, we will be more likely to focus our explorations, together with the patient, on a verbal elaboration of bodily symptoms and to understand that the patient's earliest sensuous perceptions and associated emotions are contained in them.

"I have a constant headache, I am under pressure, my back feels like a hard and painful wall, I feel nauseated all the time, my partner revolts me, my colon is bleeding, everything is shit, I am losing myself completely"—all these experiences, although verbalized and mitigated, lead

into the world of the Imaginary, which is sensuous and preverbal. Sexual and physical misconduct, hatred, brutality, violence, disdain, betrayal, or loss can be experienced as physical pains. It goes without saying that, in addition, the analyst needs to recommend and support physical treatment of the bodily symptoms when indicated.

The task of the analyst is to create an imaginary space around the symptom through patiently mirroring and helping the patient see connections between her emotional and physical experience. The analyst must allow himself to experience the patient's symptom in his own body and to tolerate what it feels like for the patient, rather than trying to interpret the symptom. By allowing a modification of his self through taking in the inner world of the patient, the analyst identifies with the patient's unconscious bodily experience, and then becomes able to make verbal connections for the patient. For this to become possible, the analyst must be willing to tolerate a certain depersonalization and allow himself to be acted upon by the patient's symptom. The work on the symptom creates movement in the id (Groddeck 1923), which leads to greater integration in the patient.

The authors provide a clinical example. A 25-year-old woman has suffered from an "unbearably painful coldness in my bones." She thought it was due to a bacterial infection, but various tests did not confirm this. The patient was referred to the analyst, who experienced a sense of uncomfortable coldness from the patient from the beginning of the first session. Rather than interpreting this, he allowed himself to be affected by the coldness and to feel what it was like for the patient to suffer such painful coldness. He encouraged her to talk about the experience of coldness, which was slow in the beginning, but eventually the patient was able to say that her whole life felt cold. Feelings of coldness became the focal point in the analysis.

Further exploration revealed that the patient's mother had tried to have an abortion when she was pregnant with the patient, and the patient had felt rejected by the mother for her entire life. Gradually, the patient became able to feel anger and disappointment and began to mourn the interpersonal loss of the mother, and, with this, the feeling of coldness lost its bodily quality and became a metaphor that could be talked about. The patient's interpersonal coldness and bodily coldness

had been fused. Healing became possible when the analyst was able to tolerate the patient's coldness in himself and thus allowed the patient to feel it for the first time—i.e., the analyst allowed himself to regress to the mode of equivalency, in which interpersonal coldness was equivalent to bodily coldness.

Die Musik der Sitzung hören lernen—Überlegungen zu kasuistischen Seminaren in der psychoanalytischen Ausbildung. [Learning to Hear the Music of a Session: Reflections on the Continuous Case Seminar During Psychoanalytic Training.] By Leopold Morbitzer, pp. 1115-1138.

Morbitzer states that the didactic component of psychoanalytic training—the third pillar, alongside the training analysis and individual supervision—has received relatively little attention in the literature, even though it is most important for the development of the analyst's professional competence. All too often, the session presented in the continuous case seminar is not discussed as the subjective presentation of the analyst, but more as an objective fact, and the process in the seminar becomes one of individual supervision, with the rest of the group looking on (Canestri 2007).

Gabbard and Ogden (2009) wrote of the *music of the session.* The polyphony of a symphony can be a metaphor for the multiple layers of analytic material, with a session characterized both by horizontal movement from beginning to end, and by a vertical dimension of various unconscious representations, each having its own line of movement and logic. The category of the unconscious includes the patient's projections, transference, the analyst's implicit theories and countertransference, the patient's smell, bodily phenomena, enactments, language, pitch, rhythm, tempo, intensity, etc.

As in a symphony, all instruments are always present, even if they do not play or do so only in the background. Morbitzer maintains that, due to a lack of experience, it is difficult for analytic candidates to listen to this kind of complexity, and especially to listen for the patient's unconscious communication. He suggests that candidates, because of anxiety in the face of such complexity in analytic communications, show resistances to not knowing. There is a tendency to fall back on theory to

structure one's perceptions and thereby to obtain a feeling of safety and reassurance that one is not lost.

Morbitzer reminds us that Freud also struggled with this:

> The most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions. [1912b, p. 114]

> Those elements of the material which already form a connected context will be at the doctor's conscious disposal; the rest, as yet unconnected and in chaotic disorder, seems at first to be submerged, but rises readily into recollection as soon as the patient brings up something new to which it can be related and by which it can be continued. [1912b, p. 112]

Morbitzer wonders what enables an analyst to sit silently with a patient in a state of uncertainty, not really understanding what is happening but nevertheless not giving in to despair. He proposes that a quality he calls the *expectation of self-effectiveness* is necessary, which is the confidence that one will be able to swim and not drown, even if one is not familiar with the water or its depth. Bion referred to faith in *O*—i.e., the belief that something will rise up from the murky depth that will allow the analyst to connect the different aspects of the patient's material.

Morbitzer maintains that it is the goal of psychoanalytic education to develop the candidate's trust in the psychoanalytic method, and trust in the patient's unconscious as well as his own. Freud and Ferenczi called this trust or faith a conviction that something can be found that is not yet there, something that is not yet known. Without such a trust in the psychoanalytic method or the unconscious, it is difficult or even impossible to bear negative capability, and overwhelming anxiety will be allayed through restriction of perception and refuge into theory.

The author describes a point early on in the analysis of a woman who had come to treatment because she generally felt "very distant from other people," and who had never in her life been able to have an intimate relationship, which she very much desired. The analyst had suggested that she use the couch, but she insisted that she wanted to have a "modern" analysis, not an "antiquated" one. She was continually on the

fence about whether to continue the analysis, as she felt that she and her analyst were not on the same wavelength.

The patient was silent for much of her sessions, and rejected every effort on the part of the analyst to help her understand what was going on inside of her. She had shared very early on a fantasy of disappearing into the cracks of the floor or flying out of the window, which would lead to her being "everywhere, but no longer a subject." In the hour that Morbitzer presents, the patient was again silent for a good part of the session, and then said that she felt she did not benefit from the sessions when she did not speak, but that she felt unable to "break the ice." This was followed by another prolonged silence.

The analyst reflected on her words "break the ice" and suddenly felt that all his efforts to ask the patient questions, to draw her out in various ways and get her to talk, had felt quite violent. He also remembered that the colleague who had referred the patient to him had said that he had felt unable to "break her silence."

The analyst recalled that in the previous session, the radiator in his office had begun to knock and make other noises when it first came on. The patient had expressed irritation at the noise, and he had commented that the radiator was trying to reach the temperature set by the thermostat, and he had added that perhaps the patient and he had to slowly warm up to each other also, upon which the patient had given him a brief smile. The analyst suddenly felt that the radiator and the "breaking of ice" were *selected facts,* in Bion's term—i.e., the elements that brought about a new resonance in the analyst and allowed for a new connection between previously seemingly disjointed material.

He then told the patient that her wish to "break the ice" seemed somehow quite violent, in contrast to his idea of "warming up to the other," which could result in the ice melting. Up until then, the patient had objected to everything he had said; she had negated or relativized his words, or his words had simply fallen flat. To his great surprise, at this point the patient responded that she found metaphors, such as the one of ice, very interesting because they contained multilayered meanings and resonances.

"Water can be present in different forms. Ice is hard but lighter than water. Water can evaporate and distribute itself," she said. It was the first

time that this patient had taken something the analyst said and associated to it. The analyst felt suddenly very moved.

The patient continued: "If you break the ice, you don't achieve a transformation, no real change, you simply obtain more fragments, but it is still ice . . . . To melt the ice constitutes a transformation into a different state of aggregation. It becomes liquid water." Following this moment, the hour became more fluid. Whereas in the past, the patient had seemed irritated and bored in sessions, and their relationship had felt very strained, she now seemed affectively engaged with her own words.

The patient continued to associate, now to her favorite fairy tale: "The Snow Queen," by Hans Christian Andersen (1844). In this tale, a child had a splinter of a mirror in her eyes that caused her to see everything in a distorted way, and also a splinter in her heart, which made her feelings turn into ice. A friend, a second child, set out to save this child and was willing to suffer many hardships, because she knew that the first child did not want to be rescued in that she perceived everything wrongly—i.e., what was beautiful was ugly in her eyes. The first child did not even recognize her friend initially, but then the friend began to cry and her crying melted the ice.

At the end of this session, when almost out the door, the patient said: "Perhaps we can try the couch next week."

Morbitzer concludes his paper by suggesting that learning in analytic case seminars can be enhanced if each case presentation is viewed through a specific lens. While the experienced analyst is able to listen to the totality of the patient's presentation, including the unconscious, candidates benefit from isolating important elements of the material in order to sharpen their listening skills for each element, analogous to the way that a musician learns to identify and appreciate the individual instruments that make up a symphony.

Morbitzer suggests the following specific topics for continuing case seminars:

1. The language of dreams: In order for candidates to learn the "grammar" of a dream, a seminar could be offered that deals with the multiple elements and meanings of a dream: e.g., wish fulfillment, problem-solving, ego function, object relations, day residue, colors and affects, and mechanisms

of the dream work (condensation, displacement, symbol formation, representability, etc.).

2. The opening scene: The focus of this seminar is how the patient comes to the analyst, relates to him, and how he enters the office and utters his first spoken words. Candidates will learn about the wealth of conscious and unconscious information that is communicated by the patient during these complex initial interactions and presentations.

3. The analyst's countertransference: This seminar would study exclusively the analyst's interventions, leaving out all the patient's communications. When all the analyst's verbal communications are written down, the analyst's words are no longer understood as a reaction to the patient but as his own transference to the patient. Who is the patient the analyst is speaking with? How do the analyst's interventions sound?

4. Transference: This seminar would look at both transference and countertransference communications. When does the analyst address these? When does the patient do so? Is everything transference? When is the transference complementary, when concordant? Is this a whole-object transference or a part-object one? Is there an unobjectionable positive transference? When does the transference become a resistance?

5. Nonverbal communications: The presenter in such a seminar could focus on how the patient presents: how he looks, moves, talks, uses his hands, is silent, how he breathes, how he smells, the analyst's bodily reactions to the patient, the patient's level of energy, how the patient greets the analyst and leaves the office. These observations could be discussed in terms of what they reveal about the patient's unconscious.

6. Implicit theories: What are the analyst's implicit theories? When does a certain concept occur to the analyst, and why does it occur at that time? This seminar would not focus on the patient, but rather on the analyst's implicit beliefs that guide his interventions and interpretations.

7. The "hour residue": How does the patient deal with and experience the time in between sessions? Does he remember the insights he had in a session and build on them? Is there

a break in continuity? What can be learned about the optimal frequency for patient contact? How does the analyst experience time in between sessions?

8. The interplay between paranoid-schizoid and depressive positions (PS ↔ D): When does a patient change positions? How does it come about? Why does it happen in a particular hour?

9. The continuum of an analytic process: This seminar would not focus on one hour, but instead on the process of an analysis over time—perhaps a terminated analysis. What has happened to the presenting problem? Which themes have remained the same, and which have changed? How? One could look at the initial dream of the analysis and its final dream. How did the patient's narrative and the metaphors he used change over time? For example, one of the author's patients began his analysis by describing that his stomach felt like a site for atomic waste—his toxic and highly radioactive affects needed to be safely buried for thousands of years, and he had to protect the analyst from coming into contact with them. Four years into the analysis, the patient's fantasies about his stomach had morphed to include a sewage treatment plant. The patient's initial presentation was marked by despair about his frightening feelings of omnipotent destructiveness; as these were gradually worked through, his aggression took on more human proportions, and he became aware of his anal and urethral aggression that could be dealt with and could be cleansed through analytic treatment. In a dream, the analyst was the owner of a purification plant.

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