

SHIFTING BETWEEN ALTERNATIVE MODES OF COGNITION: CAN FREE ASSOCIATION, IN AND OF ITSELF, PROVE THERAPEUTIC?

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From early on in his career, at the time of his treatment of Frau Emmy von N., Freud (Breuer and Freud 1895) recognized the value of listening to the patient's material without attempting to steer it along a particular course. His focus on the method of freie Einfälle (free association), to be presented to the patient as the fundamental rule of analytic treatment, led to his recommendation that the analyst listen with evenly suspended attention (Freud 1912). But is free association therapeutic in and of itself? The author proposes an affirmative reply to this question based on the contribution of free association to the patient's nascent ability to shift between active and passive modes of cognition.

Keywords: Free association, modes of cognition, analytic method, Freud, therapeutic action, analytic theories, resistance, fundamental rule.

INTRODUCTION

Over the course of the last several decades, several competing core psychoanalytic theories have cropped up that aim to explain how individuals become psychologically and emotionally impaired and—by extension—to propose how damaged minds can psychoanalytically be repaired. In opposition to such pluralism, Rangell (1997) called upon psychoana-

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lysts to recognize that only one theory—a *unitary theory*—could account for the efficacy of psychotherapy, echoing Fenichel (1945), who insisted that “psychoanalysts are of the opinion that only psychoanalytic science understands what is going on in neuroses, and that there is but one theory to give a scientific explanation of the effectiveness of *all* psychotherapies” (p. 554, *italics added*).

Accepting *theoretical* pluralism as a given, Wallerstein (1988) chose instead to find common ground not in theory but in practice—in the commonalities of how analysts conduct analysis. In support of his position, Wallerstein referenced the widely held observation that “adherents of whatever theoretical position within psychoanalysis all seem to do reasonably comparable clinical work and bring about reasonably comparable clinical change in the (comparable enough) patients” (p. 13), leaving us to define psychoanalysis not in the way in which Rangell chose—through theory—but rather in how psychoanalysis takes place on a daily basis in consulting rooms throughout the world.

If Wallerstein is correct in his estimation, then we are left wondering which methods, techniques, therapeutic approaches, or clinical beliefs psychoanalysts share in common. First and foremost would be an acceptance of the idea that individuals fall ill to the extent that aspects of the psyche—or, alternatively, that aspects of the self—have, in whatever way, become lost to the individual, by way of either a horizontal split effected by repression or a vertical split brought about by dissociation. In either case, the individual is poorer for having lost a piece of himself, making the retrieval of lost parts an essential mission of psychoanalysis. Whether one effects change by rendering the unconscious conscious or by helping the patient retrieve and “own” dissociated aspects of the self that for a time had been seen as belonging to another (via projection or attribution), the self is made whole again by reestablishing lost *continuities* (Kris 1996).

I submit that this goal lies at the core of psychoanalytic practice, with other matters (addressing transference, recognizing resistances, utilizing countertransference, etc.) subsidiary to this chief aim.¹ Whether one re-

¹ Exceptions are those psychoanalytic theories suggesting that one cannot lose what one never had: that is, theories based in developmental arrest and deficit psychopathology due to a failure of provision.

alizes this goal by identifying and addressing transferences of whatever sort—selfobject transferences, “dead mother” transferences, enactment-emerging transferences, etc.—matters little in the scheme of things, just as long as the central task of making the patient whole (or, more precisely, “more whole”) is approximately achieved.

THE PSYCHOANALYTIC METHOD OF FREE ASSOCIATION

One of the central methods of psychoanalysis—if not *the* central method—is that of free association. Most analysts subscribe to the idea of permitting the patient’s free associations to guide the session without undue influence on the analyst’s part. By and large, analysts pride themselves on playing as little a role as possible in shaping the patient’s material, even though this idealized position is readily recognized as unachievable to the extent that the analyst’s theory and being—which influence what he is hoping and expecting to find—inevitably interfere. What might otherwise have been completely free associations are intruded upon in treatment to the degree that these factors play a role (Gill and Hoffman 1982; Thomä and Kächele 1987). That the analyst’s theory and personality necessarily affect the patient’s associations has been confirmed empirically several times (Greenspoon 1955; Murray 1956; Murray and Jacobson 1971; Truax 1966).

The analyst’s theoretical orientation can prove self-fulfilling to the extent that it leads the analyst to covertly and systematically reward various client behaviors and extinguish others (Masling and Cohen 1987); thus, interpretations “have an unfortunate tendency to reflect the therapist’s expectations rather than the underlying facts of the matter” (Spence 1992, p. 559). This illustrates the point Strenger (2005) drives home when he writes: “It is unrealistic to believe that a therapist’s personal predilection, her sense of what constitutes the central dimension of meaning in life, does not crucially influence each and every one of her interventions” (p. 92).

Such claims will prove challenging for analysts who insist that psychoanalysis is scientifically based. Some may feel so discouraged by signs suggesting contamination that they throw up their hands in despair of ever

transcending the tendency to see what they expect to see—potentially causing them to lead patients down a path of the analyst's own making. While it is easy to become nihilistic about such matters, one must remain aware of the extent to which most analysts work hard to minimize this effect—that is, they attempt to avoid the pitfall of the observer affecting the observed (Heisenberg's uncertainty principle), even though a factor that can be neither denied nor eliminated is the analyst's *irreducible subjectivity* (Renik 1993). Undoubtedly, some analysts are better than others at reining in—while not completely eliminating—the effects of theory-based interpretation on supposedly naturalistic observation.

While it proves impossible to completely eliminate the analyst's influence vis-à-vis the patient's free associations, it is equally impossible to identify a particular technique or method that all analysts agree is one they universally employ. Free association may come closest to that goal, but some analysts seem not to rely on this method of eliciting the material to become the focus of analytic attention. For example, Clara Thompson abandoned the use of free association largely because she found patients were not able to freely associate but instead “just natted on” (Levenson 2001, p. 380), while Fromm-Reichmann (1950) described free association as “unnecessarily time consuming” (p. 72)—though, in the scheme of things, these seem to be rare exceptions.

Speaking from a relational, two-person perspective, Aron (1990) insisted that “free association, as a method, can be useful to psychoanalysts of all theoretical orientations” (p. 440), and while he described many like-minded analysts as having “minimized or abandoned the free association method” (p. 440), this seems only to have been the case when it came to the treatment of the most troubled patients.

A. Kris (1996) referred to free association as “the principal method of psychoanalysis” (p. 3)—the chief technique by which the analyst brings to light *discontinuities* in the patient's associations, toward the ultimate goal of helping the patient “regain lost connections” (p. 5). Identifying discontinuities involves, first and foremost, the process of observation, *not interpretation*. Noting discontinuities is the central task of *close process monitoring* (Busch 1995; Gray 1973, 1982, 1994), which begins with an emphasis on observation. The patient seems headed in a particular direction, for example, but then hesitates or—even more

dramatically—abruptly changes course, even to the point of truncating a word he was midstream in articulating, leaving it only half mentioned.² Breaks in continuity are a suggestive sign of resistance in action—the product of a defense designed to save the patient from having to experience what he unconsciously fears will prove too much to bear.

After noting breaks in the patient's associations, the analyst attempts to get the patient to observe his observations—a self-reflective (“meta”) process that engages *the patient's* self-analytic abilities, rather than relying chiefly or solely on the analyst's analytic abilities. “Instead of seeing resistances as a barrier to free association,” notes Busch (1994), “[Gray and Kris] see free association as a method by which resistances can become the centerpiece of the analytic process” (p. 370).

DEVELOPMENT OF THE METHOD

Understanding the varied uses to which free association can and has been put requires a brief review of how the method of free association came about. Freud essentially stumbled upon free association after a period during which he chiefly relied upon hypnosis to gain access to the patient's buried, psychopathogenic memories. Friedman (1997) notes that Freud did not like having to depend on the patient's cooperation—on the patient's willingness, that is, to permit himself to be induced into a hypnotic trance—because it robbed Freud of the power and authority he thought he needed to effect a cure. So Freud abandoned the use of hypnosis in favor of the *pressure method* (placing his fingers on the patient's forehead and then ordering him to remember past events that were unconsciously troubling). Then, in the course of treating Frau Emmy von N., Freud was confronted by the patient's annoyance with his practice of hounding her to remember long-forgotten memories that he believed were pathogenic in nature (Breuer and Freud 1895). Frau Emmy von N. essentially told Freud to shut up and listen—and listen he did. Freud (1912) recounts the incident and comments: “She then said in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say. I fell in with this, and she went on without preface” (p. 63).

² Nonetheless, the analyst is often able to piece together what that word would likely have been.

Thus was born the free-associative method (Gay 1988). Freud thereafter learned to listen in a completely different manner than he had in the past—adopting a listening stance that had him functioning more along the lines of a fisherman with his line in the water than a hunter loaded for bear. Freud realized the benefit of listening with “evenly suspended attention” (1912, p. 111), making sure not to pay too much attention to any given piece of data. “As soon as anyone deliberately concentrates his attention to a certain degree,” warned Freud,

. . . he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations and inclinations. This, however, is precisely what must not be done. [1912, p. 112]

Friedman (1997) has his own unique perspective on the matter of Freud’s realization of the value of the free-associative method:

This new procedure put Freud in an entirely different position: No more praying for a trance. No more begging for simple memories. No more pleading for clues to symptoms. If the therapist has any question at all, it’s a mild wondering about the mood of the moment. Now almost anything the patient says will satisfy Freud. Since he no longer hungers for atoms of significance, and since he is expecting only a vague network of thoughts with only a remote reference to his interests, he can’t miss: his professional pride and intellectual confidence are no longer at risk. [p. 24]

It was Freud’s (1913) recommendation that analysts make the fundamental rule as clear as possible to patients at the outset of treatment, suggesting that the analyst say something to the analysand along the following lines:

One more thing before you start. What you tell me must differ in one respect from an ordinary conversation You will be tempted to say to yourself that this or that is irrelevant here, or quite unimportant, or nonsensical, so that there is no need to say it. You must never give in to these criticisms, but must say it

in spite of them—indeed, you must say it precisely because you feel an aversion to doing so So say whatever goes through your mind Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it. [pp. 134-135]

There are several important aspects of Freud's recommendation worth noting. First, Freud makes clear just how *out of the ordinary* such communication will seem to the patient—how much it contradicts everything the patient had been taught when young about what *not* to do. Hence Freud's recommendation, at its core, is subversive insofar as it requires that the patient work against the implicit (though typically nonconsciously operating) rules for censoring any mention of certain sorts of thoughts and feelings—those that the patient assumes might be judged offensive, unwelcomed, trouble-making, and/or “inappropriate,” for a host of reasons: because it is embarrassing, shows the patient in a bad light, is rude, says what everyone knows but no one wishes to hear, is nonsensical (lacks a “connecting thread”), is self-centered, etc. Freud also addressed the *temptation to dismiss (hold back) thoughts* that come to mind on the basis of certain “criticism and objections” because they are believed to be: off topic (“wander too far from the point,” Freud [1913, p. 131]), irrelevant to the matter at hand (mere “side-issues,” p. 134), or too “unpleasant to tell” (p. 135).

Though Freud identified the fundamental rule as the *sole* directive that the patient is given, patients sometimes believe they can make out other of the analyst's wishes, though unspoken (e.g., directives such as “think like me,” “don't talk back or challenge what I say,” “suppress your competitive or aggressive impulses toward me,” “tell me how great I am,” etc.). Admittedly, there are instances (far more than most analyst might care to admit) when patients correctly identify just such unconscious wishes in the analyst—but Freud is declaring free association to be the one thing (aside from attending sessions and paying) that the patient *must* do in order for the analysis to work—the one thing that is being asked of him. And while this instruction may seem a simple one to follow, nothing could be further from the truth; therein lies the rub.

Another matter to mention is Freud's noting the *passive quality of free association* by analogizing it to sitting on a train, watching and re-

porting as the scenery *passes by* (Freud 1913). This last aspect of free association—its passive quality—differentiates an active mode of cognition whereby one works hard to dredge up fruitful topics worth discussing in analysis, from the more passive modes of cognition whereby psychic material is *permitted* to spontaneously come to mind on its own. It is worth noting that the German words Freud used to describe free association are *freie Einfälle*, the latter of which can alternatively be translated as *to come into mind*, *to cross one's mind*, *to chime in* (as if musically), or *to break in upon* (also, in a different context, *to invade* a country, *to raid* a village), with the added modifier *freie*—specifying that these things happen of their own accord.

Freud's term as a whole underscores the passive nature of free association—what occurs to the patient in the way of chance thoughts, spontaneous thoughts, or unwilled thoughts. Free association involves surrendering to a process (letting go of the tendency to actively select which topics will be mentioned, discussed), which helps one tune in to what otherwise might seem like incidental background noise meant to be filtered out because it is considered insignificant or distracting. The fundamental rule calls for a shift in attitude that ideally leads the patient to *attend* to such background thoughts, honoring them not only as worthy of consideration but as potentially mutative.

Traditionally, the value of attending to the patient's associations lay in what those associations implicitly revealed in the way of hidden psychic content. Here I am proposing an added value: that of the patient's learning how to attend to and see the benefit of a way of using his mind that differs from the chief mode of cognition he employs when engaged in goal-directed thinking.

Before proceeding, I would like to mention that the active/passive distinction being drawn throughout this paper is not as absolute as it might seem. In fact, situations often involve an admixture of both elements. In regard to free association, Hoffman (2006) mounts the following argument:

Rather than simply "happening," like the weather, or even, perhaps, a dream, the patient's thoughts might emerge as a function of the patient's actively thinking them. Thinking can be a

voluntary “action” no less than moving one’s arm or one’s leg. At a minimum, there is a subtle interplay in the patient’s experience between active agency in thinking and passive receptivity to emerging “associations.” . . . [What if] the patient feels he or she has several things coming to mind simultaneously, several things that he or she could speak of, so that only by choosing will it be possible to speak at all? . . . If the injunction against active choosing is strong enough, patients will—in effect—be encouraged to deny the sense in which they have felt themselves to be participating as agents in the process. [pp. 44-45]

While Hoffman’s thoughts lead one to realize that the distinction between active and passive modes of cognition is not as clear-cut as one might think, there is nevertheless value in continuing to talk about a form of thinking that seems to be, in the grand scheme of things, *more* or *less* passive relative to other types of thinking.

Before moving on to the chief thesis of this paper, it is worth considering what free association *is not*:

- (1) Free associating does not take place in a vacuum; it is not comparable to lying at home on the couch speaking aloud one’s random thoughts in isolation (or, in research studies, lying with one’s head in an MRI machine³), freed of the task of planning, problem-solving, or other sorts of linear-type thinking that characterize much of what constitutes typical, day-to-day thinking. By definition, freely associating takes place in a given context—when one is addressing one’s thoughts during psychoanalysis *to the analyst* (E. Kris 1956).
- (2) Free association is not synonymous with giving vent to primary process thinking, free of the grammatical and linguistic requirements that make speech an act of communi-

³ Studies conducted by neuroscientists using fMRI (Spence et al. 2009) that attempt to localize the operations of free association to the dorsolateral prefrontal cortex can only go so far as to offer “insights into the cognitive neurobiological architecture that is ‘required’ to support human free association in the human brain” (p. 160), given that the experimental procedure used in such studies does not come close to replicating clinical free association—which by definition takes place in the context of a therapeutic relationship, its products being addressed to the analyst.

cation that aims to make the speaker understood (Mahony 1979). Gibberish is not free association.

- (3) Free association is not, as some have argued, a “demand” for “obedience” on the patient’s part (Hoffer and Youngren 2004; Nunberg 1948; Ogden 1996). The fundamental rule is not in fact a rule at all, but rather a suggested way for the patient to *try* to proceed with his thinking. Obviously, one cannot demand of a patient that he freely associate (Busch 1994; Dorpat 1999; Loewenstein 1963) since his ability to do so is greatly limited by his defenses and resistances, which must be analyzed in order to liberate the patient to speak more openly. Besides, freely associating typically *occurs only in spurts*, rather than being something that characterizes the patient’s verbal activity throughout much of each session (Kubie 1950). Rather than being a demand for obedience, the fundamental rule is better regarded as an invitation and a matter of “mutual agreement” (A. Kris 1983, p. 441).

SHIFTING BETWEEN ACTIVE AND PASSIVE MODES OF COGNITION

One advantage of becoming more adept at freely associating is a heightening of the capacity to flexibly shift back and forth between alternative modes of cognition—active and passive—which, arguably, is a sign of mental health. Accordingly, there is intrinsic therapeutic value in helping patients exercise the ability to shift between these modes of cognition—from the more active *doing* mode (*making happen*) to the more passive *being* mode (*letting happen*), adapting to the present situation by utilizing the mode of cognition best suited to the task. Rosegrant (2005) notes:

It is generally understood that free association is therapeutically helpful because it is a route toward exploration and understanding of unconscious resistances, drives, and object relations . . . I will develop the idea that experience of the free-associative state, together with regulation of the interplay between the free-associative state and the more usual state of consciousness, is also therapeutically helpful. [p. 737]

Free association is a distinct mode of cognition that differs from the way in which we generally tend to use our minds during the lion's share of our waking day. We get things accomplished mostly through the use of goal-oriented cognitive skills that involve taking measure of the situation at hand, consciously deliberating about alternative courses of action, choosing and implementing a plan, assessing whether the plan is on track toward realizing a goal, etc. Such competencies are a measure of one's ego strength (what has come to be known widely as *executive functioning*), and they depend on one's facility in marshaling one's mind, focusing one's attention on the task at hand, and engaging in stepwise, linear thinking with an eye toward a chosen end point. We work intentionally to bring about a desired outcome—we make it happen and are roundly rewarded not only by achieving the desired goal, but also by a heightened sense of agency, proudly feeling that we are capable.

Analysands often mistakenly believe at the outset of treatment that they must use this same active, goal-oriented approach in order to get the most out of treatment. Patients who have become well acquainted with and highly reliant upon this active mode of cognition—which has proved singularly helpful in most other areas of life—may find it hard to believe that the analyst actually expects them to abandon this routine, highly reliable mode of cognition and adopt an entirely different way of thinking to solve the sorts of problems that brought them to treatment. Paradoxically, an overreliance on this linear-type thinking may lie at the heart of what the analysand seeks to have treated.

The fundamental rule requires that the patient surrender to a more passive mode of experiencing and attending to internal psychic content—letting things occur to him without actively picking the topics to be discussed, those he believes constitute the most potentially fruitful subject matter. Since choosing is an essential component of goal-oriented thinking, it may not occur to the patient that a selection process aimed at determining what constitutes mention-worthy material can easily be coopted by a defensive agenda that unconsciously strives to steer clear of paths one unconsciously senses could be upsetting. Only by trying not to try—surrendering oneself to the task of uncensored candor, unwavering honesty, and spontaneity—can a patient hope to participate in an analysis that stands a chance of making a substantial difference in his life.

The fact that most patients can at best muster merely an approximation of free association does not undercut the fundamental rule as a worthwhile instruction and a worthy aspiration. Difficulties encountered along the way yield critical data about resistances that trip up the patient as he attempts to do what he has been asked to do. Those who discount the value of freely associating on the grounds that such an assignment is unachievable miss the point to the extent they fail to recognize that the inability to freely associate becomes the treatment's chief focus, which can be milked to good effect.

It is worthwhile to consider at greater length these two modes of cognition or states of consciousness—actively *making happen* and passively *permitting to happen*. It is instructive to liken free association to certain bodily functions—breathing, for example. Just as one can control an otherwise automatically operating process such as breathing either by holding one's breath or by hyperventilating, one can control one's thoughts either by focusing one's attention on a select mental task or by permitting one's automatically operating thoughts—which often go unrecognized—to take center stage. Such spontaneously operating background thoughts are like stars that are always in the sky but cannot be seen in the glare of day.

Defecating is another bodily function that has bearing on free association. *Holding in* and *letting go* represent, respectively, the active and passive elements of bowel control. While the child may consider himself responsible for the creation of the fecal bolus—believing he has labored it into being—this is not at all the case. In actuality, the passing of feces comes about by *relaxing* the anal sphincter, permitting the involuntary musculature of the colon to “do its thing” (*letting happen*)—for which the child then takes credit. An adult who has trouble letting go—relinquishing control—will likely find it exceedingly hard to let his mind “do its own thing” and may experience himself as *working hard to make things happen* when he could simply *let things happen*, permitting processes to take their natural course.

INSTRUCTING PATIENTS: “YOU WANT ME TO DO *WHAT?*”

The patient who tends to stay strictly focused on the active mode of cognition (*doing* rather than *being*) often finds it difficult to permit his mind

to think on its own (to “just be”). Instead of freely associating, such a patient may, for example, bring an outline to treatment of what he plans to talk about (a spelled-out agenda), justifying the practice by explaining that he wants to make the most of his time in treatment. While such reasoning makes abundant sense, from the standpoint of the analysis, it makes no sense whatsoever and is a sure way of preventing the requisite analytic process from developing.

Certain patients have great difficulty believing in and following the fundamental rule. Some cannot quite believe what is being asked of them, assuming that if they do not *try* to think of something to say, nothing whatsoever will come to mind. A commonly encountered fear early in the course of certain analyses is the patient’s expectation that he will quickly run out of things to say, at which point, he fears, his core inadequacy will come to light, becoming undeniable. One such patient, early in his analysis, mentioned that he left each session glad he had come, given how productive the session had been, but this did not change the fact that he would approach each subsequent session with the same awful dread that “today’s the day” he would run out of things to say and, accordingly, would be revealed to be the utterly vapid person he had always known himself to be—though he had hoped the analysis would prove otherwise.

Some patients are uncomfortable with the task of free association because they experience it as requiring them to *surrender* to the process. Some patients equate surrendering willful control to submitting to the will or demand of the analyst, triggering intense transference resistances against the task of free association. For example, Donnet (2001) notes that:

Freud cites as an example the case of a man who became mute when the fundamental rule was imparted, owing to the displacement onto the analyst of a conflict with parental authority. It can be seen, then, that the rule, which is supposed, *a priori*, to further the investigation of an intrapsychic conflict, loses its status as a tool and becomes its unconscious factor on the analytic stage. [p. 134]

Other patients are terrified of being caught off guard (unprepared) to the extent that they first learn about what they are thinking at the

precise moment the analyst also hears such thinking, which they find utterly unacceptable since they feel they must first think their thoughts internally before divulging them to the analyst.

There are many other reasons why patients struggle with the fundamental rule, *not all of which have direct bearing on the task of keeping specific types of repressed material hidden from sight*. Nevertheless, the unsettling sense that freely associating might lead the patient down a path of divulging that which he wishes to keep hidden *from himself* as well as from the analyst is operative, at least in part, in certain instances when patients have difficulty following the fundamental rule.

Some patients, upon hearing the analyst's recommendation that they speak completely candidly about whatever comes to mind, find it hard to imagine that the analyst literally means what he says. Sometimes, the patient will hear the analyst's recommendation as an injunction to "talk about whatever you want to talk about"—which is not at all the same thing, since the patient's associations may be the last thing he wants to talk about. Some patients want to know what the analyst most wants to hear, aside from the seemingly simple recitation of unfolding thought processes. Other patients wish to be told which subjects would prove most fruitful given their own lack of expertise in the field, which "obviously" renders them incapable of deciding such matters.

Still other patients come to believe that they will not be able to progress in analysis until such time as they are finally able to freely associate. Every analyst knows this is *not at all* the case. The recommendation that the analysand freely associate is intended to establish something for which he is to *aim*, not something he is literally expected to be able to do on a regular basis. A gross—though instructive—simplification of psychoanalysis could be offered in a condensed fashion, as follows: the analyst recommends that the patient free-associate; sees the extent to which he cannot do so; works to discover what is getting in his way; helps the patient see what is limiting his ability to freely associate; sees that this ability improves (assuming blocks have been correctly identified); and, finally, when the patient seems to be much more freely associating, he is discharged from treatment, having accomplished his end goal.

DIFFICULTIES IN ACCESSING AND UTILIZING ALTERNATIVE MODES OF THINKING

Certain sorts of patients are particularly challenged by the task of freely associating—in particular, patients whose thinking tends to be obsessional in nature. Such individuals typically find it hard to relinquish control when the situation calls for *inaction* rather than action. When such individuals lie down on the couch and attempt to free-associate, they typically find it hard to relinquish the tendency to actively think about what they want to say, rather than permitting thoughts to come to mind on their own. Patients whose thinking tends to be obsessional have a notoriously difficult time freely associating (Fenichel 1935). These patients have an especially rigid and restrictive style of thinking (Reich 1933), and their particular cognitive style keeps them from being able to use their minds in the most autonomous and adaptive fashion (Shapiro 1965, 1981).

Such patients have a limited ability to easily shift back and forth between the twin cognitive modes of activity and passivity: *actively* focusing attention on the task at hand, willfully authoring, exerting control, *making happen*—versus *passively letting happen*, recognizing and appreciating that one's mind has a mind of its own that can be accessed if one patiently waits and listens. It stands to reason that patients who develop considerable facility shifting between alternative modes of cognition should, as a result, be more adaptive—marking an essential benefit provided by the patient's increasing capacity to freely associate. This is one way in which free association may prove therapeutically beneficial in and of itself.

Reich (1933) noted that the less hardened one's character armor is, the better one can respond to situations in a fluid and adaptive fashion, marking the difference between healthy character structure and neurotic character structure. Reich emphasized the extent to which rigid and inflexible individuals, who may be highly productive and proficient implementers, cannot function as creative visionaries who are capable

of pioneering by coming up with new ideas that could lead to a paradigmatic shift.

Building on Reich's observations, Shapiro (1965, 1981) elaborated the idea that a highly rigid character structure can greatly limit the individual's autonomy and capacity to adapt. Shapiro notes that life conditions sometimes require the ability to access a set of cognitive tools that is entirely different from the specific mode of cognition most closely associated with an individual's given character type or style. For example, individuals with obsessive-compulsive character types, notes Shapiro, have trouble shifting their mode of cognition from a single-minded, detail-oriented focus on the task at hand to a more diffuse, impressionistic consideration of such "data" as hunches, reverie, "vibes," affects, intuition, etc. Shapiro (1965) notes:

The obsessive-compulsive cannot allow such wants, wishes, hunches, etc., to be the initiator or the first stage of willful directedness and effort Thus, for these people, impulse or wish is only a temptation which can corrupt their determination [and] interrupt their work They are, therefore, *cut off from the sources that normally give willful effort its direction*. [p. 37, italics added]

"Free association is in and of itself therapeutic," asserts Rosegrant (2005),

. . . because it facilitates the patient's learning to integrate and to shift flexibly among states of relatively objective self-awareness and reality adherence, and states of relatively subjective self-awareness and disregard of reality. By becoming more aware of this therapeutic value of free association, we will be more likely to let free association continue when it is to the patient's benefit The *interplay between free association and intervention* also facilitates the patient's learning to integrate and shift flexibly among states. [p. 765, italics added]

Shifting flexibly between alternative states of consciousness, notes Rosegrant, is facilitated by the analyst's interventions, which have the effect of interrupting the free-associative process. Rosegrant references Lewin's (1954, 1955) notion that the freely associating patient is as if

sleeping or dreaming; certain of the analyst's interventions "awaken" the patient (e.g., interpretations regarding repressed content), while others soothe the patient—the former pulling the patient in the direction of heightened *objective* self-awareness and rationality, and the latter encouraging *subjective* self-awareness and disregard for reality.

"I have the impression," notes Rosegrant (2005),

. . . that our technical literature is biased toward the importance of "awakening" interventions, emphasizing what we do or say that has an immediate effect on the patient—demonstrating our impact. Greater appreciation for the complementarity of the free-associative and more usual states of consciousness can lead to greater appreciation of technique that is "soothing," as well as of how we help the patient integrate these states. [pp. 751-752]

CONDITIONS PREDISPOSING TO DIFFICULTIES WITH FREE ASSOCIATION

In addition to those patients who exhibit a particularly obsessional quality of thinking, there are others who, for a variety of reasons, struggle mightily with the task of freely associating. While obsessives tend to have trouble shifting gears, having to adopt a mode of cognition that is neither familiar nor comfortable, patients who exhibit certain features in common with "as-if" personalities (Deutsch 1942) also struggle with the instruction to speak openly, candidly, and spontaneously. This is not because they have trouble shifting between modes of cognition, but because they have lived their lives adapting to the environment in a chameleonlike fashion in order to fit in and be accepted by others. Such an individual may dread running into a group of friends while out with another group of friends because the person he is known to be by one group is nothing like the person he is known to be by the other group. Such "as-if" patients exhibit "a highly plastic readiness to pick up signals from the outer world and to mold oneself and one's behavior accordingly" (Deutsch 1942, p. 304). These patients manifest a high degree of adaptability combined with an insufficient sense of authenticity. They present themselves to others in alternating and contrived versions of themselves—in line with Winnicott's (1960) notion of a *false self*.

Speaking from a sociological perspective, David Reisman (1950) describes much the same in what he terms the *outer-directed* (versus inner-directed) individual: a compliant conformist who strives to be like others in order to be accepted by them. Such individuals lack a stable sense of self and suffer from feelings of loneliness and anxiety due to a fear of nonacceptance stemming from not being enough like others.

The task of freely associating presents challenges and advantages for such patients. Absent the ability to know with any degree of certainty who the analyst is, who the analyst wants the patient to be, or what the patient is being called upon to do (aside from the instruction that he is to free-associate), the patient is left in a cold sweat—robbed of the data necessary to comfortably become who he imagines the analyst wants or needs him to be. This is not to say that such patients are not extraordinarily adept at ascertaining what is on the analyst's mind; it is only to acknowledge the pressure such a patient experiences and the difficulties he encounters when confronted with a novel circumstance—one that requires freely associating without the help of the usual clues about who the other wants him to be. Being required to freely associate in the presence of a relatively neutral and non-self-disclosing analyst (to whatever extent that is possible) is, in a way, just what such a patient needs in order to begin the journey to find himself hidden among the remains of his attempts to adapt to others in a chameleonlike fashion.

Patients who heavily employ narcissistic defenses also feel challenged by the task of free association. The potential shame and feeling of inferiority that can result when one is shown the limits of how much one truly knows oneself can lead narcissistic patients to be less than forthcoming and to report associations in ways designed to be less revealing of their psyches. It is often noted that such a patient monitors his free associations “in order to develop his own ‘analytic’ understanding of what evolves in the session” (Kernberg 2015, p. 629). The free associations of such narcissistic patients are often characterized by “imitation spontaneity that makes it difficult for the analyst to perceive what, if anything, is emotionally relevant” (p. 628). Rather than allowing themselves to surrender to the process of freely associating, such patients work to control the process in an attempt to protect themselves from experiencing the

unexpected emotional impact that could be triggered by what the analyst has to offer.

Patients who operate on the borderline level of psychic functioning typically find free association more than they can psychically bear. Free association requires the patient to have the capacity to split his mind between experiencing functions and self-observing (self-reflecting) ones (Sterba 1934)—which borderline patients find a particularly challenging task. Fromm-Reichmann (1950) declared the use of free association contraindicated with borderline patients because she believed that it led to disintegrated thinking, an idea echoed over a half century later by Donnet (2009). Modell (1984) suggested that analysts cannot make use of the associations of such primitive patients, and Kernberg et al. (2008) described how the primitive conflicts of such patients “manifest themselves in dissociated behavior rather than in the content of free association” (p. 607).

Green (2000) described a patient who spoke in a broken and muddled fashion, “as if he was trying to avoid an outcome toward which he would have been pulled irresistibly had he let himself go” (p. 431). Green noted that the interpretations he offered his patients never gained traction—never ignited a process culminating in a flurry of associations that served as meaningful and elaborating commentary about what Green had surmised. This led him to identify a type of free association characterized by “the phobic avoidance of spontaneous thought” (p. 435) that works in anticipation of, and attempts to fend off, a “cascade of traumas echoing each other” (p. 434). Here traumas that have heretofore been kept separate within the patient’s mind risk coming together in crescendo fashion, which the patient fears would be the death of him, leading to utter madness.

THE LINK BETWEEN FREE ASSOCIATION AND PLAY

The inherent value of developing a greater capacity to freely associate is highlighted when one considers how free association is linked with play. Rosegrant (2005) asserts that “normal play is a forerunner of ego qualities that are a part of free association, and pathological play is a

forerunner of difficulty in free associating” (p. 747), which builds upon Winnicott’s (1968) claim that “playing facilitates growth and therefore health . . . playing can be a form of communication in psychotherapy; and lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication” (p. 593).

Writing about Winnicott’s life, Abram (2008) notes that:

It is only through playing that the individual can *ad infinitum* discover a sense of self The capacity to play is synonymous with creative living and constitutes the matrix of self-experience throughout life. Transposed to the analytic relationship, playing is the ultimate achievement of psychoanalysis, because only through playing can the self be continually discovered and thus strengthened. Clinically, this could be seen to extend Freud’s technique of free association and the continuous discovery of the unconscious. [p. 1208]

Commenting on the therapeutic effects of the free-associative state of consciousness, Rosegrant (2005) notes that psychoanalytic free association

. . . shares important qualities with the state of consciousness a child enters during play. Because a child’s naturalistic play can be “therapeutic,” and a child’s play during psychoanalysis can be directly therapeutic even without interpretation, the commonalities between the free-associative state and the state of mind of a child engaged in play illuminate the *therapeutic effects of free association*. An assumption of continuity in development supports the idea that *the playlike qualities of adult free association may be therapeutic even without interpretation*. [pp. 746-747, italics added]

GOALS OF FREE ASSOCIATION

At the time Freud happened upon the free-associative method, he remained focused on the central therapeutic task of *uncovering repressed content*. Free association was at first believed to clear the way for catching sight of *the repressed*—as if adherence to the fundamental rule would inevitably ensure that subtle hints about unconscious content would gradu-

ally come into view. "The technique of free association was originally developed as a procedure designed to *evade* the influence of the 'censor,'" writes Hansell (2008),

. . . because self-censoring interfered with the verbalization of unconscious derivatives. Freud thought he had figured out how to outfox the censor with the free-associative process; that is, by insisting that patients report every thought, analysts could bypass the censor and get access to the unconscious [More recently] the censor . . . had to be *analyzed* and permanently altered in order for lasting change to occur. Fortuitously, free association turned out to be just as good a technique for *analyzing* the censor (and the myriad defensive operations at its disposal) as for *evading* the censor. One simply shifted one's interest from a primary focus on the *content* of free associations to a primary focus on the associative *process*, so that the nature and purpose of defensive disruptions in associations could be analyzed. [p. 1184, italics in original]

Busch (1994) argues likewise—noting that, at first, free association was introduced as a way of *overcoming resistance*, rather than analyzing and understanding it. Busch observes that many analysts, such as Greenson (1967), "persist in seeing their purpose as 'getting out' the strangulated affect or unconscious fantasy in spite of seemingly sophisticated views of the resistances" (p. 367). Some analysts continue to see the chief value of free association in its function as "a fundamental tool of data gathering for analyst and patient" (Hoffer and Youngren 2004, p. 1489), utilized toward the goal of fashioning and offering interpretations that make the unconscious conscious, highlighting insight as the chief tool of therapeutic action (Arlow and Brenner 1990).

Gray (1982, 1994) concluded that a *developmental lag* exists within psychoanalysis to the extent that many analysts have continued to focus on the task of interpreting repressed content, rather than attending to disruptions of the free-associative process, which hint at the operation of resistances. Gray considered this a lag in theoretical development because analysts who single-mindedly focus on directly accessing "the repressed" do not take into account changes in Freud's thinking about technique that date back to 1914, when Freud wrote:

When hypnosis had been given up, the task became one of discovering from the patient's free associations what he failed to remember. *The resistance was to be circumvented by the work of interpretation* and by making its results known to the patient Finally, there was evolved the consistent technique used today, in which the analyst . . . contents himself with studying whatever is present for the time being on the surface of the patient's mind, and he employs the art of interpretation mainly *for the purpose of recognizing the resistances* which appear there, and making *them* conscious to the patient. [p. 147, italics added]

Rather than working to harvest the patient's free associations in a concerted effort to make the unconscious conscious, A. Kris (1996) saw the goal of the method of free association as "the enhancement of the patient's free associations and not as the production of insight" (p. 3)—which is not to say that Kris ruled out insight as a laudable though *distal goal* of the process. Rather, he identified the *analyst's immediate concern* as helping the patient more freely associate in order to regain lost connections by identifying and repairing "discontinuities" (p. 15) in the patient's associations, with the aim of "the promotion of continuity" (p. 14). Kris saw the chief aim as increasing the patient's freedom to think without undue restriction or resistance,⁴ with a heightened ability to freely associate representing a metric of therapeutic progress and improved mental health. Kris notes that "the activity of free association can be satisfying, even when the substance of the communication is most unhappy" (p. 51).

CONCLUSION: THE BENEFITS OF FREE ASSOCIATION

We now arrive at the point of asking whether the patient's gradually developing capacity to freely associate might, in and of itself, prove therapeutic. Bronstein (2004) opines that "free association is not an end in itself. It is the tool, the procedure we use . . . to gain access to an understanding of the patient's inner world. It is directed toward an acquisition

⁴ A. Kris drew a critical distinction between the patient's reluctance to share (a conscious process) and resistance (unconscious motivations to keep content hidden).

of insight" (p. 479). Not all would agree, and some may even wonder whether the notion that free association is not an end unto itself is necessarily true. As mentioned, A. Kris (1996), for one, believes that a patient's developing capacity to freely associate is one indication of analytic improvement.

But is free association therapeutic in and of itself? In fact, free association is the *necessary but insufficient* condition for accomplishing what might be considered its ultimate goal: to repair discontinuities, to help the patient be in better touch with a larger portion of his mind—that is, to know about and be better able to tolerate certain of his memories, desires, beliefs, impulses, etc. For free association to prove therapeutic requires that the patient associate in the presence of a facilitating other—the analyst, whose ways of responding enhance the free-associative process. Hoffman (2006) notes that the way in which the analyst conducts himself contributes to the creation of an environment in which

. . . the patient feels safe enough so that what has been alien and forbidden can be allowed into consciousness, even if in disguised form, and can be communicated, and accepted [allowing] aspects of the patient's self that have been shut out in one way or another are seen as finding their way into the flow of the patient's thoughts. [p. 47]

Leavy (1993) describes the therapeutic effect of the analyst's capacity to dependably and attentively listen and respond to the patient's free associations, accurately and consistently mirroring those associations—"analogous to the ability of parents to share intuitively in the child's beginning readiness to be recognized as a self" (p. 119). "The curative effect of the process," notes Leavy,

. . . lies in the effective demonstration to the sufferer of hitherto inaccessible mental content, affect-laden, and therefore experienced as a discovery, or recovery of valuable property of the self. The "I" then speaks from a new base, *although the sources of conflict have not necessarily been revealed*. [p. 109, italics added]

Leavy is quick to affirm that this process requires that the patient's free associations be shared with another: that is, "the recovery of what

has been felt to be lost, or just absent, takes place in the special presence of another” (p. 121).

In his review of Leavy’s book, Levey (2006) writes:

By free associating, the patient begins to live his aliveness, and the self is changed Free association in the presence of the analyst changes the self, the I. Traditionally, this was seen as the result of greater access to internal content. Leavy sees it as a result of reconnection with signifiers and the process itself as enlivening. What the patient says is *from* the self as well as *about* it. Analysis reinstitutes the parental function of recognizing the self. Free association is an encounter with the patient’s self, whether the analyst responds by empathizing or by analyzing defenses. [p. 1431, italics in original]

Rosegrant (2005) adds his voice to those who contend that free association, in and of itself, can prove therapeutic, writing that:

Experiencing the free-associative state of consciousness can be, in and of itself, therapeutic for patients. Our usual psychoanalytic rationale for free association, that it provides material needed for insight, is correct but is not the whole story, and I think it is important that we supplement this rationale with respect for the value of the free-associative state even when it is not interpreted. [p. 763]

In summary, we see that proper handling of the free-associative process has two essential benefits, the first having to do with training the patient’s mind to be able to more gracefully and effortlessly shift between two competing modes of thinking (modes of consciousness): active and passive. The second benefit of facilitating the patient’s capacity to freely associate relates to an essential goal of analysis—one that arguably is held in common by the vast majority of analysts—which is to heal discontinuities, to retrieve lost parts of the self, to undo dissociations, to return projections, and yes, in the end, to help retrieve aspects of what has been repressed (though not solely or even chiefly through the analyst’s direct interpretation of unconscious content).

Some analysts (Sugarman 2006; Tuch 2007) believe that the chief benefit of analysis does not lie so much in the imparting of informa-

tion—i.e., in the patient's learning things about himself of which he had been previously unaware or only dimly aware—but instead involves alterations in ego functioning (increased frustration tolerance, a shift toward utilizing more mature types of defenses, an ability to regress in the service of the ego, etc.) and/or the acquisition of particular “portable” skills that the patient can take away from analysis and rely upon for the rest of his days. Such skills include a heightened capacity for self-reflection and an ability to recognize certain behavioral phenomena as constituting psychologically significant data, which the patient had previously dismissed as meaningless but now knows are worth considering as clues about his underlying psychology.

To this list, I now add another skill: the capacity to develop alternative modes of cognition, including the ability to engage in passive forms of mentation, as well as a heightened ability to easily shift between active and passive modes of cognition. I propose that exercising one's abilities to freely associate can help facilitate the development of just such cognitive skills, making free association not only a method of accessing the unconscious, but also one of acquiring new modes of cognition—ones that expand the patient's ability to cope more adaptively with life's challenges.

I agree with A. Kris's (1996) unequivocal statement that “psychoanalysis has demonstrated that the components of psychopathology invariably include significant limitations in freedom of association . . . [and] the psychoanalytic treatment method offers a substantial approach to the resolution of psychopathology by focusing upon limitations and disorders of free association” (p. 4). It therefore seems reasonable to assume that helping the patient become better able to more freely associate can widen his cognitive repertoire, which not only permits him greater access to passive modes of cognition, but also heightens his ability to be sufficiently cognitively flexible to shift back and forth between alternative modes of cognition in response to changing conditions that require different sorts of cognitive skills.

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RECOVERING THE FATHER IN MIND AND FLESH: HISTORY, TRIADIC FUNCTIONING, AND DEVELOPMENTAL IMPLICATIONS

BY MICHAEL J. DIAMOND

This paper aims to restore the father and paternal function to their rightful place alongside the mother and maternity in order to counter the prevailing matricentric, dyadic bias in psychoanalytic theory and technique. The author contends that both the symbolic and the actual, flesh-and-blood father are necessary to optimize his child's development. The paternal function inevitably operates in a triadic matrix; thirdness is always psychically in existence—with the father ever present in the mother's unconscious mind—and the paternal third is necessary to open up symbolic space. As an embodied other, the actual father, both as a separating agent and an attracting object, is called upon to recognize his child's otherness throughout the inescapable father–child rivalries, neglect, and desire.

Keywords: Fathers, Freud, Lacan, paternal third, mother–child dyad, oedipal issues, history of analytic theory, narcissism, French analysis, child development, culture.

It is a wise father that knows his own child.
—Shakespeare (1600, 2:2:69)

INTRODUCTION

This paper aims to return the father and paternal function to its rightful place in psychoanalysis, alongside the mother and maternity. After introducing the topic of fathering—while noting the matricentric bias in psy-

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choanalytic developmental theory—I will review the evolution of *the father* as a concept throughout three historical waves within psychoanalytic theorizing. By synthesizing and elaborating on contributions deriving from classical theory, British object relations, French psychoanalysis, and North American developmentally oriented thinking, I examine the nature of “good enough” *symbolic* as well as *real* fathering in terms of the child’s intrapsychic development, while noting that involved fathering reciprocally impacts the father himself.

Fathering’s most important characteristics are discussed in accordance with the father’s *actual* and *symbolic* functioning within *triadic reality* and the familial context—including the mother’s vital role in establishing and maintaining the paternal function. The successful transmission of the father function requires the father’s capacity to uphold the *symbolic* Law of the Father (Lacan 1966, 1974, 2005) by penetrating the narcissistic mother–child fusional dyad, so that adult sexuality and intimacy are protected; he is subsequently able to function as the *symbolic* father in accordance with both the child’s and his own stage of life.

I will use a brief case example to illustrate the distinction between the *dead*, *symbolic father* and the *murdered*, *narcissistic father* through the collusive abolishment of the paternal law. Finally, I consider the fathering function in terms of an embodied other, the *actual* father—serving as both a separating agent and an attracting object that optimally recognizes his child’s otherness throughout the inevitable rivalries, neglect, and desires that characterize father–child relations.

THE “MISSING” FATHER

Psychoanalysis has largely neglected the *actual* flesh-and-blood father while privileging the *symbolic* oedipal father (Diamond 1998; Freeman 2008). This contrasts with our study of mothering over the last eighty years, wherein infant observation and theoretical advances introduced by Klein, Winnicott, and Bion are evident in concepts derived from the consulting room, such as projective identification (Klein 1946), primary maternal preoccupation (Winnicott 1956), and the environmental mother’s holding, containing, and adaptive functions (Winnicott 1958), as well as her metabolizing alpha function (Bion 1962).

These ideas, along with the ever-increasing number of patients in analytic treatment who suffer from early disturbances and unrepresented, traumatogenic mental states, have shifted the focus to the actual, intersubjective mother and her interactions with fetus, infant, and child. The neuroscientifically informed work of Stern (1985), Piontelli (1987), and Beebe (2005), among others, has contributed to this shift in focus. This has produced a matricentric bias in psychoanalytic developmental theory that pervades popular lore, despite the paradoxically phallocentric bias within most Western societies. Though long dominated by patriarchal assumptions, psychoanalysis has become visibly mother-centered, with the mother–infant/mother–child bond seeming to account for almost all psychic phenomena, whereas the “mystery of the father’s presence . . . has remained unresolved” (Kohon 1984, p. 78). As indicated, the study of mothering set in motion by Klein’s (1932) reconsideration of Freudian psychosexuality, and subsequently developed by Winnicott (1956) and Bion (1970), led to a focus on the pregenital mother–infant couple. Accordingly, the mother’s unconscious memory serves as the psychic terrain on which the child inscribes the mental data of his or her experience (Civitarese 2013; see also McDougall 1989).

Many postclassical analysts have found it difficult to “break the *dyadic cast* of object relational thinking and its emphasis on the primacy of the mother–infant dyad” (Reis 2010, p. 152, italics added), accompanied by the father’s “disappearance from preoedipal . . . interaction schemes” (p. 151). Thus, there has been an emphasis on mammocentric conflicts having to do with symbiosis, attachment, separation, and the need for nurturance, particularly in the form of attunement, mirroring, metabolization, and mentalization. However, this intense focus on the mother–child dyad, while certainly necessary for understanding child development—as well as for understanding adult patients—is insufficient. This focus may be said to collude with an inclination to use splitting mechanisms augmented by aggression to facilitate separateness from primordial dependency on the mother, while inadvertently bolstering the historical tendency to blame the mother and exonerate the father.

From this mother-centered perspective, both the *symbolic* and the *actual* father seem to have disappeared in an implicit father murder, perhaps unconsciously lessening guilt by erasing any traces of the primal

murder (Freud 1939). Thus, as Green (2009) declared, “the dead father was dead because, in order to even think of his murder, he must have some kind of existence that one would like to end” (p. 26).

In contrast, psychoanalytic theorizing originally conceptualized fathering as predominantly phylogenetically transmitted, so that *the father* is identified within every individual’s prehistory (i.e., in primary identification). This vital, pre-object cathexis identification is subsequently organized around the symbolic father in the unconscious oedipal situation and distinguished from the more active, ongoing, and interactive paternal influence throughout the child’s life. Thus, fathers were initially seldom portrayed as real people capable of making major contributions to their children’s development. Only when there was paternal absence, neglect, abuse, or other overtly negative dynamics was a father’s influence likely to be studied.

The notion of recovering the missing, lost father has taken hold in more recent theorizing. Most children turn to the father in order to detach from wishes and fears of fusional dependence upon the mother, often through fantasies of incorporating the father’s penis and phallic strength (McDougall 1989; Roiphe and Galenson 1981). The father as the necessary third, both in *actual* and *symbolic* functioning, protects his child from what Lacan (1993) described as the perils arising from the absolute power a mother holds over her child—at least in the child’s unconscious, in which the mother’s desires are viewed as threatening. The unconscious dangers associated with motherhood have been described as a narcissistic collapse into “an abyssal opening beneath castration anxiety” (Kristeva 2014, p. 80), as well as a “feeling of being sucked into the deadly embrace of the black and powerful mother of our origins towards the non-being of the indistinct” (Civitaresse 2013, p. 125).

In observing the father’s role in contributing to the child’s sense of reality, Freud (1921, 1930) never lost sight of the importance of the real father. As he stated, “I cannot think of any need in childhood as strong as the need for a father’s protection” (1930, p. 72). Furthermore, numerous contemporary psychoanalysts take very seriously the father’s magnitude in the child’s individuation processes, in both dyadic and triadic paternal countenance (Diamond 2007). To paraphrase Winnicott’s (1960) adage that there can be no baby without a mother, it is evident—

both from a biological perspective and in appreciating the functioning of the unconscious mind—that there is also no mother without a father, nor a baby without both mother and father. Moreover, there can be *no father without the mother's (unconscious) relationship to him*.

A HISTORICAL PERSPECTIVE ON FATHERING

Shakespeare imparted a comprehensive view of a man's life during his "seven ages." In a well-known poetic litany, he wrote:

All the world's a stage, . . .
 And one man in his time plays many parts, his acts being seven
 ages.
 At first the *infant*, . . . puking in the nurse's arms.
 Then the whining *schoolboy*, . . . creeping like a snail unwillingly
 to school.
 And then the *lover*, . . . with a woeful ballad made to his mistress'
 eyebrow. Then a *soldier*, . . . quick in quarrel, . . .
 And then the *justice*, . . .
 And so he plays his part.
 The sixth age shifts into the lean and slippered *pantaloon*, . . . ,
 . . . and his big manly voice,
 Turning again toward childish treble, . . .
 Last scene of all, . . . Is *second childishness* and mere oblivion,
 Sans teeth, sans eyes, sans taste, sans everything.

[1599, 2:7:139-165, italics added]

It is noteworthy that among man's seven ages, no mention is made of fatherhood. This exclusion reflects both a traditional reality and a contemporary Western one: namely, that actual fatherhood has been largely disregarded as an important developmental phase for men. This despite the fact that men grow and develop through fathering (directly or as surrogates), and fathering children represents a highly significant stage in a man's life, just as being a schoolboy and a soldier do (to mention two of Shakespeare's stages). Treating the father as the forgotten parent (Ross 1979) who is often defined by his absence, as well as an "appendage of the mother" (Kohon 1984, p. 78), partly reflects our cultural penchant for favoring a mother's "nature" over a father's often hard-earned ability

“to nurture.” As Rousseau (1762) noted in a remark that still rings true today, the mother–child bond is fully natural, while the father–child bond must be cultivated. In the *paradox of patriarchy* (Freeman 2008), the naturalized sphere of maternal embodiment colludes with the exalted symbolic power of the father that requires paternal authority to depend on his absence from nurturing relations with his children.

The study of fathering is relatively new within psychoanalytic developmental theory, and until recently, actual fathers were seldom thought of as contributing to their children’s healthy development. Despite the fact that fathering is far more than a function that breaks into the child’s primal fusion with the mother, effective flesh-and-blood, environmental fathers have been largely absent not only from the psychoanalytic literature, but from the scholarly world as well. While papers documenting mothers, motherhood, and the mother’s impact on her children have abounded—including an ideal of the “good enough mother” (Winnicott 1953, p. 94)—the father’s role has unwittingly been ignored or devalued, and research on fathers has been scant, particularly as to what constitutes *good enough* fathering.

THREE WAVES IN THEORIZING THE FATHER IN PSYCHOANALYSIS

A far more nuanced and diversified understanding of the complexities of fathering—both in the actual and symbolic domains—is emerging within psychoanalytic theory. Three conceptual waves encompass this paternal focus, beginning with Freud’s seminal writings.

The First Wave: The “Dead” Symbolic Father, Law, and the Paternal Function

From the beginning and throughout his life, Freud was concerned with the father’s place in the child’s psyche, and particularly with the symbolic father’s role in launching the passage from nature to culture. Consequently, the founding myth of psychoanalysis and culture rests on the notion of the symbolic father.

Perelberg (2015) completed a comprehensive and eloquent examination of the evolution of Freud’s elaboration of the father’s role prior

to formulating this foundational construct. She noted that Freud initially considered the part played by the actual father in seducing his daughter (Breuer and Freud 1895), and then, in analyzing his own dreams, he discovered the significance of unconscious fantasies and ambivalence toward the father (Freud 1900). Freud (1913) subsequently distinguished the “murdered,” narcissistic father of prehistory from the “dead,” symbolic father who is metaphorically killed internally.

Consequently, the father’s role in the Oedipus complex was considered mainly in terms of the child’s (secondary) identification with the symbolic, paternal object. It is noteworthy, however, that the all-powerful, tyrannical, and dominating *narcissistic father*, existing before the institution of the law forbidding killing and incest, is murdered *in actuality*. With his conversion into a totemic ancestor, the law of the dead, symbolic father is established (Perelberg 2013), whereas this *dead father* is more powerful than the *real father* (Perelberg 2015). By constituting the symbolic order and institution of law, the dead father prohibits all killing and thereby becomes the *paternal function* at the foundation of culture.

Freud (1928) believed that parricide, the “primal crime of humanity” (p. 183), was a source of guilt, and that, as a historical, cultural, and—most significantly—a psychic reality, it organized psychic life. The nascent notion of the more abstract paternal function, which breaks into the child’s primal fusion with mother while including primary identification with the primordial father of personal prehistory (Freud 1921), was developed in his (1923) structural theorizing that linked the emotional tie of the primordial father identification with the ego ideal (contra the superego). This line of thought was furthered in *Moses and Monotheism* (Freud 1939).

In theorizing the resolution of the Oedipus complex, Freud (1924) gave prominence to the boy’s murder of the father, the *Urvater*, which enables the son to take over the role of the renounced father through secondary identifications. Numerous neo-Freudians, such as Loewald (1951, 1979), would expand upon this view of fathering as encouraging the child’s separateness by focusing on the impossibility of growing up without unconsciously killing off the parents. In Winnicott’s (1935) words, “in our inner reality the internalized father is all the time being killed, robbed, and burnt and cut up” (p. 131).

Of particular significance at the core of first-wave theorizing, Freud (1939) contended that the symbolic father function, in contrast to the relationship with the mother in the maternal order, is invisible, hidden, and not reducible to the embodied, sensual realm. A momentous step in the formation of the individual psyche—and of civilization itself—occurs through the child’s cutting of the symbiotic, regressive tie to the mother by “turning from the mother to the father . . . [producing] a victory of *intellectuality over sensuality* . . . [wherein] a *thought process* [stands] in preference to a *sense perception*” (p. 113, italics added). In representing the reality principle, the “dead” or symbolic father function instills cultural inhibitions by creating and maintaining the law against incest, obstructing primal fusion, and inaugurating exogamy (Perelberg 2009a; see also Chasseguet-Smirgel 1984).¹

Lacan (1966, 1974, 2005) was the first analyst to give conceptual status to the term *dead father* (though Freud [1913] had utilized it) and consequently extended first-wave theorizing by noting that the symbolic order is rendered primary through the actual father’s exercising a particular function, the Name of the Father (*Nom-du-Père*), evident in the father’s “no” (*Non-du-Père*). That is, the father is the object of the mother’s desire, and hence through intervening in the narcissistic mother–baby relationship, the paternal function separates mother and child by laying down the incest taboo. This intervention results in a symbolic castration that eventuates in the child’s perception that neither mother nor father *is* the phallus, and father “only *has* one circumstantially” (Hartke 2016, p. 904, italics in original). To signify the Father as the author of the Law, and hence to pass from the Imaginary into the Symbolic order, the “killing of the father” is necessary (Lacan 1966, p. 556). In short, in representing the symbolic basis of separation and renunciation, desexualization and ideals, and an alternative to madness, the symbolic Father,

¹ It is noteworthy that paternal authority confirming the father’s cultural supremacy was shaped by the prevalent patriarchal assumptions (Freeman 2008) that came to replace Freud’s nascent thoughts about the actual, embodied father while completely omitting the preoedipal father’s involved parenting. It must be kept in mind, however, that analysts need to remain wary of drawing conclusions that derive from overvaluing external reality and thereby surrendering the centrality of unconscious fantasy, intrapsychic conflict, and the significance of preexisting psychic structures.

“insofar as he signifies this Law, is truly *the dead Father*” (p. 557, italics added).

This use of the term *dead* may seem confusing, however, since the actually deceased father may be carried in the child’s mind as an alive figure, contingent on the mother’s way of internally carrying and outwardly talking about the father (McDougall 1989). Lacan, in agreement with Freud, viewed identification with the symbolic father as a *function* (i.e., the Name of the Father) that was established prior to the cathexis of the mother, and is understood to be quite distinct from the father as a “real,” embodied person. In contrast, the *dead father* is the successor to the idealized, primordial father of primary identification, as well as to the imagined father who signifies the phallus of absolute completeness and the absence of lack. The paternal function consequently establishes the necessary internal representation as the third element that breaks apart the collusion between mother and child, thereby introducing the child to the world of language and symbols. Moreover, particularly for the male child, identification with the father ensues because of his perceived autonomy.

The limitations of first-wave theory emerged in the late twentieth century. For instance, although the child’s dyadic love for the father significantly contributes to the resolution of the oedipal conflict, nonetheless, in portraying the castrating father primarily as an adversarial figure revered for his awesome power—a “dreaded enemy to the sexual interests of the child” (Freud 1913, p. 130)—classical first-wave theory can appear “too monolithic in presenting the father–son relationship as *essentially threatening and ultimately destructive*” (Cath 1986, p. 66, italics added). Resistance to this somewhat reductive, dark, and gloomy paradigm of fear—particularly between a boy and his father—in which the paternal function becomes equated with a symbolic castration function, has undoubtedly contributed to the trend to erase the father from a primary position in psychoanalytic theorizing. Possibly in reaction, post-modern theorizing in general has unfortunately further consigned the father to oblivion by neglecting the paternal function, abandoning metapsychology and ignoring mythology (Fiorini 2013; Heenen-Wolff 2007).

When the symbolic father is privileged as “the central figure in the shaping of the psyche” (Eizirik 2015, p. 345), however, the actual, ex-

isting person of the father tends to remain wanting, and only the mother is considered an embodied, sensual other. Going beyond the abstract father, contemporary French analysts whom I will discuss as part of *third-wave theorizing*—notably, Green (1986, 2004, 2009), McDougall (1989), and Laplanche (1989, 1997)—have sought to counter the overemphasis on the pregenital, mother–child couple (Klein 1932) by expanding upon the ideas of Lacan, Winnicott, and Bion. In particular, these post-Lacanian Francophones have addressed the essential presence of the father as third in the mother’s mind, even prior to conception and regardless of whether the actual father is alive or deceased.

Thus, from the beginning, the nonsymbolically represented father arrives in the child’s unconscious as the object of the mother’s desire and as a source of excitement. Moreover, the *symbolic father* is conceptualized in the child’s mind not only as a source of threat and intimidation, but also as a liberator, the “knight in shining armor” who takes the child out of the symbiosis with the mother.

Second-Wave Theorizing: The Attracting and Separating, Flesh-and-Blood Dyadic and Triadic Father

Only a few analysts, including Anna Freud (Burlingham and A. Freud 1944) and Winnicott (1960, 1969), had emphasized the developmental significance of the actual father–child relationship—until a monumental step occurred with the *second wave* of theorizing, beginning in the 1970s and early ’80s. This newfound, developmentally oriented focus on the *actual father as person with child*, initially during the preoedipal phase, occurred through the work of Abelin (1971, 1975, 1980), Ross (1977, 1979), Greenspan (1982), Herzog (1982), and Bos (1984, 1985), and culminated in two groundbreaking volumes edited by Cath and colleagues (Cath, Gurwitt, and Gunsberg 1989; Cath, Gurwitt, and Ross 1982). By advancing what Freud never fully articulated, including the overlooked facets of the Oedipus myth instigated by the actual father’s (and mother’s) unconscious Oedipus complexes (Zepf, Ullrich, and Seel 2016), and augmented by late-20th-century observational and clinical findings, this work led to a deeper understanding of the intrapsychic impact entailing bodily/sensory, emotional, and intellectual interaction and attachment in the dyadic relationship. Today it is understood that

such impact often occurs even before the *triadic father's* separation and castration functions arise.

In being recognized as primary attachment objects themselves, fathers have been increasingly appreciated as significant, real, and embodied caregivers who play a uniquely important role in their children's intrapsychic lives throughout preoedipal, oedipal, and posteoedipal development (e.g., Benjamin, 1988, 1991; Campbell 1995; Cath 1986; Diamond 1998, 2007; Fast 1990, 1999; Herzog 2001, 2005a; Pruett 1983, 1992; Ross 1990; Spieler 1984). Accordingly, analytic thinkers carried forward Freud's (1921) presaged remarks on the preoedipal actual father with whom the little boy seeks to identify by examining the involved father's impact on the child's psychic reality. In these elaborations, often the more positive representations of father-child relations and men's parenting roles tended to favor erotic longings over rivalry, while including the importance of father-child reciprocal identifications throughout the life span.

The father's *actual preoedipal involvement* helps establish a loving, trusted dyadic bond, an isogender relationship between father and son (Blos 1984, 1985; Diamond 1997, 1998), and an identificatory love between father and daughter (Benjamin 1988, 1991). Thus, by establishing the dyadic father's attractive function (the father of desire), triangular and oedipal-phase issues are more likely to emerge in less protracted struggles—depending, of course, on the place of the father in the mother's mind and in her actions. The boy's murderous impulses toward the father as separator are somewhat mitigated by the father's desire for and identification with his son whom he is able to claim for himself as an alternative to the more exclusive mother-child fusion (Campbell 1995). Consequently, murderous impulses are more easily relegated to fantasy and thereby transformed into healthy competition, as the engaged father is able to contain both his own and his son's anger, using his authority to challenge the son to learn, create, and work (Diamond 1998, 2007; Harris 2008; Herzog 2005a).

In sum, the father's attracting function—establishing him as an object of desire (the father of desire), while standing for the *nonmother space*—promotes the child's "exploration of reality" (Abelin 1971, p. 246). This increases the likelihood of his fulfilling his separating func-

tion. I believe that this turn toward more positive representations of father–child relationships and men’s parental roles opens the door to conceptual and clinical understanding that has heretofore remained nascent.²

In radically challenging the patriarchal foundations of psychoanalysis, with its accompanying privileging of the absent father’s symbolic authority, the Oedipus complex, and gendered imbalances, contemporary feminist analysts (Benjamin 1988; Freeman 2008) argue in *pars pro toto* fashion that the symbolic father should be *replaced* (or displaced) by actual paternal involvement—rather than, as I argue, including the latter with the former in conceptualizing the father psychoanalytically. The advances made in the second wave, however, clearly counter the marginalization of actual paternal nurturance and intimacy in favor of the more limited exaltation of the father’s symbolic power. For example, the rivalrous, sadistic, and phallic sexual elements in paternal oedipal configurations have been balanced by an emphasis on the vital importance of reciprocal father–child erotic longings. Nonetheless, the symbolic father and paternal function remain vital, although the role played by each is seemingly impacted by the father’s actual presence, along with the mother’s ability to endorse his involvement.

Perelberg (2015) offers an alternative view in stating that the symbolic father and paternal function refer to founding myths of psychoanalysis and culture; and in its reflection of a more abstract level of conceptualization, that symbolic functioning cannot be impacted by the father’s actual presence, she argues. In contrast, however, clinical findings suggested by second-wave analysts—as well as by the third-wave theorists to be discussed in the next section—indicate that the father’s

² Actual fathering often requires that men be initiated and educated in order to grow into being fathers. In fact, the education of fathers has long been a focus of concern; for instance, the Old Testament’s Book of Genesis can be thought of as dedicated to ushering men into the work of fatherhood so that they may transmit a worthy way of life to their descendants. Such tutelage ideally suggests an approach that “subsumes an *appreciation* of a child’s otherness, a *capacity* to thoughtfully reflect on oneself, the *courage* to act or choose not to when necessary, and the [*desire* and] *willingness* to remain involved and engaged throughout . . . an ever-changing, lifelong process” (Diamond 2007, p. 206, italics in original). In short, the work of fatherhood is an endeavor requiring the unconscious transmission and integration of the father’s phallic and genital facets of his masculinity (Diamond 2006, 2009, 2015).

actual presence or absence (as well as the mother's approbation of the father) influence both the development and maintenance of symbolic and paternal functions. Nonetheless, as I will note, the complex relationship between the actual and symbolic father functions remains unclear.

In short, second-wave theory is consistent with the observation that the male's ideological separation from the heretofore "feminized sphere of child care" (Freeman 2008, p. 128; see also Harris 2008) is no longer unequivocally presumed, given the more positive notions of paternal presence and increasing direct involvement.

Third-Wave Theorizing: The Complex Interaction Between Actual and Symbolic Fathering, Internal Representations, and Triadic Reality

In today's third-wave theorizing—reflective of a creative synthesis of classical and object relations theory; intersubjective, field, and attachment perspectives; and contemporary French and British psychoanalysis—the father is understood to signify a complex interaction between his *actual presence*, *symbolic functioning*, and *internal representation* in the child's mind as well as in the mother's. The father, co-existing with mother and child, is both a symbolic figure and a real person, and thus is less likely to be eclipsed "under the shadow of the omnipresent nurturing mother" (Freeman 2008, p. 115). This advance directly establishes the impact of both maternal and paternal subjectivity.

The relationship between the real, symbolic, and representational paternal function is a source of considerable controversy, given that the roles of fathers and mothers are in flux. For example, Green (2009), in voicing the French/continental perspective, in which the father who does not engender fear has the characteristics of a *father-mother* (Faimberg 2013), envisions that the all-too-safe father's presence produces a loss or weakening of the symbolic father function. Thus, there is more of a helpless, "dead" father, given the actual, more direct paternal involvement, in part because the "intense pleasurable physical contact [between father and child] . . . is another source of guilt and fear" (Green 2009, p. 42).

In contrast, North American analysts more influenced by ego psychology, attachment research, contemporary feminism, intersubjectivity, and relational theory tend to view these changing arrangements as a sign

of “the greater strength, authority, and aliveness of the paternal function” (Myers 2009, p. 192), which is arguably impacted by the father’s presence. Indeed, the question of how the father’s actual involvement impacts both his symbolic function and the paternal representation remains unanswered, and further work is necessary to clarify the complexity of the interaction between the actual and the symbolic.

This third wave, representing such diverse analytic perspectives as post-Lacanian Francophiles, neo-Kleinians, Bionians, modern Freudians, object relationalists, ego psychological and conflict theorists, and inter-subjectivists, is embodied in three notable books (Akhtar and Parens 2005; Kalinich and Taylor 2009; Trowell and Etchegoyen 2002). Taken together, there is considerable convergence across theoretical lines that the father today is a vital organizer of mental life by dint of serving as: (1) a significant figure in his child’s development, both as a dyadic and triadic object; (2) a fundamental internal object or intrapsychic representation (the internal father); and (3) a central figure in the mind’s basic triadic and oedipal structure.

In relation to the latter, many Lacanian-influenced French analysts regard this triadic matrix as an archaic, preexisting structure into which the child is inserted, and identifications are formed from its context (Hartke 2016; Perelberg 2015). For example, Aisenstein (2015), in distinguishing the father function from the “person of the [flesh-and-blood] biological father” (p. 354), notes that the core structure of relatedness is triangular, whereas Green (2009) notes that the father as third is represented as a “figure of absence” present in the mother’s mind—a figure to which she internally relates and which she even depends upon, yet in a way that does not fully include the child.

THE PRIMACY OF THE TRIADIC MATRIX

The *primacy of triadic interactions*, grounded in the fundamental “nursing triad” wherein the father emotionally holds the mother while she is holding the baby (Casement 1985, p. 22), is subsequently manifest in the infant’s *triangular competence*. This phenomenon was suggested by Swiss researchers who demonstrated that an infant engaged with either parent spontaneously looks at the other parent in order to bring

him or her into the encounter (Fivaz-Depeursinge and Corboz-Warney 1999; Fivaz-Depeursinge, Lavanchy-Scaiola, and Favez 2010; see also Lichtenberg 2008). Thus, regardless of his actual presence, the father is regarded as an ever-present third in the form of the triangular mother–child and father–child unconscious linkages, which can be easily disturbed by latent conflicts in the parental partnership (Klitzing, Simoni, Amsler, and Bürgin 1999).

It is noteworthy that the traditional familial structure of a child with two parents is not necessary for healthy development, particularly since more traditional family arrangements of intact mother–father–child systems are less common today. Children are more frequently being raised by single mothers or fathers, divorced parents, nonbiological (i.e., adoptive) parents, same-sex parents, and blended stepfamilies, as well as by surrogate fathers, late-timed (i.e., midlife or elderly) fathers, and parents reversing conventional gender roles, such that fathers serve as the primary nurturers—stay-at-home dads. Though this paper focuses primarily on fathers in traditional families, the father–child issues are applicable to all fathers and father surrogates, including surrogates of female gender serving in the third position.

Continuing my focus on traditional familial triads, however, healthy development is more likely to ensue when the actual father and mother are able to help the child unconsciously construct a representation of self with mother and father in a triadic relationship (Herzog 2005a, 2005b, 2009; Klitzing, Simoni, and Bürgin 1999; see also Britton 1989; McDougall 1989). When the actual father is uninterested in his offspring, however, or if his person and gendered sexuality play a minimal role or are devalued in the mother's life, the child is more likely to be left at the mercy of the mother's unconscious problems (McDougall 1989). Consequently, reality-principle functioning, along with the basis for thinking, becomes impaired when this fundamentally Freudian triadic cornerstone is disturbed. In the absence of triangularity, the unconscious persistence of the child–mother delusion blocks the child from sufficiently establishing the “lack” of concrete possession of the maternal object (Moss 2012), which in Lacanian terms entails recognizing that no one *is* the phallus and, consequently, an identification with an ego ideal of narcissistic perfection and completeness can be relinquished.

This exclusion, or *psychic murder*, of the actual and/or symbolic (i.e., *dead*, in Green's term) father lies at the origin of many psychopathologies, including the boy's "hysterical" solution, in which he remains psychically tied to an asexual mother (Bollas 2000), as well as the girl's failure to establish a secure core gender and sexual identity (McDougall 1989). Psychoses, perversions, and other forms of adult psychopathology are often marked by the absence of an internal father embodying the symbolic function that enables the child to abandon the mother-child fusional illusion (Chasseguet-Smirgel 1984; Lacan 1993; Limentani 1991; McDougall 1989; see also Green 2009; Perelberg 2009b).

In addition, contemporary psychoanalytic thinking is particularly concerned with how the symbolic father function—above all, the father as agent of the mother-child fusional separation—is transmitted to the child. The father is an ambiguous presence during the infant's first months of life; he is both included in and left out of the maternal world based on biological differentiation, unconscious communication, and actual involvement. In this respect, he inevitably functions as a representative of the world *beyond* the infant-mother monad. However, as libidinal energy and as a male body offered to the child (and mother), he is far more than a mere function that breaks into the primal fusion.

The relationship between the father's real involvement and his symbolic representation as the third cannot be reduced either to the actual interaction, the transmission of unconscious phantasies, or "the inheritance of psychical dispositions" (Freud 1913, p. 159; see also Faimberg 2004). In clinical analytic work, this complex, interactive process must be ferreted out with each unique patient. This is especially so given that many contemporary fathers are actively involved in fathering their children as physical, sensory presences, while they simultaneously function within modified family (and economic) structures. Fathers in Western culture today are generally less physically and psychically distant from their infants, young children, and older children, and consequently, new opportunities and challenges are presented for discerning the nature of paternal functioning. Fathers are present in multifaceted, actively engaged ways that earlier theorists did not anticipate.

It falls to the actual father or surrogate third (who at times may be female, as noted earlier) to live up to a full father function wherein the paternal order or Name of the Father (Lacan 1966, 1974, 2005), the

father principle (Grunberger 1989), can become firmly established for the child's healthy participation in the realm of culture and otherness.³ For the father himself, this facet of his paternity "is a *relationship with a stranger* who, while being entirely *other*, is *me*" (Levinas 1985, p. 71, italics added). In short, the paternal metaphor as symbolic function thwarts the child's attempt to remain forever at one or in singularity with the mother, since word and language (as an internal possession) help the child clearly represent the difference between his/her own and the mother's body.

The nature and strength of both the *internal father representation* and *symbolic functioning* appreciably depend on the psychic maturation of the actual, involved father in his relationship to the mother and child—specifically, the extent to which he has attained a genital masculinity that integrates healthy phallicism with his relational needs (Diamond 2009). This paternal achievement entails a well-developed capacity for *responsibility for the other*, perhaps reflecting the father's adequate internalization of the maternal/feminine order originating in the asymmetry of the mother–infant bond (Chetrit-Vatine 2012). In this respect, the active and penetrating qualities of the father's parenting—as well as the receptive and caregiving ones—become a foundation for his child's healthy gender identity and an important determinant of his child's psychic development.

ESTABLISHING THE PATERNAL FUNCTION IN TRADITIONAL TRIADIC FAMILIAL SYSTEMS

The father's potential involvement, as well as his actual and symbolic influence, always operates within a family context and a cultural and socio-

³ Though beyond the purview of this paper—and because either gender can embody the father's separating task—it appears that the term *paternal function* is an unfortunate heir to *paterfamiliae* of Roman law. Arguably, the term seems to be based on a power-dominated, hierarchical division of the sexes that essentializes a historical construction. Fiorini (2013) suggests using a nongendered term, such as *symbolic* or *third-party function*, to denote the task of separating the child from the mother in order to permit entry into a symbolic universe. This deconstruction of the term foretells a movement beyond impoverishing dichotomies and "phallic logic" as gender-based parenting functions continue to shift, often radically.

economic milieu. The mother (or her substitute) typically acts as “gate-keeper” to fatherhood and consequently plays a crucial role in either supporting or obstructing the father’s active engagement with the child, as well as the nature of the child’s attachment to him. As the short clinical example to follow will suggest, specific conflicts and deficits occur in the absence of sufficient fathering by dint of either the mother’s or the child’s internal banishment of the father. This loss of the actual and symbolic father is manifest in the painful affective state of longing for the father, the *fathersehnsucht* that Herzog (1982, 2001) terms *father hunger*.

The mother’s conscious and unconscious attitudes toward the father—the father’s representation in the mother’s mind and expressed in her discourse—partly reflects qualities in the unconscious relationship to her own father. This factor is crucial to the child’s ability to internalize the father’s healthy presence, along with the paternal function itself. Mothers play a significant role in furthering the passage from the narcissistic to the symbolic father, and in this respect, they also help separate the child from the father to become daddy’s “little girl” or “little man” (Diamond 2015; Perelberg 2013). However, we need not assume that the mother simply internalizes the father’s paternal function; rather, the task of separating herself from the child may be carried out by the mother as a result of her own desire (Fiorini 2013). In fact, this symbolic function is often part of the mother as a subject herself.

Ideally in traditional family systems, children need to experience their parents as a couple in an interactive, nontraumatic partnership or parenting alliance (Diamond 1986). The beneficial effect of the highly involved father is thus primarily the result of there being two caregivers, which produces a better-functioning familial system. This enables the child to construct a representational “triad” of self-with-mother, self-with-father, and self-with-mother-and-father-together (Herzog 2009)—representations that are continually reworked and reconstructed throughout life’s events and developmental phases.

The mother who is able to keep the father alive in her own mind, regardless of whether or not he is actually present and involved, absent, or dead—in contrast to the mother who mentally banishes or expels (i.e., “murders”) the father—provides the child with a healthy triangular representation that facilitates internalization of the paternal function. This

is particularly helpful in the establishment of the child's sense of gender and sexual identity (Diamond 2009; Herzog 2009; McDougall 1989).

A vital feature of the traditional, Westernized parental-couple-and-child triad pertains to the child's internalization of a healthy father/mother representation—namely, an internal fatherly imago that partially depends on the nature of the father–mother relationship as it interfaces with the child's predispositions acquired through intergenerational transmission (Faimberg 2004). Children carry this representation of *father with mother* in ways that powerfully impact later romantic intimacies throughout life. This becomes evident, for example, during the time when the small child initially differentiates from mother; while the mother often continues to experience dramatic shifts in her own erotic, libidinal life. These changes typically begin during pregnancy and persist while her maternal preoccupation and attunement to her baby predominate (Winnicott 1956). For that reason, the father frequently invites his wife to return to their conjugal relationship by drawing her back to him in the context of his engaged fathering.

By breaking into the mother–child fusional relationship through penetrating the dyad (Green 2009) with his sexualized “spousing” and nurturant caregiving, the father both protects the adult sexuality and intimacy of the marriage, and facilitates his child's efforts to differentiate from mother as the primary other (Herzog 2005b). The father's manliness strengthens his suspended sexuality with his wife and provides a male object of identification that locates maleness within an intimately coupled relationship. This sexual bond between the parents provides the child with “a rock to which he can cling and against which he can kick” (Winnicott 1964, p. 115).

In this fashion, the father helps his child recognize the link that joins his parents together and establishes the primary couple as a unit in the child's “triangular space” (Britton 1989; Perelberg 2009a). By being both a *caring father* to his child and an *exciting lover* to his wife, he offers both these family members a dyadic relationship with him that is parallel to and competes with the mother–child bond. In reclaiming his wife and child, he supplies a vital anchor for them as well as for himself. Accordingly, the child is better able to represent him- or herself with mother, with father, and with mother and father together. As a result, the stage

is set for a more favorable negotiation with triadic or oedipal reality (Herzog 2005a, 2009). Unfortunately, however, many fathers withdraw from the mother–baby exclusivity and simply feel abandoned.

When the father is unable to join with his wife to facilitate their child's internalization of triadic reality, the child's identification with mother becomes problematic and negatively impacts masculine or feminine gender identity. This can make the prospect of separating from the mother feel dangerous, even leading to the child's disavowal of the mother's sexuality through unconsciously remaining in the position of the little boy or girl with a nonsexual mother (Bollas 2000; see also McDougall 1989).

The following brief, not uncommon clinical picture helps illustrate these ideas, particularly the impact of the abolishment of the paternal function capable of breaking the child's collusive maternal tie; instead, only the murdered, narcissistic father resides due to the absence of the dead father. Consequently, the fundamental progression in psychic functioning from concrete to symbolic functioning and from dyadic to triadic structure is prevented. Like many of the patients described by Perelberg (2015), there is an inability to shift from murdered father to dead father. This example, then, will set the stage for considering good enough actual and symbolic fathering, as well as the paternal function within triadic, familial reality.

A BRIEF CLINICAL EXAMPLE: BEN

Ben, who was engaged with his mother in a collusive degradation of the paternal figure (a veritable father murder), was severely impaired in his ability to integrate his tender and sensuous impulses, as well as his aggression, toward his loved objects. Unable to institute the paternal function and progress from his exclusive dyadic relationship with his mother to find a place within triadic reality, Ben presented in treatment as a perverse male. His alcoholic father, who had abandoned Ben as a small child, was unable to help his son separate from his mother or regulate his own desires and aggression.

Thus, Ben sought to create an internal father who would protect him from his mother (thereby reducing his merger anxieties). How-

ever, because Ben remained fixated upon an unconscious phantasy of the *murdered father*, this wish contributed to his symptom and he unconsciously made his absent, weak father into a dangerously castrating man in an attempt to prop up the paternal function and omnipotently create the Law. He developed a ruthlessly punitive superego and, as an adult, he manifested the so-called Madonna/whore complex; he could achieve orgasm only with prostitutes or by viewing online pornography, while unable to do so with his partner.

We recall that Freud (1910) described this as a splitting of the (maternal) object wherein the mother's "unimpeachable moral purity" (p. 169) is contrasted with a prostitute's. Hence, in lacking the symbolic father, Ben could not allow himself to experience desire or pleasure when having sex with his wife (i.e., his purified and engulfing mother), given the unconsciously imagined danger. Instead, only with prostitutes or when compulsively masturbating to sadomasochistic pornography could he dare to engage the carnal, aggressive features of his male sexuality.

RECOVERING THE PATERNAL FUNCTION IN THE TRIADIC, FAMILIAL CONTEXT

It is indisputably "the fate of the human psyche to have always two objects and never one alone" (Green 1986, p. 146). Thirdness is always psychically present, and when absent, the father is inscribed as a figure of absence for the child, since the father exists in the mother's mind, whereas the child is not fully included in their dyadic relationship (Green 2009).

In contrast to Ben's triadic matrix, a different dynamic is established when the father who serves as the intervening third, the second other, separator of mother-child, and representation of the paternal function (i.e., Lacan's Law of the Father) helps dislodge the child's center of gravity from within the mother to within the child's self. Hence, by coming between mother and child, the father helps establish the child's subjectivity, capacity to symbolize, and thinking itself—all part of the child's separate, individuating self. This is what Lacan (1966, 2005) meant in arguing that the symbolic order is primary in the form of the Name of the Father—the paternal metaphor or figure of Law that insti-

tutes the essential experience of (alienation and) separation from the maternal realm.

This paternal function, though based neither upon the biological nor the oedipal father, opens up three-dimensional space for thought, which in replacing action provides a protective barrier against emotional flooding. In contrast, Ben's masculine sexuality, directed toward his cared-for partner, produced an incest-based, terrifying emotional flooding that severely restricted his intimate coupling. By blocking his child from living in the wished-for (and feared) merger with the mother (a fusion that promises the extreme pleasure of what the French term *jouissance*—namely, an imaginary world of omnipotent fantasy entailing ecstatic release without hindrance), the father in his paternal function is able to impose a Symbolic order that requires acceptance of mourning, limits, loss, and lack (i.e., the Lacanian Real), wherein conflict and anxiety become legitimized.

THE FATHERING FUNCTION IN THE CONTEXT OF THE CHILD'S NEED FOR RECOGNITION AND SIGNIFICATION

Though highly oversimplified, the essence of good enough actual and symbolic fathering can be condensed into a single sentence: namely, in an effort to provide the parenting his child needs, fathers (and parents in general) must be engaged in trying to distinguish and protect (and ultimately helping to cultivate) what is *unique* and *separate* about the child, particularly as it pertains to the child's unconscious, omnipotent wishes and fears for merger with the mother, as well as envious, rivalrous impulses and erotic longings toward the strong and available father. This frequently entails the father's concurrent capacity to protect his own adult sexuality and intimacy with his child's mother.

The Father of Desire

This engaged function entails attempting to see, recognize, and know the child, in contrast to the child's (or the father's own) more idealized wish for a parent who is perfectly attuned to and flawlessly pro-

tective toward, as well as optimally knowledgeable about, the child. Emotional attunement on the part of both parents is important in facilitating the child's psychic development, yet the father's less-than-ideal, albeit "sufficient," handling of difference and misattunements in the parent-child dialectic is no less significant for the child's optimal frustration, disillusionment, and gradual relinquishment of omnipotence (Winnicott 1958, 1960). Children need to experience their parents' imperfect attempts to notice and understand them in their otherness in order to achieve emotional growth and development—much as the patient needs to sense the analyst's ongoing efforts to contain his/her feelings and impulses in order to understand them, though the analyst's functioning in this regard is far from omniscient.

The father's role in this domain is distinct from the mother's, while differentially impacting the child in accordance with the child's gender. Pre-dating the oedipal father with his laws and prohibitions, the father of primary identification is present at the child's birth as an imaginary father, initially conveyed through the mother's unconscious. Consequently, in addition to interacting with an actual preoedipal, dyadic father, every newborn can receive the implicit paternal communication that s/he is recognized and loved not as part of the mother, but as a unique being. Kristeva (2009) refers to this as the father's signifying "cathexis/recognition function," described as "a fatherhood endowed with a capacity for sublimation, selfless, which through its love recognizing the symbolic being of the newborn, bestows the dignify of its being on the child" (p. 11). She adds that, from the child's viewpoint, "by recognizing me, the loving authority of the father allows me to exist" (p. 11).

The *actual father*, arriving as an embodied person, must often alter his vantage point in order to see the child's otherness, typically manifest in more hidden or subtle qualities that frequently render the child more dissimilar from the father than the father might prefer. In simple terms, children need their fathers as an essential Other (than mother), the proverbial third, to notice them and set them on course for their unique individuations. Though essentially absent from the maternal order (Bollas 1996) of the initial mother-infant sensual interaction, the actual, preoedipal father is the observer of and witness to this primordial scene in his

watchful, protective presence (Diamond 1995). The father's *look* (Green 2009), in which the primacy of *seeing* is valorized over saying (Civitarese 2013)—perhaps in a wordless raised eyebrow or frown—can subsequently play a vital role in fostering the child's psychic growth (Bion 1962), his/her self-reflective capacities (Fonagy and Target 1995), and the subsequent ability to be self-accepting.

This paternal achievement—reflecting both the symbolic paternal order (Lacan 1966; see also Bollas 1996) and the actual, effectively engaged father—helps create the child's sense of appreciation for his/her own subjectivity or otherness. This feat requires the father to recognize the child as separate from himself and from the mother, and as having a mind of his/her own. In trying to understand the existence of the child's less visible inner life, the father, like the analyst, needs to regulate the *voltage* (Ferro 2008) between the child's and his own separateness in order to motivate psychic movement by keeping the tension neither overwhelmingly high nor too low.

It is through such recognition of the other and, ultimately, self-recognition that the child's fundamental epistemophilic instinct (Freud 1905)—the human drive to know and gain self-knowledge—progresses through the transition from ignorance to knowledge. Psychoanalysts discuss such a parental provision broadly in terms of attunement, empathy, theory of mind (Fonagy and Target 1996), the experience of recognition (Sander 2002), and signification. The process of signification of one's authentic self as distinct from the (m)other is set in motion when the child experiences being recognized—being more or less known by a parent who is felt to be neither too close (merged) nor too distant (isolated), and who is determined to create a safe, protective context for the child's growth.

Biology is thereby integrated with the developmental psyche (Sander 2002) and this vitalizing human experience facilitates *true self* development (Winnicott 1960; see also Benjamin 1995; Stern 1985). Ergo, "I am seen or known, therefore I am!" Psychic development generally proceeds well enough when even the child's most horrific experiences are met and processed by the parents' desire and ability to understand and to signify.

THE FATHERING FUNCTION ACROSS LIFE STAGES

Good Enough Actual Fathering

Multidimensional psychoanalytic models conceptualizing the impact of active, involved fathering reflect the diverse experiences that men have as fathers and the reconstructions and fantasies of both male and female patients in relation to their fathers. For example, one model (Diamond 1998, 2007) addresses fathers' diverse roles as real and symbolic containers, protectors, regulators, facilitators, role models, challengers, initiators, sanctioners, and mentors.⁴

However, rather than implying a utopian view of development, it is vital to note that even the ablest of fathers must frustrate and disappoint their children—initially by setting limits demonstrating that the breast (i.e., mother) is not the infant's possession, and later by imposing oedipal reality. Fathers, even those who exist only in dreams and fantasies, are necessarily imbued with love and hate, sameness and difference, fear and closeness. Consequently, both the child's love and his/her hate are drawn into the picture under the best of circumstances, and aggression, hate, and ambivalence toward even the most loved, good enough father is struggled with throughout life.

The child's ability to bear fundamental conflicts born of rivalry, neglect, and desire depends to a large extent on the father's appropriation as an internal presence from birth onward, up to and beyond the father's death. This internal presence proves to be of monumental significance in the child's struggle to regulate the vicissitudes of emotional life.

⁴ Empirical and clinical findings suggest that the core challenges of fathering and the reciprocal, lifelong influences between father and child operate across a wide range of familial arrangements, and that the quality of parenting, rather than gender or sexuality, is primary (Lamb 2004; see also Diamond 1998, 2007; Shapiro, Diamond, and Greenberg 1995). Moreover, the father or father surrogate who serves as the earliest representative of the *nonmother* world (Abelin 1971, 1975), the *second other* (Greenspan 1982) to the mother, comes to represent *difference* and invariably carries a paternal quality as the third (Green 1986, 2004; see also Benjamin 1995), even in circumstances when the second parent is neither the biological father nor even male. This paternal function as the "functional agent of separation" (Harris 2008, p. 44) remains a centerpiece of classical and contemporary theory.

In fact, the internal picture or representation that each child carries of the father is always built on both real and fantasized object relationships within the family, and though it is partly a fictional construction, this picture serves to orient children in adaptive and defensive ways throughout their development. Less often than we imagine are fathers either monsters or saints, and such descriptors are more likely to reflect the child's (or patient's) constructions based on his/her psychology in combination with the actual behaviors of the father and the father's place in the mother's unconscious. In short, the *internalized father*—always an amalgamation of fact, fantasy, and familial and cultural folklore, unconsciously intergenerationally transmitted—influences each child from infancy through senescence.

From a developmental vantage point, the paternal function varies in accordance with the father's own and his child's needs across specific junctures, beginning when the child is first conceived and continuing throughout life (Diamond 1995, 1997, 1998, 2006, 2007, 2009). In addition, men change as a result of their paternal involvement and its requirement to develop paternal, law-imposing capacities while also recognizing significant facets commonly regarded as belonging to the maternal order (Bion 1970; Bollas 1996, 2011). For instance, many men become more empathic, vulnerable, and trusting—qualities that our culture often stereotypes as feminine. Prior to fatherhood, men often avoid, renounce, or disavow these qualities as seemingly at odds with what it means to be a successful man. In becoming fathers, however, men have the opportunity to confront and reintegrate these qualities into their personalities so that they can responsibly care for their children and thereby demonstrate that nurturance, caring, and relational needs do not belong solely to the “feminized” province of mothers and women. They may feel freer to nurture and attune to the needs of others, as well as to use their parental authority and masculine aggression in ethical and constructive ways, which for some traditionally “less manly” men enhances the sense of agency and masculine identity.⁵

⁵ Recent research findings indicate alterations in male hormonal activity, particularly a reduction in testosterone and an increase in prolactin, during periods of paternal care for and interaction with their offspring (Gettler, McDade, Agustin, and Kuzawa

Evidence for the involved, emotionally invested father's effectiveness is quite conclusive, particularly in the areas of the child's self-control, self-esteem, cognitive competence, emotional self-regulation, sense of masculinity or femininity, empathy, school performance, social skills, and overall well-being (Lamb 2004; see also Diamond 2007). Meta-analytic findings from the United States and Europe demonstrate that behavioral problems in boys are reduced, as are psychological problems in girls. Overall, children who have positively involved father figures achieve higher IQ scores, better levels of education, develop more successful close friendships, and are less likely to abuse drugs, enter gangs, or get into trouble with the police, while in adulthood, they demonstrate better relationships with partners and greater mental and physical well-being (Sarkadi et al. 2008).

The Father Function and Its Reciprocal Impact Across Life Stages

Psychoanalytic understanding is restricted when attention is directed primarily to problematic fathering and a lack of paternal intimacy. While poorly regulated rivalry and disturbing neglect can certainly play a part in all father-child relationships, a father's desire and capacity to parent his children favorably, his attraction to the child as "the father of desire," combined with the child's *desire to be desired*, more often counterbalances the neglecting, alarming, and sometimes abusive aspects of their interactions. For the most part, albeit in complex dynamic configurations, love can trump hate and indifference.

Every child's objective with her/his parent is to be recognized and desired. Inherently modeling the self on the mother and father's desire, a child seeks to be the parents' "most important object" (Fink 2007, p. 54; see also Laplanche 1997). As Lacan (1966) reminds us, "man's desire finds its meaning in the other's desire His first object(ive) is to be recognized by the other" (p. 58), which Fink (2007) restated in terms of the child's "desire is to be desired by the Other [the parents]" (p. 54). In a "dialectic of recognition" (Civitarese 2013, p. 154), "desire for the other's desire"—encountered primarily through unconscious,

2011; Gettler, McDade, Feranil, and Kuzawa 2012)—as well as an overall decrease in testosterone—as a result of fatherhood (Gettler, McDade, Feranil, and Kuzawa 2011).

interpsychic communication—emerges as an important building block structuring the child's internal world.

In most cases, fathers present an oscillating picture when relating to their children. As mentioned earlier, it is rare that a father lives with his child solely in the darker realm of rivalry and neglect (fueled by narcissism) or solely in the lighter desire to know and responsibly grow his progeny. In day-to-day reality, fathering is marked by fluctuating presence and absence, concern and indifference, love and hate. A good enough, attracting father (in alliance with the mother or surrogate)—more involved than absent, responsible in exercising authority, and interested—is able to sufficiently balance the deck so that the child internalizes a sense of being more loved than hated, more cared about than neglected, and more desired than repelled. In this way, absence is withstood, desire and impulse are channeled, and the law of the father is more likely to become firmly established in the child's representational world. The paternal function itself varies in accordance with the father's own and his child's needs across fluctuating developmental junctures, beginning when the child is first conceived and moving forward throughout life.

During the mother's pregnancy and the infant's first months of life, the father functions as a guardian—a watchful, protective presence for his infant, one who is ideally engaged in an intense mutual interaction with the mother. Thus, to become internally represented as the guardian of his infant, the father assumes new responsibilities while no longer defining himself as the uncontested center of his world.

In the first years of his child's life, a father becomes the second other, or *third*, pulling the baby out of the exclusive maternal orbit and into the larger world. This fatherly provision is aptly described in a Mayan legend in which a mother sits holding her baby and says: "I will comfort you." The father then takes the baby to a mountaintop and eagerly proclaims: "This is the world. I will introduce you!"

Thus, in recognizing that others have an existence apart from theirs, many men can learn to develop their appreciation of otherness as the root of empathy. The child whose father actively inhabits the *third* can begin to experience absence as the foundation for triangular relations. As his son or daughter reaches the preschool years, the father acts as a model for and sanctioner of his son's nascent sense of masculinity,

while likewise sanctioning his daughter as an agent of her own action, a subject of desire herself (Benjamin 1991). In this way, he helps her enjoy her own desires and enables her to experience *endeavor excitement* (Tessman 1982), as well as to feel competent in navigating the world while developing her capacity for “an intimacy with otherness” (Kieffer 2008, p. 76). Consequently, men are called upon to develop a sense of paternal authority, reciprocal identification, and personal responsibility.

During the oedipal years, the father works as a challenger, helping his son rein in and manage difficult, stronger impulses and emotions, while guiding him to compete in healthy ways. With his daughter, a father reciprocates affection and sensuous, loving, and erotic desires toward him in his otherness—an essential facet of her femininity—while neither being seduced by her fantasies nor seducing her through sexualized action.

Hence, fathers are presented with a formidable task in learning to confront, contain, and appropriately express their more challenging emotions, including competition, jealousy, envy, aggression, and hate. Particularly with his son, the father must manage feelings that arise from intergenerational rivalry, drawing on the tempering effects of his affection and love. Similarly, with his daughter, he learns to manage issues of aggression and rivalry, as well as to delight in her emerging sexuality while reciprocating her affection and erotic love in an appropriately contained manner, neither withdrawing from nor seducing her. In short, by strengthening the incest barrier, managing aggression, and developing restraint, humility, and like-gender as well as cross-gender tenderness and empathy, the father experiences his child’s *civilizing influence* on him (Akhtar and Parens 2005).

During middle childhood and latency, fathers often mentor their growing sons and daughters, teaching both a sense of mastery over things while initiating the boy into the world of men and teaching the girl to enjoy an increasing freedom to experiment by encouraging her learning, creativity, and mastery of autonomous skills. Thus, fathers are challenged to develop the ability to teach and guide, often becoming leaders or coaches in the child’s chosen activities, and in this way helping the child develop self-determination and otherness.

In the eyes of their adolescent offspring, fathers embody the ideal man or hero, as well as the fallen hero—particularly for the mid-adolescent son, who needs to break away and even to violently renounce what his father stands for in order to experiment with his own masculine identity. Somewhat similarly, during his daughter's pre- and early adolescence, the father is often the ideal man who, in a contained manner, serves to appreciate her budding womanly sexuality—whereas by her mid- to late adolescence, he is replaced by her suitors and must tolerate the loss of her disguised romantic preoccupations with him. As a result, fathers must learn to ride a roller coaster—to maintain emotional equilibrium and modulate narcissistic vulnerability without turning away from their ambivalent, autonomously striving children's adulation and subsequent devaluation.

When the child becomes a young man or woman, the father reprises his role as mentor in relation to both his son's adult manhood and his daughter's more autonomous womanhood (in tandem with her more self-directed relational needs). Thus, the father in particular—typically, in comparison with the mother's prior experiences of losses with her individuating child—can begin to more fully embrace the necessary losses (Viorst 1986) demanded by letting go and surrendering authority, without abandoning the vigorously more autonomous adult child. A man or woman reaching middle age tends to turn to his or her elderly father more as an aging equal, and very often as a wise elder, in traversing the tides of later adulthood. Consequently, fathers can learn to confront their own dependency needs, rework their masculine gender identity, and find ways to be generative in order to leave a legacy that will survive their living mentorship to their grandchildren and future generations.

It is significant that old age becomes particularly mortifying for fathers and men whose gender identity remains distinctively phallic-narcissistic (Teising 2007). However, late life provides an additional opportunity for achieving a more integrated, gendered identity, as parent-child roles are reversed and the old become dependent on the young for their care (Diamond 2007). For the aging man, physical frailty and dependence, as well as the inevitability of death, are more easily acknowledged when he can integrate into his own identity the requirement to receive care—and often his son or daughter provides this care. Moreover, when

the son or daughter enters mid- to late middle age, the father becomes an aging elder who can help prepare his maturing offspring to face their own end-of-life issues. In this life stage, then, fathers often learn to face and accept their own death (Teising 2007, 2008), frequently through the help of their older daughters and sons.

CONCLUDING THOUGHTS

Many men experience themselves as more whole as their phallic and genital masculinity come into greater balance (Diamond 1998, 2007). Through fathering, men tend to become more emotionally available, more open-minded and flexible, and even healthier (Akhtar and Parens 2005). This is evident in the aging father's development of "an internal space representing the female—formerly experienced within the maternal other" (Teising 2007, p. 1337). The father's capacity to recognize and facilitate his child's separateness, uniqueness, and otherness as an autonomous subject (rather than as an extension of the mother or himself)—whether this occurs early, midway, or later in either's life—is paramount. For some fathers, it is only in old age that the object dependence of human existence—the first fact of life—is no longer denied, allowing the illusory Western attitude of autonomous individuality to be finally overcome, and our fundamentally relational nature as human beings to be fully embraced (Teising 2008).

In attempting to address the "lost" father in psychoanalytic theory and technique and thereby counter a prevailing matricentric, dyadic bias, I have expanded upon three historical "waves" of theorizing the father. Additionally, to further an understanding of the father's significance in his child's psychic development, I have explored the nature of fathering and the father function in triadic reality. I have argued that, in combination with the mother's vital role in establishing the paternal function, both the *actual* and the *symbolic* functioning of the father reciprocally contribute to the child's and the father's development throughout both their lives.

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SEEKING COMFORT IN AN UNCOMFORTABLE CHAIR

BY ELENA MOLINARI

The author explores the concept of comfort in relation to the setting. The concept of comfort, an unusual word in the psychoanalytic lexicon, describes the intuitive and complex experience of patient and analyst being together in the analytic office. The couch and the chair are not the only tools of the setting, but they are potential instruments with which to study the therapeutic process, both in high-frequency therapy and in lower-frequency treatments. To describe the transformations that an alternative experience of comfort can promote, the author looks at the intersection of this concept with the body–mind relationship and with the Bionian concept of binocular vision.

Keywords: Analytic relationship, therapeutic process, Bionian theory, body–mind relationship, binocular vision.

The analytic situation stimulates very primitive feelings It is not, therefore, really surprising if one of the pair, and probably both, is aware that the psychoanalytic raft to which they cling in the consulting room, beautifully disguised, of course, with comfortable chairs and every modern convenience—is nevertheless a very precarious raft in a tumultuous sea.

—Bion (1985, p. 24)

INTRODUCTION

In this paper, I will use *comfort*, which is an unusual word in the psychoanalytic lexicon, to explore the intersection between two tools of thera-

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peutic technique and their capacity to effect psychic transformations: the couch and the chair. These two tools have been the hallmark of the distinction between psychoanalysis and psychotherapy; and so exploring comfort is a way of observing the distinction between these two forms of treatment and of asking ourselves whether the theoretical concepts that distinguish them are still current.

On the other hand, *discomfort*, which I mention in my title in its adjectival form, *uncomfortable*, refers to the difficulty of controlling the emotional turbulence on which both the analyst's chair and the patient's chair rest, whatever the setting in which they meet. Bruno Munari, a designer in the mid-twentieth century, was among the first to explore the relationship between originality and comfort in furniture, and to set himself the goal of constructing beautiful furniture that was not uncomfortable. With characteristic irony, he launched this barb at the world of design: "One comes home tired from working all day and finds an uncomfortable chair!" (Munari 1944).

From this comment, and especially from a series of images in which we see Munari setting out to find comfort in a relationship with an uncomfortable chair, a certain curiosity was born in me¹: the wish to explore how some theoretical principles relating to the use of the setting can provide patients with an experience of comfort, in the sense of a real transformation of the psychic entropy for which they seek help.

As I will try to show, therapeutic transformations, then, do not depend as much on the number of sessions per week, on the use of the chair or the couch, or on the type of interpretation as they do on the possibility that both subjects will have an experience of discomfort and comfort as useful psychophysical states in understanding themselves. I hypothesize that the concept of comfort can be a useful tool with which to orient oneself in observing the process and its configuration as a cure—or, vice versa, as an iatrogenic aspect when it is too far from a particular patient's tolerance due to the intensity of the contact (Aznar-Martínez et al. 2016; Collovà 2013; Ferro and Civitarese 2015).

Putting oneself in contact with the feelings born of the psychophysical experience of being comfortable or uncomfortable can be a useful

¹ For discussions of the relationship between curiosity and the research paradigm, see, for example, Bollas (1998), Cooper (2002), and Williams (1999).

compass for orienting oneself in the analytic process, starting from the respectful definition of the contract. Conversely, in the desire for the setting to have a predetermined form, encrusted theoretical or symptomatic issues can be present on the part of either the patient or the analyst.

Using the concept of comfort in relation to the setting—that is, to the way in which we welcome and host the patient in the analytic experience—has seemed helpful to me in exploring from within the relationship some of the elements that make up that relationship. It is especially helpful to understand how comfort and psychic transformation are interdependent and are often the heart of the therapy. My intention has its roots in Bleger's (1999) distinction between the external setting and the analytic situation. Elaborating on Winnicott's (1955) intuition about the procedural aspects of the setting, Bleger maintains that, apart from the setting as reflective of theoretical tenets, only those factors that can evolve in the service of the analytic process to foster transformative events will form a part of the analytic situation.

The idea of comfort is at first placed within the external contractual frame, but at the same time, it brings something of the patient's and the analyst's subjectivity into the process. Using Munari's metaphor, then, I will address both the moment at which the patient takes his analytic seat, expressing his tastes, and the search—which runs throughout the entire therapeutic process—for comfort in an uncomfortable chair.

At the beginning of treatment, the patient's request about the frequency of sessions is determined by how he has imagined that he will be able to make the best use of the treatment experience. On the other hand, sometimes the patient more passively trusts the analyst's recommendation (Celenza 2005; Lichtenberg 1995; Mitchell 1997²). In every case, it is important to consider this early request as a way of explaining something about the idea of comfort in relation both to the patient's internal object and to the analyst.

If a patient feels that he wants to buy, at least for temporary use, a minimalist chair—such as, for example, a deck chair—why must we try

² Mitchell (1997) wrote the following about a particular analytic experience: "The patient used the squeaks [of the analyst's chair] to guide her productions (either associations or silences), sometimes changing what she was doing when a squeak occurred, or, alternatively, defiantly continuing" (p. 13).

to convince him to buy a carefully constructed and expensive, designer armchair? Beyond the metaphor, is it therapeutic to push a patient toward a high-frequency therapy or onto the couch, basing oneself on one's own preference or conviction that that type of setting is optimal (Brusset 2012; Gesuè 1997; Grotstein 1995; Ogden 1996; Tyminski 2006)?

If it is more comfortable for the therapist to meet with the patient more times a week, one must admit that this feeling may stem from the pleasure of getting to know the patient more quickly, as happens in ordinary life. Or sometimes a higher frequency can correlate with the analyst's narcissistic need to belong to his established professional group. It is a shared finding that there are therapies at a lower frequency that produce important transformations, and that there are other analyses that encounter interruption or failure in relation to any real change. Many contributions affirm that the frequency of sessions is not one of the most important factors in determining transformations, but merely a human factor that promotes and intensifies the process of the analytic dyad's reciprocal knowledge of each other.³ Future investigations will be able to provide data on the therapeutic validity of this position (Lable et al. 2010).

Although they do so through differing conceptual lenses, most analysts consider psychic transformation in relation to the capacity of the two subjects of analysis to reciprocally use each other to broaden thinkability—more than in relation to the analyst's capacity to furnish interpretations within a high-frequency setting. In the intersubjective and relational perspective, the transformation is realized in the couple's capacity to explore split self states and to analyze unconscious attachment models that tend to be reproduced in the analytic relationship (Bromberg 1998; Greenberg and Mitchell 1983). In the Bionian perspective, by contrast, transformation means primarily the success achieved in increasing the capacities of patient and analyst together to transform

³ A very extensive literature exists on the differences between psychotherapy and psychoanalysis, both around therapeutic efficacy and around the necessity of keeping this distinction. I will limit myself here to citing some of the more important contributions on this topic: Gabbard and Westen (2003); Gaia, Aron, and Starr (2014); Kächele (2010); Kernberg (1999); Migone (2000); and Paniagua (2011). Aron and Harris (2011) construct an interesting outline of the various parameters historically utilized to distinguish the two types of treatment.

emotions and unprocessed feelings into images, dreams, and narrations (Cassorla 2005; Ferro 2008). The ultimate aim of the analytic relationship is that of transforming into a game the internal and relational conflicts that are reactivated in the treatment.

EXPLORING COMFORT

Using the concept of comfort as an orientation in choosing a shared setting and assuming that this sharing is valid, it is first of all necessary to describe something that comfort represents in the analytic relationship. Reflection on the bodily experience is a useful starting point. As Munari (1944) suggested, the idea of bodily comfort is quite distant from aesthetic concepts predicated on the need for social belonging, and instead harkens back to an area of more essential and deeper needs. One can say that to feel oneself comfortably seated means to experience a comfortable support, a contact with the session that is neither too rigid nor too soft, and the possibility that the body can change position.

In addition, the physical experience of comfort is not a quality that belongs only to the object, but one that originates from the encounter that takes into account the necessities of the moment. If you have back pain, a soft and enveloping chair, normally a comfortable one, becomes instead at that point a means of intensifying the pain. From a physical point of view, the idea of comfort is simple and intuitive, yet also complex and multifaceted. One can imagine that the same is true from a psychic viewpoint.

In order to feel comfortable in the analytic experience, the patient needs to experience good emotional containment—a contact that allows him to explore the conscious and unconscious workings of the mind in a relationship that meets the needs and desires of that moment of life. These complex functions are rooted in bodily experience that is woven into the rhythm and space of the meetings and gets communicated through a preverbal channel as well, one originating in the procedural unconscious. The operative procedural and unconscious model, learned in the primary relationship, becomes a sort of style according to which we place ourselves in relation to others. This model is capable of evolving to establish moments of shared contact with subjects who have differing relational patterns as well, but it requires being known

and considered with respect before being transformed (Beebe and Lachmann 1998; Boston Change Process Study Group 2007; Bowlby 1979; Stern 2008).

The investigation common to the subject and the object in a relational psychophysical arrangement that is sufficiently comfortable for both—which is implicit in the definition of the analytic contract—and the relational patterns mobilized, harkens back to the early stages of development, when mother and child must actively look for their own original way of being in a relationship. A mother who is barely capable of adapting to her baby's needs generates a microtraumatic relational situation; a child who is too stricken by pain or too tyrannical produces an experience in the mother in which it is difficult to remain in a close enough relationship.

The relational patterns that are experienced and learned in the primary relationship remain encoded in implicit memory and are reactivated in a powerful way in the analytic experience—not only through enactments that occur during the process, but also in the initial moments of defining the setting (Bromberg 2008; Stern 2013). Thus the request to meet at a high or low frequency, on the couch or in the chair, tells something more about the analyst's and the patient's availability of space-time, or about the extent of the patient's economic resources, or how the patient's unconscious resistances to the analysis were thought of in the past. The request to stick to a predetermined setting, for both members of the dyad, contains an unconscious demand—even though an unknowing one—about being together in a known modality.

It is also necessary to keep in mind that the concept of psychophysical comfort does not describe a static experience. Starting once again from the physical experience—that is, from the body's experience of movement in finding adaptations between itself and a chair—it can be said that the concept of comfort also describes the tendency toward a condition that can generate a pleasurable experience at a particular moment, but is unstable over time. This analogy allows us to consider variations in the feeling of comfort within each session and in the setting, understood as a macro-organization over the course of a psychotherapeutic treatment and as indicative of the primarily unconscious transformative process in the relationship.

The chair that the analyst offers—and in speaking of the chair, I mean the complex experience of how one offers oneself to the other—will unconsciously communicate something of the self that will meet up with the other's perception, which has been organized according to unconscious patterns. The concept of comfort—or rather, the search for comfort—thus captures this necessity of subsequent adjustments over time within a relationship between self and other.

Finally, as in ordinary life, we can consider that a feeling of comfort is a starting point for doing something else. Psychic and relational comfort is thus the basis for affective harmony and the production of images, dreams, and thoughts that provide support for and give shape to verbal exchanges.

THE BODY, FEELING, AND FORM

“To help you understand it, try a little experiment,” Tustin writes. “Forget your chair. Instead, feel your seat pressing against the seat of the chair. It will make a shape. If you wriggle, the shape will change. Those ‘shapes’ will be entirely personal to you” (1986, p. 125).

Even though not communicable in words, this feeling, the author suggests, produces an unconsciously utilized shape with which to adapt the body, its posture and muscle tone, in the search for a totally subjective initial comfort. The body creates a shape, and in doing so, it brings to life an aesthetic, nonverbal communication of its own continual search for well-being. Just as a painter creates an image by moving his body and his hand, the body generates a sequence of images during a session that flow along outside of awareness—images that depict emotions arising in that precise moment. They can derive from internal events within the subject, or they may be emotional reactions to the dialogue taking place.

The body in the session, then, does not belong to the field of thinking or to the word, nor can it be confined to concreteness (Lombardi 2008). The form described by Tustin (1986) incorporates a preverbal dimension from which a thought that has not yet been thought can emerge. In order to understand how this form is uncommunicative, but at the same time is a source of possible symbolic communication, we can observe a child at play. During play, the relationship between the body and the meaning that takes shape in the story being represented is more visible

in reciprocally creative communication. It is in this oscillation between verbal and bodily forms that it is possible to grasp something of one's own subjective form or the other's—and the analyst has the opportunity to describe that form in order to begin exploring it together with the patient.

Bromberg (2008) suggested that the “safe but not too safe” (p. 333) analytic situation can be an area in which the therapist is constantly occupied in creating a situation of affective security and of play for the patient. At the same time, the therapist is attentive to capturing and describing instances of painful reactivation of traumatic situations. The co-creation of a relational unconscious zone in which analyst and patient can play with each other, beginning to demonstrate something of the self as a subject, also encompasses the possibility of grasping how comfort and discomfort are manifested in the setting.

COMFORT, BINOCULAR VISION, AND THE RIGHT DISTANCE

With the term *binocular vision*, Bion (1962) intended to describe an aspect of the psychoanalytic method, starting from the physical experience. Each eye sees an object from a distinct perspective and has the need to accommodate—that is, to find the right distance between itself and the object—through modification of the curvature of the anterior surface of the lens and adjustment of light through the ciliary muscle that determines the diameter of the pupil. An “optimal distance” between the two vertices of view is also needed, so that they can converge toward the same picture, giving the subject a perception of depth.

Bion used this concept to describe the mind's need to proceed while maintaining the conscious and the unconscious in relation to each other. That opportunity is guaranteed by the good functioning of an intrasubjective operation that he called the *contact barrier*. The particular focus depends on whether alpha elements—the result of the work of transforming feelings and raw emotions—can guarantee the correct degree of distance between these two different ways of thinking.

With the same *binocular vision* term, Bion (1962) described the usefulness for the group analyst of maintaining a double focus: both on the functioning of each member's interior group, and on the functioning

generated among the subjects of the group itself. Finally, *binocular vision* may be used to describe the bipersonal analytic situation, in which both analyst and patient have a personal perspective from which to try to understand the experience in which they are involved. What I would like to emphasize—and something that intersects with the idea of comfort—is the fact that only when an optimal “distance/nearness” is reached between one’s own conscious and unconscious functioning, between the self and one’s internal group, and between self and other can the possibility arise of a focused and deeper vision.

The use of the couch or chair and the frequency of sessions can thus be rethought according to this conceptual instrument. A binocular vision of the setting does not mean a compromised vision between the patient’s wishes and the analyst’s opportunistic considerations, but rather a vision that addresses the concept of the correct distance/nearness from which to focus on conscious and unconscious phenomena that arise in the analytic setting.

These concrete aspects of the setting combine to determine the ease and quality of a shared vision. Their preference on the part of both subjects in the analysis depends on the capacity of each to adapt the curvature of his own vision in response to many stimuli—both those internal to the subject, and those originating in the relationship between the two of them.

The possibility of changing position in the chair, described as one of the aspects that determine the experience of comfort, would in this perspective find a psychic analogy in the possibility of abandoning the decision to propose a specific setting in relation to a psychological diagnosis (which is a unipersonal tool). To be able to agree on the use of the couch and the frequency, without imposing restraints, means to consider these tools not as a frame, but as functions internal to the process, an expression of the intersubjective contact barrier. By *intersubjective contact barrier*, I mean the conscious and unconscious experience that is created, moment by moment, in the relationship and in its ongoing mutual adaptations.

The desire of each of the two subjects either to look at each other or not to look at each other during the session, and the preferred frequency of their meetings, must be considered as elements emerging

from the unconscious, and as such to be gathered in so that they can be dreamed together.

COMFORT, CONTACT, AND TRANSFORMATIONS

One can hypothesize that the word *comfort*, together with the aspects described earlier, is a concept that contains something of the experience of contact and of the patient's emotional unison with the self and of contact and unison with the analyst. The experience of emotional unison is an important source of the experience of personality growth. To be understood in one's deepest emotional desires allows introjection and internalization of positive experiences that are as essential in the development of mental and emotional life as those of frustration (Alvarez 2012; Bion 1985; Ferro and Foresti 2013). In the request of patients who ask for treatment at a lower frequency, there is sometimes a hidden mistrust of the intensity of the relationship, of the intimacy of minds that are not known and by which one may feel betrayed. When we work with a patient with internal objects that are incapable of appreciating the analyst or analytic treatment, it is out of the question that his request for help might include the wish for intense frequency of meetings.

Accepting a request for treatment at a lower frequency, then, does not mean distancing oneself from the analytic method and providing the patient with a supportive experience only, but on the contrary, it is an opportunity to be able to establish emotional unison with the patient in an unconscious, traumatized dimension of the experience. For the premature infant, a caress is in fact a gesture that produces acute pain, and pediatricians and neonatologists teach parents how to use their hands to establish bearable contact with their baby's not yet sufficiently developed skin. In babies born before term, nerve endings are hypersensitive to stimuli, and these infants encode as pain particularly the rubbing actions and gentle pressure stimulation that are pleasurable for full-term infants. I find this analogy useful to convey that four or five sessions a week can be not just uncomfortable, but also intolerably painful for patients in whom the capacity to transform an experience of contact into something that does not feel painful has not yet been achieved, and sometimes this acquisition requires many years.

Returning to the problem of emotional unison, which is at the heart of the analytic process, Bion (1985) poses the question of how to transition from knowing a mental function to living it together with the patient, suffering that pain that the psychotic part of the personality is not capable of suffering. In his biography, he recounts an episode of understanding the roots from which the concept of unison was developed. Having become a father and a widower at the same time, Bion was forced to entrust his baby girl to a nanny; he went to visit the two of them every weekend. He recounts that during one of these meetings, he was sitting on the lawn at a certain distance from his daughter. He writes:

She began to call out to me; she wanted me to come to her. I remained sitting. She now made to crawl towards me. But she called to me as if expecting me to come to fetch her.

I remained sitting.

She continued to crawl and now her calls became distressful.

I remained sitting.

I watched her continue on the painful journey across the vast expanse, as it must have appeared to her, that separated her from her Daddy.

I remained sitting but felt bitter, angry, resentful. Why did she do this to me? Not quite audible was the question, "Why do you do this to her?"

The nurse could not stand it and got up to fetch her. "No," I said, "let her crawl. It won't do her any harm." We watched the child crawl painfully. She was weeping bitterly now but sticking stoutly to her attempt to cover the distance. I felt as if I were gripped in a vice. No. I would not go. At last the nurse, having glanced at me with astonishment, got up, ignoring my prohibition, and fetched her. The spell snapped. I was released. The baby had stopped weeping and was being comforted by maternal arms. But I, I had lost my child. [Bion 1985, p. 70]

Every analyst can see himself in this account that describes how being seated in a certain place sometimes means being paralyzed, obtuse and unfeeling, cordoned off in one's own chair from a psychotic part of one's own personality that is incapable of suffering pain. This passage pertains to every therapeutic interruption that brings with it the incapacity to reach the patient at the point at which he finds himself.

Returning to the relationship between comfort, discomfort, and transformations, I note Bion's (1970) belief that when difficulties exist in the body that are beyond our symbolic language, they are hard to understand. As a potential solution to this situation, he affirms that what cannot be reached by consciousness can be contacted via the possibility of the analyst's mind being in unison with the patient's mind. He likens being in emotional unison with the necessity of becoming: "Yet interpretations depend on 'becoming' (since he [the analyst] cannot know O). The interpretation is an actual event in an evolution of O that is common to analyst and analysand" (p. 27).

Becoming implies a movement toward something—a change of shape, of position. This process has a border closer to aesthetics than to consciousness. In this dynamic sense, we could say that together we seek comfort in an uncomfortable chair.

COMFORT/DISCOMFORT AS PORTRAYED IN A NOVEL

The first example I will present, which derives from another event in the biography of Bion the psychoanalyst, can help clarify how one can be in a space-time different from that of the session—the place where the analyst can meet the patient's primary depression, the nameless pain that produces the destructuralization of space-time, the category in which the mind constructs the nonpsychotic part of the personality.

When Samuel Beckett was twenty-seven years old, he was an unknown and depressed writer. In an effort to hold at bay a state that seemed to lead him to "the depths of madness," he came into contact with Dr. Wilfred R. Bion, at that time a candidate of the British Psychoanalytical Society and practicing at the Tavistock Clinic in London. Beckett was in therapy with him for about two years, during which he started writing his first novel, *Murphy* (1957), which he completed a year after his relationship with Bion ended.

We know something of the therapy with Bion firsthand from a fragment of a 1989 interview with Beckett, published in James Knowlson's (1996) biography of him:

I used to lie down on the couch and try to go back in my past. I think it probably did help. I think it helped me perhaps to control the panic. I certainly came up with some extraordinary memories of being in the womb. Intrauterine memories. I remember feeling trapped, of being imprisoned and unable to escape, of crying to be let out, no one could hear, no one was listening. I remember being in pain but being unable to do anything about it. [Beckett quoted in Knowlson, p. 171]

In referring to the maternal womb, Beckett was probably alluding to the feeling of intense entrapment that characterized his relationship with his mother, which was one of the most painful and difficult aspects of his therapy. The tension generated by Bion's encouragement of Beckett's detachment from her, and his incapacity to actualize it in reality, was the probable cause of the rupture in their therapeutic relationship. This is what we are led to infer on the surface.

During the time of the therapy, as mentioned, Beckett wrote *Murphy* (1957), a novel whose protagonist has many autobiographical aspects—a sort of narrative self-portrait. Here is a descriptive passage from the opening pages:

He sat naked in his rocking-chair of undressed teak, guaranteed not to crack, warp, shrink, corrode, or creak at night . . . It was his own, it never left him . . . Seven scarves held him in position . . . Only the most local movements were possible. Sweat poured off him, tightened the thongs over his entire body. The breath was not perceptible. The eyes, cold and unwavering as a gull's, stared up at an iridescence splashed over the cornice moulding, shrinking and fading. [1957, pp. 1-2]

What is interesting is that the author's feeling of being caged and divided—not only in relation to his mother, but also to Bion—emerges explicitly in the novel. In the choice of a rocking chair, there is a resonance to being cradled, to an ancestral calming rhythm, to the necessity of a gentle swaying that transforms the nocturnal creaks or nightmares and the defects in self-structuralization.

Later in the novel, Beckett manages to catch hold of the deep fracture that exists within him and to more clearly express how it is transformed into a painful separation between body and mind:

Thus Murphy felt himself split in two, a body and a mind. They had intercourse apparently, otherwise he could not have known that they had anything in common. But he felt his mind to be bodytight and did not understand through what channel the intercourse was effected nor how the two experiences came to overlap. He was satisfied neither followed from the other. [p. 109]

More than from the analytic relationship, Beckett seems to have benefited from writing as a kind of self-analysis, trying to transpose into the novel the pace, style, and shape of the analytic process (Anzieu 1983). Conversely, to some extent, Beckett's influence penetrated Bion's work, which approached literature to the point that, at the end of his life, his writing became a genre to which he entrusted his own history and accumulated analytic experience.

In the analytic experience between Bion and Beckett, one can clearly grasp Beckett's difficulty in feeling comfortable in the relationship with Bion. Only later on, at a distance in time and space, would both of them find a meeting point that could contain and transform their anxieties through a shared narration in the aesthetic form of literature.

Obviously, we must contextualize this relationship in a time in which many analytic tools had not yet been developed; certainly, no judgmental position is assumed. Rather, the point here is merely to demonstrate how this magisterial literary sample captures the essence of the experience of comfort and discomfort as a complex experience of the psychophysical type, expressed in a relatively simple form in the ordinary way of recounting an experience.

FIRST CLINICAL VIGNETTE: AN INITIAL DRAMATIC DISCOMFORT

In our first meetings, Silvano tells me that his life was marked by tragedy at the end of adolescence. A friend with whom he went to the mountains slipped during a hike, and Silvano could not manage to hold onto him for more than a few seconds, after which his grip loosened and the friend fell to his death. Over the years, Silvano succeeded in leaving this

tragedy behind, but now that he was married, life had again been ruthless toward him, denying him the joy of a child. Perhaps because of the lack of a child, his marital relationship was undergoing a moment of crisis.

Focusing on this latter aspect, Silvano pulls out his cell phone and shows me a picture, a bit blurry, that serves as his screen saver; he explains to me that only the night before, he had a quarrel with his wife because he had replaced a photo of the two of them with the one he has just shown me. He says that the photo in question, which shows him out of focus as he moves toward the camera, much more accurately reflects how he feels at the present time, in comparison to the photo for which he had posed with his wife.

I think that the wish for a new life pertains to us, patient and analyst, but I wonder what the wish to eliminate the stereotypical couple means. Tentatively, I imagine that Silvano may be asking me not to be rigid, not to conform too strictly to the rules, and to help him generate something new. The long story of the death of his friend, beyond being a real and traumatic event in his life, can have a meaning in the here and now as well, but this is a thought that at the moment I do not know the meaning of, nor how to utilize it.

After our preliminary meetings, Silvano and I discuss some of the formal aspects of our analytic contract. It is his desire to come twice a week, but he cannot pay my fee. He tells me that he can only afford to pay for six meetings a month. He is very aggressive, and he divulges to me that he is not inclined to come only once a week because he knows that this would not accomplish anything. Since he had paid me the same fee for our initial meetings without saying anything about it, I am surprised and disconcerted by his request. I feel the force with which he is asking me to adapt to his needs, a force that goes beyond the economic sacrifice, and that I imagine is only the more explicit aspect of declaring his rage against a destiny that has forced his life to become a tragedy.

My chair suddenly becomes uncomfortable, and I have only a few seconds to teeter on the brink between the possible death of the therapy or its survival. I tell him that I cannot change my fee, but that until

the summer—four months away—we can agree that the two sessions per month that his budget cannot accommodate need not be paid for at the moment. In the meantime, we will think about it together.

A second afterward, I think that this solution may sound to him—and to me—like a compromise aimed at gaining time, but it is also the best I have managed to do when I feel swept away by his rageful words. When I form the words *swept away* inside my mind, I think of the accident that Silvano told me about, of how his survival coincided with the death of his friend—and that inside him there may be a sincere wish for a new life, but because this tragedy occurred, it is necessary for him to be able to experience the possibility of confronting together, as a duo, the pain that the beginning of therapy has reactivated.

Mentally, I hope that my having actually accepted what he wanted may in some sense be a way of clinging to him tenaciously—not letting go as his friend had done, setting things up so that the therapy will not be immediately interrupted just as it comes into being. This early framework with which the setting is shaping our relationship can open up the possibility for us to work through together the meaning of what happened.

At the session following our definition of the contract, Silvano spontaneously asks me if he can use the couch, on which he thinks he will feel “more comfortable.” I am surprised by the way that he manages to choose a way of being with me in which I disappear from his view, like his friend falling from the mountain, and I think that this may be another bodily way in which we are beginning to allow his pain to enter in between us. I am especially surprised by his use of the word *comfort*, with which he defines a position in which I step outside his visible control, and one that goes against the grain in relation to a need—expressed in the discussion of my fee—to control my economic desire.

I am now aware that the kind of initial compromise that launched the beginning of this therapy played a definitive role—not only in avoiding an early interruption, but also in our reaching a way of reacting, each in his or her own way and somewhat instinctively, to the breaking down of a place in which to be.

SECOND CLINICAL VIGNETTE:
A TRANSFORMATION OF THE SETTING
DURING AN ANALYSIS—
FROM THE COUCH TO THE RUG—
AND AN EXPANSION OF THE FIELD

Sara, back from a short break that we had agreed to following the birth of her child, told me that she needed to bring her baby to one of our three weekly sessions. I readily accepted, curious to see the baby who had been with us for nine months in his mother's womb. I hypothesized that the necessity of bringing the baby with her may have arisen for various reasons: partly the difficulty of coping with separation, as well as the resonance that this could have with specific events in the patient and in the analysis.

I did not imagine, however, that the request to bring the baby with her did not refer only to that particular session, but instead to a situation that would last for some weeks. A part of me wished to understand the meaning of that new arrangement into which I had been dragged, more or less, and another part of me had decided, nonetheless, to await a possible meaning that might arise from the experience and from the joint work of our two minds.⁴

While in the early sessions after we resumed meeting, the baby was comfortable in his baby seat almost all the time, indicating his presence with a few vocalizations, his being there gradually became a more substantive factor, to the point that he took the liberty of inserting himself into our adult conversation. I had offered this young mother the possibility of sitting in an armchair so that it would be easy for her to hold the baby in her arms, but changing our respective positions—hers on the couch and mine behind her—seemed to her a disturbing proposal and thus an unacceptable one.

It was precisely from these thoughts on obligatory body positioning and on the patient's desire to maintain a familiar set-up that the pos-

⁴ This stance of flexibility and shared research is discussed by Stuart and Aveni (2012).

sibility arose of beginning to talk about something uncomfortable. Sara herself began to bring the issue to light, saying she had the feeling that the baby distracted us to the point of rendering the sessions rather wasteful of time and money. On the other hand, while considering the concrete but not insurmountable difficulties of leaving the baby with someone during sessions, I came back to wondering why we had both wanted the baby, for different reasons, to be physically there between us.

The problem of being uncomfortable and of desiring a change in position that arose in the field via the baby had been extended and had involved all the subjects in this little group. Thus we continued for some time in a situation that had a bit of a grotesque flavor to it. The patient lay down on the couch; shortly afterward she got up to hold the baby; and sometimes the most practical solution was to attach the baby to her breast, because after his feeding he would fall asleep, satiated, on top of her. I observed mother and baby in a position that seemed very uncomfortable to me, and I ended up feeling just as uncomfortable in an armchair all to myself. The traditional setting, which the patient—more than I—felt to be indispensable, and to which she clung tenaciously, at least maintaining her posture, had for years allowed us to transform problematic emotions, but in this situation it revealed some limitations.

The novelty was not so much having a baby and his mother in analysis together, but that they were there without any evident problems in their relationship. The mental set-up that was useful in the mother-and-child therapy seemed to me not only awkward, but also not well adapted to understanding what the baby represented in the relationship between us. It was necessary to understand on a different level the difficulty of the relationship with the infantile, with experiences embedded in the body and in the experience of being held in a comfortable enough way.

The issue of the double register that pertained to the setting of the sessions in a more overarching way appeared to me at a certain point as something that also pertained to the type of dialogue within the setting of three. At certain moments, both the mother and I were in a state of maintaining the dialogue, placing the child between parentheses without really excluding him. At other moments, the baby's presence imposed itself on our attention, and both of us considered him intently, each coming up with a hypothesis about the type of need he was ex-

pressing nonverbally, to which the mother sometimes added a concrete response. When that happened, both of us had the experience of being distracted from the trajectory of our verbal discussion in order to concentrate, through the child, on the search for shared comfort.

Outside the sessions, I found support for the hypothesis of a latent creativity in considering that a mother who is capable of developing a thought between parentheses—that is, one who can keep in mind the relationship with her baby while interacting with another subject, allowing the baby to internalize a sense of security (Alvarez 2012). It seemed to me that the continuity of being that Sara guaranteed her baby while she conversed with me was a particularly valuable experience for her; she had experienced dramatic and repetitive affective discontinuities in her own life. In this respect, the presence of the baby as a person, and not only as part of her infantile self, imposed a concrete and creative tension on the experience.

Finding continuity in discontinuity, which was initially a challenge in the alternation of different settings, was reenacted within the setting, and the capacity to manage what happened, to integrate the verbal with the nonverbal, entailed efforts in a new direction. In the background, the push to feel comfortable and the bodily sharing of different aspects of discomfort was a guiding register in which psychoanalytic facts took shape. In the sessions with three of us, the capacity to be surprised and to play in a more audacious way was what progressively supported us in not abandoning that strange invention, despite the practical difficulties that it seemed to subject us to.

When Sara was capable of getting up from the chair and of accepting the proposal that all three of us play together on the rug, she said that she felt pleasantly well. This new feeling did not arise from something said or done by me, but rather from the capacity to find a comfortable posture in which to play together, inside and outside herself, with the infantile self (Bloom 2000; Lombardi 2016). This fact had been verified earlier when I, too, had rather unknowingly suggested to the patient that I abandon my chair.

Sara again brought up a dream from the beginning of the analysis, one in which she and I were eating a sandwich together, seated on a rug. At the time, when the two of us were in the throes of intense emotional

turbulence, this dream had seemed to us like a relational oasis—really a dream—but now it became a living dream of the setting and of the nurturing events that were taking place. After this session, Sara no longer brought her baby with her, telling me that she had found a way to entrust him to others during the time of her sessions.

In retrospect, the baby's ability to signal by crying that he no longer wanted to lie in his comfortable position at his mother's breast (which at that point, however, had not been at all comfortable on a couch made for one) and the discovery that comfort meant not that the patient sat on the chair, but that all three of us could be on the rug, could be seen as concrete indications—hiding the corresponding psychic movements—that attested to the level of comfort among the three of us. This experience of searching for shared comfort oriented us toward listening to primitive, sensorial psychic elements in the area of the primary experience of being contained, and also in the innate capacity to be in a relationship with the other through movement, the body, tonicity, posture—in short, the refined capacity to seek comfort as a creative quality of the unconscious.

CONCLUSIONS

For a long time, the tools adapted to psychotherapy have been distinguished from those more useful in psychoanalysis—in particular, the quality of interpretations and the attributes of the setting. Even though one can assume that the frequency of sessions and the use of the chair or couch contribute to the quality of the experience, these variables are not central to psychic transformations. In fact, in light of conceptual developments that have shifted our view of the setting from an element external to the process to a particular arrangement of the minds at work, such a distinction has lost some of its value.

The concept of comfort—in its valence as a descriptor of a bringing together of the variables of the psychophysical relationship between analyst and patient—can be a useful tool for the assumption of a different perspective from which to look at the therapeutic experience, whether at high or low frequency. The concept of comfort actually establishes a

link between some aspects of the setting understood as a frame and the setting in its procedural function.

Using the word *comfort* as a descriptor of the relationship and of the process allows us to explore some components that contribute to determining the experience: the body–mind relationship of the patient and of the analyst, the way in which they regulate their relationship as a subjective sense of well-being, and the possibility that aesthetic elements, more than verbal ones, can be a way of sharing a feeling of ease in the relationship. The sense of comfort can be compared to what one experiences in play as it unfolds and creatively fulfills many psychic functions, thereby beginning to give symbolic form to emotions. In analysis as in play, a sense of comfort is an invisible emotional background that is indispensable in order for the transformative function to take shape.

The concept of comfort, precisely through the fact of describing a complex and multifaceted experience, can be an efficient way for the analytic couple to explore areas of the relationship that include conscious and unconscious memories of containment, the capacity to use the other, and the active search for psychophysical well-being. Considering, in the end, that comfort cannot but remain in constant tension with the symmetrical discomfort that permeates what is in transformation, one can say that seeking comfort in an uncomfortable chair is the task of the analysis and of the transformative processes that determine it.

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HYPOCHONDRIA: A REVIEW OF ITS PLACE IN PSYCHOANALYTIC THEORY

BY GEORGIOS STATHOPOULOS

After identifying Freud's fundamental contributions to the concept of hypochondria, the author undertakes a brief review of the term's trajectory within the Anglophone and Francophone psychoanalytic literature. Notions of defense, anxiety, and representation as they relate to corporeal experience are discussed. The author illustrates these main axes with which to read hypochondria with clinical material drawn from the analysis of a woman in whom somatic manifestations were especially pervasive.

Keywords: Hypochondria, narcissism, analytic theory, defense, anxiety, representation, actual neurosis, psychosomatics, bodily sensations, somatic complaints, Freud, transference.

INTRODUCTION

The term *hypochondria* originated in Hippocratic medicine, yet it has always been covered by a veil of mystery. Its enigmatic nature as well as its uncertain prognosis presented and continue to present a real problem in finding suitable treatment. Its dual nature and perhaps its dual origins give it a very particular status, which is interesting from the standpoints of both medicine and clinical psychology. In a sphere somewhere between physical disease and psychopathology, hypochondria, throughout the centuries, has kept its secrets in the dark.

Before providing an overview of some psychoanalytic approaches regarding the psychic mechanisms of hypochondria, I think it is impor-

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tant to address the following question: why does an exploration of hypochondria have particular significance today? The importance of such an investigation is at least twofold. First, one can now access a broad (albeit piecemeal) spectrum of knowledge regarding the human body, its organs, and its illnesses, due to advancements in medicine and technology; furthermore, the term *cyberchondria* demonstrates the intensity of this phenomenon today. Second, the study of hypochondria acquires additional significance for purely financial reasons: the hypochondriacal patient is indeed an expensive one for medical and welfare systems in many parts of the world today.

THE FREUDIAN POINT OF VIEW

Freud showed little interest in hypochondria, resulting in sparse references of relevance in his works. In Draft B, he defined *hypochondria* as “the anxiety relating to the body” (1892, p. 182). Thus, at first he was convinced that hypochondria is nothing more than a symptom of anxiety neurosis, which along with neurasthenia formed the *actual neuroses*. In contradistinction to the other group of his nosography, *psychoneuroses of defense*, actual neuroses were characterized by physical symptoms such as intracranial pressure, spinal irritation, and dyspepsia with flatulence and constipation, but also by a general irritability or an anxious expectation, frequently coupled with paresthesias, hyperesthesias, dyspnea, and heart attacks, with these symptoms thought to be caused by sexual dysfunctions of life in the present. In this case, “the source of excitation, the precipitating cause of the disturbance, lies in the somatic field instead of the psychical one, as is the case in hysteria and obsessional neurosis” (Freud 1894, p. 114). Later, Freud argued that hypochondria should be classified as a third actual neurosis (Brabant, Falzeder, and Giampieri-Deutsch 1993; Freud 1912, 1914).

Despite his being scarcely interested in the subject, Freud’s contribution to the understanding of the nature of hypochondria is multifaceted. In 1914, he linked hypochondria to narcissism—that is to say, to a condition interwoven with a libidinal cathexis of the ego and, more specifically, with a condition characterized in hypochondria by an intensive cathexis of one particular bodily organ (called the hypochondriacal

organ), which engages all the patient's attention. This deep correlation between hypochondria and narcissism sheds light on the link between hypochondria and psychosis.

Indeed, after Freud, hypochondria would be seen as a narcissistic neurosis and not only as an actual neurosis. Therefore, "the relation of hypochondria to paraphrenia is similar to that of the other 'actual' neuroses to hysteria and obsessional neurosis," and "hypochondriacal anxiety is the counterpart, as coming from ego-libido, to neurotic anxiety" (Freud 1914, p. 84). It is within this conceptual framework that Ferenczi (1922) called hypochondria a narcissistic actual neurosis. Moreover, in his famous text on Schreber, Freud (1911) declared that he would not consider "any theory of paranoia trustworthy unless it also covers the hypochondriacal symptoms by which that disorder is almost invariably accompanied" (p. 56).

In his text on narcissism, Freud (1914) established a parallel between hypochondria and organic disease: "Hypochondria, like organic disease, manifests itself in distressing and painful bodily sensations, and it has the same effect as organic disease on the distribution of libido" (p. 83). This was his second major contribution to the study of hypochondria. Until then, classical psychiatry had approached hypochondria as a disease that appeared in the absence of any real organic disease. But the Freudian point of view was broader and opened up a new perspective. Thus, according to Freud, "hypochondria must be right: organic changes must be supposed to be present in it, too" (p. 83).

The Freudian argumentation on hypochondria is not exactly in opposition to the medical point of view. In fact, a term utilized by Freud could play a key role in bringing the two viewpoints closer together. This term is *erotogenicity* of the organs: "We can decide to regard erotogenicity as a general characteristic of all organs and may then speak of an increase or decrease of it in a particular part of the body" (1914, p. 84). This was another important Freudian contribution to the description of the secrets of hypochondria.

Two additional Freudian contributions to the understanding of hypochondria can be discerned that have particular importance to the clinical and metapsychological field. They are, first, the 1914 attempted linkage between the hypochondriacal organ and the genital organ in an

aroused state, and second, the propinquity between hypochondria and dreams that was attempted in Freud's "A Metapsychological Supplement to the Theory of Dreams" (1917).

In Freud's terms, the first parallelism reads as follows: "The familiar prototype of an organ that is painfully tender, that is in some way changed and that is yet not diseased in the ordinary sense, is the genital organ in its states of excitation" (1914, p. 84), whereas the second parallelism is expressed in the following passage: "In dreams, incipient physical disease is often detected earlier and more clearly than in waking life, and all the current bodily sensations assume gigantic proportions. This magnification is hypochondriacal in character" (1917, p. 223).

The former parallelism opens the way (for hypochondria) to sexuality and from there to infantile sexuality as well. In this context, according to Férida (1995), hypochondria must be perceived as "an infantile theory of the somatic" (p. 119, my translation). The latter parallelism, the one relating hypochondria and dreams, prompts the question of the diagnostic capacity of an overinvestment of bodily sensations, and hence the question of the minimal hypochondriacal investment of the body that would be protective for the timely diagnosis of physical diseases, according to a premise made by Aisenstein and Gibeault (1990, 1991).

FREUD'S SUCCESSORS AND THE QUESTION OF HYPOCHONDRIA

In Ferenczi's work, we come across an intense interest in patients' corporeal manifestations. We could say that here hypochondria is perceived to some extent as a thinking model. Indeed, Ferenczi repeatedly underlines the concentration of the libido on an organ or on a specific bodily function. In 1917, in his paper on pathoneuroses, he refers to a man who suffered from an organic stomach disease and afterward concentrated all his interest on the functions of digestion to such a degree that the whole world consequently seemed to have a "bad taste" for him (p. 271, my translation). In this case, organic dysfunction therefore becomes the bearer of the relationship with the objects of the external world, stigmatizing this relationship, as if the patient's body and pain

were offered as an example of the object relation and the quality that this relation would have.

Alongside this fundamental contribution of Ferenczi's to the understanding of hypochondria, we must also acknowledge two more of his contributions. The first is the hypochondriacal patient's self-observation and what Ferenczi (1931) defined as *autonarcissistic splitting*. In discussing children who have suffered a great deal both emotionally and physically, he noted that these children often have the tendency to be kind and to surround others with care and compassion in a maternal way—an attitude that, according to Ferenczi, is the outcome of splitting, established as a defense in response to early trauma. This splitting results in the establishment of a self-observation principle through which the person wishes to come to the rescue of others who, deep down, represent the once-endangered infantile self. Ferenczi added: "Not all children push the control of their pain this far; some stay fixed in self-observation and hypochondria" (1931, p. 107, my translation).

In that light, it could be claimed that hypochondria develops thanks to a mechanism of narcissistic splitting, which divides the body into a healthy part and a sick part—or that, by keeping the body sick, attempts to salvage the mental (which has been dichotomized in relation to the body). The hypochondriacal attempt is ultimately realized due to a self-observation, that of the hypochondriacal subject, yet it remains half finished and usually ineffective, insofar as the subject is still suffering and uses, moreover, a narcissistic defense, with the body being directly involved.

Thus, "hypochondria, in and of itself, is left uncured," as Ferenczi would state in 1919 (p. 78, my translation). However, within the same text, through the "analysis of a case of hysterical hypochondria," he puts forward the premise that: "One is under the impression that the same libidinal stasis in the organ can lead—depending on the patient's sexual constitution—to a clearly hypochondriacal or hysterical superstructure" (1919, pp. 77-78, my translation).

That particular case (that of a young woman who initially presented with intense anxiety and a systematic, hypochondriacal preoccupation with her body, especially with the neck area), he claimed, posed a combination of these two potentialities in such a way that the hysterical aspect

of the neurosis enabled both the establishment of the transference and the eradication of hypochondriacal sensations. Nevertheless, when there is no such possibility, “then hypochondria remains inaccessible and is limited, frequently in a delusional manner, to observing paraesthesias” (Ferenczi 1919, p. 78, my translation). What is worth underscoring (and what might possibly be acknowledged as Ferenczi’s third contribution to the matter of hypochondria) is that in this text, he lays the foundations of a complex approach that recognizes points of passage between hypochondria and hysteria.

Echoes of Ferenczi’s contribution to the understanding of hypochondria can be seen in the writings of a number of psychoanalytic authors; I will mention here Fédida (1972) and Fain (1990). Indeed, Fédida (1972) was the first to underscore that in hypochondria, the traumatic event (separation, castration) must remain excluded through a process of *internal projection into the body*. This idea is better understood in the light of Ferenczi’s (1931) later ideas on autonarcissistic splitting, already mentioned: here, projection into the body results in a part of the body being threatened by another part and thus exposed to risk, while at the same time it is also asking for help, as if it were a metonymic representative of the infantile traumatized self. Fain (1990), having linked hypochondria to the ego’s prematurity, puts forward the idea that the premature protective-shield system is in fact erected as a response against a traumatic experience (an idea that calls to mind Ferenczi’s ideas [1923, 1931, 1932] regarding early traumas and the *wise baby*).

I will stop here when it comes to Ferenczi’s contribution, even though his input on the question of hypochondria does not end here, since the Hungarian psychoanalyst was the first to link hypochondria to anal erotism at the same moment when, in his correspondence with Freud, he offered himself as a tangible example of a hypochondriacal patient, expressing frequent protestations of somatic symptoms. He perceived early on that hypochondria was the result of a fermentation of anal erotism, which stems from the displacement of incomplete coprophilic tendencies to other organs or products of the body, accompanied by a modification in anticipated pleasure (Ferenczi 1914). On March 16, 1912, in a letter to Freud, Ferenczi wrote:

Dear Professor, for some time the *question of hypochondria* has been leaving me no peace. I have revised my material and I find the source of evil again and again in anal erotism or its derivatives (desire for coprophagia, smelling); very, very frequently an injury of the *money complex* becomes a precipitating cause in the following way: loss (expenditure) of money—regression to anal erotism—displacement of interest on the excremental onto other bodily organs and functions. [Brabant, Falzeder, and Giampieri-Deutsch 1993, p. 357, italics in original]

Melanie Klein, for her part, perceived hypochondria as related to both introjected objects and projected ones, as well as to the fundamental distinction that she drew between the paranoid-schizoid position and the depressive position. Therefore, she distinguished two types of hypochondria: *depressive* hypochondria and *paranoid* hypochondria. Clinically, the hypochondriacal symptoms having paranoid origins and character are more bizarre and varied. In phantasy, these symptoms result “from the attacks of internal bad objects within against the ego” (Klein 1935, p. 156). By contrast, depressive hypochondriacal symptoms derive “from the attacks of bad internal objects and the id against good ones”; this means that, in this case, “the ego is identified with the sufferings of the good objects” (pp. 158-159). The content of hypochondriacal complaints may be modified during the transition from the paranoid to the depressive position.

Hypochondria has elsewhere been systematically correlated either with anxieties of a paranoid origin or with problematics close to melancholy. In Tausk’s thought, hypochondria was connected with the first of the three phases that he distinguished during the procedure of formatting the “influencing machine” (Tausk 1919) of schizophrenic patients. Likewise, in Winnicott (1988), we once again encounter hypochondria enclosed within the group of psychoses, closely linked to the feeling of persecution from the inside (in contrast to paranoia itself, in which the feeling of persecution derives from the outside). And this is despite the fact that Winnicott (1948) had acknowledged at an early stage of his work that a hypochondriacal type of maternal investment toward the body of the infant is necessary for the timely diagnosis and prevention of the child’s bodily ailments—and is also despite Winnicott’s argument

that “there is no sharp dividing line between the frank hypochondria of a depressed woman and a mother’s genuine concern for her child” (p. 92).

We also find the idea of hypochondria perceived as the bodily equivalent of paranoia in Freud’s thinking, dating back to 1907, in the records of the Vienna Psychoanalytic Society (Nunberg and Federn 1962–1975) as well as in one of his letters to Jung (Freud and Jung 1994). According to this idea, hypochondria is construed as a kind of paranoia that not only takes place in the body, but also perceives the body itself as a persecutor.

A paper by Aisenstein and Gibeault (1990 [original French version], 1991 [English translation]) stands out in regard to the correlation between hypochondria and impossible mourning, as it connects the appearance of hypochondria with an attempt to avoid mourning. In a similar perspective, Célérier (2005) noted that in hypochondria, neurotic or delusional, the object that suffers in the body (the hypochondriacal organ) takes the place of an object whose loss cannot be psychically elaborated by the subject. Earlier, Fédida (1972) had already connected hypochondria with mourning and had characterized it as a *melancholy* of the organ. Fain (1990) referred to a denial function in hypochondria; this calls to mind one of the most extreme and possibly the most serious type of hypochondria, Cotard’s syndrome, which has as a principal characteristic the delusional denial of one’s own organs.

In these papers by English and French writers, an idea that progressively arises is of hypochondria as a defense organized against depression, as a final fortress involving the body, in order to prevent the development of a clinical depression, or before a narcissistic collapse—such as melancholy—takes place. In such cases, the survival of the ego itself is threatened, with hypochondria appearing as the answer to the threat against the substance and the very existence of the ego.

In this sense, two small, albeit significant landmarks seem to have had a strong effect on the French and English schools of thought: Perrier’s (1959) paper from the former and Stolorow’s (1977) from the latter. After defining the loss of familiarity with the body as one of the fundamental characteristics of hypochondria, Perrier was one of the first authors to perceive hypochondria as a defense, which as pathological

as it may be, is probably the only way to prevent the subject from going mad. Stolorow (1977), in a brief but significant paper, underlined the value of hypochondriacal anxiety as a signal of danger that threatens the narcissistic sphere; thus, the threat to self-representation triggers an anxiety arising in response to an urgent need for narcissistic restoration.

In trying to connect the two Freudian theories about anxiety, Stolorow reminds us that, for Freud, hypochondriacal anxiety results from the damming up of narcissistic libido, and that according to the initial Freudian conceptualization of anxiety, this is perceived as the automatic, somatic consequence of the repression of libidinal excitation. Stolorow then points out that in the second relevant Freudian theory, anxiety is defined as an affect generated by the ego to signal anticipated intrapsychic danger and the need for defense. Thus, according to Stolorow's (1977) hypothesis, "just as neurotic anxiety signals anticipated dangers emanating from object-instinctual investments, hypochondriacal anxiety signals dangers threatening in the narcissistic sector of the personality" (p. 245). He also remarked that hypochondriacal worries frequently make their appearance during adolescence and middle age.

This paper inspired Aisenstein and Gibeault (1990, 1991), who proposed an innovation in the way that we perceive hypochondria; their paper in turn marks an important moment because it is the first time that a work on hypochondria has been directly discussed in the psychoanalytic literature. Hypochondria, which as a clinical manifestation had fallen into psychoanalytic oblivion for decades, has since then become the subject of increasing interest and attention.

On the one hand, hypochondria has been connected to deficiencies in representation related to the *bodily*, but it has also been viewed as an effort toward care or restoration of those deficiencies through over-investment of bodily sensations (Aisenstein 1995, 2002; Brusset 2002; Stathopoulos 2015). It has also been linked to an inner quest for the object of primary care, a quest that could be related to a deficient representation of a corresponding internal object that would be able to offer the sense of reassurance and security to the infant (Stathopoulos 2012). In the adult hypochondriacal patient, the earlier lack of such a maternal function in the early stages of life, and especially during the phase that Winnicott (1956) described in terms of *primary maternal preoccupation*,

could be connected with an attempt to internally restore and reconstruct (first in the body itself) a maternal object of protection and security. According to Fédida (1972), “the hypochondriacal patient becomes the mother of his pain, through his identification with the hypochondriacal organ” (p. 232, my translation).

In an important article, Nissen (2000) distinguishes between hypochondriacal symptoms and hypochondriacal crises; the latter are said to arise when the defensive function of the hypochondriacal symptoms fails. Thus, hypochondriacal symptoms may ensue as a last-ditch attempt by the patient to defend against psychic decompensation. From this point of view, the hypochondriacal world is full of disintegrating anxiety coupled with an aggressive excitation and sexual perversion, which is characterized by, among other things, tormenting self-observation. Nissen also links hypochondriacal crises with earlier traumas and underlines the instability of these structures—an instability that is accompanied by a failure of important ego and superego functions. Typical hypochondriacal symptoms seem to offer protection from feelings of dependence in the here and now of the transference. Nissen insists on the role of a radical split in these patients.

Hanly attempted to underline that after the Freudian argument—according to which “the ego is first and foremost a bodily ego” (Freud 1923, p. 26)—“hypochondria reminds us that the balance between what is soma and what is psyche in human beings remains variable until the final somatization in the quiescence of death” (Hanly 2011, p. 605). To the extent that hypochondria is a narcissistic formation, Hanly used it as an example to clinically test Freud’s and Kohut’s theories on narcissism and its relation to libido. Through material drawn mainly from two analyses, he concluded that “the narcissistic injuries that led to the hypochondriacal symptoms were intrinsically both narcissistic and sexual/object libidinal.” Thus, he claimed that “narcissistic libido and object libido are intrinsically interactive trends of human sexuality,” and also that “narcissism shares with object libido in the causalities at work in hypochondria and does not have primacy over it” (2011, p. 606).

A reflection on the almost identical question of the relationship between ego instincts and erotic libido is found in the work of Fain (1990), except that in his work, the autoerotic libido is taken into con-

sideration, which means that here what is perceived as an object is the body itself. For Fain, hypochondria, contrary to the central psychoanalytic premise—according to which the erotic libido, no longer being in an anaclitic relation with self-preservation, predominates over the ego instincts—works the other way around: that is to say, the prematurity of the ego predominates over the erotic libido. This failure, this reversal—according to Fain—is due to a nonquality of the anaclitic object, which has led to a narcissistic object being created from within helplessness. It is in this way, Fain affirms, that hypochondria could be regarded as a defense against extreme helplessness. Hypochondria is linked to an autoerotism enclosed within the limits of the protective-shield system, in his belief—an enclosure resulting from a precocious development of the ego, while for Fédida (1995), hypochondria is one of the clinical manifestations in which we witness a downgrade of autoerotism to the level of self-preservation. (In Fédida's view, the other relevant clinical manifestations are obsessional neurosis, anorexia, and toxicomania.)

Thus far, I have mentioned works on hypochondria taken mainly from the Francophone psychoanalytic literature. The reason for this is twofold: first, my academic training was primarily based on the Francophone psychoanalytic tradition. Second, during the last twenty years, there have been very few psychoanalytic papers on hypochondria in the Anglophone psychoanalytic literature. In addition to those of Nissen (2000) and Hanly (2011), to which I have referred, there is a book by Rosenfeld (2014) in which the author examines the somatic delusional experiences of psychotic patients. Rosenfeld emphasizes the clinical importance of fantasies about body image with regard to the transference-countertransference. His clinical material indicates that hypochondria (neurotic, confusional, psychotic) can have a defensive function: to prevent or to delay paranoid or psychotic states.

This conspicuous relative absence of hypochondria from the Anglophone psychoanalytic canon in recent years raises a puzzling question, to which—no matter how many answers we attempt to give—I doubt that we will come close to a satisfactory answer. However, this does not mean that the question of hypochondria has found the place it deserves in French-speaking psychoanalysis; we must take into account the frequency with which we analysts have to face somatic protestations and

complaints. This might make us think of the analyst's difficult counter-transferential position in relation to a hypochondriacal transference dominated by somatic manifestations and protestations.

Moreover, the fact that hypochondria involves the body and somatic sensations (such as somatic paresthesias), in my opinion, makes many of us think that this is not really our concern as analysts. Besides, there has been a long-standing conviction that hypochondria in and of itself remains inaccessible to analytic treatment. But in that respect, we may be missing out on a chance to listen in a different way to what may underlie such somatic complaints. For instance, there may be a melancholic dimension of existence and a defense, through hypochondria, against the emergence of extreme melancholy. Or there may be an infantile complaint about the body for not always yielding to the subject's omnipotent control, or a protestation that defends against transference and anxieties about alteration and disfigurement of the psyche that reverberate, through hypochondria, in the somatic field.

If this concept has acquired over time a more central place in French psychoanalytic literature than in its Anglophone counterpart, it may be because French psychoanalysis has always been oriented to a greater extent toward the instinctual than toward object relations. What may have played a role, therefore, is that in hypochondria, what is prevalent in the clinical picture is what Freud would describe as a reversal of the instinct onto the subject's own self (1915a). However, apart from this metapsychological explanation, a historical reminder of the important position of the theorization of the body in French psychoanalysis may be equally relevant. The contribution and influence of the Psychosomatic School of Paris has been notable in that regard.

HYPOCHONDRIA AND PSYCHOANALYTIC PSYCHOSOMATICS

In the framework of the Paris Psychosomatic School, established by psychoanalyst Pierre Marty (see, for example, Marty 1952), a poverty of representations is associated with a dysfunction of the preconscious system and with clinical manifestations in which mentalization is either absent or quite deficient. Excitation begins from the body and ends in the

body; it is discharged in it, without mental mediation, due to the deficit or failure of psychic defenses and the malfunction of the preconscious system. As a result, words are not enough; word representations are not easily formed and are ultimately replaced, in the case of hypochondria, with an “organ-speech,” according to Freud’s formulation (1915b, p. 198), or a thought that concentrates only on the literal, missing the symbolic foundations with which language is usually formed.

Therefore, in these cases—as Freud noted—“language is too poor [for the patient] to find words for his sensations” because “those sensations are something unique and previously unknown, of which it would be quite impossible to give an exhaustive description” (Freud and Breuer 1893a, p. 136). Thus, the patient “struggles to find a means of expression” (p. 136).

All this means that hypochondria represents a primary, elementary symbolization and lacks adequate access to secondary symbolization (that is to say, to the symbolization of language itself). This also means that Freudian descriptions of the actual neuroses are close to some recent clinical observations—in particular, to the theorization proposed by the Psychosomatic School of Paris, which includes the distinction made by Marty between adequately and inadequately mentalized neuroses.

In short, the psychoanalytic understanding of hypochondria has underlined and still questions the enigmatic, somatopsychic, and complicated nature of the disorder, which cannot be characterized merely by its definition as a fear of illness. Freud recognized this early in his work; in criticizing the contemporary understanding of hypochondria, he wrote:

I cannot regard the delimitation of hypochondria in any of the works in question as being the correct one, and the applicability of its name seems to me to be prejudiced by the fixed connection of that term with the symptom of “fear of illness.” [Freud and Breuer 1893b, p. 258]

A CLINICAL CASE

I will now present clinical material from a four-times-weekly analysis with a relatively young female patient, whom I will name Ms. A. Employed as a paramedic, she presented with a request for analysis after having

undergone a number of psychotherapies over several years. In her initial request, the somatic complaint was prevalent. After a year of face-to-face psychoanalytic psychotherapy at biweekly frequency, we moved to the couch-armchair layout, doubling the frequency of sessions.

I refer to *doubling* the frequency of Ms. A's sessions because the dimension of the *double* was pivotal in her case, highlighting a narcissistic object relationship; it seems that, while pregnant with the patient, her mother had been carrying twins, but the "twin sister" was not born alive. The patient learned of this at approximately twelve years of age, when her mother mentioned it after a visit to a doctor who was to examine why the patient had "a double nipple in each breast." Ms. A referred to the "double nipple" as a "bodily imprint and souvenir from my dead sister"—a fetishlike, bodily souvenir that acquired special sentimental value in relation to the identity axis.

Ms. A had suffered from various somatic symptoms and diseases since childhood, and some had required surgery, notably in the abdominal and rectal areas. Most of the surgeries were painful and did not turn out well. Ms. A's preoccupation with the oral, anal, and urethral cavities through chronically painful bodily experience, recorded along a spectrum of infantile protest, suggests concomitantly the interchangeability and the interdependence of the erotogenic zones of the infantile body and its sexuality. Furthermore, in addition to the concentration of somatic symptoms in the genital organs, the gastrointestinal system, and the urethral area, she suffered at times from heartburn, constipation, and dyspnea.

Although she could not be described as a purely hypochondriacal patient, Ms. A's somatic discomforts and preoccupations took up a large part of the analysis from its onset until some years later, with periods of remission followed by symptomatic outbreaks. For some time, it appeared that the somatic would prevail in the first session or two of the week, and as the week went by, this theme came to the fore less intensely—which made me think of separation anxiety, but also of the anxiety to refind the object and rediscover it. Anxiety was thus expressed in that way since, in the beginning, it could not manifest itself in any other way.

Ms. A remembered having been left alone as a child whenever her parents went on a business trip. It therefore happened that during two

occurrences of earthquakes, she did not have her mother by her side; the first time, she was only three years old, and in the midst of commotion and panic, her mother had been unable to return to her for a while. The second time, during her teenage years, she was alone at home while the rest of the family was abroad. Thus, from early on, her sense of loneliness was combined with a sense of betrayal, which at any time risked being triggered in the transferential relationship, especially just before or after holiday periods and summer vacations. She remembered that beginning when she was a child, her parents had "tricked me by saying they would go into the next room, when in reality they left to go out."

Ms. A was able to link the present with the past and her reminiscences with a certain ease. As a result, the analysis was rich and her dreams were a phantasmagoria of colors, condensations, and displacements, in a way similar to her various continual corporeal manifestations. Even though she possessed capacities of free association, linking with the past, and regression—aiming in these ways to charm me—I often had the impression that every time the analysis gained a significant momentum, the somatic would come again to the fore as a resistance to change, and also as a warning of her lack of tolerance for further deepening. Thus, Ms. A's anxiety would again focus on the somatic, which appeared to function as a signal anxiety against the threat of loss of narcissistic plenitude and perfection (Stolorow 1975, 1977, 1979). This narcissistic fragility, as well as the idealization to which she often resorted, may be viewed as a defense against object-instinctual investments—i.e., as a defense against object-instinctual conflicts mobilized by the transferential relationship (Lachmann and Stolorow 1976).

And so there were periods of time in Ms. A's analysis when the somatic seemed to work as an obstacle in the transferential relationship, or to have arisen as retribution for an interpretive comment that she had experienced as painful—as if she had to punish me through her own somatic pain, or as if she herself had to be punished for the thing she had discovered or realized. During these periods, somatic complaints were the only way of expressing a protest within the transferential relationship; they were the sole means with which to express the negative transference that had been latent for some time. Somatic complaints,

hypochondriacal symptoms, and the overall state of her health not only came to the fore, but also prevailed for several weeks at a time.

What eventually succeeded the somatic pains was a general concern for her own health, after which Ms. A thought—without, however, being convinced of it—that she might suffer from one or more specific physical diseases, some of which were extremely rare and dangerous. So she ended up visiting doctors and undergoing numerous diagnostic tests, from gastroscopy and colonoscopy to gynecological tests, blood tests, urine cultures, etc. On the other hand, as long as the transference was overall positive—and even idealized, as it was in the beginning—it appeared to protect me, through her somatic manifestations, from negative feelings that through projection could make her feel that I was rejecting her, that she was “not enough,” as she would often put it. The same mechanism allowed her for some time to keep me exempt from her attacks and destructiveness, unscathed but also “idealized”—in other words, to preserve me as a narcissistic double akin to her dead twin sister.

I will point out here that the dimension of projective identifications and other early defense mechanisms was sometimes particularly influential in this case in that it brought difficulties with respect to both the technical management of the case and the countertransference. This was especially so when the transference of the rule-obeying, “good child” was present for a long period of time in order to mask Ms. A’s negative and aggressive feelings toward me. In the maternal transference, the somatic manifestations were an appeal to an omnipotent maternal object, calling out for the repair of maternal deficits of care and investment in the infant body. But most of all, these manifestations sought out a relationship that would be corporeal, adhesive, inseparable. In the paternal aspect of transference, somatic complaints appealed to a father who would cease to be indifferent vis-à-vis the patient’s body and its manifestations.

When Ms. A managed to more openly express a more negative emotional attitude, starting in the second year of the analysis and occurring again in the third, the somatic symptoms subsided for some time before reappearing once more—this time in accusations against the analysis and the analyst for not having satisfied her expectations. This suggests that the question of hypochondriacal grievances is extremely complex and falls within a cycle of repetitions—each time (and even within the same

patient) displaying different qualitative characteristics, and possibly different meanings. Ms. A's somatic discomforts appeared from the outset to form part of a framework of protest, according to which "others were unable to understand" her, but also, by means of these symptoms, she seemed to systematically avoid having intercourse with her sexual partners, thus excluding in fantasy the man/father so as to remain alone in an indissoluble unity with the mother—i.e., with a twin-self once more. Besides, many doctors of various specialties were already monitoring the patient when she came to me: gastroenterologists, gynecologists, general practitioners, nutritionists, and homeopathic doctors. This can only in part be deemed a sort of lateral transference since the concept of containing seems to be here the most appropriate (containing, that is, that came from many diverse medical specialties)—confirming, perhaps, that through her somatic protestations, Ms. A was once more looking for a primary relationship with the maternal object of early bodily care (Stathopoulos 2012).

Moreover, it was soon borne out that her somatic discomforts could take on attributes according to which her body and her physical pain functioned as a defense with which to keep the sexual object at a safe distance—that is to say, a defense against anxieties of penetration and/or intrusion, both stemming from the alterity of the object. Somatic manifestations seemed to keep the object at a distance, but also contributed to keeping her far away from an emotional bond, which for her would have been equivalent to a kind of dependence. Every time regression led her to an intense transference, what came up was fear and, at the same time, a desire for independence from the transference object. Hence Nissen's (2000) observation about typical symptoms observed in hypochondriacs held true in Ms. A's case: "This symptom affords protection from feelings of dependence in the here and now of the transference and may die away again once it has performed its distancing function" (p. 652).

However, apart from this dimension, what was discerned with relative ease was that through the somatic, Ms. A held on to a body-to-body relationship with the preoedipal maternal imago, without excluding a homosexual request directed to the female maternal body. This came to light during the second year of analysis through dream materials and

the emergence of relevant reminiscences from her childhood and early adolescence. The initially idealized maternal transference was gradually succeeded by a more ambivalent paternal transference, that of a father who stood detached and indifferent toward the somatic symptoms that had tormented her since childhood. During that period, she also attempted to improve her relationship with her father in the real field—a relationship that, without being bad, had been ruptured from the post-adolescent period onward. Simultaneously, the role of her mother (who, incidentally, was described as sickly) in her life was called into question and placed at a distance, until at last there was a new balance such that her mother gradually ceased to be felt as intrusive and adhesive.

During the analytic work, Ms. A also embarked on a bag-designing course, thus fulfilling a teenage dream that she felt she had been deprived of by parental ideals. However, the course itself and the teenage dream suggest the wish to be able to psychically represent the inside of female genitalia, something she had been trying to do through painful and annoying somatic manifestations in the genital area of the body, and ultimately through medical care and continual gynecological tests and checkups. Her relationships with men now gradually improved, and she could begin to look forward to motherhood without idealizing it as much as she had at the beginning of the analysis, and therefore without being daunted by it.

Despite the relatively quick recession of initial symptoms, which “convinced the patient of the efficacy” of the analysis, hypochondriacal preoccupation with her body and somatic complaints continued throughout the entirety of the analysis, each time the material mobilized anxieties of disfigurement, mutation, and alteration. I believe that hypochondria allowed Ms. A in fantasy to resist but also to defend against these anxieties (Fédida 2002); in addition to her body, they pertained to her psyche (the “piece,” as she frequently called it) and in particular to her fear that, through transference and because of the analysis, she would “lose a part of my identity” (for instance, her religious faith or her tendency toward acting out, which she was gradually able to limit to a great extent and could even retrospectively offer interpretations about).

It appears that through a fall from a significant height that Ms. A sustained at the age of five, when she had to be hospitalized for some

time and also had to see her face disfigured in the mirror, these anxieties found a fixation point early in her life and, as a result, formed an outlet for regression, as well as an entrance and a gate-crossing point leading to external reality. That is to say, the libidinal stasis in each of the affected bodily organs came to suggest deficiencies of the primary maternal object that had left her unprotected, and at the same time, in a systematic manner, came to eroticize the various body parts. The unconscious, fantasized correlation between the face (specifically the mouth) and the vagina—which was reflected through similar somatic symptoms in both areas (bodily rashes)—defined, on the one hand, an identification with an ugly, disfigured monster that could not in any way act on the emotional bond with the oedipal father; while on the other hand, it incorporated the destiny of a problematic genital sexuality and a female identity that could be formed only in a fragmented way, such that she had no access to a coherent and integrated image of her female body.

And so in session Ms. A continued to talk about her “piece” for years—the psychic juxtaposing the physical and at the same time completing it, with the body at the service of the psyche and vice versa, and the patient experiencing herself as missing her “other half” (the dead twin), which was both lost to her and idealized. She “split” her body and bodily areas in a way akin to her splitting up of her many rich dreams, which could be interpreted as a defensive means of avoiding her conflation of sexuality with destructiveness. Through her hypochondriacal preoccupation with this or that body area (a concern, sometimes a worry, and finally an anxiety about, typically, the genital area, the anal and urethral cavities, and/or the face), she tried to keep her different body parts “divided,” separated.

This splitting mechanism also allowed Ms. A to refuse to fulfill “the destiny for which I was born, as my parents always told me”: that is, as her parents’ eldest child, she had been expected to marry and produce a child to make up for her father’s parents’ objections to his choice of spouse. In other words, Ms. A saw herself as having been born in order to unite two separate pieces, two families and two parents, who, like the areas of her body, would otherwise have to remain apart, two parts that could not link up with each other. Furthermore, in her infantile anamnesis, we can witness the entire spectrum of primal fantasies (seduction

by an adult, mainly the father; castration as a girl who was not desired by her paternal family and who was frequently operated on). It became apparent through the content of dreams that, for some time, analytic sessions were experienced as the fantasized equivalent of coitus or of a surgical operation; both these representatives of primal fantasies of seduction and castration represented a significant threat in that they caused her to risk remaining “open” to her early traumas (in the form of castration and other facial and bodily wounds).

Furthermore, the lying-down position on the couch revived Ms. A’s memory of lying next to her mother while in an ambulance on the way to the hospital after her accident at age five. Lying in a pool of blood, she had had a feeling of suffocation and asphyxiation, she remembered, and in the transference relationship, these key feelings were revived: shortness of breath (the “dyspnea”) and the attempt to ask her mother (and now the analyst) to “help her lie on her side, to breathe better”—that is to say, in a fetal position (which perhaps signaled the emergence of the primal fantasy of a return to the maternal uterus).

As an adult, when in the course of her work Ms. A had to come to the aid of car accident victims, which she invariably did with valor and care, deep down, she recurrently attempted to save the injured, traumatized, blood-covered child whom she herself once was—according to Ferenczi’s (1931) ideas, mentioned earlier—which in a way also represented bringing her dead twin back to life. The “hemorrhage” about which she talked (whether this related to the surgeries she had undergone, the accident she had at the age of five, or accident victims she encountered) corresponded first and foremost to a narcissistic hemorrhage, which hypochondriacal anxiety implies and hypochondriacal symptoms attempt to stop.

Sufficient time was needed for a gradual sense of safety to take root deep inside the patient, which allowed her to come to sessions without thinking about what her analyst would think of her, since for a while she had projected her own harsh and sadistic superego into him. This also allowed her not to be so preoccupied about meeting the analyst’s expectations (her fantasies of which were informed by the idealizing transference). Finally, the hypochondriacal preoccupation with her body, the lack of trust in it, and the feeling of being betrayed by it—which, as men-

tioned, caused her to visit doctors repeatedly to undergo medical tests (albeit less frequently than at the beginning of the analysis)—seemed to constitute a defense against the emergence of terrifying experiences of early helplessness (Fain 1990) and separation.

CONCLUDING COMMENTS

Over the course of the analysis, Ms. A gradually managed to think about her physical symptoms and to trust the object-body more. Her analysis brought to the surface the defensive nature of hypochondria, as well as the transition from a field where the perceptive and sensorial dimension of the body was initially predominant, to another one, where a more qualitative level of mental functioning takes place, which includes and at the same time enables a more cohesive representation of the body.

I believe, therefore, that the case of Ms. A illustrates a number of the points I have attempted to present in this paper. Among other things, it highlights the degree to which hypochondriacal preoccupations with the body can be involved in the realm of transference, thus shedding light on significant aspects of the transferential and countertransferential scene as well as on the patient's personal story.

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THE STUDY AND TREATMENT OF MOTHERS AND INFANTS, THEN AND NOW: MELANIE KLEIN'S "NOTES ON BABY" IN A CONTEMPORARY PSYCHOANALYTIC CONTEXT

BY JOSEPH AGUAYO AND BJÖRN SALOMONSSON

This paper draws on Melanie Klein's (unpublished) observational notes of her infant grandson, written primarily in 1938 and 1939. Apart from moving glimpses into a young family's life, the notes contain astute observations of an infant's behavior and emotions. Compared with Klein's published writings, the style is less theoretical and polemical. Later, in his latency years, Klein's grandson was in analysis with Marion Milner, who in 1952 published a paper drawing on the treatment.

The present paper focuses on (1) how observations and treatment of the same child and his family by clinicians in close relationships with each other (Klein, Milner, and Winnicott) fertilized reciprocal influence but also brought into question the validity of Klein's observations, and (2) the relative merits and contributions of various modalities in understanding the infant's psyche, including experimental research, direct observation, parent–infant psychotherapy, and reconstructions from older patients—as occurs, for example, in psychoanalysis.

Keywords: Mother–infant relationship, Melanie Klein, infant observation, D. W. Winnicott, Kleinian theory, Marion Milner, infantile phantasy, guilt, affects, separation anxiety, language, family, latency.

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THE ORIGINS OF INTERACTIVE INFANT–MOTHER STUDIES IN BRITAIN

Although Melanie Klein (1932) had established her child analytic work at the Institute of Psycho-Analysis in London, it would be some years before the observational study of actual mother–infant dyads became part of the curriculum—first at the Tavistock Clinic in 1948, then at the British Institute in 1960 (Bick 1964). Prior to these direct studies of mother–infant dyads, conjectures about early infantile states of mind were deployed in the analyses of young children. One of us (Aguayo 2002) has previously called attention to the prehistory of this period, when analysts such as Klein and Winnicott began experimenting with actual observational studies of infants and their mothers.

In a manner similar to Freud, who in working with adult neurotic patients had posited the crucial role of an early childhood conflictual neurogenesis, Klein proposed infantile conflict as a key factor in the neurotic disturbances of both young children and adult patients. For instance, Klein (1935) had posited the *depressive position* as central for the infant in the first year of life, attributing theoretical importance to such crucial developmental milestones as weaning. She conceptualized mother's breast as the source of the infant's first pleasure and frustration. The infant was thus faced with a problem that she later (1957) named its *double relation to the breast*, which the infant had to cope with by means of very primitively developed mental capacities. The problem, however, was a paucity of data on what infants were like with their mothers. This lack contributed to what appeared to many analysts to be the far-fetched and speculative nature of her theories.

In the late 1930s, Klein (unpublished) began to remedy this deficiency by making careful observations of three of her own grandchildren as infants. Of particular interest is her observation of the eldest of these, a boy born on October 17, 1937. In contrast with her child analytic method, she observed the boy's developmental milestones and his maturation in early play and in interactions with family members. The differentiating feature of her direct observational method was that it revolved around the infant's unfolding behavior, rather than how it was retrospectively reconstructed.

Interestingly, Klein's notes contain no data on either breast-feeding or weaning. However, in a later publication (Klein 1952) that drew on material from the unpublished notes of 1938–1939 (Klein, unpublished), she wrote that her grandson ("Infant D" in the 1952 publication) had had some problems with breast-feeding, and that it was discontinued after the first few weeks of life: "There had been difficulties in breast-feeding almost from the beginning, since the mother's milk gave out, and when a few weeks old he was entirely changed over to bottle-feeding" (1952, p. 113).

During these years, from 1935 to 1939, Klein supervised Winnicott, who had recently qualified as a psychoanalyst at the British Society. A frank enthusiast for Klein's child analytic technique from 1935 to 1945, he followed her theoretical leads as reflected in the notions of the depressive position and manic defenses. It is quite likely that he also shared his considerable pediatric experiences with her. Perhaps as Winnicott learned more about analytic play technique, Klein, too, learned about the need for empirical and observational bases of what were in fact theoretical conjectures about the early mental life of infants. Thus, there was a relationship of reciprocal influence, one plainly in view by the time Winnicott wrote "The Observations of Infants in a Set Situation" (1941). Klein continued to show her interest in direct observations of infants by offering Winnicott critiques of the paper prior to its publication (Rodman 2004).

In that paper, Winnicott drew upon Klein's postulations about the early origins of a maternally driven superego. He did this by observing mother–infant dyads in a consulting situation in which he was the attending pediatrician. Here at last was the opportunity to provide empirical bases for Klein's hypotheses. An invariant interview method was carried out with mothers and infants from five to thirteen months of age. With the infant in mother's lap, Winnicott sat behind a desk on which a spatula was placed. The observation revolved around how the infant related to this new object. Was he able to approach and handle it, or was he shy and hesitant, turning to his mother for approval?

Winnicott linked the so-called hesitation anxiety of those infants who were fearful of approaching the spatula to early superego manifestations, which could be either self-generated or a reaction to parental

disapproval (Aguayo 2002). According to him—and here he was very close to Klein's thinking—there was now evidence that infants could be tormented by primitive guilt and that they tended to expect mother to be disapproving. In a broader perspective, he thus supported Klein's contention that infants are "minded."

Klein's interest grew and was stimulated further by Winnicott's innovative empirical research with mother–infant dyads, which seemed to be a natural way to test her hypotheses about infant mental life. At this point in Klein's theorizing about infancy, the youngest child she had treated up to that point was Rita, age two and three-quarters (Klein 1932). She would thus have been quite interested in observing infants and toddlers directly to find evidence for the viability of her theories regarding a child's phantasies about the mother's body. For this reason, the opportunity to observe her baby grandson must have ignited her interest.

A SURVEY OF KLEIN'S OBSERVATIONS

A contemporary psychoanalyst who conducts parent–infant therapy can observe mother–infant interactions directly and collect intuitions about the baby's internal world. Klein, in contrast, worked with older children and adults, on whose verbal comments and play she based her interpretations and theories of infant mental life. But in observing her grandson, she had a double advantage: she could monitor him both in solitude and in interaction with his parents. We will see how she exploited this unique situation—and what factors may have jeopardized her efforts.

Metapsychological terms are scarce in this personal document authored by a loving grandmother who nevertheless maintains an analytic eye in observing the boy, his father (Klein's youngest son), and his mother. It contains warm and evocative details of the baby's everyday life and emotions, such as love, longing, rage, jealousy, dishonesty, etc. This gives the reader a sense of "I know this boy."

It is remarkable that Klein's grandmotherly fondness does not distract her from conceptualizing his internal world soberly and objectively. Nevertheless, we discern some blind spots in her report, as will be suggested later in this paper. The style differs from that of her published

papers, in which metapsychological concepts are sometimes stacked on top of each other, in our view, with little room for the reader to reflect or to take a personal stand. Thus, when her grandson was born in October 1937, Klein's publications already revealed her long-standing habit of formulating stark theoretical positions on infantile mental life. By contrast, her observations of her grandson and his family were intended neither for publication nor for collegial discussions.

AFFECTS AND PHANTASY CONTENT

The material from the boy's first four months is presented less systematically than the ensuing observations. During the period that followed, the notes do not cover the boy's assumed phantasy content but center around his behavior and affects. For example, he is reported to recognize faces at six weeks and to look for specific people at nine weeks. Affects are noted from the age of three months; Klein lists his facial affective expressions at this age, though only in retrospect: "distress, contentment, laughter, anger" (unpublished, p. 8). She notes that he has toys that he gets angry with, takes pleasure in, and uses to comfort himself.

Some of Klein's observations appear to foreshadow Winnicott's (1953) notion of the transitional object. She notes, for example, that when the four-month-old is going to sleep, "he often cries, it is difficult to say why. But it seems that the toy replaces the company and gives him comfort" (p. 4). At five months, he displays other behaviors aimed at reducing his frustration, she observes: scratching, caressing mother, and tapping people. He also shows what she describes as the first signs of love for his teddy bear at six months.

A pertinent question is why Klein is otherwise silent on the boy's affects and phantasies during his first half year. We might consider three possible reasons for this: her ongoing theoretical development, her personal involvement with the boy, and the particular setting in which she made these observations. Almost ten years later, she was to publish a work that delineated the infant's phantasy life from birth onward (Klein 1946). There she would focus on precisely that period about which she had been relatively silent in observing her grandson—that is, the period when paranoid-schizoid anxieties are dominant. At the time that she ob-

served the boy, such concepts were unavailable to her. Winnicott (1941), in contrast, had already begun theorizing on this period.

Today we can utilize Klein's 1946 concepts and speculate that the three-month-old baby's anger with a toy stemmed from projective identifications. He experienced the toy as replete with his own anger and bad self, as well as with its ensuing vengeful wishes toward him. Also, his bedtime crying at four months might have been due to schizophrenic anxieties resulting from such attacks on internal objects and a consequent sense of desertion.

Klein's personal involvement with her grandson might be another reason for her silence on his earliest phantasies. The portrait of her son, the boy's father, is rather vague, whereas one senses her sometime vexation with his mother's low mood and possible tendency to pamper the boy. One intuits the struggle of a grandmother who has her own views about the boy's upbringing but who cautions herself not to meddle in the young family's relationships. The mother is clearly influenced by her mother-in-law's thinking, as when she states that her son seems to work out aggression on his toys. Despite this evidence of Klein's impact on the family's thinking, Klein can hardly have felt that she had the parents' unambiguous or unreserved approval of her studied observations of their son.

According to Rustin (2014), an infant observer should offer the family a "friendly, non-intrusive, interested presence" while being "aware of the thoughts and feelings around her without being swayed by them into intervening" (p. 99). This task is very taxing because the observer learns, "sometimes in shocking and surprising ways" (p. 100), about her unconscious preconceptions and memories of her own family life. Such factors must have even more intensely impacted a grandmother who was taking notes on her grandson toward whom she also felt some concern. As if this obstacle were not enough, there were various other intricacies in the close-knit relationships among family members and patient-analyst pairs.

To illustrate the closeness of these relationships, we might point out that the boy's father was in analysis with Winnicott, who was Klein's supervisee and colleague, and with whom she was developing theories

about the infant's mental life. Winnicott's (1962) critical questioning of her theories appeared only later. These observations were thus written by and dealt with people who were entangled with one another in multifarious ways. This must have constricted Klein's freedom of thought and ability to observe objectively.

To exemplify Klein's challenges in making unbiased observations, we point to her notes' paucity of data on breast-feeding. This is certainly a striking omission for a theorist like Klein, but it may be that she did not want to disturb the intimacy between her grandson and daughter-in-law in a feeding situation that, furthermore, was a difficult one.

Our final explanation of the initial scarcity of speculations is simply Klein's lack of experience in parent-infant observation. We recall that, in contrast to Winnicott, she was not accustomed to dealing with infants in a clinical setting. To summarize, in the beginning of her grandson's life, Klein was a cautious observer in regard to both her own behavior and her conclusions. This would soon change.

SEPARATION ANXIETY, LOSS, AND DESTRUCTIVENESS

When the boy is somewhat older, Klein begins to more clearly describe her notions about his phantasy world. One such theme is separation. Eighteen months old, he is left by the parents for an Easter vacation journey. He becomes distressed, falls, and cries, and begins to eat voraciously. Klein interprets his behavior as indicating his preoccupation with questions such as whether it is his fault that the parents are gone, if he may take out his anger on the nurse—if she can put up with it—or if he is a bad boy who deserves to feel guilty. In Klein's interpretation, his separation anxiety appears to be caused less by the loss per se and more by the destructive phantasies that ensue as a reaction to it.

Shortly after the parents' vacation, the imminent war forces the family to be evacuated from London. This aggravates the separation pain, since the 1½-year-old boy's father must now be away from home for several days at a time, and mother is working as well.

In one moving observation, the boy has been told, at around the time of the parents' vacation, that he must not pick flowers. Standing with his grandmother, Klein, at a flower bed at home, he obeys and merely scratches some earth into the water. The landlady witnesses the scene and wants to laud him for being a good boy. She picks some flowers herself and hands them to him, but he becomes horrified, avoids touching the forbidden flowers, and wants to put them back into the earth. On another occasion, his uncle is playing with him. The boy scratches him and the uncle pretends to cry, whereupon the boy cries inconsolably for hours. In Klein's view, these incidents reflect how easily the boy's guilt is awakened. It is as if he were thinking that every mishap is his fault, whether it is a crying uncle, a flower being picked, or a toy that is broken.

Klein's interpretation of these scenes tell us something important about her views on the dynamics of separation reactions—that is, that they are not driven merely by loss and anguish at the parents' coming and going. If a discussant of today were to claim that the boy reacted as he did because his attachment relationships were being repeatedly ruptured, Klein would probably have taken a different position. She might have contended that if we want to fully understand his ailment, we must also take into account his destructive wishes and ensuing guilt. Granted, the observations reveal that he missed his parents and especially his father, to whom he was strongly attached. But Klein also guessed that he wished to injure them. This reflects an important theme that will reappear later (Klein 1946). The destructive and hated part of the self is split off and projected onto the loved object. The child feels this to be a danger to this loved object, and therefore the sequence gives rise to guilt.

Klein draws this conclusion after the boy plays with some flower pots. According to Klein, the biggest one, which he puts on top of the others, represents the father. When some pots get broken, she interprets this as a wish to injure the father. She reaches a similar conclusion when he knocks down a tower of bricks. These examples show Klein's acuity in intuiting the boy's affects, though we get the impression that her claims about their ideational content exemplify a habit of attributing to a child

the kind of phantasies that her theory suggests he is bound to have. In other words, a problem in validating her speculations emerges—a theme we will return to later in this paper.

Klein assumes that her grandson has a rather advanced knowledge of intercourse and the making of babies. She bases this on previous theories (Klein 1932), whereas again, it is difficult to discern the observations on which such theories rest. This applies to the flower pot game and to his play with two little tables, in which he puts one on top of the other. He then places the two tables side by side, but with the top of one overlapping the other. Klein interprets the underlying phantasy as his wish to keep the parents together, with the father first on top of the mother, as in intercourse, and then the two parents standing arm in arm. Another example can be seen in the episode with a lady who wants to dissuade him from throwing stones at people on the beach. She shows him some “teeny-weeny stones” and he responds by saying, “teeny-weeny babies” (Klein, unpublished). He then starts throwing them into the ocean. Klein understands this as an intercourse scene, with the sea representing the mother, big stones the father, and small stones the babies.

In our view, Klein’s interpretations of her grandson’s phantasies about intercourse and procreation sound like ready-mades, which one either accepts or waits to form an opinion about until further empirical material is provided. We do not demand “exact data” for validation, since we agree with Klein (1961) that it would result in a “pseudo-scientific approach, because the workings of the unconscious mind, and the response of the psycho-analyst to them, cannot be submitted to measurement nor classified into rigid categories” (p. 12). Instead, we refer to empirical material gleaned from continuing analytic work and reported in a way that allows the reader to follow up how an interpretation is received by the patient and how he responds to it. Needless to say, such a project would have been impossible to pursue given the framework of Klein’s observations.

The grandson’s separation anxiety slowly recedes, which Klein attributes to several factors: the advent of sphincter control, his increasing mastery of language, and an ability to recruit his parents as good objects. When he is about one and a half years old, he accepts using the

potty. Klein connects this with her observation that he has now begun to show less concern, unhappiness, and guilt about things that get broken. Defecating in the potty seems to have become a way of releasing anger and receiving praise for being a good boy. This diminishes his guilt over having damaged toys and things and, at bottom—as is so often the case in Klein's thinking—the parental objects.

The boy's increasing linguistic capacities clearly helped him tackle separation anxiety. At only eighteen months of age, he fell into a wordless state of anxiety, sadness, and anger when his parents departed for their Easter vacation. At twenty-six months old, he repeated, as his father was leaving for work in London, "Daddy Lunnon"; like a magic formula, these words diminished his anxiety.

The idea that words can help one come to grips with anxiety is an important tenet in child analysis, especially in the Anna Freud tradition (Katan 1961). For example, Balkányi (1964) emphasized the importance of the child's use of linguistic understanding and expression in working through trauma. This idea is also brought out in the Kleinian tradition (Isaacs 1948).

Finally, as for the young boy's recruitment of his loved ones as good objects, Klein's unpublished notes abound with such descriptions. If one may doubt Klein's speculations about his sexual phantasies, one can hardly question her descriptions of his insistent efforts at bringing his parents together in various games. But as always, love is fraught with ambivalence. After Christmas, the father must return to London. His son, fully two years old, misses him badly, which, according to Klein, is due to both love and guilt. In consequence, he wants to be carried around, he trips and falls, becomes passive, and cries at bedtime. His mother acknowledges to her mother-in-law that she is depressed due to her husband's absence and adds that this has had a bad effect on her son. Klein notes that the mother reported her son "cried in such a heartbreaking way, that she took him into her bed at night" (unpublished, p. 95b). This passage brings us to the matter of how external and internal objects impact each other, as reported in Klein's notes. Further on, it will lead us to a general discussion of the relation between empirical observation and psychoanalytic models of infant psychology.

OBSERVATIONS OF FAMILY INTERACTIONS AND SPECULATIONS ABOUT THEIR IMPACT ON THE BABY

At the beginning of 1940, when Klein's grandson is two years old, his mother relates to Klein that her depressive mood, linked to missing her husband, negatively influences the child. *En passant*, in discussing the mother's present problems with "accepting his difficulties," Klein mentions that, once again, she shows "the fear which she had when he was a baby and cried more, that she spoils him through giving in. It is quite clear that her less patient attitude worries him and increases his difficulties" (unpublished, pp. 99-100).

This is a rare occasion when Klein comments on how family interactions might impact the boy. It is perhaps the clearest indication that Klein takes note of the influence of the adult's emotions and behaviors on the child. This is in line with her view that "actual conflicts between parents or people who play an important part in the child's life (such as nurse, maid, or teacher) cause much anxiety in children at any age" (Klein 1961, pp. 52, 76). Consequently, she says that we need to analyze "the interaction of internal and external situations" (p. 105). In our theoretical discussion, we will investigate to what extent her publications actually contain analyses of such interactions.

KLEIN'S GRANDSON IN CHILD ANALYSIS A DECADE LATER

Contemporary psychoanalysts have a unique opportunity to follow up on the subsequent development of the grandson whom Klein so closely observed, something of a rarity in our analytic literature that is still dominated by reconstructed accounts of early mental life. In 1952, Marion Milner published a paper containing vignettes of her analysis of a boy aged eleven. According to Milner's biographer, Emma Letley (2014), this boy was Klein's eldest grandson; Klein also supervised Milner on this case.

Milner's paper's theoretical topic is symbolism. Milner agrees with Klein (1930) that an essential motivation for creating symbols is the

child's fear of his aggressive wish to intrude into the external object—notably, the mother's body. Instead, he transfers his “interest to less attacked and so less frightening substitutes” (Milner 1952, p. 181) and creates symbols.

Milner also emphasizes another ground for symbolism, namely, that a child is driven by “the internal necessity for inner organization, pattern, coherence, the basic need to discover identity in difference without which experience becomes chaos” (p. 182). This kind of symbolism issues from what Fenichel (1946) called *prelogical thinking*. Here the symbol is “an integral or original form of expression. A word itself may be a symbol in this sense, and language a system of symbols” (Milner 1952, p. 183). Milner, in line with Winnicott, defends the necessity of illusion when the child searches for a substitute for the dreaded object. In this view, symbolization is a creative and even an artistic activity.

We wish to connect Milner's analytic vignettes with Klein's infant observations and draw conclusions concerning the child's problems in latency. He was referred to Milner due to a loss of interest in schoolwork, which he had earlier liked a lot. At the time of her vignettes, he is sometimes even refusing to go to school. His play contains many scenes of warfare and bombing between two villages. Milner at first interprets in the Kleinian tradition; she writes that, unconsciously, doing schoolwork implies entering the mother's body, which on the one hand is demanded by “the schoolmaster-father figure but [on the other hand is] forbidden under threat of castration by the sexual rival father” (1952, p. 186). This is tantamount to using symbolism in terms of “a defence, and [to] say that because the school had become the symbol of the forbidden mother's body this was then a bar to progress” (p. 186)—a classical Kleinian interpretation.

But Milner also intuits that the boy has “difficulties in establishing the relation to external reality as such” (p. 186). Unconsciously, doing schoolwork implies suffering the orders of an external world that imposes on him to learn what each symbol should symbolize. Milner links the boy's sense of “the unmitigated not-me-ness of his school life” (p. 187) to the infantile situation, including his father's recruitment to war, the birth of his younger brother, and the loss of a beloved woolly rabbit toy. The sense of union to which a small child is entitled was thus dis-

rupted by these losses. As a result, "subjective unreality and objective reality" cannot fuse harmoniously, and the boy is unable to "allow illusions about what he is seeing to occur" (p. 190).

Milner indicates that this breach relates to his infantile history. She is inspired by an 1839 poem by Thomas Campbell, "The Parrot" (Ingpen 1903), which the boy brings to a session one day. In the poem, a beautiful bird must bid adieu to his homeland in Spain and arrives in a "heathery land and misty sky" (p. 232). His wings grow gray and his voice turns silent, until one day a Spaniard arrives and speaks to him in Spanish. "The bird in Spanish speech replied/Flapped round the cage with joyous speech/Dropped down and died" (p. 232).

Milner links the boy's fascination with the poem with what his parents reported to her about his feeding difficulties in infancy. His mother had too little milk, and the nurse did not give the supplementary food in time, so he was in great distress—as he is now when he has to wait for an analytic session with Milner to begin. This "environmental thwarting in the feeding situation" confronted him with his "separate identity too soon or too continually," and the illusion of union was experienced as "catastrophic chaos rather than cosmic bliss" (1952, p. 192).

Thus, after having first interpreted in a traditional Kleinian trajectory, Milner here emphasizes the influence of the environment. She is now in line with notions submitted by Winnicott (1953) and Bowlby (1951, 1958, 1969), who emphasized the theoretical importance of a total environmental provision and the promotion of a secure attachment. In Milner's view, a healthy symbolic capacity can develop only if the child tolerates the difference between "oneness" and "twoness" (Milner 1952, p. 192). For this to come about, the environment must allow the child "a recurrent partial return to the feeling of being one . . . by . . . providing a framed space and time and a pliable medium" (p. 192). Therefore, it is essential to study the conditions in an environment that might facilitate or interfere with a person's critical experience of fusion.

As Milner speaks of the boy's family environment, she assures the reader that his mother was "very good" (1952, p. 187), and that he had "in general a very good home and been much loved" (p. 191). Similar to our cautionary remarks on Klein's familial involvement with her observational object, a related bias in Milner's case can be identified. She was in

supervision with Klein, whose grandson she was now treating and whose son, the boy's father, had been analyzed by Milner's analyst, Winnicott, who had been supervised by Klein. In parallel with Klein, Milner was in a vulnerable position in needing to maintain a sober analytic stance.

As outsiders two generations later, however, the present authors are less prone to bias based on such relations. We believe Milner downplays a probable nonfacilitating aspect of her young patient's environment, namely, that some signs indicate his mother might have been depressed at times during his infancy. Granted, Milner mentions his early feeding problems, just as Klein (1952) does, but she seems to underestimate the extent to which the boy might have felt that he did not have a good enough mother and at times felt unloved.

Some passages in Milner's and Klein's texts point to distress in the mother-child relationship. We have already mentioned the mother's report to her mother-in-law, Klein, of her depression due to her husband's absence, along with her belief that this negatively affected her son. Furthermore, Klein described the mother's impatient attitude toward the baby's crying and her fear that she would spoil him through giving in. Klein suggests that these factors increased the boy's difficulties. According to Milner, when the parents sought analysis for their son at age eleven, they claimed that there had been feeding difficulties from the start. All in all, we find indications that the mother-infant and mother-toddler relationship was not all sunny.

In our reading, the poem about the parrot that the boy brought to his analyst is a parable of a baby's response to discord between mother and child. The bird lives in a primeval mother-tongue paradise but becomes caged early on and must escape. He arrives in a faraway and forbidding land, where he lapses into silence. In our interpretation, the poem caught the boy's imagination because, unconsciously, it reminded him of his distressing infantile relationship with his mother. One might naively assume that when the Spaniard in the poem addresses the bird in his mother tongue, the bird would rejoice and become well again; but it is too late and he drops dead—either the shock is too much for him, or he is overcome by painful recollections of a vanished Eden.

Perhaps this section of the poem illustrates the breakdown in the boy's symbolization. School has demanded, as it does of every child, that

he abandon his “mother tongue”—that he forgo the erudition he has already acquired and acquire new knowledge. But the boy cannot give up yearning for paradise lost, and therefore school becomes infernal. It is true, as Milner (1952) suggests on a more Kleinian note, that school has come to represent “the destroyed mother’s body, so that it had indeed become a desert” (p. 185). But this destructiveness cannot be viewed in isolation. We must also consider the quality of the mother–infant relationship that lay beneath the environmental thwarting in the feeding situation. Milner mentions this factor but seems to shy away from giving it full weight.

MOTHER–INFANT INTERACTION: ITS STATUS IN KLEIN’S THEORY

Earlier, we hinted at a problem with Klein’s suggestions about the ideation underlying her grandson’s affects and phantasies—a problem, that is, in accepting her attribution of phantasies to a child that her theory suggests he is bound to have. We will now return to this validation challenge: how is one to take a definitive position on a theory of infantile mental life, whether submitted by Klein or by another analyst, that is based on reconstructions of material from older patients? Isn’t there a risk that such theories adultomorphize the object of study (Fonagy 1996; Peterfreund 1978; Stern 1985)? And couldn’t one criticize our connecting the boy’s school problems to a hypothesized disturbance in the mother–infant relationship (Zeanah 2009) for the same reason: that such a connection is based on lofty speculations? These questions force us to take a detour.

We have quoted Klein’s (1961) statement that actual conflicts between adults can cause the child anxiety. That being said, we wish to emphasize that her main conceptualizations of pathology focused on what went on in the child’s “interior”—that is, what the child internally made of his actual experiences. For example, she writes that “the polarity between the life-instincts and the death-instincts is already coming out in these phenomena of early infancy [feeding problems]” (Klein 1932, p. 180).

In contrast, her descriptions of how family interactions impact internal objects often occur in a shorthand fashion. For instance, problems

with food may arise due to “adverse feeding conditions, whereas difficulties in sucking can sometimes be mitigated by the mother’s love and patience” (Klein 1952, p. 96). In a footnote, she adds that “the impact of the environment is of major importance at every stage of the child’s development” (p. 96). Similarly, she states that a child’s “monstrous and phantastic images of his parents” (Klein 1933, p. 250) result from his projections of aggressive instincts onto the parents and ensuing vengeful attacks, whereas a notion based more on reality perception is exiled to a footnote: “The infant has, incidentally, some real grounds for fearing its mother, since it becomes growingly aware that she has the power to grant or withhold the gratification of its needs” (p. 250).

Klein does not clarify how a mother exerts such power. We speculate that a mother may unconsciously withhold gratification, to which the infant may react with bewilderment, depression, rage, etc., to which the mother might reciprocate with vengefulness and narcissistic hurt. If such a negative circle becomes cemented, we enter the domain of mother–infant relationship disorders.

The scantiness of Klein’s descriptions of mother–baby interactions does not imply that she denies the mother’s influence on her baby. The mother’s love and understanding is the baby’s “greatest stand-by in overcoming states of disintegration and anxieties of a psychotic nature” (Klein 1946, p. 10). A decade earlier (Klein 1937), she described the unconscious roots of maternity in terms of reparation and guilt, love, hate, and a mother’s relationship with her own mother. Some mothers exploit “the relationship with the baby for the gratification of their own desires” (p. 318). Others put themselves in the child’s place; they look at the situation “from his point of view” (p. 318) and use their wisdom “in guiding the child in the most helpful way” (p. 319). Yet we are not told how this is played out in the mother–infant interaction.

An essential question is why Klein downplayed the mother’s impact and provided no model of how it works in interaction with the baby. Winnicott (1962) wrote that Klein “claimed to have paid full attention to the environmental factor, but it is my opinion that she was temperamentally incapable of this” (p. 177). Leaving the issue of temperamental influences aside, we would like to refine Winnicott’s argument. The problem with Klein’s sidestepping of the “environmental factor” is not that she was taciturn about it, a point also noted by Van Buren (1993); rather,

she did not have a terminology to cover the interactions among external objects and how they impact on the participants' internal worlds.

It is true that Klein does use the term *circle* in discussing objects (Klein 1933, p. 251; 1934, p. 259; 1937, p. 340; 1945, p. 392). One might infer that she was referring to an interactive circle, but her term actually refers to the traffic of internal objects. She provides no solid theory of how mother and child interact and influence one another, consciously and unconsciously, or of how these interactions might impact the development of the internal worlds of both participants. In our view, such a theory would need to be anchored not only in reconstructions that evolve in psychoanalytic treatments with verbal children or adults, but also in empirically observed mother–baby interactions. We heed the objection that such observations are not identical to hermeneutical interpretations of a person's internal world (Green 2000), and we also agree with Klein that psychoanalysis does not deal with “exact data” (1961, p. 12). On the other hand, she herself made conscientious observations of her grandson, so she must have thought that they added to her psychoanalytic understanding—a point we certainly agree with.

Bowlby (1958) addressed the necessity of collecting empirical data if one is to understand infant mental life. He was critical of the “discrepancy between formulations springing direct from empirical observations and those made in the course of abstract discussion”—so common among analysts with “first-hand experience of infancy” (p. 354), among which he mentioned Klein. After his own supervisory experience with Klein in the late 1930s, Bowlby's critique of Kleinian theory became adamant due to its “lack of scientific rigour” and its “emphasis on the role of unconscious phantasy in the aetiology of neurotic and psychotic symptoms at the expense of environmental factors, especially in relation to clinical issues of separation and loss” (Renn 2010, p. 146).

This reaction contributed to the development of attachment theory and a research tradition based on empirical observations. Analysts have taken different positions on this tradition, ranging from critical (Zepf 2006) to positive (Fonagy 2001). Seligman (1999) is one analyst who suggests that we should rely more on the data of infant observation. He assures us that this reliance need not yield simplistic explanations once we recall that “the processes by which ‘actual’ events become internalized as stable elements of the psyche remain very complex” (p. 133). In

our view, the risk of reductionism is equal whether conclusions rely on observations or on reconstructive speculations. Our suggestion aimed at diminishing—but not annihilating—this risk is to combine various empirical methods, as will be argued in what follows.

Klein seemed to have had an ambiguous relation to direct observation as an instrument for validating her theories. The case of her grandson indicates that she was quite open and unprejudiced as to how everyday events influenced him. It is precisely these observations that make her text moving, lively, and credible. On the other hand, the *Controversial Discussions* (King and Steiner 1991) show that she had a strong agenda to promote her own theories; naturally, such a position can dim one's observations.

Another obstacle to unbiased observation is the narcissism with which one invests "one's own" theory. In Klein's case, it seems that if she herself did not author an innovation, she found it hard to accept (Aguayo and Regeczkey 2016). In contrast, when observing her grandson and writing down her notes, she was far away from theoretical controversies; she could relax and simply jot down what she saw going on in the family.

GAPS IN THE JIGSAW PUZZLE

If we want to build a psychoanalytic theory that describes the infant's internal world and how it is constructed in interaction with primary objects, we must grapple with the problem just outlined: i.e., the inevitable reductionism inherent in any method that we rely on, be it observational or based on reconstructive speculations. To this list of "myopic" methods, we should add infant observation, parent–infant psychotherapy, and adult and child psychoanalysis. This last method, from Freud onward, has generated reconstructions indispensable for intuiting infantile experience and deriving psychoanalytic metapsychology. Yet the distance between empirical data (for example, a patient's present separation anxiety) and reconstruction (linking this fear with abandonment during infancy) will always remain large.

For its part, experimental infant research draws on behavioral observations to yield rich and sophisticated data. Yet this methodology remains mute with respect to the unconscious of either infant or parent—which, as Green (2000) claims, can only be studied when a person utilizes his

own unconscious to intuit that of the other, as happens between analyst and analysand.

Are we then trapped between either leaning on infant research, empirically exact but superficial in its coverage of internal experience, or on psychoanalytic reconstructions that are subjective but devoid of empirical data gleaned from actual infants? Green (2000) states that infant research examines only observable behavior. Stern (1985, 2000) refutes this when he claims that there is a “non-psychodynamic beginning of life in the sense that the infant’s experience is not the product of reality-altering conflict resolution” (1985, p. 255). This statement extends beyond observable behavior; it postulates what is going on in the baby’s internal life. Of course, this runs completely counter not only to Kleinian theory, but also to Freudian theory, which posits drive activity from the dawn of an infant’s life.

Seligman seeks to integrate infant research findings and psychoanalytic theory in its Kleinian version. The former have taught us that infant and parent are continuously “monitoring, influencing, and determining each other’s behavior and meaning” (1999, p. 133). He recommends that we start in this tradition by observing the details of such interactions and then return to Kleinian concepts, “rather than starting from the concepts and trying to push the observations into them” (p. 132).

Furthermore, Seligman retains the concept of the instinct, which he claims can be reached via direct observation of interactions “at the most basic psychophysical levels: affects; kinesthetic, proprioceptive, and other bodily experiences” (p. 144). However, *instinct*, as Freud coined the term,¹ is a concept “on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind” (1915, pp. 121-122). This implies that one cannot observe an instinct/drive but only interpret it with an instrument that also takes into account the analyst’s instinctual life—that is, his emotional reactions that can sometimes result in countertransference interference. Thus, Seligman’s effort to mount a psychoanalytic theory on an empiricist platform seems as little—or as much—valid as one that relies on a hermeneutics built merely on the subjective experiences of the interpreter.

¹ We are using this inexact translation of *Trieb* (drive) whenever a cited author does so.

One easily finds other examples of researchers and analysts who unwarily traverse the gap between observation and experience. Beebe and Lachmann (2014) report on elegant experiments by Meltzoff and Moore (1997) that demonstrate the young infant's imitations of, for example, tongue protrusion. These observations of behavior are incontrovertible. However, we do not think they prove that "the infant's perception of these correspondences provides the infant with a fundamental relatedness between self and other" (Beebe and Lachmann 2014, p. 26). Similarly, we caution against construing mind as "expectancies of procedurally organized action sequences" (p. 26) that spring from such instances of imitation. We certainly believe infants have minds and that parent-infant psychotherapy must proceed from this assumption. But the therapist is aware that she speculates when she deduces from the baby's behavior that he is sad, distressed, or annoyed, and she must be prepared to develop or dismantle such conjectures if they later prove to be inappropriate.

In our view, behavioral research cannot prove what the baby's drive looks like or how he experiences the internal world with its conscious and unconscious continents. A reviewer of an earlier version of this article noted that experiences cannot be observed except by oneself; we agree, and we add that they can be suggested by a mother to her baby or by an analyst to a patient: e.g., "Perhaps you feel sad now." Or they can be noted in a research protocol: "Baby shows signs of sadness." These examples illustrate that subjective experience and interaction with others are intertwined. The comments by the mother, the analyst, and the researcher reflect assumptions, not empirical facts, about the other's internal world. Accordingly, Stern's (1985) authoritative statement about a non-psychodynamic beginning of life prior to the entrance of psychic conflict is as easy to refute as Klein's proclamations about drive conflicts within the baby.

Must we then give up the project of anchoring psychoanalytic theories of the infant's internal world, by Klein or any other author, in empirical observations? We think not—provided that one combines methods. Objective observation belongs to the tasks of infant researchers. They have discovered, with astounding acuity, signs of emotions and cognition in babies that were unknown until a few decades ago—such as, for example: babies' emotional reactivity (Tronick et al. 1978), their partici-

pation in protoconversational communication (Aitken and Trevarthen 1997), imitation tendency (Meltzoff and Moore 1997), and sensitivity to mother's sensual attributes (DeCasper and Fifer 1980; Delaunay-El Allam et al. 2010) as well as to her depression (Field 2010).

Psychoanalytic therapists can contribute via infant observation and parent–infant psychotherapy. The former method can be used to make assumptions about “the states of mind and feeling which permeate and shape the relationships of babies and their caregivers, and which also give rise to experiences ‘in feeling’ in observers and others within the infant’s environment” (Rustin 2006, p. 39). Yet infant observation is neither a *via regia* to the baby’s internal world nor an instrument for doing research, but “an adjunct to the teaching of psycho-analysis and child therapy” (Bick 1964, p. 558).

As for parent–infant therapists, they have integrated clinical observations, infant research, and theoretical development (Anzieu-Premmureur 2017; Baradon et al. 2005; Cramer 1998; Daws 1989; Emanuel 2011; Espasa and Alcorn 2004; Fraiberg 1980; Golse 2006; Haag 1991; Keren 2011; Lebovici, Barriguete, and Salinas 2002; Lieberman and Van Horn 2008; Norman 2001; Salomonsson 2014). Their reports indicate that a parent’s distress can negatively impact the baby, and that the baby also takes part in developing the relationship disorder. Still, they rely heavily on countertransference (as do therapists working with adults), which we know is a highly subjective and ambiguous method of confirmation. And when it comes to forming an opinion about a baby’s innate temperament, the results are just as much subject to guesses as the opinion of a grandmother who says, “Her dad was the same when he was born.”

Freud submitted several intuitions about a baby’s mental life: the tendency to regard the object as hostile in states of frustration (1895), the initial hallucination of satisfaction when hungry (1900), sexual arousal in interactions with mother (1905), the prolonged impact of his initial helplessness (1925–1926), etc. Yet none of these was substantiated by infant research, a discipline nonexistent at the time. We see these intuitions as pieces in a jigsaw puzzle that Freud sought to bring together into a coherent theory. Other analysts added their experiences with adult and child patients to enlarge theory and bring the pieces closer together. Then infant research, infant observation, and parent–infant therapy arrived on the scene to study real babies.

If all these modes today have made the jigsaw pieces come closer together and caused the picture to become more complete, the gaps between the pieces are still visible. In our view, cracks will always remain due to the nature of our object of study: the individual experience of an infant interacting with primary objects.

CONCLUSIONS

The recently discovered notes by Klein (unpublished) on her baby grandson, together with Milner's (1952) description of her ensuing analysis of him during latency, provide a rich source of interactional data from infant observation and a later child analysis. Klein's observations give unique insight into her empathy, love, and acuity; she obviously felt that they confirmed many of her theories. We agree in part but submit a reservation concerning some of her notions about the baby's ideations. We also point to inherent problems with the validity of observations made by someone who was so emotionally involved with the study object.

This brings us to a second focus: the problem of how to validate notions about infant mental life and how to ascertain which observational methods are trustworthy. In Klein's lifetime, analysts had to rely on experiences with adult and child patients. Today the available methods also include infant research, infant observation, and parent–infant psychotherapy. Every method is needed and has advantages and drawbacks, but none can claim supremacy or omniscience regarding what goes on in a baby's mind. Yet by applying several methods to a case, one can get a richer picture of the “inside” of a baby. We have argued that such a picture will never be complete, smooth, and free of contradictions but will invariably contain inconsistencies, gaps, and disagreements.

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AFFECT, SYMPTOM, FANTASY, DREAM: CLINICAL AND THEORETICAL CONSIDERATIONS

BY EUGENE J. MAHON

A symptom being studied in the process of analysis can be seen as not unlike the unconscious affect it sprang from. The author presents a case in which a symptom, premature ejaculation, was analogous to the unconscious affect of guilt, which itself seemed to be a premature defensive transformation of a deeper current of anger. Guilt was interpreted as if it were a psychic premature ejaculation, a defensive derailment of anger. Fantasy and dream seemed to be engaged in similar transformations, with a fantasy of “premature incarceration” not unlike the symptom itself in its analogous functioning. Analysis of affect, symptom, fantasy, and dream in complex, integrative analytic process led not only to resolution of the symptom itself, but also to a deeper understanding of the mind’s complex functioning in general.

Keywords: Affect, dreams, character traits, symptoms, analytic process, guilt, unconscious processes, fantasy, maturity/prematurity, regression, premature ejaculation, free association, transference-countertransference.

INTRODUCTION

Recently, an analysand’s symptom of premature ejaculation and the unconscious sense of guilt at the root of it suggested an analogy: wasn’t the

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affect of unconscious guilt itself a kind of premature psychic ejaculation, an unconscious derailment of a more mature affective moral functioning? The almost obligatory nature of such guilt, its dramatization in the analysand's fantasies of "premature incarceration" (going to jail for imagined crimes), seemed symptomatic, irrational, and reflexive rather than reasoned or reflective. The analysand's dreams, not surprisingly, dealt with similar issues, albeit much more elaborately disguised.

It was not until analytic process allowed a maturity of affective and cognitive experience to assert itself that such "prematurities" could be considered and rendered unnecessary. It was by bringing affect, symptom, fantasy, and dream into a more integrated, conscious understanding of their complex interrelatedness that their premature, secretive, divisive, regressive tendencies could be dispelled—or at least relatively so. I will try to illustrate this argument clinically.

CLINICAL CASE

Sebastian (let us call him) was a 60-year-old, married architect whose career had developed international recognition since he first began as a struggling artist with fresh ideas but little initial financial success. He returned to analysis after having completed a very productive analytic self-investigation twenty years earlier. Both parents had died recently, within a few months of each other; subsequently, he developed premature ejaculation. Sebastian connected this symptom with his recent double loss and wanted to explore whatever hidden unconscious mischief lay at the root of it. The issues of the prior analytic work were all remarkably fresh and accessible to consciousness, and the analysis seemed more like resuming a project than beginning anew.

Sebastian was the elder of two siblings. His younger brother did not have the elder's intellectual brilliance and, consequently, struggled financially throughout his life, thereby gaining much more attention from the parents than the more successful sibling. This theme of bias and selective recognition had been one of the main motifs of the prior analysis, with Sebastian bemoaning the fact that weakness was recognized and affirmed more than competence, ambition, and strength.

There had been a decidedly superstitious streak in the parental philosophy, it seemed—as if too much success or ambition should not be

promoted since it might awaken rivalry or retaliation in the envious. “Pride cometh before a fall” was one of the parental platitudes that packed inhibitory power, given its constant iteration during Sebastian’s youth. If the weaker sibling lapped it up, Sebastian grew to hate it. In fact, his character seemed to be a corrective reaction to parental superstition rather than an embrace of it—at least consciously. In terms of his unconscious, he came to recognize how much he had identified with the very principles of excessive caution and timidity that he railed against. Repudiation of these unwelcome identifications with parental overprotection of helplessness and undervaluation of power and aggressive competence had been intensely worked through in years of prior analytic process.

Consequently, the return of the repressed in the new symptom of premature ejaculation embarrassed Sebastian, confounded him, and enraged him. Some of the rage was directed openly at the analyst, whose “analytic architecture,” as he mockingly referred to it, was not as sturdy as the concrete architectural structures the analyst built and bet his reputation on. Most of the rage was more genetic in origin, of course. His father, a most successful musical conductor, had turned down international opportunities because of his need to tend to his wife and his mother-in-law’s phobic adaptation. The mother-in-law had taken up permanent residence in the family home, cramping the style of all family members.

It was clear that Sebastian’s mother had never negotiated a mature, adaptive separation from dependence on her own mother. It was equally clear that Sebastian’s father felt powerless to do anything about this compromising arrangement. He would jokingly complain that the “dick” he inherited from his own father was simply not up to the task; what made matters worse, from a developmental point of view, was that the father believed such castration anxiety was hereditary rather than neurotic, a theme of predestination “oblige” that enraged Sebastian, even if the rest of the family seemed to thrive on the masochism inherent in it.

In the earlier work of analysis, Sebastian’s reenactments of these familial, if not transgenerational, neurotic inheritances would baffle him until he fully understood their dynamic *raisons d’être*. After a major career success, he would always become concerned that some aspect of the

project he was being praised for might have some architectural flaws in it. The irrationality of these fantasies of self-sabotage was easier to expose once its magical properties seemed too ludicrous even for neurosis to sustain.

For instance, after a major international success, if he read in a newspaper that a distant colleague had been criticized for his venality or aesthetic crassness, Sebastian began to behave as if he, too, might be accused of aesthetic or financial wrongdoings. He began to realize that these “identifications” with distant, even anonymous sources were grounded in much earlier identifications with parental precepts, ones that he thought he had already repudiated analytically and therefore rid himself of.

Much of the prior analysis had been an investigation of these identifications, their essential coverup or transformation of anger felt toward the neurotic parental restraints. Gradually, he had become comfortable expressing his disgust with such parental coercive timidity, rejecting the neurotic, imagined retaliations provoked by the newfound courage of his convictions. If his father swallowed his aggression, so to speak—a character trait that led, ironically, to much oral inhibition and quasi-anorexic deprivations—his son prided himself on his cosmopolitan taste, not only in food but in fashion.

The new symptom of premature ejaculation seemed to be a mockery of all that the previous analysis had achieved. “My parents have invaded the bedroom,” Sebastian joked, but he knew that there was truth in his humorous self-mockery. The “parental invasion” was overdetermined: it was grief’s response to loss, to be sure, but it was also an aspect of the multiple strands of mourning that I am focusing attention on: the symptom of premature ejaculation. A series of dreams and their analysis were eventually the means with which the sinister code behind the symptom was cracked, so to speak, thereby returning the analysand to the former sexual competence and exuberance he had so cherished throughout his married life.

For Sebastian, dreams had always been a great staple of the analytic process. Even in moments of silence on the couch, he would report a “dream.” These phenomena were more conscious fantasy than dreams, but he associated to them with a further series of visual, almost oneiric

images that seemed to be the equivalent of his usual flow of dream associations. For instance, on one occasion in the midst of a session in which he had been asserting his bold, unique architectural vision as a contrast to the timidity of his colleagues and peers, he fell silent, and in the silence had a vision of five miniature Eiffel towers, each an exact replica of the original. What could that mean, he asked?

When I suggested that it seemed to be an undoing of the pride engendered by the assertive aesthetic vision he had just been espousing, he readily agreed, saying emphatically, "That's my father's voice, not my own." At this stage of analysis, he was aware, all too poignantly, that love had a kind of perverse loyalty that clung to parental phobia rather than exposing ludicrous "logic" as neurotic. He was aware that the recent deaths of both parents intimidated him—as if he were guilty, as if his individuation were responsible for the double demise. The five Eiffel towers seemed to suggest that nonindividuation could undo the unconscious aggression that had killed the parents—as if differentiation, as well as its unique aesthetic ambition, had hidden lethal components embedded in it.

This conflict about his individuated aesthetic vision had oedipal significance, which Sebastian became more and more comfortable expressing in the transference. For instance, if he saw a woman on the street close to the analyst's office, he imagined her to be the analyst's wife. With a little "prompting" from the analyst, he could imagine making out with her and ousting the analyst from the triangle. In such a context, he dreamt about a woman with a green blouse, which he believed was the same color as the blouse of a woman on the street whom he had imagined as the analyst's wife. He became aware that he was dreaming in color more frequently of late, and when the analyst suggested that he was trying to return sexual color to his life, rather than castrating himself with premature ejaculations, he agreed.

In a similar transferential context, Sebastian referred to a colleague's wife as rather plain looking; he could not imagine how anyone could marry her. When the analyst inquired about her deeper qualities—her character, etc.—the patient acknowledged that she was in fact charming, devoted, and altogether ideal. But he countered: "I heard censure in your comment. Keep your fucking prudishness to yourself!" Clearly, he

was allowing himself to challenge the analyst more directly and in the process was leaving no countertransferential stone unturned.

In the same combative vein, on leaving at the end of the session, he imagined going in a northerly direction to hook up with his beautiful wife, rather than commuting south to his office. As a parting shot, he chided the analyst: "Oh—you can go consort with the woman with character while I'm hanging out with my very sexy wife!" The humorous banter was surely an attempt to retrieve in transference what had been lost in the translation of intrapsychic "power" into the "weakness" of premature ejaculation.

In another elaborate dream, Sebastian seemed to grapple with the unconscious internalizations at the root of the appearance of the new symptom of premature ejaculation. The dream was graphic, dramatic, arresting, and even disturbing in its ghoulish imagery:

I am looking at a chariot in the sky. Not a chariot, really—a man riding a bicycle hitched to a horse, not unlike the image of a plough with a farmer behind it. Except this is a strange flying contraption—a plane of some kind, fueled by this bicycle-like engine. Then I see an old woman in a grave; her body is in the grave, all covered with clay, but her head is exposed—as if it were a bed and bedclothes, rather than a grave covered with earth. I am about to leave the woman in the earth to resume my sky-watching of the strange flying contraption, but guilt rouses me to pull the woman out of the grave and dance with her across the grass. As I dance, I lose sight of the plane, and I move the woman around forcefully, jerking her about so that I can dance but also follow the flight of the overhead plane. The woman is old, and I feel insensitive and crass for treating her as an object rather than as a sensitive human being in her own right.

Associations followed rapidly, anxiously: "The woman is my mother, except that I have assumed her narcissistic features. I am pushing her around in the way she manipulated the whole family according to her selfish needs. She could not individuate from her own narcissistic mother, and all the rest of us had to pay for it. But I feel guilty in the dream, an affect she seemed not to have felt at all."

Are some people emotionally deficient, he asked the analyst with caustic sarcasm—the barb aimed at analyst and mother alike. “It feels strange to dance with the dead in your dreams,” he added. “Is that a kind of dancing on the grave?” he asked. A long silence followed the rhetorical question.

In the next session, Sebastian returned to the analysis of the dream. “You let me finish on a silent note yesterday,” he began. “Some people are emotionally deficient, you mean,” I replied, picking up on the theme of the previous session. He laughed. “I was emotionally deficient myself,” he said—“dragging the old woman around so that I could get it up in the sky!”

It was clear that he had continued the analysis of the dream on his own, equating the fantastic flying machine with phallic ambition. “Not enough horsepower lately!” he laughed. “Too much guilt in the tank.” This seemed a crucial link that he was identifying between guilt and its transformation into psychic self-destruction, and I commented: “You’re letting guilt undo you rather than the other way around.” “I’m getting there,” he countered.

The next hour brought a new, arresting dream into focus. The hour had begun uncharacteristically. Usually, Sebastian would remove his jacket and place it carefully on the chair, with his eyeglasses perched securely and precisely on the folded jacket. Then he would lie down on the couch. This time, he tosses the jacket offhandedly onto the chair, and with great spontaneity asks the analyst what he had for lunch.

The analyst decided to respond: “Apple, kiwi, banana, yogurt, espresso.” “You’ll be hungry again by four o’clock,” he chuckles. “Were you surprised I answered you?” the analyst asks. “Yes—in fact, I was. Why on earth did you?” “You seemed unusually spontaneous and I decided to follow suit.”

The transference-countertransference implication of the back-and-forth dialogue begins to dawn on the analyst, and he says: “Your father would not have told you.” “No,” Sebastian agrees. “Food was a furtive, private affair for him. Pleasure had no place in it.”

After this brief and unusual preamble, he relates a dream he is eager to report: “I am climbing a staircase—one of those Escher jobs that lead

nowhere. Suddenly, I am at the top, where there are no more steps—only the abyss below.”

Of all the associations to this nightmarish dream, the most remarkable was his assertion that the dream imagery seemed like the structure of premature ejaculation itself: you climb a mounting tumescence of desire, only to lose control prematurely and fall into an abyss of flaccid penile paralysis. “An architectural image,” he scoffed self-mockingly.

It was at this point that the analyst ventured to offer an interpretation that he thought might link together the symptom and its deeper iteration in character. The analyst said: “Guilt is like premature ejaculation itself.” “How so?” Sebastian asked. The analyst explained that he thought sexual exuberance stirred up anxiety in the analysand’s mind, since an erect penis assertively claiming its phallic status was unconsciously equated with throwing parental timidity and censure out of his bedroom. Guilt was the voice of the parents in the bedroom, saying, “What about us?” Premature ejaculation was the neurotic compromise that appeased one generation by short-changing another.

The analytic process was more interactive than this narrative account suggests, and there was no doubt that this was collaboration rather than soliloquy. “This is guilt in action, you mean, rather than guilt understood and ditched,” Sebastian said.

Another dream continued this unconscious elaboration of phallic conflict and guilt and how best to repress or express it. Sebastian related the dream as follows:

A game of hockey is in progress. I admire a fine shot executed by a skilled player, even though he is on the opposing team. A coach, identified as the Attorney General, is demonstrating to me that in order to execute certain shots, you have to stoop “like a woman.” The scene shifts and instead of being on the field of play, I am observing the Attorney General and the action of the game through an open window.

Sebastian associated mostly to the concept of “stooping like a woman”—that is, to “stooping to conquer,” a reference to Goldsmith’s comedy *She Stoops to Conquer*, in which an aristocratic woman pretends to be a barmaid, the better to seduce her nervous lover. Sebastian sensed

that one of the unconscious wishes of the dream was to “score” by not assuming his fully erect status—another indirect reference to premature ejaculation, perhaps.

It took one more significant dream to enrich the analytic process enough to lead to the dissolution of the symptom:

A little girl is in a doctor’s office. The doctor’s walls are being scraped in preparation for painting. A thick encrustation is being scooped away so that the surface will be level. The doctor says to the little girl: “We have to get inside the blows.” I was very impressed with the doctor’s insight.

Most of the associations focused on the cryptic statement that “we have to get inside the blows.” Sebastian was intrigued by the wording and imagery. “I need to get inside my own aggression before it turns against me. How precise the dream language is,” he commented thoughtfully.

The analyst questioned why the powerful insight was assigned to the doctor (the analyst) in the dream, rather than being the property of the dreamer himself. With sly mischief, Sebastian pounced: “Oh, but you have taught me to recognize all elements and characters in a dream as reflections of the dreamer’s self. It is only an illusion that I have surrendered my insight to the doctor—I retrieve it for myself the moment I awaken.”

The analyst was pleased with the collaborative tone of this process, but he was nonetheless surprised when only a few days later, the analyst announced: “Sebastian had sexual intercourse.” When the analyst asked why this announcement was made in the third person, Sebastian exclaimed joyously, “Go fuck yourself!” It was clear that the analysis was on solid ground, with Escher’s faux architecture and threatening, guilt-driven abyss replaced by the sustaining architecture of well-thought-out, well-constructed insight. The symptom’s energies seemed to have been returned to the free-associative process, no longer needing to represent themselves somatically.

Sebastian did not expect his dreams to become devoid of tumult and anxiety. In fact, remembering his dreams and subjecting them to analysis had become an abiding and significant aspect of his psychology. Nor did he expect his fantasies to stop enriching his psychological life with their

magical, sometimes disturbing properties. The fantasy of “premature incarceration” continued to fascinate him. He could recognize it not only as a manifestation of guilty self-punishment, but also as an analytic challenge: the task was to repudiate the inappropriate chronicity of such dramatizations of guilt in the first place. Gradually, his fantasies became less alarming, more a subject of interest than concern.

DISCUSSION

In an early draft of this paper, I tried to focus almost exclusively on an analogy between the psychic mechanisms that trigger a symptom (premature ejaculation) and the psychic mechanisms that transform a robust affect—such as the poise of self-possessed ambition or aggression—into the more self-doubting affect of guilt. Such transformations are ubiquitous, of course, in a conflict model of the mind in which compromise is always juggling a complexity of affects, desires, anxiety, with the goal of steering adaptation toward the most heuristic outcome.

I thought I could convince the reader even further by using the analogy of vasovagal syncope, a symptom that is caused by electrophysiological firing of neurons in the nucleus solitarius of the medulla oblongata. I had the fantasy that just as electrical stimuli from the nucleus solitarius can cause syncope, excitations from a conflicted unconscious mind can transform an affect of anger into one of guilt. This analogy between neurochemical mechanisms and unconscious psychic mechanisms was not convincing, however, and simply did violence to the very clinical data I was attempting to elucidate.

In the current version of the paper, I decided to illustrate the analogy with clinical data alone, relying on analytic process to make the case. The wish “to make the case” has a countertransferential danger in it, obviously—compliant analysands being suggestible, especially when the analysand’s idealization of the analyst has not been sufficiently deconstructed. Countertransferential zeal can lead to deceptive collusion rather than useful collaborative insight. I have tried to be aware of such seductive theoretical pitfalls and not let them interfere with the flow of analytic process.

That said, the idea for this paper did originate in a notion in the analyst's mind: having listened with evenly hovering attention to Sebastian's fantasy of "premature incarceration" and his associations to the symptom of premature ejaculation, as well as to all the other free-associative material that characterizes lengthy analytic process, a theoretical idea formed itself in the analyst's mind. I imagined the symptom of premature ejaculation as analogous to the intrapsychic prematurity that can transform a robust affect of aggressive ambition into a more self-doubting affect of guilt, without revealing all the unconscious dynamic decisions that went into the metamorphosis.

As described in the clinical part of this paper, I communicated this idea to Sebastian. After initially being puzzled by the analogy, he subsequently began to use it, I believe, to further his analytic understandings of the process. Having introduced the idea, I belabored it no further; I was content to let it ferment, or not, in the subsequent process. But it does raise an interesting countertransferential question: is there a danger that the analyst's evenly hovering attention can be compromised if his own attachment to a creative idea becomes a personal *idée fixe* rather than a collaborative analytic enterprise?

The fundamental rule of psychoanalytic process suggests that a prolonged free-associative train of thought can unite consciousness and unconsciousness in a manner that makes possible a kind of psychological commerce between formerly inaccessible psychic regions. A symptom that at first seems alien and ego-dystonic can develop a "dialogue," so to speak, with dream, fantasy, character trait, screen memory in a way that initially might seem unlikely or even impossible. Nonetheless, a symptom, a screen memory, and a dream share elements of unconscious dynamic conflict that all three can initially process independently in their own unique ways (Battin and Mahon 2003). A kind of cooperative alliance can be imagined among the three as they search for the compromise that brokers the best deal, so to speak, as warring aspects of the mind square off, on the one hand, but seek peace and détente on the other.

In this paper, I have suggested something similar in describing a case in which symptom, fantasy, and dream struggled to express and repress the dynamic content of psychological conflict all at once. Commerce and

cooperation between the ego agencies that produce symptom, fantasy, and dream seem to be the *sine qua non* of complex analytic process. In fact, surely, it is this commerce between latent and manifest strata of the mind that eventually makes dissolution of symptoms possible.

When Sebastian returned to analysis, there was an implicit understanding that reimmersion in psychoanalytic process would “force” the symptom to “explain” itself, so to speak, as it entered into free-associative commerce with all the other defensive compartments and partitions of the mind in its totality. A symptom, in a sense, short-circuits the complex circuitry of the mind, arriving prematurely at an impulsive solution rather than a more thought-out one. In clinical terms, premature ejaculation dispenses with foreplay and the prolonged pleasure of a sustained penile erection. Instead of modulating excitement, the symptom “comes” quickly—bolting down its pleasure, so to speak, rather than savoring the sexual feast. Mutuality is a casualty of such impetuous gourmandise.

There was no single, dramatic interpretive moment that led to the “dissolution” of this patient’s symptom. We know that the ongoing free-associative work of analysis is constantly addressing the mind as a whole rather than focusing on any one detail (such as symptom removal). If a symptom is thought of as the tip of a complex iceberg, the free-associative energy generates a kind of psychodynamic, thermodynamic heat, figuratively speaking, that slowly dissolves the iceberg, tip and all, in its insistent momentum. In fact, in the case of Sebastian, it was when the symptom vanished that further reflection on the psychic matrix of guilt from which the symptom had emerged could be examined in even greater depth. The analyst’s introduction of the idea of neurotic guilt as a form of psychic premature ejaculation led to deeper exploration of the dynamics of unconscious guilt.

If “healthy” guilt is thought of as the affect that development of a mature grasp of moral accountability achieves, neurotic guilt could be thought of as moral accountability gone awry, completely co-opted by magical thinking and fantastic punishments. The neurotic is “a criminal from a sense of guilt” without having ever committed a crime. At the root of such internal, psychological self-accusing assessment lies a theory of aggression as crime, a crime that can only be expiated by assigning the aggression to a moral agency that takes the self as target. Sebastian’s

“premature incarceration” in fantasy interrupted the pleasure he might have felt in aggression modulated and filtered into acts of assertive self-possession, rather than into the “dispossessed” states of abject misery that he was flooded with by his fantasies of imprisonment. Whereas premature ejaculation interrupts and derails modulated, mature sexual functioning, a fantasy of premature incarceration compromises the mature functioning of the ego’s assertive, self-posessed executive agency itself.

Even though Sebastian’s character was a most stable entity—an amalgam of reliable qualities of integrity and moral decency, almost predictable in its courage and forthrightness—he nevertheless harbored deep-seated insecurities that could bushwhack the seemingly unassailable poise of his sense of self-possession and plague him with doubts about his safety and security. The symptom of premature ejaculation questioned his manhood; fantasies of premature incarceration made him question his sanity. Logic would assert itself to suggest that since he was nowhere in the vicinity of the crime, consciously, geographically, temporally, he could never be held accountable. But guilt by “association” took on new meanings for Sebastian: by analyzing the very concept of a crime, he became guilty by virtue of free association!

In other words, an unconscious sense of guilt ran like a deep reservoir beneath the impressively solid architecture of Sebastian’s character. On the surface, his character seemed to disavow any such underlying reservoir of guilt, but his fantasies and symptoms, more in touch with his affective life, told another story. This brings to mind those canals in Venice (*rio terra*) that have been transformed into paved pathways, the pedestrian not necessarily aware as he/she strolls along Venetian streets that what is being walked on was once water.

Either fantasy (of premature incarceration) or symptom (of premature ejaculation) might proceed with its neurotic agenda interminably if analytic process did not force it into a much more expansive and transparent dialogue with its counterpart and with all other psychic expressions as well (dreams, character traits, etc.). If every link in the long free-associative process of analysis could be articulated—rendered visible all at once, so to speak—psychic meaning in all its complexity would be elucidated.

I am aware that I have not been able to show every associative link of analytic process; I have tried instead to show analogous linkages among affects, symptoms, and dreams, thereby suggesting a totality rather than delivering it. In Sebastian's case, dream analysis was an important aspect of this free-associative process in general. The Escher staircase dream seemed to be a commentary on premature ejaculation itself and the anxiety at the root of it (danger of the abyss), the obvious manifest content reflecting deeper unconscious anxieties. The "chariot in the sky" dream also deepened the analytic discussion of the symptom, as if the patient's catering to his dead mother interfered with his "getting it up in the sky." If the symptom invited the parents into the bedroom to cramp his style, analytic process and dream analysis attempted to drive them out again.

Freud believed that there are always four people in the bedroom, from an unconscious point of view. In Sebastian's case, the patient was aware that the "invitation" he had unconsciously extended to his parents was an act of regression based on the guilt he felt about oedipal "triumph," especially in the wake of his double mourning. Slowly, Sebastian retrieved his autonomous power from the symptom that sought to diminish it. The connection between his sexual symptom and his grief was graphically illustrated in dreams; in fact, he came to realize that the symptom was an attempt to represent the sadness of mourning with a castration equivalent, as if his penis "at half staff," so to speak, was an external signal of all that was hidden within.

CONCLUSION

The emphasis in this paper has been on the transformation of an affect of anger and aggression into guilt and its consequent deviation away from its intended target back onto the self. But Sebastian's double mourning was a most significant affective experience, one that he was able to focus on once the symptom of premature ejaculation no longer claimed all the limelight. The dream of the little girl in the doctor's office seemed to refer to the analytic process almost too directly, too concretely: "scraping the encrustation from the wall" seemed analogous to the lifting of repression, and going "inside the blows"—as cryptic as it sounds—was seen by the analysand as a call to arms that would repossess

assertive power before guilt co-opted its energy for its own self-lacerating agenda. This was most significant, since insight into the nature of guilt's co-opting of aggression before it has a chance to possess itself, to express itself forthrightly, was what allowed the patient to undo his self-compromising symptom.

Sebastian was able to relish the "gift" that the dream work offered him in the concept of going "inside the blows." At first simply puzzled by the cryptic words, he later came to view them as one of the great keys that could help him unlock the mystery of his own masochistic tendencies. He came to realize that the blows referred to his own unconscious self-pummeling—an internal assault that he had the power to undo if he had the courage to investigate his own masochism and to venture deeply "inside the blows" that it inflicted on him so mercilessly, so chronically.

The dream of the Attorney General was full of ambiguity. Here an opponent's power was being praised. The Attorney General (superego) was suggesting that the assumption of a feminine stooping posture was necessary for the execution of certain hockey shots. If "stooping" was the dream's language for *symptomatic self-abasement* (sexual dysfunction), then the complex function of the dream work and the work of the superego in the symptomatic act of premature ejaculation were comparable. Both were unconscious strategies. The superego as a dream persona, the Attorney General, seems to suggest that by actually compromising oneself, one can engineer the necessary psychodynamic compromise formation that unconscious conflict requires for its resolution.

Lustman (1962) distilled from a child analysis some provocative ideas about the nature of character and symptom. His analysand, Wendy, had a character trait (bravery) and a symptom (excessive cleaning of her dolls). Lustman was impressed by "the striking degree of discharge and impulse gratification present in both symptom and character trait" (p. 234). He tried to quantify the defensive organization of the symptom as opposed to the character trait; reaction formation, reversal, and undoing seemed common to both.

However, rationalization as a defense seemed "much more clearly related to the possible development of a character trait" (p. 233). Wendy defended her character trait like a lawyer totally identified with her

client. When Lustman questioned her about her obsessive doll-cleaning, however, she fell silent, as if her lawyer had deserted her! Similarly, Sebastian was ashamed of his symptom, which seemed alien and unwelcome, but his characteristic habit of “premature incarceration” seemed justified until the irrational sense of guilt at its core was better understood.

In child analysis, the “distance” between character trait and symptom seems less delineated than in adult analysis. Sebastian’s character seemed mature, efficient, unimpeachable—except, perhaps, when fantasy revealed a chink in its armor. The sudden appearance of a fantasy of premature incarceration unveiled the less stable, less impenetrable fortress of defense that his character typically portrayed. But in general, Sebastian’s character was a well-integrated model of executive stability that masterfully concealed the genetic matrix of impulse and defense it sprang from.

In child analysis, as Lustman’s (1962) description of clinical process illustrates, symptom, defense, and character trait rub shoulders with each other in the commerce and traffic of the rugged playfulness that characterizes that therapeutic medium. In adult analysis, the same can be said only when, years into the tumult of transference neurosis and tempestuous clinical process, rigid boundaries melt; at that point, symptom, fantasy, dream, and character consort undifferentiatedly in the Midsummer-Night’s-Dream atmosphere that titrated regression makes possible. In that creative climate, one can dance with the dead, climb Escher stairs, straddle an abyss, and “go inside the blows” as regression lets the mind “stoop to conquer” the neurotic forces that attempt to dominate it. Symptom, defense, and dream—such seemingly disparate expressions of mental activity—join forces in that elective regression that analysis fosters and thrives on, to unlock the “mind-forg’d manacles” (Blake 1792, p. 107) of neurosis and set the mind and its developmental ambitions free again.

The analysis of Sebastian’s idealization of the analyst was a most important feature of the working-through process. Much of the analysis proceeded in the *unobjectionable part of the transference* (Stein 1981), a too-ready compliance with the statements of the analyst. In time, Sebastian was able to work on this seductive collusion. I want to focus on only

one aspect of this transference-countertransference matrix. When I suggested to Sebastian that premature ejaculation and guilt might be analogous, he at first seemed puzzled by the idea and asked quite genuinely, "What do you mean?" I made it clear that this was suggestion rather than dogma. But my comment did seem to bear fruit eventually, as free-associative linkages between fantasies of *premature incarceration* and *premature ejaculation* were subsequently referred to thoughtfully by him.

I was aware that his wish to be the "perfect" analysand, and thus to incorporate my ideas as sacred utterances rather than as collaborative forays into the complexities of his mind, was problematic unless identified and worked on. Having "lost" both parents, Sebastian idealized the analyst as part of a defensive desire not to "lose" his status in the "perfect" analyst's opinion of him. The idea that "straight talk"—a favorite expression of his—could lead to rejection and loss was as genetic as it was current, but the recognition of its genetic origins, over and over again in analytic process, gradually repudiated this character trait and made it more ego-dystonic.

The essential argument of this paper has been that if fantasy, affect, dream, symptom seem to divide up the contents of conflict, initially, as if "divide and conquer" were the main strategy of neurosis, "united we stand" would seem to be the insistent countervailing agenda of psychoanalytic process. The fundamental rule of free association attempts to enlist all psychic products in a dialogue between consciousness and unconsciousness that makes self-deception less secretive, less obligatory. The mind can never shed its defensiveness totally, but it can learn to identify its *detours* (Hartmann 1939), and even to sympathize with the need for the pit stops and side roads neurosis demands, and by such "indirections find directions out" (Shakespeare 1603, 2.1.63), so that in time the adaptive momentum of the developmental journey can reassert itself.

Prematurity develops patience. Maturity develops tolerance for its lapses and regressions. Premature "ejaculations of the mind" could be thought of as defensive, regressive reactions to stress and intense anxiety—absolute self-possession and mature sexual functioning of the mind not always being possible. If progression is one of the great goals of anal-

ysis, it is regression—the titrated, elective regression of psychoanalytic process—that makes such progress possible. “Where id was, there ego shall be” (Freud 1933, p. 80), at least most of the time. Ideological absolutism would be merely another symptom, a premature ejaculation of a too-authoritarian ego ideal.

It is not easy to identify and then dissect the psychological connective tissue that unites symptoms, dreams, affects, fantasies, character traits in the complexity of analytic process. Even the symptom of laughter, which could be thought of as a normal psychosomatic symptom of everyday life (Groopman 2017), is mysterious. Who could chart the pathways between humorous excitation and a consequent, sudden explosion of affect?

I have tried to show some of the free-associative, connecting pathways among many of the ingredients of complex analytic process. I have begun with an analogy between a symptom and a fantasy and then tried to include other facets of analytic process to suggest the complexity that runs like a *basso continuo* through the music of a symphonic analysis. The totality of an analytic process is vastly more complex than the psychodynamics of one peal of laughter, and if it is difficult to explicate all the intricacies of the latter, the former is bound to be ultimately more baffling. Perhaps I have attempted to scale an impossible peak. If I have not reached the summit, I hope I have at least identified some of the paths along the way.

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A COMPARATIVE LOOK AT INTERSUBJECTIVE AND OBJECT RELATIONAL APPROACHES TO CLINICAL MATERIAL

BY SIDNEY H. PHILLIPS

*The Search for a Relational Home: An Intersubjective View
of Therapeutic Action.* By Chris Jaenicke.
London/New York: Routledge, 2015. 100 pp.

Keywords: Intersubjectivity, analytic interaction, therapeutic action, relational analysis, analytic theory, Dale Boesky, Thomas Ogden.

This short book is a paean to the intersubjective school of psychoanalysis. The author, an analyst from Berlin, intends to describe “the nature of therapeutic action through a radicalized version of intersubjective systems theory” (front matter of the book) and draws heavily on Kohut, Stolorow, Atwood, Orange, and the Boston Change Process Study Groups to make his case.

Jaenicke’s thesis is that the two participants in analysis co-create an intersubjective field or system, and that “it is the system that is or isn’t healed, rather than what one monadic expert does or cannot do for a monadic patient” (p. 7). Failure and suffering, he notes reasonably, are basic parts of human subjectivity and therefore reside in analyst and patient alike. Jaenicke believes that analysis is a bi-directional encounter where the strengths and weaknesses of both analyst and patient “become entangled and are subsequently dealt with in the working-through pro-

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cess" (p. 2). He hastens to add that "the asymmetric setting is upheld and the focus of our work remains on our patients" (p. 2).

I was relieved that he mentioned this last point because, although he restates several times his commitment to the asymmetrical setting, the author's emphasis on—one might even say his vivid display of—his sense of his own vulnerability, inadequacy, and insecurity sometimes seems to belie that assertion. To his credit, he states that patients are not called upon to understand or be responsive to the analyst's pain; that is the analyst's job. And yet he often returns to his own pain and difficulty, he writes, as a way of reminding his readers of our own humanity, our tendency toward hubris in embracing the myth of the "healthy healer," and to suggest that these painful or frightening experiences may function as intersubjective signals of the co-created system that can assist the analyst in understanding what may be transpiring with the patient.

And here is where the book takes an unusual turn. Jaenicke insists on and graphically depicts the depth of his own psychopathology, ostensibly to align himself with his patients and to dispute the "healthy healer" myth. He opens the book with a description of his recurring dream in which he screams in rage but no sound emerges from his yelling. He associates his not being able to make himself heard in the dream to his writing another book. He acknowledges the uplifting effect of positive reactions to his earlier books, but then reports that these good feelings were quickly extinguished: "This was when I understood, finally, that the holes I have within me won't be filled" (p. 1). (I wondered if this is a cautionary tale to book reviewers . . . ?)

Later, the author refers to his "basic feelings of non-existence and terror." Soon after, he relates that, since his twenties (he later reports that he is now in his sixties), he has been "afflicted from time to time, seemingly inexplicably, with a feeling of bleeding out internally" (p. 4). Jaenicke adds that he feels extremely vulnerable and wishes to vanish. He understands this as a fantasy "in which escape comes at a price of annihilation, in an imagined identification with those who didn't see me, a union in nothingness" (p. 4). He wonders whether the antidote to this awful state "is not happiness, but a relational home for those of us whose despair takes the form of feeling invisible" (p. 4)—thus the origin of the

book's title. He comments that fairly late in life, he has "come to realize just how tortured most of my existence has felt" (p. 5). He continues:

After encounter groups, transactional analysis, Gestalt and body psychotherapy, a psychoanalytic training, a body psychotherapy training, and four analyses, I am not cured. I'm better, I'm different. I've achieved some measure of professional expertise. I've overcome fears in the sense that now I know how afraid I've been. I still feel small. [p. 2]

Jaenicke reports all this not in relation to a particular patient or clinical situation, but in the opening pages of his first chapter, "Basic Premises: Thoughts on Success, Failure, and Cure in Psychoanalysis." These heartfelt expressions come across as an unwitting *cris de coeur*, and they made me, at least, wonder whether similar unspoken cries of the heart also leak into his clinical work—not as intersubjective signals, but as pressures on the patient.

I think the intersubjective school has made a useful corrective in reminding us of the irreducible subjectivity of the analyst, so I looked forward to an in-depth discussion in the opening chapter on the basic premises of an intersubjective view of therapeutic action. I was disappointed. I found this chapter rambling in style and loose in its effort to explicate an intersubjective theory of therapeutic action. Jaenicke informs his readers that: "The first draft of this chapter more or less erupted onto the page" (p. 18). He describes how he wrote the book by maintaining "a position of passive attentiveness" (p. 18). He reports wanting to "write about cure" that "somehow involved the concept of failure" (p. 19). He adds, "I think the 'boys in the basement,' that is my unconscious, have finally let me in on the plan" (p. 19). (In passing, I wondered if there are any girls in Jaenicke's basement?)

He decided to write about the experience of being a therapist and "to describe the intersubjective field from within as experience-near and exactly as I am able" (p. 19). He continues: "If it then becomes possible to draw more experience-distant conclusions, all the better" (p. 19). It is ironic that Jaenicke cites Goldberg's (2012) excellent book on failed cases and is critical of it for doing the same thing: drawing experience-distant conclusions.

Isn't theory meant to offer explanation based on general principles independent of the thing one tries to explain, that is, independent of a *single* therapist or a *single* therapeutic dyad? Theory tries to explain observed phenomena (even subjectively observed) *across* therapists and *across* dyads. I did not feel Jaenicke achieved this level of abstraction in this chapter on basic premises. Basic premises *of theory*, right? But the closest he comes to explaining therapeutic action, for example, is his effort to "redefine our notions of cure," which he believes entails resolving "the way the analyst's idiosyncratic suffering intersects, becomes entangled and embroiled with the suffering of the patient" (p. 8).

Jaenicke thinks the patient-analyst system has to become "sick" in order for a cure to be pursued. Asymmetrically, he again adds, this means working toward cure of the patient, but he then emphasizes "understanding of the patterning and meaning of an individual's life cannot be found outside of a *joint realization* of *shared* human possibilities" (p. 8, emphasis mine). He writes: "If pathology arises in an intersubjective field—developmentally and in treatment—so does its cure" (p. 8). Then he comments: "Therapists did not invent suffering and we do not cure it. We alleviate it, no more, no less. From an experiential perspective, therapy is still the blind leading the blind" (p. 14). Jaenicke wavers between an idea that there *is* some difference between analysts and patients implicated in therapeutic action ("We [analysts] alleviate [our patients'] suffering") and that there *isn't* any difference ("blind leading the blind").

Despite his repeatedly mentioning the asymmetrical level of interaction between analyst and patient, the author acknowledges that it is at the bi-directional level where the explanation for therapeutic action resides:

Because it is suffering that binds us to, or at least reminds us of, our common humanity; and it is the interaction of suffering—on the bi-directional, as opposed to the asymmetric level of interaction—that opens one path to cure. [p. 14]

Paying attention to the suffering that analyst and patient have in common, he believes, reveals "the communality of our fate and the profoundly interdependent nature and value of being seen and understood"

(p. 14). Jaenicke believes that if we analysts can acknowledge our own suffering, insufficiency, core weaknesses, powerlessness, and eventual death, rather than denying them, then cure “for the patient is . . . understood as a measure of release from captivity” (p. 19). He asserts that analysts and patients are imprisoned by pathological accommodation to various forms of idealization. For example, one form of pathological accommodation includes idealization of psychoanalysis itself, manifested in a century of cultural transmission of the imperatives to know, predict, and cure. Once these pathological accommodations to primarily external, culturally mediated ideals have been recognized and acknowledged, the analyst is enabled to face painful experience with the patient. The author comments:

I cringe from the thought that I am implicated in everything my patient does and that this has far-reaching consequences for the therapeutic process. The realization that I react to everything a patient does has dawned on me like a sunrise that has taken three decades to rise. Whether I like it or not, I react. [p. 16]

Since Jaenicke does not include in this opening chapter an organized, coherent statement of an intersubjective approach, here is what I infer is his theory of therapeutic action. Through prior treatment and ongoing self-analysis, the analyst no longer has to deny his or her own suffering and vulnerability and is thereby more open to emotional experience within the dyad. Via this effort “to recognize and find one another through acknowledging [our common] suffering, . . . we may find ourselves released from the notion of cure, but at home and profoundly connected in our common humanity” (p. 19). For Jaenicke, it is this relational home where analyst and patient are connected through common suffering that helps the patient feel seen and recognized, and thus released from the prison of pathological accommodation to defensive idealizations and grandiosity forced on us by the sociocultural milieu and by past experiences.

Jaenicke refers to this approach as a “*radicalized* version of intersubjective systems theory” (front matter; my emphasis). I think what he means by *radicalized* is his emphasis on the pain of the analyst figuring so prominently in his conceptualization of therapeutic action. But what

struck me about this conceptualization is how little importance he places on the unconscious or on unconscious fantasy. For Jaenicke, the unconscious seems almost an afterthought: "I often find myself reminding others: 'Don't forget the unconscious,' like some kind of Freudian cuckoo clock" (p. 11). The negation in the "don't forget" reminder and its mechanical, repetitive nature seem telling.

In general, analysts are interested in the relevant structure of the unconscious fantasy that they intend to illuminate. There seem to be three competing theories in psychoanalysis today as to what constitutes unconscious fantasy: object relations theory, intersubjective theory (perhaps including interpersonal, relational, and self psychologies), and ego psychology. Freud, Klein, and Bion fall into the object relations school in believing that an unconscious fantasy is only properly exposed if a subject and an object are evidenced—namely, someone does something to someone else.¹

The intersubjectivists do not believe that is required; they simply look for two subjects. Perhaps they believe that the *object* in *object relations* is a ruse to obscure the basic fantasy, which is how the two subjects generate this phenomenon that appears to have an object. The fundamental interpretation is: how did we two subjects co-create that? And what is co-created is organized from the outside in, that is, from socioculturally mediated (including family) pressures external to the individual.

For ego psychology, there is primarily a single subject as the ground of the fantasy. The analyst looks for how the patient is doing something to him-/herself to protect from the emergence of an even worse version of the self. The analyst helps the patient see the way in which s/he manages those tension states, but analyst and patient are independent of one another.²

¹ I place Freud in the object relations school because of the importance he gave to the subject-object structure in unconscious fantasy, despite his descriptions of the nature and function of the ego. The ego psychology school largely developed and flourished after his death.

² These ideas about unconscious fantasies in relation to different schools of psychoanalysis have recently emerged in an ongoing course on Freud, Klein, and Bion taught by Donald Moss at Western New England Institute for Psychoanalysis, New Haven, Connecticut.

And yet even Stolorow, whom Jaenicke often cites, acknowledges something at least similar to unconscious fantasy in the context of an intersubjective system:

With regard to psychological development, my collaborators and I . . . proposed that the organization of the child's experience must be seen as a property of the child-caregiver system of mutual regulation and, further, that it is the recurring patterns of intersubjective transaction within the developmental system that result in the establishment of invariant principles and themes that unconsciously organize the child's subsequent experiences. [Stolorow 1997, pp. 339-340]

I regard such "recurring patterns . . . that result in the establishment of invariant principles and themes that unconsciously organize the child's subsequent experiences" as consistent with the description of an unconscious fantasy. I will return to the potential usefulness of object relations and unconscious fantasy in discussing Jaenicke's clinical material.

I agree with Boesky (2005) that analysts often talk past one another when addressing higher levels of abstraction, so in what follows, I will review in depth one of the two cases presented in this book as a way of focusing on the analyst's clinical inferences and the evidence he uses (and what he ignores) to arrive at them. Jaenicke does an excellent job of describing the patient's history and development prior to treatment.

Rafaela, an androgynous woman in her thirties when she first presents for analysis after the breakup of a three-year relationship with a woman, had a harrowing childhood of severe neglect and trauma. She had a lifelong feeling of being excluded and rejected, which she countered with flights into suicidal reveries.

Rafaela's parents both worked long hours, and her mother was an ardent believer in the East German, socialist-communist ideal. For the first year of her life, Rafaela stayed in a type of foster care five days a week, being picked up by her parents on Saturdays and returned to foster care Monday morning. Life in foster care consisted of limited human contact: three feedings per day and three diaper changes per day. This level of neglect is stunning and is reminiscent of the institutionalized infants in

Spitz's (1945) studies. Some institutional care continued even after she began to attend school.

Rafaela felt loved by her shy, joyless, moralistic father. She felt she could never please her ambitious, dominant, depressive mother. Both parents made her feel stupid, however much she excelled. Rafaela developed a stutter when she was eight years old, and at the same moment, she developed suicidal ideation and began to think she would rather be a boy.

The issue of Rafaela's gender became a battleground between her and her mother. The parents divorced when she was twelve years old, and her mother told her the divorce was Rafaela's fault. When she was seventeen, a young man entered her apartment and threatened to rape her at knife point. In spite of his punching her in the face and throwing her against a wall, she told him that she did not care whether she lived or died, but she would not allow him to rape her. She managed to get him to leave her apartment, but then a traumatic reaction set in. Her parents did not come to her aid immediately and even challenged whether her account of the event was really true.

For three years, she shut down; she was afraid of men, including her father, and felt it would be better if she were not alive. She tried to break out of her isolation by becoming part of an alternative scene—drinking beer, for instance, and going camping. She signed a petition against an official government policy. Rafaela wrote about this in her diary, which her mother read and then informed the Ministry of State Security, the Stasi, about the petition. Although Rafaela was able to deflect inquiries about herself and her friends in the interrogation, she found out that it was her mother who had reported her.

Rafaela stopped feeling anything. On her own, she trained herself to stop stuttering. At nineteen, she began to have panic attacks. She sought help but also made her first suicide attempt, from which her father rescued her. She felt increasing pressure from her mother to be a heterosexual woman, but her affairs with men were mostly unhappy; she had several longer relationships with women. She felt intimacy with these lovers, but her main difficulty was that she could not allow herself to feel happy. She would ruin good feelings with her partners by picking fights with them.

Rafaela moved out of the family home, finished high school, and got an academic degree. The author observed that a sense of annihilation surfaced at the end of her studies in her panic that no one would hire her. He summarized that the breakup with her girlfriend just before she initiated treatment, her questions about her sexual self, and the refusal of her prior therapist to discuss her thoughts of suicide (he had insisted on a no-suicide contract) pulled her into a downward spiral and drove her to seek analysis.

Rafaela told Jaenicke that her “fear of rejection was so great that in situations where she felt called upon to prove herself, she felt helpless and so withdrew” (p. 23). She recalled that her father had said she was “born dumb and would stay that way,” and her mother, “a failed academic, demanded intellectual brilliance and showed her disapproval with icy, silent stares” (p. 23). Jaenicke astutely formulates that Rafaela was “caught between an inner demand for perfection, an imperative to speak only of highly relevant topics, and the fear of failure”; he thought that speaking “was also accompanied by a fear that I would exploit any knowledge of her” (p. 23), and thus in the analysis she was often mute. He describes sessions as being like a frozen lake “so vast that the gray horizon of trees blurs with the white surface of ice” (p. 23).

Rafaela thought that the analyst lived in a land of hope and dreams, whereas she lived in despair and disappointment. She experienced Jaenicke’s efforts to bridge the gap as mocking her: “My interpretations were ‘soap-bubbles,’ ‘empty word-husks’ whose main purpose was to make me feel good about how understanding I was” (p. 23), he writes.

In later reflection on this period of their work, Jaenicke describes how helpless he felt in the face of Rafaela’s attacks:

My interventions seem crude, carried by wishful thinking. If I was truthful, she said, I would admit that I couldn’t help her. I remember the tightening of my stomach in [the] face of stretches of silence. I recall my fear that she could make her suicidal intentions come true. [p. 23]

I would have thought that object relations theory could add a new context to this clinical encounter. Do I discern triumph and superiority in Rafaela’s tone and in the way she treats her analyst? I pose it as a ques-

tion since I was not there in the room. This context opens the possibility of interpretively describing the object relation that is being lived out in the session ("Perhaps I detect some triumph in your voice as you assure me I'll never be able to help you?").

Jaenicke continues in his perplexity as he wonders: "Why were we so often at a loss for words? What locked her in speechlessness?" (p. 27). Here he turns to a concept from dynamic systems theory, an attractor state of a living system, and quotes Stolorow to explain:

Pathology persists . . . not because of fixed intrapsychic mechanisms operating within the isolated mind of the individual, but in consequence of relentlessly recurring, pathogenic patterns of early interaction—stable attractor states of the child caregiver system—whose structure is cooperatively reassembled . . . in the patient–analyst system . . . thereby exposing the patient repeatedly to threats of retraumatization. [Stolorow 1997, p. 342]

So Jaenicke thinks that his anxious need to help the patient became "coordinated with her fear of disappointing and being disappointed by me; we were locked in a rigid state and often fell silent" (p. 27). To me, that perceptive formulation should be the beginning of an interpretive effort rather than a post-hoc explanation of it. Isn't Rafaela's muteness in sessions an identification with her mother's "icy, silent stares" and thus a repetition with the analyst of the mother's despairing collapse and sadistic withdrawal?

Rafaela's school performance failed to alleviate the mother's sense of old, academic failure. In this way, the mother related to Rafaela as a narcissistic extension of herself and expected her daughter to help the mother regulate her self-esteem. When Rafaela's school performance was disappointing to—and thus threatened despairing collapse in—mother, the mother used sadistic triumph ("icy, silent stares") to buoy herself, that is, to feel superior to her daughter. All this seems to be unconsciously repeated in a sadomasochistic enactment between patient and analyst, with Rafaela's identifying with her mother and assigning to her analyst the role of Rafaela's childhood self. When Rafaela treats her analyst contemptuously and is icily silent in sessions, she reverses how awful her mother made her feel by now making her analyst squirm in a sense of helplessness and failure.

For all Jaenicke's singing the praises of a "radicalized version of intersubjective systems theory" (front matter), perhaps it isn't radical enough if this approach cannot discern these "relentlessly recurring, pathogenic patterns of early interaction" (Jaenicke's quotation of Stolorow on p. 27). He acknowledges that his transference interpretations "passed right by [Rafaela] . . . with a resounding but meaningless ring" (p. 28), but he does not give examples of them. He indicates that these interpretations provoked attacks by Rafaela, but he believes that "her reaction was partly due to the painful aspects of the perturbations in hitherto rigid attractor states" (p. 28).

If a rigid attractor state is a relentlessly recurring, pathogenic pattern of early mother-child interaction that is cooperatively reassembled in the analyst-patient system, then wouldn't this call for "shifts in the analyst's understanding and interpretive stance powerful enough to destabilize" (Stolorow 1997, p. 342) the rigid, attractor state? So if Jaenicke's transference interpretations provoked Rafaela's attacks and her feeling of being mocked, *that* would also be exemplary of a rigid, attractor state that requires the analyst's understanding and interpretation. Stolorow acknowledges the therapeutic impact of analyzing such disruptions.

Jaenicke writes that at the end of their second year of treatment, a crisis began. Rafaela tried to find work, and the ensuing frustrations left her feeling worthless, enraged, and eventually hopeless and suicidal. In a provocative suicide threat, she left her cat at Jaenicke's door, and Jaenicke ran after her. In a session that followed, he insisted that she promise not to kill herself or he would call psychiatric services to check on her. Rafaela became enraged and stayed in treatment long enough to detail for Jaenicke all the ways that he had failed her, and then she broke off the treatment. To my ear, this seems like an intensification of the earlier-mentioned sadomasochistic enactment that continued to go unrecognized and uninterpreted.

Eventually, Jaenicke recognizes that Rafaela's suicide threats and attempts resonated with his emotionally tenuous connection with his own mother, who died of cancer when he was a boy. In a poignant memory of visiting her hospital room, he recalled having felt so foggy that he could see only her hands. Though he never states this, it is implicit in the material that it may have been his unrecognized rage at his emotion-

ally unavailable mother, a role he unconsciously assigned to Rafaela, that prevented him from detecting his fury with his patient. His rage seems to have become disguised in masochistic submission to her provocations. I do not put forward this view of the situation as the truth, but merely as another possible context from which the clinical work may be viewed. The question of how to evaluate these different inferences is beyond the scope of this review, but I refer the reader to Boesky's (2005) brilliant elucidations on this topic.

I sometimes find the action-reaction mode of the intersubjective school (recall Jaenicke's "Whether I like it or not, I react," p. 16) and its emphasis on the dyad and dyadic systems a bit constraining. For the analyst to react to each and every affective expression of the patient with a corresponding memory of his or her own seems to maintain a dyadic relation with the patient that keeps the level of organization between them reactive and without thought. Thought cannot occur in a joined, dyadic relation, but only from the vantage point of a separate third, that is, from a third point from which the analyst views and reflects on the analyst-patient dyad. For Jaenicke, a "relational home" often seems to mean a joined-with-the-patient, dyadic space where the analyst "dwells"³ with the patient's pain, failure, and despair. I think this is what he means by his identification with those who did not see him and by a "union in nothingness" (p. 4), as cited earlier. *Identification* and *union* are words that describe the loss of boundaries between subject and object in a merged dyad.

Three weeks after breaking off her treatment, Rafaela resumed it. She and Jaenicke discussed the possibility of her entering a clinic. As a result, she had a psychiatric consultation, but decided against the clinic for fear of being stigmatized as an outsider. She made use of her self-help group and felt less isolated. Even so, the sitting-up therapy with Jaenicke rather soon ground to a halt. Jaenicke felt an acute sense of loneliness and isolation as he sat in the room with his mute patient. He then asked her if she wanted him to sit next to her and hold her hand. She said no. He writes: "I had felt desperately in need of breaking through her wall

³ Jaenicke emphasizes that in "emotional dwelling one does not only try to understand the other's experience from their viewpoint, but participates in the other's emotional pain by drawing on analogous experiences of one's own" (p. 76n).

of isolation and had run out of words to say, nor did I have the space to stay still" (pp. 44-45).

In the next hour, they discussed her refusal of his offer. During this discussion, she asked him to sit next to her and when he offered his hand, she took it briefly. Then she had a fantasy of hanging herself and hit her leg. Here is how Jaenicke explains what happened:

Once again she was desperately walled off and I was desperately trying to break through in a repeat of the attractor state described earlier. I felt impelled to try something new; to loosen the grip, I felt I needed a paradigm shift in our mode of contact. Asking her if she wanted to hold my hand was not enough to completely overcome her conviction that I was basically disinterested in her, but it did enable her to ask me to sit next to her in the following session. This, in turn, enabled me to have the courage to concretize my wish to reach her by literally offering my hand. We have replaced the traditional analytic stance of neutrality—whose fundamental purpose has always been to allow the patient the maximum amount of space to unfold—with the introspective-empathic stance of inquiry. [p. 45]

Notice the way this encounter begins. When Rafaela returns to treatment, Jaenicke suggests psychiatric consultation and a stay in a clinic, which she rejects. The sitting-up treatment, he tells us, then ground to a halt, and Jaenicke became mute in response to her being mute. Is this the beginning of a now-familiar enactment in this treatment? Are both analyst and patient unwittingly seething with each other—her for his wanting to send her away to a clinic as an “outsider,” and him for her rejecting his referral effort—and then expressing it by falling silent and withdrawing? For Rafaela, did this evoke being sent to foster care? As the two of them sit there—in icy, silent stares again—do hatred and resentment build?

Jaenicke tried to “overcome her conviction that I was disinterested in her”⁴ (p. 45) by presenting himself as a warm, caring figure, thus his asking her to hold his hand. It is as though he needs to refute her view of him as an archaic, emotionally inaccessible, hateful object by

⁴ I think Jaenicke meant *uninterested* rather than *disinterested*, but either way the adjective seems to massively understate the emotional urgency of the moment.

behaving in session like an idealized, caring one. What made Jaenicke decide against an interpretive approach? Other than his own desperation, he does not say. Would it have been possible to interpret verbally her view of him as someone she experiences as emotionally absent and even cruel in watching her suffer and failing to be helpful to her, rather than trying to convince her otherwise? Would her analyst's having been able to tolerate such a negative view of himself in the moment have been more effective in making emotional contact with her?

Given what Jaenicke has written about himself, it seems plausible that his not achieving meaningful contact with Rafaela may have put him in touch with old, unbearable feelings of being emotionally unable to reach his mother (recall that when he entered her hospital room, he felt so foggy he could see only her hands). The return of this old, perhaps nearly unbearable state may have left Jaenicke feeling that he did not have "the space to stay still" in the room with Rafaela. His "offer" to hold her hand seems more like a desperate request to prevent his own internal collapse, disguised as an effort to help her.

Here is a place where Jaenicke's *cris de coeur* that I mentioned earlier may have leaked into a session and applied pressure on the patient for succor. She then has a fantasy of hanging herself and hits her leg. Jaenicke describes this as her reacting against being worthy of connection to him. I wondered if her reaction was a guilty one upon seeing how her icy, silent retaliation had pushed her analyst to near-collapse, such that he needed to hold her hand—for his own needs, not hers. She may have experienced this as being with a narcissistic, self-absorbed, cruel mother/analyst with whom she had lost meaningful emotional contact. Here is how Jaenicke understands this episode: "One can describe what happened between us as an enactment. I prefer to describe it as 'concretized empathy' . . . arising from a matrix of relational moves" (p. 45).

This vignette reminds me of an article by Casement (1982),⁵ except that here the pressures for physical contact seem to spring from within the analyst. By calling this moment *concretized empathy*, Jaenicke seems to suggest that he was being empathic with the patient. Is it not possible

⁵ See also Boesky (2005), who discusses in detail the case presented in Casement's (1982) article.

that he offered to the patient what he himself intensely wanted from her? To me, the *concrete* reference suggests reaction over thought, as in a reactive, dyadic joining together to prevent emotional collapse.

Just after this, Rafaela asked to use the couch again so that she could “let herself into the process” (p. 46). Once on the couch, she felt more relaxed and under less pressure to speak. Jaenicke then said that she could “tell me anything that came to mind, even insignificant things”; Rafaela responded that “she believed I didn’t find anything she said interesting” (p. 46). The author comments:

And this is how it went in the following sessions; she took two steps forward, two steps back, then one step back, and sometimes no step back: to acknowledge the connectedness between us implied being a person who deserves being valued, which in turn meant feeling self-worth. [p. 46]

Jaenicke sees that this comment “backfired” (p. 46), but then adds: “Once again, one can see how no action or response, hers or mine, is unidirectional, and how positive intentions may have negative consequences and vice versa, and how unpredictably success and failure are entwined” (p. 46).

Here is another possible take on this interchange. Rafaela, now on the couch, said that she felt less pressured to speak. Then, in effect, the analyst pressured her to do just that. She replied that she did not think he found what she said interesting, perhaps because he had not listened to or attended to what she had just said. In that moment, did Jaenicke fear her going silent again and their losing emotional contact as a result? Thus, his speaking the fundamental rule of free association (in the third year of analysis!) *seems* like an offer: “Yes, say whatever you want.” But it may have been yet another desperate request: “Say something, anything, no matter how trivial—just don’t leave me alone in silence.”

If this is a repetitive, sadomasochistic enactment in which the patient tortures the analyst with her mute withdrawal, to which the analyst reacts by desperately insisting on their “connectedness,” then the analyst is merely fueling the next round of attack and counterattack. I am unsure that it matters if we call it an *attractor state* or a *sadomasochistic enactment*; if the analyst cannot find a way to interrupt the cycle, either

by transference interpretation or by ceasing the behavior that fuels the repetition, it will continue.

Soon after this, Rafaela fell in love with Beth. In the throes of this new relationship, she told Jaenicke that she no longer wanted to die. He notes that Rafaela continued to have conflicts with relatedness, but she began to handle them differently. She was able to enjoy erotic encounters. She could withdraw from Beth when she needed to without feeling she had to end the relationship. Jaenicke notes that “clearly, this demarcated a turning point in her life” (p. 49), so I was surprised when he “made another move towards her by asking her to show me a photo of Beth” (p. 49). In the next session, she did not mention the request, even though she had brought the photo with her. In a letter she sent to Jaenicke, she described being uncertain both of whether he really wanted to see the photo, and of how he would react when he did.

So to my ear, there is the transference: Rafaela *imagines* that her analyst will react negatively to the photo, that he was not really interested, or that he would react too neutrally to a photo of someone about whom she felt passionate. This seems imminently interpretable, but the question that begs to be asked is why Jaenicke would ask to see a photo of Beth in the first place. He writes that it was because he was aware of how important the relationship was to Rafaela, and that he sensed “the reluctance that accompanied her longing to step into the light with such joyful, expansive feelings” (p. 49). This seems like a thin explanation. The analyst recognizes a reluctance or inhibition in the patient. Wouldn’t the first question be whether the reluctance interferes with the patient’s relationship or functioning or perhaps represents a wish for privacy, which is not the same as resistance or inhibition?⁶ Is this now the third in a sequence of enactments that involve the analyst’s intense reactions to being excluded by the patient? This time an oedipal triangle is visible in which Jaenicke is the excluded third from the couple, and he, through his request for Beth’s photo, demands to be let in.

Is this propensity for the analyst to turn away from verbal interpretation and toward action a product of the intersubjective approach, or

⁶ See Ogden (1997) for a beautiful description of the balance between emotional presence, intimacy, and privacy.

does it merely attest to how this particular analyst applies this approach? This is the second action in this case (recall Jaenicke's asking to sit next to Rafaela and to hold her hand). There will be a third at the end of this treatment when the analyst asks for post-treatment contact.

In their discussion of ending during the previous weeks, Jaenicke told Rafaela that she seemed to be withdrawing from him. She acknowledged that the ending felt like "watching a movie through a filter" (p. 51). She said: "I'm sad that the three years are over." The analyst replied: "Together with me?" She said:

No, because the process is over. I've been on a trip around the world and now I'm entering the port. I see that my old life, family, my neighborhood are no longer enough for me. I've discovered a lot of new things in life. [p. 51]

She said that she was sad this period of her life was over and that she felt as though she were going into nothingness. Jaenicke acknowledges that this last comment alarmed him. As they continued to speak about the ending, Rafaela gave him a CD she had made for him as a going-away present. She told him that it "expressed everything that she could not say directly" to him (p. 52).

The gift failed to quell Jaenicke's concern: "Just before the [final] hour was over, I requested her to stay in email contact with me as an expressed wish of mine" (p. 52). At first, Jaenicke seems explicit that this request came *from* him and was *for* him: "With Rafaela . . . I felt I needed to explicitly demonstrate our connectedness, and I felt that I had to do this concretistically by making a move towards her and expressing it as my wish" (p. 52). But then he added that this "was in direct response to her statement that she felt she was going into 'nothingness'" (pp. 52-53).

I struggled with how to think about these atypical actions initiated by Jaenicke in his work with Rafaela. Levine (2012) notes that the clinical manifestations of unrepresented or weakly represented states may include impulsive, eruptive, destructive, and self-destructive feelings and actions. This is an apt description of Rafaela in this analysis. I wondered if the crisis that Jaenicke describes could be a product of such states in the patient that resonate with unrepresented sectors of the analyst's personality. Given Rafaela's early history of severe neglect, privation, and

trauma, as well as Jaenicke's own history of childhood trauma, this seems plausible. Are Jaenicke's interactions with his patient examples of what Winnicott (1965) called *spontaneous gestures*, functioning as acts of figurability to help the patient move from an unrepresented state of terror into a represented one?

I think this is possible but not persuasive. Even Levine (2012) concludes:

This has implications for our understanding of countertransference. If the analyst's act of figurability does not work for *both* patient and analyst, then no matter how successful it is for the analyst's psychic economy, from a therapeutic perspective, it may be tantamount to a defensive withdrawal from the patient. [p. 619n, italics in original]

I also considered the possibility that these unusual actions were examples of interpretive action. Ogden (1994) writes about the analyst's communicating his or her understanding of an aspect of the transference-countertransference to the analysand through activity rather than verbal symbolization. He notes that such activity might be disconnected from words, such as the facial expression of the analyst as the analysand lingers at the consulting room door. At other times, he observes that the analyst's activity as a medium for interpretation might take the form of verbal action, as in setting the fee, announcing the end of the hour, or a verbal insistence that the analysand cease some form of acting in or acting out. The analyst's laughter, he continues, might be an interpretive action that involves the analyst's voice but not his or her words. Ogden emphasizes that an "important aspect of interpretive action is the analyst's consistent, silent, verbal formulation of the evolving interpretation. In the absence of such efforts, the idea of interpretive action can degenerate into the analyst's rationalization for impulsive, unreflective acting out" (1994, p. 223).

After much thought, I came to think of Jaenicke's actions in this case as follows: Recall that he offered no discussion of how he thought about his decision to ask to sit next to and hold Rafaela's hand *in advance* of that action. He thought about it only in retrospect, as though in reaction to some urgent emotional need arising in him. He explains it as "con-

cretized empathy'. . . arising from a matrix of relational moves" (p. 45). I think this fits Ogden's description of how an analyst can theoretically rationalize and explain an unreflective, impulsive action.

I admire Jaenicke's forthrightness and openness in his writing. He vividly describes his insecurities and vulnerabilities, which he tries to use in making emotional contact with his patient. I wish to be clear that I think Rafaela is the kind of patient whom many analysts would find it challenging to work with. I certainly would. It is apparent that she benefitted from her treatment with Jaenicke. My bringing an object relational point of view to this clinical work is meant to open up what Boesky (2005) calls *contextual horizons*, a cluster of associations dynamically linked by theory, which are used to capture the major dynamic urgency in a session.

The strength of this book is its two case presentations spanning three chapters. I have not discussed here the book's second case, that of the *shadow man*, who tried to live in the shadows as a helper of others in order to hide from his ambition, which he feared would activate identification with his sadistic father should he act on it. Jaenicke shows how the analyst's and patient's embrace of humor during treatment served as an effective, spontaneous way to destabilize old, repetitive patterns of experience and living.

Interestingly, the author never mentions sexuality—heterosexuality or homosexuality—in the transference or countertransference of either case. Sexuality was certainly present in each patient's associations. Where was it in the transference and countertransference? This is a strikingly curious omission.

There is an additional chapter, addressing supervision, which seems almost an afterthought tacked on at the end of the book. The writing there is drier and more theoretical and lacks the rich, detailed clinical material so abundant in the case presentations. This chapter considers supervision an intersubjective field composed of three subjectivities. On the asymmetrical level, the focus of supervision is to help the supervisee understand the patient's subjectivity. There is a bi-directional level between analyst and patient and between supervisor and supervisee. Interestingly, there is no mention of parallel process between the intersubjective fields of the analyst–patient and that of the supervisor–supervisee.

Overall, I found Jaenicke's effort to single out the quality of the relationship—the "relational home"—as the essence of therapeutic action to be a bit reductionistic. Surely, the quality of the relationship entails the capacity both to bear the patient's pain and to interpretively transform it. To me, therapeutic action in psychoanalysis does not spring only from the analyst's "dwelling" in the regressed state of a co-constructed moment, but also in the analyst's finding his or her way back to a more highly organized state from which the analyst can then put into words for the patient the nature of the regression and its meanings (Loewald 1960).

By applying Boesky's (2005) ideas about contextualization in this review, I have tried to get beyond a mere contest of psychoanalytic authority: Jaenicke champions his analytic titans—Stolorow, Atwood, and Orange—and I champion mine—Loewald and Ogden. Instead, I focused my discussion at the level of Jaenicke's clinical inferences and the evidence he used in arriving at them. The point here is not to conclude who is "right." Rather, it is to allow readers to examine the differences in our contextual horizons and to compare our clinical approaches. This makes it possible to see where and how Jaenicke and I disagree at a level closer to the original clinical material. Perhaps such efforts to evaluate clinical evidence can help analysts work toward a more rational comparative psychoanalysis.

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POST-BIONIAN DEVELOPMENTS IN PSYCHOANALYTIC FIELD THEORY: THE CONTRIBUTIONS OF ANTONINO FERRO AND GIUSEPPE CIVITARESE

BY S. MONTANA KATZ

The Bi-Personal Field: Experiences in Child Psychoanalysis.

By Antonino Ferro. New York: Routledge, 1992 (1999). 232 pp.

The Intimate Room: Theory and Technique of the Analytic Field.

By Giuseppe Civitarese. New York: Routledge, 2008 (2010).
240 pp.

*The Necessary Dream: New Theories and Techniques of Interpretation
in Psychoanalysis.* By Giuseppe Civitarese; translated by Ian Harvey.
London: Karnac, 2013 (2014). 246 pp.

The Analytic Field and Its Transformations.

By Antonino Ferro and Giuseppe Civitarese.
London: Karnac, 2015. 224 pp.

Keywords: Analytic field, W. R. Bion, characters, reverie, analytic technique, dreaming, transformations, child analysis, holograms, analytic relationship, narratology, alpha function, proto-emotions.

There has been a growing resurgence of interest in psychoanalytic field theory in recent years. This is due in part to the pursuit of theories of technique in field theory that respond to contemporary sensibilities

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and concerns in psychoanalysis. One of the most prominent forms of field theory today is the one developed from Bion's principles and techniques. Two prolific and highly creative psychoanalysts writing about post-Bionian field theory today are Antonino Ferro and Giuseppe Civitarese. It was with great pleasure and admiration that I have read the four books I will discuss here; the sustained work of Ferro and Civitarese has offered the analytic community much to think about. They have also given us elaborations and clarifications of Bion's techniques that open up new vistas in clinical work.

Each of these authors has a unique and engaging style, and when they write together, yet a third voice emerges. Ferro's book on working with children, *The Bi-Personal Field: Experiences in Child Analysis*, offers a warm and personal account of his thoughts about clinical encounters and his own work with children. At the same time, his discussion incorporates clarity of his theoretical position.

Reading Civitarese's *The Intimate Room: Theory and Technique of the Analytic Field* is like being immersed in a meditation on the varieties of transference and the role of the analyst. *The Necessary Dream: New Theories and Techniques of Interpretation in Psychoanalysis*, also by Civitarese, is beautifully written and offers the reader a dream of psychoanalysis through a discourse that engages with films, television programs, and the characters' emotional experiences. *The Analytic Field and Its Transformations* consists of ten papers, seven of which were jointly written by Ferro and Civitarese between 1996 and 2014. All four books are replete with many clinical examples that amply demonstrate the method of post-Bionian field theory the two authors have developed.

Several themes run throughout *The Bi-Personal Field*. One is an ongoing comparison of Freud's structural model, Klein's theory and technique, and Bion's model. In the course of the book, Ferro effectively shows how radically different the three models are from each other; each attends to different aspects of the patient's and the analytic couple's communications, and each is propelled by divergent models of the mind and of mental functioning. Ferro shows how these differences determine approaches to technique and ways of understanding what is happening in a session. For example, he writes:

According to . . . [Freud's] model of listening, the characters of the session are understood primarily as knots in a network of historical, factual relationships. Related facts, in this case, are occasions for the expression of feelings, conflict, and emotional strategies, which are always connected with those characters In . . . [Klein's] model, the characters are knots in a network of intrapsychic relationships. Related facts are ultimately a way to communicate the patient's inner reality in disguise, a reality, however, which is seen as already "given." . . . [Bion's] model presents characters as knots in an interpersonal, or rather intergroup, narrative network, which emerge as "holograms" of the current emotional interrelationship between analyst and patient. [*The Bi-Personal Field*, p. 2]

Ferro traces the development of child analysis as it has been inspired by these models, highlighting the work of Anna Freud, Klein's work with children, and his own treatment of children that might be seen as an extension of Bion's work.

A second theme in the book is Ferro's contention that child and adult analysis are not so different from each other (a theme also addressed in an earlier contribution; see Ferro and Basile [2006]). He argues that not only does one theoretical model suffice for both, but also that analytic technique is not significantly altered when working with a child or an adult. The analyst engages with the narrations of child patients through play and drawings in the same way that the analyst comes into contact with the emotional forces present in the more verbal narrative of an adult.

A third theme is interwoven throughout the book: that of elaborating and distinguishing Ferro's own working model. For example, Ferro operates with a more radical understanding of the here-and-now concept than do many analysts who employ it. In Ferro's hands, what is salient in a clinical moment is unique to the analytic couple and to a particular point in time, unrepeatable even by the same analytic couple.

The strongest listening vertex of the analyst is in being attuned to the emotional valences in the field that afford a way of capturing the patient's experience of the analyst. Of little interest are emerging facts or

feelings about the patient's history or actual, extra-analytic relationships and situations in the present.

In the following brief example, Ferro shows how attending to this vertex affords the analyst information about how the patient is or is not able to make use of the analyst's contribution:

I remember the appreciation a girl expressed for the care with which I made an interpretation adequate and domestic She told me about a trip to China she had taken with her father and about how surprised she was when she saw that, even though China was a world power with weapons and missiles, the shop assistants wrapped packages very carefully, using heavy paper and sturdy string, so they were easy to carry. [*The Bi-Personal Field*, pp. 117-118]

Here Ferro shows how listening to patients' communications as a reflection of their understanding and emotional response to the analyst's interventions provides crucial information about the optimal way of proceeding. In this example, the patient lets Ferro know that, despite all his heavy analytic artillery, she felt that he offered her interpretations with care and in such a way that she could readily make use of them. The emphasis on this listening vertex, the one that resonates with the patient's affective response to the analyst's work with her, assists the analyst in fine-tuning subsequent communications so that they can be optimally useful. Of course, many levels of analytic listening are simultaneously active in the analyst's mind; Ferro highlights the salience of this listening vertex as not always recognized in analytic discourse.

In *The Intimate Room*, Civitarese elaborates on the meaning of the post-Bionian principle of the dream paradigm of analytic sessions. The first chapter of the book, "Fire at the Theatre: (Un)reality of/in the Transference and Interpretation," offers an extended discussion of the implications of the post-Bionian bi-personal model for the centrality of the dreaming ensemble of the analytic couple in the field and for conceptions of the reality of and in the session. Civitarese writes:

Even the plot of a play at the theatre takes its meaning from a background that can only be that of life itself, and there, too, the bracketing of external reality is only partial (likewise, during

oneiric activity the sensory channels are obstructed up to a certain threshold level). But as long as it is worth maintaining a setting, continuing with the play, the lights must necessarily illuminate the stage and not the stalls or the square in front of the theatre itself. [*The Intimate Room*, p. 19]

The post-Bionian psychoanalytic model has been criticized for prioritizing the listening vertex that favors emotional commentary on the functioning of the analytic couple. Part of this critique asserts that this clinical model does not adequately address trauma. As both Ferro and Civitarese note, their technique emphasizes ensuring that one listening vertex is always focused on the couple—while also attending to other listening vertices—and, when appropriate, engaging in discourse about external factors and persons. Civitarese takes up this concern at multiple points in *The Intimate Room*, as in this example:

The beginning of the session is dominated by the enormity of the event, almost indescribable, unprecedented. Then the tension gradually lessens. The fact itself—such a serious irruption of external reality, but also a death phantasy, the most terrible of all—begins to be able to be “worked on” in a symbolic sense, although always using an evocative, open, elliptical language. Thus, an objective, traumatic event such as a serious life-threatening situation lends itself to being inserted into the meaningful web of the analytic relationship. [pp. 12-13]

In this book, Civitarese takes the reader through the crucial concepts of post-Bionian field theory in which the field consists of a dreaming process. He notes that part of the dreaming process is waking up from the dream. So, too, Civitarese describes the balance that the analyst must strike between immersion in the process and interaction with the process in order to gain a new perspective. Civitarese discusses the constructive character of mental processes, taking up Freud’s discussion of *nachträglichkeit* in light of Edelman’s (1987) and Modell’s (e.g., 2012) work.

Narratology has played an important role in the post-Bionian work of both Ferro and Civitarese. In *The Intimate Room*, Civitarese shows how he understands and makes use of some of its concepts. He also employs

the concept of virtual reality to explore a way of understanding the characters in the analytic narrative as emotional holograms in the field.

The Necessary Dream is a beautifully written book that reads like a poem written to and about psychoanalytic process. It grew out of seminars held in Milan in 2008 that focused on clinical work with dreams, and during which Civitarese showed segments of films described in the book. Specifically, the book focuses on the role of the dream and dreaming in analytic process. Here as generally in the post-Bionian method, dreaming is a process of sleeping *and* of waking, and is the basis of thinking. The analyst works with the patient within dreaming processes. Dreaming is the vehicle through which thinking and feeling—in short, symbolizing—emerge and are possible. As Civitarese stresses throughout the book, this is a very different model of dreams and of mental functioning than either Freud's or Klein's understanding; it is a different conceptualization of psychoanalysis itself.

Each chapter of *The Necessary Dream* tackles an aspect of dreams and makes use of fictional characters and scenes to portray these aspects. As in the other books reviewed here, contrasts are drawn between Freudian, Kleinian, and Bionian perspectives—in this case, on the central concept of dreams and their use in analytic processes. An important subject for psychoanalysis that Civitarese weaves throughout the book is the psychoanalytic version of philosophy's mind-body problem. Indeed, while viewed as a problem in Western culture, the mind-body relationship might be said to fare better in Asian cultures, which do not as readily recognize a division between the two forces. Interestingly, Asian languages are structured to reflect this philosophical view, while Western languages, in contrast, are structured such that it is difficult to even address the mind-body relationship without appearing tendentious.

The question of the connection, the lack thereof, or the unity within the mind and the body has so far been unsuccessfully tackled in the philosophical literature, not to mention in neuropsychanalysis as an epistemological and as a metaphysical issue. For psychoanalysis, it is a clinical question—and an important one for understanding the activity of the analyst and therapeutic change. Civitarese offers a discussion of this that brings to the fore aspects of the meaning and use of Bion's concept of *alpha function*. Alpha function transforms unprocessable *beta elements*,

otherwise called *proto-emotional* or *proto-sensory* elements that can only be evacuated. Alpha function acts on beta elements and transforms them into usable alpha elements. In the clinical setting, this is described as the patient evacuating beta elements that the alpha function of the analyst and of the field processes and gives back to the patient in usable form. In this model, therefore, two minds are required for thinking.

Civitarese describes Bion's understanding and the post-Bionian view of the growth of the capacity for thinking:

At birth, we have only an inchoate consciousness. For there to be differentiation between unconscious and conscious, what is required is the mother's reverie (the un/conscious). This is how the child makes its entry into the world of symbols In coining the concept of alpha function, Bion acknowledges that he cannot explain the passage from body to mind. However, he does establish a close link between corporeality, proto-emotions, emotional pictograms (i.e., emotions already embodied in images), dream scenes, reveries, and more abstract forms of thought The significance this theory holds for psychoanalysis is obvious because it restores the body to the mind, overcomes the mind-body dualism, and frames a convincing model of how emotions record, almost like the sensitive tips of a seismograph, the slightest vibration of the body immersed in its natural medium. Finally, the equivalence between dream and thought appears far more understandable. The body is the fundamental and foundational level beneath all other levels of higher complexity. Even the more abstract images and concepts then become metaphorical projections of sensory-motor, pre-linguistic, and pre-conceptual schemes. [*The Necessary Dream*, pp. 144-145]

The two minds, the dreaming ensemble, also restore the body to the mind in this process of alphabetization. Civitarese elaborates:

In mental illness, however, the transition from beta to alpha, from proto-emotions and proto-sensoriality to pictograms, may encounter dysfunctions. The mysterious alpha function, the function that governs the crucial passage from the body to the mind, may be deficient or may even flow in the opposite direction. Paying attention to reveries and dreams is a way of servicing

this function, of reconnecting feeling with abstract thinking and restoring the body to the mind (and to dreams). This is one of the most invaluable aspects of Bion's theory, the fact, namely, that it is based on the centrality of emotions in psychic life. It is essential to make clear that reveries can be the means to reintegrate an indivisible somatopsychic unit, independently of all dualisms. [p. 198]

The papers collected in *The Analytic Field and Its Transformations* cover a wide range of topics related to psychoanalytic field theory. I will touch on points in some of the chapters that afford an overview of the post-Bionian model that Ferro and Civitarese have developed. In this collection, the co-authors continue to draw distinctions and differences with their model from those of Freud and Klein. They also move beyond this to compare their work with the interpersonal and relational traditions in the United States, and in particular, they engage with Donnel Stern in a series of papers between them that were first published in *Psychoanalytic Dialogues*.

Throughout the book and most clearly in a sustained discussion in chapter 1, "The Meaning and Use of Metaphor in Analytic Field Theory," the co-authors lay out the foundation of post-Bionian field theory. They describe their model of human life and experience as radically intersubjective. Ferro and Civitarese follow Bion in the precept that in the proto-mental system, the physical and the mental are undifferentiated. For patient and analyst, it takes both to process the proto-emotional and proto-sensory elements that the patient cannot make use of on her own. In this regard, their model views mental life as social rather than individual.

Given this view of mental functioning, the goals of post-Bionian therapeutic process are different from those of other psychoanalytic perspectives. Ferro and Civitarese write:

The aim of psychoanalysis and what are considered the seeds of healing are the development of the alpha function (of the field) and the containing ability (of the field), which is then continually—through micro- and macro-*après-coup*—introjected by the patient. We could say that the analytic session appears like a dream of the minds where different stories coming from dif-

ferent times and places of the field arrive, diffract, and overlap. The shared experience results from the circulation of emotional states, feelings, thoughts, and characters, with the analyst (who is also a site in the field) there to guarantee and protect the setting and promote a kind of dream-like activity on the part of the analytic couple. [*The Analytic Field*, p. 75]

By means of the transformations taking place throughout an analytic process, the alpha function of the patient expands and develops; the patient's capacity to think, feel, and dream thus increases over the course of a productive analysis.

The co-authors elaborate on the tools and techniques of post-Bionian field theory. Together and separately, they strive to bring precision to the technical recommendations of Bion and their own additions to the post-Bionian perspective. Of primary importance is the way in which they understand the analytic field, which is as "a conceptual tool that enables us to modulate in a fine-grained and safe manner the distance between patient and analyst, and to achieve and expand emotional unison—in our view, the central therapeutic factor" (*The Analytic Field*, p. 69).

In the course of a session, unprocessable beta elements are projected by the patient into the field. Through reverie and other transformative techniques, the analyst applies her and the field's alpha function. In this way, beta elements are transformed into something that the field and the patient can make use of.

While the co-authors describe other transformative techniques, reverie holds special place in their clinical work. In chapter 5, Ferro and Civitarese write:

That is why the theory of the technique of the analytic field gives so much importance to reverie, because as an expression of the un/conscious [*sic*] psychological work that the analyst can do if not shielded, that is, if he is sufficiently receptive to the patient's projective identifications, [it] puts him in contact in a poetic way with the alpha-elements and with the emotional truth of the relationship at a given moment. [*The Analytic Field*, p. 84]

It is primarily in the coupling of the patient's projections with the analyst's reverie, within the dreaming ensemble, that therapeutic change takes place in this way of working. The co-authors elaborate:

All the work of analysis is based on the analyst's reverie, on his receiving, metabolizing, transforming, and rendering thinkable the patient's anxieties and projective identifications. Consequently, there can be no movement in the consulting room which does not involve the analyst's reverie. [*The Analytic Field*, p. 98]

Another principal technique of this model is what Ferro has named *transformations in dreaming*. This technique has a corresponding tool that Ferro has felicitously named *the analyst's magic filter*. In his words:

Transformation into a dream (preceding the analytic dialogue with the phrase "I dreamed that . . .") is a technical device deployed consciously by the analyst in order to rediscover an internal setting whereby he can see the session as a dream, attune himself to the unconscious communication in the session, and hence focus on psychic reality. As a technique that informs the analyst's listening, it is just one of the possible means of access to the spectrum of dreaming in the session—or, more precisely, to its narrative derivatives. [*The Analytic Field*, p. 90]

Here is a brief clinical vignette that demonstrates the technique of transformations in dreaming:

Anna enters the room and lies down on the couch. She is two minutes late. She comments that there is never enough time, that she is always anxious about something, and that recently she has often been late. Shortly before that she had turned off the Artemide Tizio lamp that stands on the table between two chairs positioned in the corner of the room for face-to-face sessions. Suddenly, presumably because of the cooling of the metallic structure of the lamp, we hear a distinct ticking sound, much like that of a clock. It is a rather surprising phenomenon which I have only noticed on rare occasions. It takes us moments to take in the surprise and then we burst out laughing.

Tizio—the name of the lamp is in this case very appropriate (in Italian it is a generic word for a man) to describe the unexpected guest who makes his entrance on the stage of the analysis . . . I recount this very short vignette, just a few seconds of a session, to introduce the way in which we unconsciously interpret

anything that happens in analysis within a broader framework of meaning. In this case, Anna herself turns an event into a dream because she has a sudden revelation: that her complaint about time has something to do with the fixed schedule of the sessions and the frustration that this entails. [*The Analytic Field*, pp. 77-78]

Another technique essential to the post-Bionian model is the *casting of characters*. Ferro and Civitarese describe this as follows:

By characters in the analytic field, we mean the figures of the analytic dialogue . . . introduced by the patient and the analyst, which can be regarded as derivatives of waking dream thought. The characters can be anthropomorphic or also abstract, semantic (or representational) in type, in other words corresponding to images, ideas, and concepts, or semiotic in type (for example, sensations, rhythms, tones, gestures). When an image comes to mind or a feeling is experienced, even when these are not expressed in words, they alter the field because they still exert transformational pressure on other elements that are part of it The analytic field is a multi-verse. Depending on the vertex taken, multiple possible worlds open up. The same character/action may refer to the patient or the analyst, to outside the field or to a quality/element of the field which they have generated together, and in a way that is no longer attributable to the original components. It may also relate to the past, the present, and the future, material or mental reality, conscious or unconscious experience. [p. 73]

At the heart of the model developed by the co-authors is a theory of mind that originated with Bion. The post-Bionian rendering of mental functioning warrants careful attention. It is possible that the elaboration of techniques offered by this model may, with modification, stand independently of the model of mind that inspired it. The post-Bionian model's conception of direct access to unconscious-to-unconscious communication is not generally shared by psychoanalysts who subscribe to other models of mental functioning; the approach of Ferro and Civitarese to integrating mind and body is informed by the direct access that they posit.

However the post-Bionian psychoanalytic field theory model stands up to the test of time and potential critique, the work of Ferro and Civitarese has raised pressing questions for the psychoanalysis of our time, for science, and for creative pursuits in general. They have investigated, elaborated, and articulated generative principles of technique that bear serious consideration.

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RELATIONAL GROUP AND INDIVIDUAL PSYCHOANALYSIS: CULTURAL ANTECEDENTS AND CLINICAL IMPLICATIONS

BY ALICE SOHN

The One and the Many: Relational Psychoanalysis and Group Analysis.
By Juan Tubert-Oklander. London: Karnac, 2014. 288 pp.

Keywords: South America, group analysis, relational theory, Pichon-Rivière, analytic theories, intersubjectivity, environmental influence.

The title of *The One and the Many*, a book of papers by Mexican psychoanalyst Juan Tubert-Oklander, is truly descriptive. Nominally, this compendium describes one thing: “the articulation of individual mental processes and social phenomena” (p. 108), or the value of group analytic theory to individual psychoanalysis. It is also about many things, including South American social psychological theory, North American relational psychoanalytic theory and practice, Mexican politics, hermeneutics, translation, philosophy, mythology, and linguistics.

This dazzling array of ideas is buoyed by Tubert-Oklander’s writing, which manages to be erudite and cozy at the same time. This salvages the sometimes overwhelming breadth of his interests, which can suffer for being tightly harnessed to the book’s purported group analytic theme. Instead, this catchall of collected papers is best read as a sometimes-related, sometimes-unrelated corral of essays. Doing so will be rewarding because Tubert-Oklander offers valuable commentary on several aspects

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of modern analysis, especially the extension of analytic theory toward environmental influence and the expansion of notions of development to include both earlier and more mature aspects of psychic function. Most interesting may be Tubert-Oklander's insight into the development and eventual overlapping of several modern schools of analysis.

Tubert-Oklander occupies a singular position in the analytic library. Although a Mexican psychoanalyst, as mentioned, he grew up and trained as a group analyst in Argentina. He speaks five languages and writes comfortably in at least three. He is influenced by both British and South American schools of group analysis, as well as by some early South American analytic thinkers: Pichon-Rivière, Matte Blanco, and Racker. Among modern Latin American theorists, he seems to be in conversation primarily with his wife, Mexican group and individual psychoanalyst Reyna Hernandez de Tubert. Otherwise, Tubert-Oklander speaks like a North American relationalist channeling a British group analyst (or perhaps vice versa).

Tubert-Oklander's ability to express himself in English not just clearly, but poetically and beautifully as well, is fantastic. Despite the flawless English and authentic Anglophone relational ideas expressed, it is nevertheless impossible to forget that Tubert-Oklander was first a South American analyst. Sometimes this is vaguely and indistinctly felt. In other places, it becomes charmingly clear, as when Tubert-Oklander writes of a patient: "As my office is in my home, he has unavoidably developed a certain relationship with my wife, with the maid who opens the door for him, and even with my dog" (p. 225)!

Tubert-Oklander acknowledges the role of his cultural background in his thinking and writing. Of his paper "Lazarus's Resurrection," he writes: "I know that it was conceived and written in English, not written in Spanish, and that my own English is not bad, but the whole experience it narrates and revives is most un-English" (p. 224). In this manner and throughout the book, Tubert-Oklander tugs at culture and context and at the ways in which we are inseparable from the matrix in which we live.

This gives Tubert-Oklander a unique perspective from which to observe the convergence of modern theory. While North and South American relational analysis—and all the multitudinous variegations

contained within those designations—are presently enjoying a moment of connection, their road maps to this venue have been divergent. According to Tubert-Oklander, who would add group analysis to the mixture, this is because all three of these traditions value the role of the environment in human development.

It is fascinating to observe Tubert-Oklander's path to this common moment. For example, he lands in a place similar to many other current North American relationalists with regard to matters such as the influence of the environment, linearity of development, and relative symmetry of patient and analyst or group and group leader. Unlike most American analysts, who have arrived at these positions by traveling a route through ego psychology; Tubert-Oklander has come to modern relationalism from other compass points. Reading his work is an opportunity to steal a glimpse from a South American GPS as, throughout the book, he pulls at the cords of three major analytic traditions.

While a group analytic perspective heavily informs the book, fewer than half the included papers bear directly on group theory, and only two offer group case material. Nevertheless, group analysis forms a backdrop to Tubert-Oklander's analytic perspective, and he provides proud introductions to his group analytic mentors and colleagues: Sigmund Foulkes, Earl Hopper, and Malcolm Pines in England, and Pichon-Rivière in Argentina.

As psychoanalysis expanded in various directions in the generation after Freud, its theory was sometimes applied to groups. A variety of principles developed, including the one promoted separately by both Foulkes and Pichon-Rivière, which is distinguished by an emphasis on field theory and group process as the foci of analytic inquiry. Foulkes was a Freudian and Pichon-Rivière a Kleinian revisionist. Both had been introduced to field theory, which contributed to their ideas of the gestalt and provides a partial explanation of the convergence of their theories.

Tubert-Oklander defines group analysis—as opposed to other forms of therapeutic group work—by its treatment of the group as a gestalt created by its members, by their individual and combined histories and cultures. The sentiments of the group are expressed through individual participation, so that group discussions express the thoughts and feelings of the group as a whole. In the author's words:

An individual is part of a group, but this very group is also a part of him or her, so that each may represent the other, and their mutual relation represents the paradoxical human condition of being always, at one and the same time, individual and collective. [p. 11]

Group analytic technique is important, even to the clinician who treats individuals, as a way of furthering relational analytic thought. In particular, individual analysts may benefit from group analysis's emphasis on context, culture, and environment. Tubert-Oklander observes that most, if not all, historical schisms in psychoanalysis have occurred due to quarrels over the role of environment. He conceptualizes group analysis as the next logical, practical, and theoretical extension of individual analysis. He envisions group and individual analysis as "two arms of a forceps, which allows a crafty practitioner to aid in the birth of a new, deeper and wider conception of human existence" (p. 13).

Even other group techniques, which might theoretically draw on a broader range of factors in understanding the human psyche, can be myopically tethered to theory in ways that interfere with properly privileging culture and context. An emphasis on group process can occlude important and often shared cultural matters. To illustrate this phenomenon, Tubert-Oklander offers a description of group treatment occurring in the immediate aftermath of an explosion outside the group clinic. Despite the catastrophic nature of the explosion and the graphic exposure of some group members, some group leaders continued to interpret group discussion only in terms of the upcoming holiday break, disregarding the impact of an immediate and traumatizing mutual experience.

In an era of analytic theory in which intersubjectivity has expanded the locus of inquiry from the patient to the analytic dyad, and in which even that dyad grows to accommodate not only analyst and patient, but also all that is created by and between them, and in which we further accept the intergenerational transmission of trauma, ghosts in the consulting room, and epigenetic phenomena, Tubert-Oklander's exhortation to consider community and society in the therapeutic field is timely and relevant. The need for this argument may be obviated in South

America. That psychoanalysis there grew out of Pichon-Rivière's activist, social psychology is representative of the influence of decades of tumultuous politics on every aspect of life, including psychoanalysis. Although North American relational psychoanalysis was fomented early on by pioneers such as Sullivan and Fromm, it has only caught up with other analytic perspectives in the last decade, due in part to the work of relational feminists such as Benjamin and Harris, and leading to theoretical similarities between North and South America.

With regard to his own theories, Tubert-Oklander ambitiously introduces a new metapsychology, the *Syncretic Paradigm*. First, he deconstructs Freud's use of metapsychology as an attempt to create a pseudoscience. By contrast, Tubert-Oklander strives to create a theory of personhood:

. . . a general theory of mind, one that should account for intra-, inter-, and transpersonal mental processes, thus offering us a better understanding of the impact of relations, groups, institutions, and communities on individual mental processes, as well as the way in which the latter influence and partially determine collective mental processes. [p. 60]

Distinguishing a theory of personhood from Freudian metapsychology absorbs much of the chapter. This is too bad, because Tubert-Oklander's descriptions of the poles (primitive and mature) and the nonlinearity of development deserve more space.

Tubert-Oklander's metapsychology begins with the principle that "there is a significant part . . . of mental functioning . . . in which there is no differentiation whatsoever—but only a primeval state of fusion and indiscrimination" (p. 61). In this state of nondifferentiation and fusion, one is merged with every aspect of the world—mother, family, language, culture. Borrowing from Blanca Montecchio, who is as yet untranslated into English and who is a follower of Argentine analyst José Bleger, Tubert-Oklander calls this phase *Dionysian* in recognition of its potential for vitality and creativity as well as for destruction: hallmarks of the nondifferentiated, primitive aspects of human experience. He also introduces Matte Blanco's thoughts on the symmetrical logic of primary

process, wherein the reversibility of terms (“if John is Matt’s father, Matt can also be John’s father”) is possible (p. 11).

Next in Tubert-Oklander’s outline is the stage of Narcissus, so named in order to highlight the quality of mirroring. This corresponds to familiar notions of engagement with unconscious fantasy as described by Klein. Following Narcissus comes Oedipus, symbolic of separation and differentiation. A problem with Freudian metapsychology and most metapsychologies that followed, according to Tubert-Oklander, is that they terminated with *Oedipus Rex* and the challenges of competition, autonomy, and separation. Tubert-Oklander’s metatheoretical perspective moves beyond *Oedipus Rex* to *Oedipus at Colonus* as he introduces an additional stage of development: maturity and integration.

To address this state of ripeness and integration, Tubert-Oklander suggests the term *Trinitarian*; it refers to “three mental organizations [Dionysian, narcissistic, and oedipal] that interact to become one single encompassing self, without losing their specificity” (p. 73). The emphasis on maturity seems optimistic, as does the allowance for adjustment and elasticity of a not entirely phasic system. The Trinitarian phase is also intriguing for its obvious Christian allusion, an uncommon occurrence in the North American canon. This is one among many illustrations in the book of the ways in which the analytic diaspora enriches our discourse.

We probably do not need another analytic metapsychology. Tubert-Oklander’s caveat about a theory of personhood does not adequately mitigate the feeling that such codifications are a little indulgent and fusty. This is especially true for a proponent of postmodern theories of development, which typically eschew phases and stages in favor of more limber and state-driven perspectives on development. But it is hard to find fault with Tubert-Oklander’s view of where we begin—in a state of Dionysian merger—or with his hopeful vision of what we, and psychoanalysis, can achieve: ripened maturity, at least some of the time. By comparison to the sometimes cold, Germanic psychoanalysis that forms most of North America’s pedigree, this feels like a postcard from psychoanalysis written while it has been germinating somewhere warmer.

The book contains other gems on such disparate topics as how to engage with Freud without succumbing to idealization, for one, and the use of politics and religion in the analytic setting, for another. A paper

addressing the latter topic, which is in advocacy of a constructivist epistemology, includes poignant case material about a patient whose aversion to the couch was gradually and ultimately understood in the context of Tubert-Oklander's spontaneous disclosures of religious and political affiliations. On one occasion and for reasons unbeknownst to him at the time, Tubert-Oklander abandoned his analytic ideals in a self-disclosure to his patient; "I imagine anyone who has studied at the White Institute would not find it unsuitable, but I come from another family" (p. 222), he writes. He related to his patient a sermon about Christ's initial imperceptibility, even to Mary Magdalene, during his resurrection.

Tubert-Oklander beautifully describes the formulation of meaning around this disclosure over the next two weeks, including scrupulous consideration of his motives in sharing it. Together, the analytic pair constructed the way in which the patient's postnatal hospitalization had rendered him a ghost to his family, a feeling that shadowed the patient throughout life. The patient feared the couch would render him invisible, yet he felt exposed, as transparent as a ghost, when he was truly recognized by Tubert-Oklander. Tubert-Oklander "saw" the patient by affirming his political and religious beliefs, and also saw him with the interpretation of his phantom feelings.

Like most chapters in this book, this one overflows with material, considering such topics as institutional pressure to conform to analytic technique, the limits of an analyst's access to her own unconscious, and objectivist versus constructivist approaches. In fact, the majority of Tubert-Oklander's papers could probably be expanded into book form on their own. This speaks to the fertility of his ideas, which sometimes—lamentably—crowd one another.

Two of the most endearing papers in this tome are dedicated to Winnicott and Ferenczi ("A Hermes in London: The Subtlety of Interpretation in Donald Winnicott's Clinic" and "The *Clinical Diary* of 1932 and the New Psychoanalytic Clinic"). There is a certain thrill to reading about theorists so familiar to English-speaking clinicians from a different vantage point. Tubert-Oklander's focus is on the early strains of relationalism exhibited by both, as well as the ways in which each resisted and defied the Freudian status quo. In this way, he seems to feel especially identified with his subjects.

Tubert-Oklander credits Ferenczi with the modern style of analytic writing in which the analyst's emotional experience is as salient as the patient's. He also proposes the notion of the "clinic" of each theorist: the "whole set of operations of the analyst's understanding, when perceiving, identifying, thinking, interpreting, recording, communicating, and teaching the experiences shared with his patients during the analytic sessions"—or, in Tubert-Oklander's shorthand, "couch-side experiences" (p. 182). Even in this clever but relatively minor description of analytic work, the reader hears the reverberating strains of group analytic and South American psychoanalytic thought.

This glitter-gram of a book has wide appeal due to the kaleidoscope of topics it addresses. Tubert-Oklander offers a rare and in some cases exclusive aperture into the thinking of untranslated, or rarely or recently translated, Latin American analysts such as Pichon-Rivière, Bleger, Montevecchio, and Mexican philosopher Mauricio Beuchot. These translations are often his own, textured by caveats accounting for his participation in the rendering of meaning: "If prejudices are inevitable, then the only way to knowledge that is open for us is to take our prejudices into account and include them in our reading and interpretive activity" (p. 85). The book is distinguished by such citations, which are plums for readers interested in the patulous of South American psychoanalysis, much of which remains mysterious to the English-speaking world.

Tubert-Oklander also brings aspects of relational theory into focus with his straddling of similar schools of relational thought. His passion for his topics is contagious, whether he is introducing the reader to new writers and ideas or refining ones already established. His writing is approachable, too, despite the impressive breadth of knowledge and donnish creativity that might entitle him to a more lordly tone. The reader feels invited to join Tubert-Oklander on his escapade of exploration.

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BOOK REVIEWS

SUPERVISION IN PSYCHOANALYSIS: THE SÃO PAULO SEMINARS.

By Antonino Ferro; translated by Ian Harvey. Hove, East Sussex, UK: Routledge, 2013. 168 pp.

Supervision in psychoanalysis is not what it used to be. The roles of those who teach and those who are taught seem to be in transformation as psychoanalytic thinking moves onward. Even the concept of teacher and student is becoming decentered. The authoritative view of the “experienced” supervisor can no longer claim to reflect the final, true, or even most accurate account of the patient’s mind.

So, too, the context of the supervisory encounter and the approach to treatment seem to be changing. In *Supervision in Psychoanalysis*, Antonino Ferro demonstrates and teaches supervision from within a new field. The field is decentered relative to that of traditional analytic authority; it is by nature intersubjective and co-created by the patient, the analyst, and the analytic situation. At the same time, while a supervisor may comment on the patient-and-analyst field, Ferro’s supervision before an audience now also includes the audience’s responses to and participation in the supervision. This is a new analytic field indeed!

Ferro’s supervision is conducted in an analytic atmosphere where elements of a working confusion are transformed and transform as they serve the working field. This working confusion is the stuff from which new registers of awareness, experience, thought, and thinking can be opened up, disclosed, found, found out, or created. This kind of awareness involves opening a new dimension or register of thought and thinking; this opening corresponds with improvements in the patient’s world.

It is in this optimistic spirit of confusion and transformation that Ferro spells out a post-Bionian psychoanalytic field and a scaffolding for his ideas in *Supervision in Psychoanalysis*. This book represents the tran-

scripts of ten supervisory seminars held over three days in 1996 in São Paulo, Brazil, in conjunction with a conference on Bion's thinking. The seminars were essentially clinical and didactic in nature. The transcripts were published in English some seventeen years later primarily because of their relevance to the development of Ferro's thought, and because of the extensive nature of the clinical material presented and discussed.

At the time of the seminars, Ferro's *The Bi-Personal Field* had been published in Italian (1992) but had not yet appeared in English (1999).¹ Much of the clinical material he had presented to international audiences at that point had involved only short case vignettes, and he had published very little in English. In *Supervision in Psychoanalysis*, we see how he worked—and still does, in some ways, I am sure—with more extensive clinical material presented to him by seasoned and not-so-seasoned analysts. Today Ferro's thinking has evolved to include much greater refinement and theoretical breadth; he now sees the analytic field in terms of *metaphor*.²

In his introduction to *Supervision in Psychoanalysis*, Ferro summarizes principles he has found himself using in supervision since the time of the seminars in São Paulo. This summary is useful and thought-provoking not only in terms of the practical approaches he suggests and the topics he emphasizes in supervision, but also because it highlights points in the exposition and application of field theory to be presented in the remainder of the book. Among others, he addresses topics such as: (1) limiting oneself to holding and living with emotion before going on to interpret content; (2) grasping the quality of the patient's response to interpretation; (3) emotion as it progresses in difficulty from anger, hurt, and disappointment to jealousy, fragility, and loneliness, and only then to violence, destructiveness, aggressiveness, sadism, envy, and death; (4) the living details of the analytic relationship as having to do with every mental state of the patient; (5) splits in time, space, and character in the

¹ Ferro, A. (1992). *The Bi-Personal Field: Experiences in Child Analysis*. London/New York: Routledge, 1999.

² For a splendid exposition of Ferro's current theoretical views, see chapter 1, entitled "The Meaning and Use of Metaphor in Analytic Field Theory," in the following source: Ferro, A. & Civitarese, G. (2015). *The Analytic Field and Its Transformations*. London: Karnac, 2015.

analytic process; (6) *narrative derivatives* and respect for the characters who appear; (7) centripetal and centrifugal interpretation; (8) *semantic nests* and changing functions of the field relative to the characters in it; and (9) the role of medication in analytic therapy. Each of these topics is potent in the supervisory field.

In my reading, Ferro views the field as radically intersubjective and, while allowing for inclusion of traditional analytic views, it must be considered in its own terms. Ferro's views differ from those of some other notable analytic authors, such as the following perspectives: (1) Freud's view of self and object differentiation as sharply defined and restricted, and his exclusive focus on the patient in describing the dynamics of his topographical and structural theories; (2) Klein's privileging of unconscious phantasy; (3) Meltzer's emphasis on *zone confusion*; (4) the Barangers' view of the field in terms of the *unconscious phantasy of the field pair*.

In Ferro's estimation, his own thinking lies closer to Winnicott's and Bion's. But in contrast to Winnicott's views of unconscious object relations and Bion's view of basic assumptions, Ferro's view is based in a larger perspective originating from and defined by an analytic field conceived in metaphor. At the same time, he feels a kinship with Winnicott's view of the inseparability of infant and mother as constituents in and of the field, and with Bion's conception of the development of thinking and subjectivity.

Ferro illustrates ways in which he attends to stages in the development of thinking as in concert with dreaming. Following Bion but going beyond him, Ferro describes the path as follows: beta elements (including proto-emotions) are transformed into alpha elements (including proto-ideas) by the alpha function, and these in turn are transformed into waking dream thought, reverie, and narrative derivatives, which are further transformed into specific emotions and thoughts, theme fragments, more developed themes, stories, and so on.

Ferro pays particular attention to Row C of Bion's "grid."³ It is at this stage—where time, place, person, and "causality" have not been established as securely grounding the process of thinking and subjectivity—

³ Bion, W. R. (1971). The grid. In *Two Papers: The Grid and Caesura*. London: Karnac, 1989.

that the metaphorical context of waking dream thought and narrative derivatives are so useful as a step on the way to thinking in the patient-analyst encounter. Ferro demonstrates how the analyst can use metaphors arising out of her own waking dream thought as contributions to the field, thereby offering the patient the potential “stuff” of thinking. The patient responds in this metaphorical context with dream thoughts of his own. This personal response represents the emergence of more inclusive language and broader and richer thinking in the therapeutic field. Thinking supports the development of a more containing and creative mind, which thus empowers the discovery/creation of the patient’s own unique, personal voice.

In *Supervision in Psychoanalysis*, we read of cases or fields that might be labeled as, for example, one of the following: *the analyst’s dream*, *an autistic patient*, *a case where “nothing is working,”* *an infantile psychosis*, *hypochondriasis*, *narcissism*, *endless questions*, and so on. In response to material presented to him by seminar participants, Ferro demonstrates and thereby teaches his ideas in a most useful and enlightening way. He comments on the analytic pair rather than on the patient alone, and invites the audience to offer their ideas along the way.

As an example of Ferro’s teaching, I will summarize his description of the treatment of Leo, a nine-year-old boy diagnosed with an infantile psychosis. Leo was inaccessible via words, for the most part, but he used his drawings as a way of demonstrating the activities of his mind; their subjects included a giant turtle, a butterfly, and a man who emerged from an exploding plane. Supported by the containing function of the analytic encounter, Leo could sometimes demonstrate through his drawings bits and pieces of the conflicts, emotions, desires, and fears active in his mind that could not yet be put into words.

In her responses to Leo, the analyst chose to comment sensitively along Row C of Bion’s grid—naming feelings, calling attention to something happening in the drawings, inquiring as to how or why it was happening, and so on. The analyst felt Leo was showing through action that he lived in a terrifying world characterized by dominating, omnipotently narrated fantasy involving disorientation in and distortion of reality. Hearing the material and taking his own disorientation into account,

Ferro explicated what he saw as the waking dream thought. He viewed his own confusion as corresponding to the disorientation Leo was expressing in his drawings. Reframing the analyst's view, he saw the incomprehensible turbulence in the drawings as Leo's response to the slightest contact between patient and analyst, as though proto-emotions (beta elements) had been activated and evacuated "without thought." These were experiences of an intense emotional storm for Leo, more primitive than his relationship with the analyst could contain.

Thus, Ferro saw Leo's dream as indicating the necessity of locating experiential images at a safe distance, where Leo could "see" them, but not yet think or feel in relational terms. Consequently, it was necessary for the analyst to titrate her comments at the level of Row C in Bion's grid—that is, in the part-object, paranoid-schizoid position, with a slow approach toward thinking about the relationship and living in the depressive position. At one point, when the analyst asked Leo if he and she had a chance of organizing the emotional turbulence, the child responded with alarm, taking the drawing away from the analyst and making noises like those of a wild, prehistoric bird. Leo saw that the butterfly's wings had been burnt brown!

In observing this sequence, Ferro believed that the relational inquiry had stimulated waking dream thought in which even delicate, uncontainable contact burned—i.e., destroyed—the possibility of thought, history, and relationship. The analyst had gone too far. Ferro then references Bion in noting that when the capacity of the apparatus for thinking thought encounters excessive stimuli, those stimuli are evacuated as though they were beta elements accompanied by a strong sense of persecution (my paraphrasing).

Thus, we can understand Ferro's version of Leo's apparent retreat from reality and avoidance of contact. Leo had no place to put excessive stimuli where they could be thought, so they were evacuated and experienced as an immediate threat to his psychological existence. The stimuli and the threat were contended with by means of a fantasy world devoid of the stabilizing parameters of time, person, place, and realistic causality. He could think only in images, sounds, grimaces, and actions—and with only limited language.

The therapeutic implication here, then, is that the analyst needed to serve as a container for Leo's unthinkable existence, suffused as it was with jeopardizing ideas and feelings, and had to help him make connections between them—to make sense of them—in ways that were not too much for him. Making connections was supported by the living atmosphere in the meeting between patient and analyst, as well as by the analyst's ability to contribute sequentially more complex metaphors of the senses (simple perceptions) to the making of these connections. Gradually, the resilience of these connections could make more complex thought possible—in particular, thinking about the relationship with the analyst.

In summary, this illustration of Ferro's teaching and supervision is in keeping with his style as described in the rest of his book. In supervising, he does not direct the supervisee about the right way to conduct the analysis, but rather opens up the intersubjective field. He offers support for reverie and emphasizes functioning at the level of Row C, the level of waking dream thought, as well as the creation of a metaphorical or transitional space. He thus offers the supervisee the opportunity to carry on in a new space of her/his own, one where "real" thinking can emerge and unsaturated thinking can proceed.

Resonating with Ferro's view, I see psychoanalysis as defined and constituted by patient and analyst working intersubjectively within specific analytic parameters. Psychoanalysis in this context involves the process of opening, disclosing, differentiating, expanding, and creating awareness and thinking through metaphor and transformation. When it is progressing well, psychoanalysis explodes into richer knowledge, and richer knowledge explodes into richer confusion. Such is thinking, and such is the expanding field of psychoanalysis.

Supervision in Psychoanalysis provides our field with a working model and a conceptual awakening. It offers a framework within which to productively transform current and traditional conceptions of analytic thinking, supervision, and therapeutic process. This contribution represents some of the most creative psychoanalytic work, theory development, and therapy taking place in our field today.

GREGORY D. GRAHAM (HOUSTON, TX)

THE INTERPERSONAL TRADITION: THE ORIGINS OF PSYCHOANALYTIC SUBJECTIVITY. By Irwin Hirsch. London/New York: Routledge, 2015. 222 pp.

In *The Interpersonal Tradition: The Origins of Psychoanalytic Subjectivity*, Irwin Hirsch provides a lucid overview of his thinking concerning the evolution of the interpersonal tradition and its relevance for contemporary psychoanalysis. Over the past several decades, Hirsch has been a prolific author and committed proponent of the interpersonal perspective. His current book includes a selection of his papers written over a 30-year span (1984 to 2014), and each chapter is introduced by a brief prologue that places the paper within the context of his current thinking. Hirsch argues, throughout the book, that the interpersonal psychoanalytic tradition, more than any other, has contributed to contemporary psychoanalytic theory and practice.

Hirsch asserts that many current ideas, including heightened interest in the analyst's subjectivity, the emphasis on mutual influence in the analytic dyad, and the concept of enactment, stem largely from interpersonal contributions to the literature. He writes:

That the contemporary psychoanalyst must now attempt to be aware of more than the patient *per se*, that attention to the psyche of the analyst and to the mutual influences in treatment now carry equivalent weight, is due in largest part to the early and ongoing interpersonal contributions to our literature. [p. 2, italics in original]

Moreover, Hirsch contends that these contributions from the interpersonal tradition have not been sufficiently acknowledged by other psychoanalytic schools of thought. In an effort to redress this situation, he outlines what he believes constitute the bases of contemporary psychoanalytic practice and tries to demonstrate that interpersonal thinkers were the first to develop these ways of working. This overarching aim is at the heart of the book's message and colors the presentation of the material, particularly in the introduction and chapter prologues.

As the book's title suggests, Hirsch devotes considerable attention to the idea that the analyst is a subjective participant who can never entirely

escape his or her own personal reactions, and who is continually engaged with the analysand in a sphere of mutual influence. He frequently reminds us that it was the interpersonal writers who assumed the lead in emphasizing the inherent subjectivity of both individuals in the analytic process. Using multiple colorful clinical vignettes, he clearly illuminates the role of the analyst's subjectivity in the clinical process.

Hirsch emphasizes that the concept of the analyst as a subjective presence in analysis originated in the work of Harry Stack Sullivan in the 1940s and '50s. In contrast to the then-prevailing notion of the analyst as an objective observer of the patient, Sullivan posited, in his concept of *participant-observation*, that the clinician participates in the interaction and influences what is observed. Hirsch notes that Sullivan's concept of analyst as participant-observer evolved in later interpersonal thought to the analyst as observing-participant and then to the analyst as mutual enactor.

Hirsch spells out his model of observing-participation in an early and frequently cited paper, "Varying Modes of Analytic Participation" (chapter 2 of the subject book). All participant analysts consider themselves to operate from within the analytic field, rather than from a position of an outside, objective observer of the patient. The observing-participant analyst unwittingly repeats with the patient the patient's important early relationships and then clarifies the nature of the relationship. Because the observing-participant analyst is enmeshed in the analytic process, his observations of the patient and of the analytic process are always subjective rather than objective. It is accepted that the analyst's responsiveness to the patient is always communicated to the patient, either deliberately or inadvertently.

The author further delineates his thoughts on the topic of observing-participation in a fairly recent paper, "Analysts' Observing-Participation with Theory" (chapter 9). In this paper, he focuses on the analyst's conscious and unconscious imposition of preferred theories on the analytic process. Hirsch asserts that the analyst's theories influence the choice of interventions in ways that are not always recognized, and he encourages analysts to become aware of their countertransferences to theory.

Consistent with his emphasis on the analyst's subjectivity, Hirsch provides a window into his development as an interpersonal analyst with pas-

sionately held convictions. In the book's first chapter, "Toward a More Subjective View of Analyzability," the author strongly objects to the idea that the analyst can objectively determine who is analyzable and who is not. He believes that assessments concerning analyzability are often based on theoretical preconceptions and unacknowledged countertransference reactions; he describes several successful treatments of patients who, because of severe difficulties, might have initially been deemed nonanalyzable by many practitioners.

In the prologue to this chapter, Hirsch reveals that this paper was inspired by his personal experience of having been rejected for analysis by the first analyst whom he consulted. He speculates that this analyst failed to reflect on his negative countertransference feelings of dislike and disapproval. Later in the book, Hirsch reflects on this experience of rejection and concludes that it helped him realize the inherent subjectivity of all analytic experiences.

In the book's last chapter, "Emerging from the Oppositional and the Negative," Hirsch relates his personal history in a forthright and unapologetic manner. He describes his life as the only child of an anxious, overprotective mother and a father who was exploited by his bosses. He connects these early familial experiences with his later rejection of, and "contemptuous" (p. 210) attitude toward, theoretical positions that emphasize the fragility of patients and what he considers to be infantilizing provisions from the analyst. The author emphasizes his lifelong questioning of conventional wisdom, opposition to authority, and open criticisms of those with different theoretical viewpoints. Hirsch concludes:

Rejection of and opposition to the overly hierarchical attitudes of Freudian analytic objectivity and then to Winnicottian and Kohutian views of patients as inherently fragile and deficient and in need of repaired parenting, still stand as central to my thinking, working, teaching, and writing. [p. 212]

Other chapters flesh out the author's views concerning the influence of the unique person of the analyst on the treatment relationship and process. In chapter 3, "Countertransference Enactments and Some Issues Related to External Factors in the Analyst's Life," Hirsch speculates about how differences in the analyst's age and family configura-

tion might impact the nature of the analytic interaction and treatment outcome. In the hypothetical vignette of Jessica, he indicates that as an older analyst, he would likely want to improve his patient in accordance with his preferences and to explain her parents' behavior to her when she complains about them. In contrast, as a younger analyst, he would have challenged Jessica to be more her own person and less concerned about her parents' feelings.

In "Reflections on Clinical Issues in the Context of the National Trauma of September 11" (chapter 8), Hirsch describes how his personal qualities influenced the way in which the trauma of September 11, 2001, was processed by his patients. He indicates that in the immediate aftermath of the tragedy, his typical participant-observer stance became more of a participant-participant stance characterized by an open sharing of his worries with his patients, as well as a failure to address the transference reverberations of his disclosures. After about a month or so, he became less preoccupied with the trauma and resumed his more typical ways of working with patients.

On the one-year anniversary of the September 11 trauma, few of his patients mentioned the event; Hirsch notes that his own tendencies toward emotional isolation and compartmentalization probably influenced some patients to suppress their feelings in order to protect him. Curiously, he does not speculate on how the dramatic departure from his typical ways of working during the immediate aftermath of the crisis might have impacted his patients' feelings and thoughts about what was happening to the analyst on whom they depended and whom they were now seeing in a new light. In this paper, as in "Countertransference Enactments and Some Issues Related to External Factors in the Analyst's Life," the actual person of the analyst and his overt behavior in the analytic relationship take center stage.

These two papers reflect the importance of external "reality" in Hirsch's thinking. Real relationships with real people, rather than endogenous drives and unconscious compromise formations, were posited by Sullivan—and accepted by later interpersonalists—as the building blocks of personality. The "reality" of the analyst's personhood and what is actually happening between analyst and analysand are of utmost importance. Although almost all analysts would concur that variables such

as the analyst's age and life situation affect the analytic process, they might differ on the degree to which such variables govern the process and outcome. The extent to which the analyst brings his or her values directly into the dialogue and openly encourages the patient in a particular direction with respect to the patient's life choices is relevant in this regard.

From its inception, interpersonal psychoanalysis emphasized principles that were in opposition to Freudian psychoanalysis. Hirsch continues in this tradition by frequently voicing his opposition to Freudian drive theory, one-person psychology, and the conception of the analyst as a blank screen for the patient's projections and as an objective observer of the patient's difficulties. Also, he repeatedly articulates his opposition to developmental-arrest models that view patients as deficient and analysts as providing needed supplies from a position of superior understanding.

In chapter 4, "Countertransference Love and Theoretical Model," Hirsch contrasts theoretical models in broad brush strokes. In a caricature of classical psychoanalysis, he claims that in the traditional drive-conflict model, patients are viewed as functioning on the basis of infantile sexual drives rather than on mature erotic and romantic transference feelings, and therefore it is easier for analysts to dissociate from their own countertransferences. He writes that in the developmental-arrest model, the patient is viewed as a deprived child longing for maternal nurture, and there is little sexuality in either the transference or countertransference. In contrast, in the relational-conflict model inherent in the interpersonal perspective, both analysand and analyst are viewed as adults, and the analytic relationship more closely approximates other social relationships. This is the optimal setup for the acknowledgment and constructive use of the analyst's countertransference feelings of sexual and romantic love, according to Hirsch.

Two chapters focus on connections between the interpersonal and relational schools of thought. Hirsch asserts that *relational* originated as an umbrella term, and interpersonal psychoanalysis was the single greatest influence on later relational writing. Some of the orientations included under the relational rubric align well with the interpersonal

perspective, while others, such as Winnicottian object relations and Kohutian self psychology, do not.

The author devotes considerable attention to the subject of enactments. He makes the point that interpersonal writers were the first to recognize the phenomenon and its importance in promoting analytic change. Hirsch considers Levenson, an interpersonal writer, to have essentially discovered the process of mutual enactment. Levenson described a process of *transformation* in which the analytic relationship begins to reflect the patient's internalized self-other configurations.¹ Hirsch asserts that Sandler's² concept of *role-responsiveness* and Jacobs's³ concept of *mutual enactment* were later descriptions of similar processes.

In "The Concept of Enactment and Theoretical Convergence" (chapter 6), Hirsch summarizes the views of classical and interpersonal analysts concerning the constructive use of countertransference experience and the role of enactments in treatment. He emphasizes that many of the recent writings from both groups focus on the analyst as an observing-participant who becomes unwittingly caught up in the transference-countertransference matrix. He notes that the concept of unwitting interaction has long been integral to the interpersonal approach, and he concludes: "the Classical analyst's adoption of a concept (enactment) that places the unwitting participation of the analyst at the center of analytic action incorporates interpersonal views into the Classical analytic theory of therapy" (p. 101).

In the interpersonal literature, enactments are viewed in a particular manner consistent with interpersonal conceptualizations of the mind and psychopathology. Drawing on Sullivan's view of development as an entirely interpersonal process and on the later work of Bromberg⁴ and Stern,⁵ Hirsch describes an unconscious consisting of internalized self-other configurations that are often unarticulated or dissociated. Psycho-

¹ Levenson, E. A. (1972). *The Fallacy of Understanding*. New York: Basic Books.

² Sandler, J. (1976). Countertransference and role-responsiveness. *Int. Rev. Psychoanal.*, 3:43-48.

³ Jacobs, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.

⁴ Bromberg, P. (1998). *Standing in the Spaces*. Hillsdale, NJ: Analytic Press.

⁵ Stern, D. B. (1997). *Unformulated Experience*. Hillsdale, NJ: Analytic Press.

pathology, according to Hirsch, develops from adaptations to problematic familial integrations and anxieties and from the emergence from such adaptations. Enactments reveal the patient's internalized self-other configurations and attendant feelings, and may provide the sole access to the patient's dissociated self-states and relational configurations. The type of insight highlighted in the interpersonal model described by Hirsch is insight into how the patient's relationships, including the current relationship with the analyst, are structured to conform to the past.

Hirsch's view of enactments in analysis is reflected in the following quotation:

Analyst and patient are both actors, or enactors in mutually lived-out transference-countertransference configurations, and I argue strongly that patients be routinely encouraged to talk about their perceptions of analysts' participation. I stress that this is a necessary component of mutative action since the analytic couple gradually begins to develop a relationship that parallels or models patients' experiences with others both historically and currently in extra-transference engagement. The verbal articulation of these mutually constructed configurations allows patients to see how current relationships are unconsciously motivated and structured to reflect and to resemble old, internalized self-other experience. [pp. 25-26]

This description of enactments emphasizes the analysis of relational configurations in the here-and-now analytic relationship, with the goal of establishing new internalized self-other configurations for the patient. A crucial element of the analytic process in this way of working is the analyst's inquiry into the patient's perceptions of the analyst's behavior. Hirsch asserts that without the analyst becoming aware of the patient's perceptions of the analyst's experience, the analyst's actions may continue out of the analyst's awareness, and the analysis may degenerate into an endless repetition of the past.

The ways in which enactments may further the analysis and analytic goals are not conceptualized in the manner described by Hirsch in all schools of thought. Also, not all writers would agree with the technical necessity of routinely encouraging the patient to comment on the analyst's participation. Hirsch writes that analysts who do not believe that

they become continually caught up in enactments do not see the value of an active inquiry into their participation in the analytic process. He does not, however, focus on how some analysts might view such an inquiry as potentially interfering with the patient's process of free association and with the overriding goal of exploring the patient's mind. For some analysts, the silent consideration of enactments can provide valuable information concerning the interplay of unconscious conflicts for both patient and analyst, thus leading to a renewed focus on the patient's self-exploration.

Let us now consider how the treatment process is described in one of Hirsch's vignettes. Kate, an attractive, single woman in her forties, enters analysis for depression and inhibitions related to orthopedic problems and chronic pain. Her history is marked by attempts to repair her parents' marriage, tending to the needs of her dysfunctional younger siblings, and subordinating her own desires to those of others. Despite her efforts, her parents' marriage deteriorated owing to her father's sexual infidelity, and Kate's idealization of her father crumbled.

In the treatment relationship, Hirsch continually feels kept at bay by his patient. Often, Kate enters the office smiling but with her body contorted. Hirsch interprets repeatedly that her orthopedic pain is the means by which she allows herself to be cared for by him and others. She responds that he must be correct, but her physicians do not agree.

When he suggests that she appears less interested in his taking care of her than in making the engagement pleasant for him, she tells him that he is wrong. When he makes interventions to the effect that she hates being taken care of by him, preferring to control him, she responds that she has opened up to him and has been well cared for by him. At one point, he wonders aloud how she would respond if he handed her a pillow to support her back, and she expresses exuberant gratitude. He thinks that she appears uncomfortable with the notion of receiving something from him, telling her he thinks she fears feeling too attracted to him. Later, he suggests that her pleasantness might reflect an attempt to keep him interested yet at arm's length. In concluding, Hirsch notes that, at any given moment, he feels more enhanced by the patient's presence than she seems to be helped by his.

This vignette illustrates Hirsch's theoretical conceptualizations regarding treatment. His patient Kate brings to the transference the internalized self-other template involving self-sacrifice for the benefit of others. The analyst gets caught up and enacts with his patient an approximate repetition of her key internalized relational configurations. He is verbally active and tries mightily to articulate what is going on in their relationship. He utilizes nonverbal cues and his countertransference experience to make subjective observations about her. Especially highlighted is the central place of the explication of the here-and-now dyadic interaction in the treatment process.

In my opinion, Hirsch is quite active and insistent in his descriptions of his work with Kate. I wonder how his directness affects her sense of safety in the treatment and her willingness to engage in self-exploration concerning her areas of vulnerability. Also—in contrast to what might be expected, judging from his objections to the use of theory by classical analysts—he seems to intervene as if he is the one who knows what is really going on between the two participants. I wonder what influence this stance has on this patient who is manifestly trying so hard to be pleasant and uncomplaining. Also, I would have been interested to hear Hirsch's thoughts about how consideration of perspectives other than the interpersonal one might have influenced the treatment process.

In conclusion, the overarching aim of securing credit for often-neglected interpersonal writers provides a particular framework for this book that is a source both of strength and of limitation. Hirsch succeeds in demonstrating the relevance of the interpersonal tradition for contemporary practice. However, like any specific vantage point, Hirsch's perspective serves to illuminate certain aspects of all that is involved in the complicated and often elusive nature of psychoanalysis, while minimizing, or even effacing, other aspects of the work. He tends to seek out and valorize those elements of theories that are compatible with the interpersonal perspective. Elements central to other schools of thought but less relevant to, or frankly incompatible with, interpersonal thought tend to be disregarded or rejected as misguided and obsolete. For example, constructs such as the patient's psychic organization, defenses, and unconscious conflicts and fantasies are given minimal consideration in Hirsch's version of analysis.

In his clinical vignettes, Hirsch sticks with his preferred approach. Thinking about his clinical work from outside the boundaries of his particular theoretical approach would have added a useful dimension, in my opinion.⁶ However, given his stark opposition to—even contempt for—Freudian drive theory and the deficit models of Kohut and Winnicott, it is unlikely that he would have discovered much to value or utilize from those particular theoretical perspectives.

Hirsch has provided a service to the psychoanalytic community as a whole by drawing attention to the many original contributions of interpersonal writers. As these contributions become more and more widely known, comparisons among theories may be discussed and debated in an increasingly sophisticated and nuanced fashion, and the practice of psychoanalysis may continue to evolve. Also, *The Interpersonal Tradition* should encourage every analyst of whatever theoretical perspective to reflect upon his or her subjectivity and preferred theory and on how these might be impacting the analytic process.

CAROL W. COUTU (BELMONT, MA)

RELATIONAL FREEDOM: EMERGENT PROPERTIES IN THE INTERPERSONAL FIELD. By Donnel B. Stern. London/New York: Routledge, 2015. 272 pp.

This book continues Donnel B. Stern's study of unformulated experience, dissociation, and enactment as defined in his previous works. *Relational Freedom* illuminates not only his theory of mind as it exists in the field, but also some personal aspects of his career. "Because I am a psychoanalyst, it is axiomatic for me that my own deepest intentions, like anyone's, are simply not rational" (p. 46), he writes. For Stern, "therapeutic action depends on our freedom to allow ourselves novel, unbidden experience" (p. 113).

Stern recalls:

When I was a candidate in the latter half of the 1970s, many, probably most, psychoanalysts of that era's mainstream believed

⁶ See, for example: Cooper, S. (2008). Privacy, reverie, and the analyst's ethical imagination. *Psychoanal. Q.*, 77:1045-1073.

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⁶ See, for example: Cooper, S. (2008). Privacy, reverie, and the analyst's ethical imagination. *Psychoanal. Q.*, 77:1045-1073.

that interpersonal psychoanalysis was too much concerned with “environmental” or sociological issues, and too little interested with inner life, the intrapsychic, the unconscious, or the mind. [p. 47]

As a reviewer of Stern’s clear, passionate compilation, I think it is only fair to “out” myself as one who was also a candidate in the 1970s at one of those mainstream institutes (Chicago) and who was embracing Kohut at the time, but certainly not the interpersonalists. Reading Stern’s still-painful recall of that political era when the American Psychoanalytic Association regarded interpersonalists as heretics feels shameful to me. Contrasting that time to the present day, Stern acknowledges, “Our theoretical differences no longer inspire the contempt of one group for another and/or the wholesale dismissal by the powerful of the view of those who are less powerful” (p. 166).

Today field theory and relational analysis are discussed in even the most conservative institutes. In this book, Stern takes a unique tour of the contemporary psychoanalytic landscape that compares and contrasts his own way of thinking to those of contemporary Freudians, object relationalists, Bionian field theorists, self psychologists, dynamic systems, and others. His ability to articulate and explain complexity and distinctions among often difficult-to-understand theorists is valuable to psychoanalysts of all persuasions. One way to appreciate Stern’s contributions is to recognize his synthetic, integrative capacity, borrowing the best of many and creating his own language.

Some of the chapters in this book expand on Stern’s previously published works. Two particularly illuminating chapters clearly explain and compare the field theory of Harry Stack Sullivan with that of Bionian theorists Willy and Madeleine Baranger, Antonino Ferro, and Giuseppe Civitarese. Stern is passionate about the concept of the field, in which he sees emergence as the experiential component. He correctly states: “The history of the field concept in American psychoanalysis, being a history of ideas, is as much a political and moral story as it is an intellectual one” (p. 46).

Stern traces the history and development of field theory in psychoanalysis, starting with Sullivan and Erich Fromm in the 1940s. Acknowl-

edging that Sullivan never commented on the patient's emotional involvement with the analyst (although Fromm did), Stern notes that Sullivan nonetheless recognized the unconscious contribution of the past.

Continuing his historical recounting, Stern indicates that the concept of the analytic field reemerged creatively in the 1960s, when two Franco-Argentinian analysts, the Barangers, published essays on the topic.¹ The Barangers' version of field theory was influenced by Bion, especially in his concept of *basic assumptions and group phantasies*. This is not the drive-based Kleinian notion of phantasy—this group fantasy is more than the sum of the individual fantasies of the group's individuals; it is something new. The Bionian analyst immerses herself in studying and interpreting this change in the field, which accounts for the eventual change in the patient.

Unlike the relational analysts of today, the Barangers believed that the analyst can decide upon and control her experience (to some degree) and control her conduct (more or less completely), even if both are unconsciously immersed in the field. There is more authority in the analyst's role. Contrastingly, the relationalists' view allocates more space to continuous, inescapable, unconscious influences on the analyst's behavior with the patient; accepting that this impact occurs in an ongoing way, the analyst focuses more on how she conducts herself with the patient.

A similarity between Bionian and relational analysts is that both recognize the importance of shared affect and the ubiquity of splitting. Whereas the Barangers' view of splitting leads to the idea of *essential ambiguity*, the relationalists, holding a similar view, express the ever-present potential for a shift in self-state to occur at any moment, triggering a simultaneous shift in the nature of the object.

The most widely known Bionian field theory contributor to English-language analytic writing is Ferro.² The aim of Ferro's method is what Bion would call the *transformation of primitive sensory and emotional states that have yet to be symbolized* (beta elements into alpha). Both Bion and

¹ See, for example: Baranger, M. & Baranger, W. (1961). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795-826, 2008.

² See, for example, a foundational contribution co-edited by Ferro: Basile, R. & Ferro, A., eds. (2009). *The Analytic Field: A Clinical Concept*. London: Karnac.

Ferro refer to the symbolically represented transformation experience as *waking dream thoughts*, in which primitive experience is linked to images or pictograms. This process has much in common with Stern's *unformulated experience*.

In describing Ferro's ideas, Stern's stated purpose is to demonstrate how symbolization is linked to field processes and vice versa; i.e., the events of the bi-personal field mediate the growth of the mind. Stern cites the work of Benjamin, Bromberg, Ogden, and others to illustrate that relationalists often agree with Ferro's therapeutic aim: transformation first of the field and then of the mind.

However, Ferro's conception of how the mind works differs in some respects from the relational one. Stern points out that Ferro adopted Bion's clinical model of the *container-contained*, using projective identification in order to explain how the analyst contains and "cooks" the patient's experience. The analyst does not focus on the revelation of transference, the regulation of affect, or the expansion of freedom in the relationship between patient and analyst, but on the transformation of meaning via narrative transformation of the field. The focus is entirely on the patient's inner world and how he responds to the analyst's interpretation. Bionian field theory analysts do not believe that they directly contribute to the creation of narratives in the field; rather, it is the patient alone who evidences projective identification.

By contrast, the relational view is of mutual unconscious influence by both patient and analyst, although the two have different roles. Yes, the field is co-created, but the analyst is not responsible for the shape of the field in the same way that the patient is. Stern believes that Bionian field analysts have more immediate confidence in their authority than do relational analysts. Interestingly, the more troubling kinds of enactment described in the relational literature tend not to be reported by Bionian writers.

Because the roots of Bionian and post-Bionian theorists (especially Ferro) lie in the theory of unconscious fantasy, while in the session, the analyst lives only in the world being jointly created in fantasy with the patient. This is in contradistinction to the situation as viewed by the relational analyst, who considers both inner and outer influences and the relationship between patient and analyst.

Elaborating on his own approach, Stern maintains that even though there is a focus on the unformulated, this does not mean “anything goes” (p. 97). Providing an extended clinical example, he avers that he, like Ferro, relies on his intuition and clinical conviction. I must say that I do not find this example very helpful in distinguishing Stern’s approach from Ferro’s, however.

Chapter 5, “Relational Experience and Therapeutic Action,” argues that the unbidden in treatment lies at the heart of the therapeutic reaction, courting surprise. Stern explains, “Therapeutic action depends on our freedom to allow ourselves novel, unbidden experience Therapeutic action has to do with the creation and emergence of unbidden formulations of experience from the nexus of influences that is the interpersonal field” (p. 113). This freedom, when it comes about, is a joint creation of the analytic pair:

It is not chosen in any sense; instead it emerges. No part of freedom can be made to happen. Relational freedom is created and reflected as much in the experience of the analyst as the patient. From a relational psychoanalytic perspective, it is axiomatic that patient and analyst are each routinely and continuously involved with one another, both consciously and unconsciously. [p. 118]

Who could disagree? Today, two-person models acknowledge the mutual influence of the analytic pair, and many highlight asymmetry to a greater degree than Stern does.

Chapter 6, “Witnessing Across Time: Accessing the Present from the Past and the Past from the Present,” expands on the idea of witnessing that Stern introduced in earlier articles and books. Here he describes how the special qualities of analytic relatedness allow dissociated experience (trauma) that is unformulated to be articulated in a way that makes it possible to think it. He concludes that this makes possible “a newly created capacity for the patient and therapist to witness one another—and for that matter to witness themselves” (p. 138).

Recognizing that witnessing is not a new concept, he cites Loewald, Modell, Laub, Poland, and others in order to illustrate how this concept has morphed into a routine component of therapeutic life, especially in

the language of the contemporary theory of multiple self states; from within one self state, we witness the experience created within another. Stern offers fascinating clinical examples of trauma occurring in the present that obliterates memory of the past.

Chapter 8, "Implicit Theories and the Values That Inspire Them," might be summarized with the cliché that all theory is personal. Here Stern maintains that all theories of technique and therapeutic action are basically statements of values and should be recognized as such:

Theories about how to do psychoanalysis, in other words, not only our implicit theories but our explicit ones as well, are not the idealized, rational products of detached, objective minds; they are instead the rather direct expressions of our values, many of which are both unarticulated and very close to our hearts. [p. 177]

It is Stern's position that what is good in life, so frequently unexamined, is what underlies our theory of technique. Expanding on this, he suggests that:

The clinical practices of self psychology and the interpersonalist/relationalist psychoanalysts may be the explicit expressions of implicit theories developed over several generations by analysts responding to the changing condition of human living in our part of the world, and to the changing personalities that began to arise as a result of these conditions. [p. 180]

Stern accepts that multiple theories are a way of life. What matters most is which theory of technique does the best job. He writes, "Thinking through the values we are advocating by embracing a particular theory of technique puts us in the best position to argue that theory's superiority" (p. 184). To illustrate, Stern contrasts the self psychology goal of achieving stability and integrity of the self, on the one hand, with contemporary ego psychology's valuing of mature personality functioning, on the other.

Chapter 9, "Psychotherapy Is an Emergent Process," focuses on the hermeneutical. Despite the fact that evidence-based, systemic psychotherapy research is winning over insurance carriers, Stern does not privi-

lege empirical research. I agree with Stern's assessment of analytic case studies and theories as more valuable sources of clinical inspiration than the findings of quantitative analytic research. He discusses Gadamer's ideas, noting that "in Gadamer's frame of reference, *misunderstanding* becomes the baseline condition, because understanding is always a creation, and requires the fusion of horizons" (p. 199, italics in original).

The final two chapters of the book address Stern's concept of *curiosity*. In chapter 10, he explains how he failed in his psychotherapy with a hard-to-engage patient. Describing a long clinical process, he muses, "What we were most missing was curiosity, by which I mean an active attitude of openness" (p. 212). In this enactment, both analyst and therapist were trapped in rigid ways of perceiving and thus of relating to the other.

"Curiosity: Dealing with Divergent Ideal Psychoanalytic Institutes," with which the book concludes, is among the most inspiring chapters for all analysts. It is Stern's salve for the pain he experienced as an analytic outcast in the 1970s. Here he focuses on the kind of intellectual atmosphere that he deems most desirable for analytic institutes. He proposes two models that might deal with differences and otherness: the *accretion model* and the *revolution model*.

For the accretion model, Stern first employs the dialectical views of Benjamin and Hoffman. From these points of view, the other, whether cultural or intellectual, is always already part of us, part of the background of what we are aware of being. We set the unfamiliar experience against what we already know, and in favorable instances, we are able to see the difference and learn from it. This model relies on the capacity to maintain an active attitude of openness; however, it may be unduly conservative.

Favoring instead the revolution model, Stern reminds us of the tenet in nonlinear dynamic systems theory that when a system reaches a tipping point, change is not gradual or linear but sudden. Borrowing Anton Ehrenzweig's ideas of a psychoanalytic understanding of how art is perceived, he claims that we are reassured by the vision of a fixed, changing world. Conscious perception has a firm and stable structure, whereas the unconscious mode of perception (unformulated) is dedifferentiated.

The unformulated has the potential for creativity, for different levels of dedifferentiation. "Because we must always be ready to treat the patients of our own time," Stern believes that:

Psychoanalysts continuously need dedifferentiated perception. An ideal institute would encourage dedifferentiation and creativity in its candidates. In this revolution model, all ideas, however beautiful and beloved, are temporary expressions of local truth, to be changed or replaced altogether as time passes. [p. 229]

I agree that this ideal is preferable to clinging to the past, but as Stern admits, operationally, it is difficult. Most institutes teach multiple theories, with passionate teachers adhering to their favorites; but what is new and creative may still be met with the familiar criticism that "this is not psychoanalysis." Openness to the new seems elusive.

Nevertheless, I remain optimistic about what we might regard as an acceptance of plurality by the psychoanalysis of the future. Technology may become the stimulus for creating new theories of psychoanalysis. Stern advises:

If we are to remain curious in the consulting room, on the one hand, and as candidates, teachers, and supervisors, on the other, we must keep close track of our theoretical and clinical preferences so that we can temporarily lay them aside when it serves our broader purposes. [p. 232]

The book closes with Stern's statement that such curiosity "is a demanding ideal" (p. 232).

I found that immersing myself in Stern's field theory and other discussions and clinical examples was akin to learning a different language. In some ways, he adopts the best of many theorists, making them his own. Indeed, as he recommended, I was able to temporarily set aside my own preferred theoretical predilections as I read. But in spite of that, I remain one of those passionate teachers who adhere to the laudable self psychological concepts of empathy, rupture and repair, intersubjectivity, trauma, and attachment studies. The most valuable clinical consideration, after all, will always be what works best for the analysis of a

particular patient. As Kohut suggested, “Let the patient teach you how to analyze them.”³

I would like to believe Stern would agree with Kohut’s comment. With Stern’s admonition to remain curious, I tried to retain an open mind as I read *Relational Freedom*, and doing so has certainly increased my respect for the clarity of his writing and his ideas.

BRENDA SOLOMON (CHICAGO, IL)

BECOMING FREUD: THE MAKING OF A PSYCHOANALYST. By Adam Phillips. New Haven, CT: Yale University Press, 2014. 162 pp.

Almost from the first, we are told of Freud’s demeaning view of biographies and biographers; and recurrently, Adam Phillips reminds us of it. For however knowledgeable or scrupulous about sources a biographer may be, he cannot know a person’s inner experience from moment to moment. How, then, could he write truthfully of a person’s lived life? Young Dr. Freud wanted none such for himself, confessing in a letter to his fiancée, Martha Bernays, that he had destroyed all his notes and manuscripts of the previous fourteen years so that no biographers could misrepresent the sources of the heroic future he aspired to. Indeed, when, decades later, Arnold Zweig offered to write his biography, he tartly refused: “To be a biographer, you must tie yourself up in lies, concealments, hypocrisies, false colourings, and even in hiding a lack of understanding, for biographical truth is not to be had” (Freud quoted by Phillips, p. 22).

Nonetheless, we are alerted to young Freud’s assumption that more than one biographer would be interested. Also, respectful but otherwise not commenting on Jones’s and Gay’s magisterial works, Phillips writes—and invites us to read—a subtle and intriguing new biography, *Becoming Freud*, structured inevitably by the informing irony of Freud’s conviction of its impossibility. A challenge seems to have been taken up.

Phillips presents the founder of psychoanalysis through mid-career only, inclusive of *Studies on Hysteria* (with Breuer, 1895), *The Interpreta-*

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tion of Dreams (1900), the books on jokes and parapraxes (1905, 1916–1917), the Dora case (1905), and a crucially widened understanding of sexuality. The narrative proves wide-ranging. It often touches on his later work, yet without losing focus on the incipient years. It also provides perspectival contexts shown to bear significantly on Freud's emerging psychoanalytic thought: familial, intellectual, scientific, and especially political-historical contexts.

For example, Phillips's account calls attention to post-1848 European nation states, with their diverse and growing urban populations, and within them recognizably modern citizens: individuals straining for self-definition. It tells of Jews being increasingly part of the larger mix, no longer restricted to ghettos, often secular, striving for bourgeois professions and status, and speaking and mastering the common national language. It tells of decisively empirical post-Enlightenment science central to Freud's medical education and early neurophysiological research.

Phillips, moreover, recounts Freud's repeated experiences of closeness to inspiring and encouraging older men: Brücke, whose devotion to empirical science inspired him and in whose lab he did research; Charcot in Paris, who combined closely observing scientist and performing artist, who enchanted him and whose lectures he translated into German; Breuer, the trusted older doctor with whom he studied and wrote about hysterics and who helped him to become a private practitioner and thereby able to marry and start a family; and Fliess, with whom he exchanged impassioned letters and had "congresses" while writing the dream book.

Phillips sees young Freud's strong connection to all four reflecting disappointment in his own father; he sees, too, his consistent withdrawal from each in time apparently preserving sufficient distance for his independence of mind and ongoing curiosity about human ways. These older, supportive men, Phillips suggests—in combination with Freud's analysis of his own dreams, elegiac feelings for his father, experience as the eldest of many siblings (having thereby repeatedly lost his initial priority with his mother), and his work with patients—contributed to his conceptualization of the Oedipus complex. The pattern of closeness and withdrawal would continue, of course, in his relations with his significant

early followers. A recognizable quality of his character, it affected the way he presided over the psychoanalytic movement during his lifetime.

Throughout, Phillips maintains an inclusive, flexible, enlistingly associative and in many ways ironic manner of his own, which doubles back or undercuts to encompass complexities and conflicts. His first chapter ends, for instance, with the following:

But the Freud who wanted to baffle his biographers, and indeed discredit biography, was also the Freud who would never be psychoanalysed, except by himself. Freud, that is to say, was someone who desired his own descriptions of himself and his life. It is perhaps not surprising that a Jew of Freud's generation would be interested in the possibilities of uncompromised self-definition, and would invent a science that would reveal its impossibility. [p. 28]

That revealed impossibility has to do especially with what Freud learned first from treating hysterics. Psychoanalytic understanding that enables help, he realized, comes not from the doctor's greater knowledge and diagnostic acumen, but from collaborative work: the patient able to speak for herself or himself, the therapist listening closely and offering interpretations, all subject to the patient's further comments and thoughts. However unusual, it is a mode of conversation. Hysterical symptoms, he came to understand, were failed communications from the sufferer to others and herself, part of a history of eventually comprehensible unconscious desires, protective defenses, and consciousness inevitably askew. These are "stories in abeyance" until told in that collaboration; they derive from childhood onward, are always unique to the person, and involve loss of a sense of specialness. Insofar as the patient knows her or his story before beginning treatment, it must be inaccurate because it is insufficiently inclusive. For without psychoanalytic collaborative procedure, we have only memories *of* childhood, not memories *from* childhood.

Psychoanalysis would reveal that we are formed by the childhood experience of assimilating to family and language, to others and to culture. What we make of all that in the present or future is not predetermined by that past, however repetitive our lives may be. One's conscious ego

is not master in its own house, and until it is explored, one's psyche has only "spurious forms of internal consensus" (Phillips, p. 33)—metaphorically, a structure of competing constituencies and interests, not an optimal order. We have far less knowledge of self and far less freedom of choice than we know. The psyche Freud came to describe was driven by desire and infantile wish, complicatedly constrained and distorted in development.

Ironies, parallels, paradox, and wit abound in Phillips's rendering:

- The dream, like the joke, reveals people, from a psychoanalytic point of view, to be in hiding, consciously in hiding from disapproving others, but unconsciously hiding from themselves. [p. 144]
- What Freud increasingly found difficult to cure in his patients was their (mostly) unconscious wish not to be cured. [p. 12]
- Pleasure was not addictive, anesthetizing it was. [p. 14]
- It was part of Freud's originality to talk about . . . things from the child's point of view, through a story of what he would call, disturbingly, the child's sexual development . . . And for Freud the child was also the figure of the immigrant, the relatively helpless one who has to live, to find a way of living, in other people's regimes. [p. 40]
- Freud's picture of the child will also have echoes of the anti-Semite's picture of the Jew, sensual, voracious, and transgressive, the iconoclast, the saboteur in a world of (adult) law and order. [p. 41]
- Psychoanalytic case histories sounded like short stories, in Freud's formulation, because they were short stories; they were strikingly unlike the medical writing of the times. [p. 157]
- Science abstracted and overgeneralized the singularity, the profounder eccentricity of human character that psychoanalysis revealed. Indeed, in its description of character, psychoanalysis often seemed to begin where science left off—that is, with the irreducible uniqueness of individual temperament and history. [pp. 156-157]

- It is one of the strange paradoxes of psychoanalytic history that the clinical treatment . . . based on collaboration . . . should have as one of its founding myths the absurd and implausible story of the isolated genius. [p. 64]
- What Freud's writing in these years exposed was the ways in which modern people created a false sense of security for themselves . . . Psychoanalysis was becoming in Freud's writing in these years the artful science of our false senses of security. Freud was discovering how modern people endangered themselves by the way in which they protected themselves. [p. 144]
- As an adult, Freud was to side with Enlightenment values against the "superstition" of religion, while exposing the irrationality of everything human, including Enlightenment rationality itself. [p. 36]
- It was the way in which people captured each other's imaginations—the defining irrationality that people evoked in each other, the secret communications between people—that fascinated Freud; and that would be the founding perplexity of psychoanalysis . . . It was as though, through encouraging the patient to say whatever came to mind, something barely containable, something in excess of scientific description, was being disclosed about modern people. That their official development was radically at odds with their unofficial development. [p. 97]
- Childhood memories need to be interpreted; they never speak for themselves. They are revealed in conversation. And . . . they encode our most fundamental desires. [p. 46]
- A patient's telling of that person's life story would disclose a repressed repertoire of possibilities (this was the undeclared, or repressed legacy, of Romanticism that psychoanalysis revitalized). [p. 133]
- Freud was always interested in how the modern individual always and never becomes one among many. [p. 47]
- Trying to become a reputable doctor of the disreputable giving a scientific account of irrationality, of everything in the individual that both undermined scientific method and made science itself sound like another neurotic structure, becoming

the Jewish inventor of a science that he didn't want to be seen as that contradiction in terms, a Jewish science, inventing a discipline that, in its own terms, was both a symptom and a cure. [p. 68]

At times, Phillips's witty, condensed manner can puzzle, even obscure, but usually, I find, it serves concentration and thought.

So why stop half way, at "becoming Freud"? Why not a complete biography of the founder of psychoanalysis? Had Freud died in 1906, Phillips explains, he would have given us enough—sexuality, comprehensively, as the driving force of wish and desire from infancy on; repression as defense against endangering wishes; the remarkable camouflaging and inventive dream-work we are capable of in our sleep; our repetitive psychic patterns; collaborative conversation as a therapeutic procedure—enough for others to work with more independently. There would not have been a psychoanalytic movement. We would have missed Freud's perhaps overly strong tendency toward metapsychological architectonics, and the vulnerability of psychoanalytic practitioners and followers to precipitous closure rather than a calm alertness to the uncertainty of knowledge and the complex uniqueness of each individual.

I would suggest, too, that the narrative of *Becoming Freud* delivers an interwoven story with an enlisting, if at times befuddling, fullness of art, offering ready ground for a reader's experiential understanding. It not only explains; it also exemplifies that for everyone, as for Freud, the moment—whether 1906 or the present day—is prologue, pre-formed but not predetermined, and therefore open to attentiveness, introspection, aspiration, and the possibility of creative effort. In that way, *Becoming Freud* daringly offers a mimesis, an aesthetically suggestive rendering of psychoanalytic work.

PAUL SCHWABER (NEW HAVEN, CT)

THE ETHICAL SEDUCTION OF THE ANALYTIC SITUATION: THE FEMININE-MATERNAL ORIGINS OF RESPONSIBILITY FOR THE OTHER. By Viviane Chetrit-Vatine; translated by Andrew Weller. London: Karnac/IPA, 2014. 215 pp.

This interesting and important book rests upon and offers readers a very accessible, in-depth encounter between the work of Jean Laplanche and

the Jewish inventor of a science that he didn't want to be seen as that contradiction in terms, a Jewish science, inventing a discipline that, in its own terms, was both a symptom and a cure. [p. 68]

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This interesting and important book rests upon and offers readers a very accessible, in-depth encounter between the work of Jean Laplanche and

the philosopher Emmanuel Levinas. At its heart is the assertion that the ethical stance of the psychoanalyst goes far beyond the pragmatic level of a set of professional obligations or commitments. Rather, psychoanalytic ethics is related to something that is enigmatic, fundamental to the human condition, and that is at the root of all human relatedness. It is a consequence of the challenges provoked and the developmental processes initiated by the inevitable *and necessary* asymmetry and primal seduction of the mother–infant relationship that is reactivated in the transference by the analytic situation.

As Scarfone describes in the book's excellent preface, the analyst is called upon to acknowledge that through the offer and performance of the analysis, what is reinstated is a situation of primal seduction in which the analyst "is required not to make any deliberate use whatsoever of the influence that such a seductive framework affords" (Scarfone, p. xvi). What Chetrit-Vatine then argues so effectively is that "listening to the other in the responsible way afforded by the Freudian method . . . eminently incarnate[s] Levinassian ethics" (Scarfone, p. xvii).

Levinas defined ethics as *responsibility for the other* and described it as *the first philosophy*. He believed that the encounter with the face of another human being initiates a "summons" to become aware of one's ethical responsibility for the other (p. 5). This formulation, rooted in the infant's helplessness and need, and inevitably evocative of memories of one's own infantile helplessness, is reminiscent of Freud's assertion that "the initial helplessness of human beings is the primal source of all moral motives."¹

Chetrit-Vatine links Levinas's ethical challenge in the primal mother–infant relationship to that of Laplanche's description of the primal situation that exists between infant and adult caretaker and that will later be reinstated in the analytic situation. The latter, which Laplanche calls *the fundamental anthropological situation*, is inherently

. . . asymmetrical and seductive in so far as it is based on an encounter between, on the one hand, an adult world endowed with a sexual unconscious and adult sexuality and, on the other,

¹ Freud, S. (1895). Project for a scientific psychology. *S. E.*, 1, p. 318.

a human infant endowed with psycho-physiological montages that are both immature and susceptible to being affected by this adult world on which he or she is totally dependent. [p. xix]

As a consequence, the adult world that is responsible for the infant is confronted with the challenge of whether to assume or decline the responsibility that this helplessness and dependency requires. Laplanche argued that a similar condition of enigmatic messages and asymmetrical need—at the level of unconscious infantile sexuality—are reinstated in the creation of the analytic situation. Thus, the latter contains a demand for psychic work and a challenge analogous to that of the mother–infant relationship.

It is this challenge that informs Chetrit-Vatine's argument and, as she reminds us, it lies at the very heart of the analytic situation:

The infant needs a mother and an adult environment that is capable of asymmetric responsibility for him, capable of satisfying his ethical exigency. This condition is [also] necessary so that the enigmatic messages [of the adult's unconscious infantile sexual residues] can be translated by the infantile psyche, and so that this same adult environment can be a source of assistance and recourse with this translation. [p. 98]

So, too, the analysand is in need. But how to describe what is needed? Here Chetrit-Vatine turns to de M'Uzan (among others), who noted that:

The analyst is not only the dedicatee and *agent provocateur* of the transference neurosis, but an organic element of its elaboration, since it is in him, as if he were the analysand himself, that an important part of the work is carried out.²

This work, similar to Bion's description of borrowed alpha function in the processes of container/contained,³ must take place within an eth-

² de M'Uzan, M. (1994). *La Bouche De L'Inconscient: Essais Sur L'Interprétation*. Paris: Gallimard. Quotation is from p. 41; Chetrit-Vatine includes it on p. 125 of the subject book.

³ Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.

ical frame in which the analyst's passion will be recruited in the service of the analytic cure.⁴

The formulation of what is at stake in that cure has been increasingly expanded in contemporary psychoanalytic theories. As Chetrit-Vatine writes in her introduction:

Meaning can no longer be considered as being always *already there*, deposited in some hidden recess of the subject's unconscious. In analysis, it will, in many cases, be gradually constructed, found, and created at the heart of the analytic process and with the help of what I call the analyst's "affected" participation (*participation affectée*). [p. xix, italics in original]

What is needed, both in analysis and in the developmental situation, is a *symbol-generating object* that will help the self (child or analysand) complete the filling of the continuously emerging potential space and assist in saturation of content, ideation, and meaning, so that specific form can be given to emerging, newly created ideational content. To the extent that the work of symbolization must be carried out by two people—e.g., Bion's alpha function and container/contained; Botella and Botella's psychic *figurabilité*⁵—the "seductive" and "responsible" impact of the analyst must inevitably fall at least in part upon the work and creations of the analysis.

But how, then, may the analyst's passion be transformative in a way that the analyst's participation in the patient's symbol generation does not become intrusive? What is required is the existence within the analyst of something that Chetrit-Vatine calls a *matricial space*, which is

. . . a space-time of asymmetrical responsibility for the other, containing and detoxifying the analyst's own possible excesses. It is on this condition that the analytic situation, and specifically, the setting with the analyst as part of it, become repositories of ethical seduction. [p. 98]

In formulating this space, Levinas is again useful. He argued in favor of what Bion would call *negative capability*⁶ in intimate relations because

⁴ Bion, W. R. (1963). *Elements of Psychoanalysis*. London: Heinemann.

⁵ Botella, C. & Botella, S. (2003). *The Work of Psychic Figurability*. London: Karnac.

⁶ Bion, W. R. (1970). *Attention and Interpretation*. London: Basic Books.

“to know the other is to restrict and categorise him; to make him an object or thing; to eradicate his singularity and individuality,” notes Chetrit-Vatine (pp. 38-39). Therefore, the analyst’s listening to the other must be “open, ‘ignorant,’ uneasy, and alert to what it is going to elicit or to what is going to come. The other is not knowable . . . always newly arrived, unforeseen and unpredictable” (p. 39), she argues. Applied to the analytic situation, this sounds very much like Bion’s exhortations to try to listen without memory or desire—to enter each session as if a new and not-yet-known stranger has appeared.

On the analyst’s part, the opening of oneself to one’s ethical responsibility and response entails a receptive passivity (*reverie*) deemed here as *maternal* but available in both male and female analysts. This receptive passivity is not masochistic. It derives neither from guilt, natural goodwill, nor a tendency toward self-sacrifice. It is not the equivalent of evisceration, fragmentation, or a “psychoticising intrusion” (p. 155). According to Chetrit-Vatine, in Levinas’s terms, “responsibility for the other is not of the order of freedom, of choice. It imposes itself, it summons us, and is stronger than us The other is unknowable; ethically speaking, he is an enigma to be respected” (p. 32).

As the reader of this review may have already surmised, immersion in this well-written book is at times a vital and breathtaking intellectual adventure. It can move one’s thoughts in many directions and raise many questions that remain unanswered. For example, what is the ethical dimension of Winnicott’s *use of an object*?⁷ Or of Bion’s projective identification as communication, signal, and plea? And what of Bion’s assertion that the analyst should be *without desire*? From a Levinassian ethical perspective, is this possible? Or is it *desirable* [*sic!*]? Is setting aside one’s ethical desire a prelude to Erikson’s (1966) *pseudo-speciation*?⁸

Immersion in this book breathes life, immediacy, and an invigorating vitality into the essential—but often all too administratively constrictive—discussion of the urgent ethical issues that can arise within our profession. It is a significant contribution to our field.

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⁷ Winnicott, D. W. (1969). The use of an object. *Int. J. Psychoanal.*, 50:711-716.

⁸ Erikson, E. H. (1966). Ontogeny of ritualisation in man. *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences*, 251 (772):337-350.

THE INKBLOTS: HERMANN RORSCHACH, HIS ICONIC TEST, AND THE POWER OF SEEING. By Damion Searls. New York: Crown Publishing, 2017. 405 pp.

Almost a century has passed since a young Swiss psychiatrist named Hermann Rorschach succeeded in publishing his psychological test based on ten cards of equal size, each bearing an inkblot-based image. The Rorschach Test quickly became a universal, if controversial, instrument of clinical, forensic, and investigative value, and it remains of interest to this date. Remarkably, *The Inkblots* is the first comprehensive study of its creator's life, career, and the vicissitudes of his project over the decades, particularly in Europe and the United States, and specifically in the world of psychoanalysis.

Author Damion Searls has written extensively as a translator and scholar, but this book is his first venture into the field of psychology. Based on exceptional research that includes material only recently made available, Searls richly traces Rorschach's life, beginning with his childhood in Zurich, where his father was a painter and art teacher. He experienced early parental loss, but he performed exceptionally in school in Schaffhausen; in his extracurricular language studies in Dijon, France (French and Russian); and, ultimately, in medical school in (once again) Zurich. It was there that he became close to a group of Russian students, including one Olga, whom he ultimately married, and it was there that he was first exposed to psychiatry, in the persons of Eugen Bleuler and Carl Jung. Through both, he learned of Freud's ideas, which he "both respected . . . and preserved a certain skepticism [toward] . . . He would continue to use psychoanalysis while remaining clear about its limitations" (p. 48).

Following his graduation, Rorschach moved about, working for periods in German, Russian, and Swiss hospitals until he settled with Olga in the Swiss town of Herisau—where, Searls states, he "lived longer than anywhere else except Schaffhausen" (p. 102). And it was there, in 1917, that he created the inkblot test that immortalized his name.

Others had experimented with inkblots as instruments for studying perception, but Rorschach was the first to conceive of them as devices for the understanding of imagination, interpretation, and feeling as

well. Searls elaborates in detail the nature and progress of Rorschach's experiments, accompanied by his service as vice-president of the Swiss Psychoanalytic Society, until he was able in 1919 to submit his text for publication. It took two years for it to be published, with Bleuler's support, as *Psychodiagnostics*. The initial critical response was mixed, but the ten inkblots remained unchanged. And it was only a year later that Rorschach—"right on the threshold to a better future" (p. 162), in Searls's words—died of a ruptured appendix on April 2, 1922.

In that year, the Rorschach test came to the United States under the influence of David Levy, child psychiatrist and child analyst. Initially controversial, by 1939, it had become increasingly accepted in psychology and anthropology as the "ultimate projective method" and the "new paradigm of modern personality" (p. 185). By the end of World War II, the test was serving the needs of well-trained clinicians, who came to regard it as "the queen of tests" (p. 198), and by 1954, the inkblots had been taken up in popular culture; indeed, "the Rorschach was the most popular [test] in the world in the fifties and sixties" (p. 212).

And yet, as Searls demonstrates, it was at this time that its stature began to collapse. Systematically applied to Nazi leaders at the Nuremberg trials, the test failed to identify any significant or definitive features among the subjects—certainly, nothing in the area of morality and no specific "Nazi personality." Various psychologists began to propose varying technical approaches. One such, John Exner, attempted a multiple-volume text that defined systematic clinical methods but, Searls shows, by the end of the twentieth century—particularly with the development of other, more "objective" tests (e.g., the Minnesota Multiphasic Personality Inventory and the Thematic Apperception Test)—"the story of the Rorschach would fall apart into the controversies around it" (p. 260).

At present, the Rorschach test remains of interest to some psychoanalytically oriented research psychologists and, occasionally, to those in forensics, but one is hard pressed to find it currently in use in the clinical field in which it gained its status and for which the young psychoanalyst Hermann Rorschach created it. A significant place in history it certainly retains, and a set of the inkblot cards remains in the desk drawers of many who, along with some younger readers, will find Searls's richly il-

illustrated book a remarkably well-written, fully detailed, and compelling account.

AARON H. ESMAN (NEW YORK)

CREATIVE ANALYSIS: ART, CREATIVITY, AND CLINICAL PROCESS.

By George Hagman. New York/London: Routledge, 2015. 129 pp.

Perhaps due to Freud's own conflicting feelings about whether psychoanalysis was more a science or a literary art form, psychoanalysts have long been debating whether a humanistic perspective adds or detracts from our practice.¹ Psychoanalytically inclined neuroscientists, such as Eric Kandel,² consider the conflict resolved when they show the scientific bases of art. Some analysts find ways of integrating artistic sensibilities into their perception of patients' cognitive processes,³ in part by evoking the transformative power of metaphor to integrate sensation, conception, and reflective functioning. Some psychoanalysts analyze artists.⁴

In his new book, *Creative Analysis: Art, Creativity, and Clinical Process*, George Hagman, both artist and analyst, treats psychoanalysis as an intersubjective art form aimed at creative living. In doing so, he moves past the science-versus-art binary in seeing psychoanalysis as an actual art, a view intimated by Winnicott's emphasis on playing and potential space.⁵ Winnicott, of course, was not alone in viewing analysis as a form of creativity. When Adam Phillips asserted that patients are the failed artists of their lives,⁶ surely he had in mind Otto Rank's dictum that true artistic

¹ Phillips, A. (2014). *Becoming Freud: The Making of a Psychoanalyst*. New Haven, CT: Yale Univ. Press.

² Kandel, E. (2012). *The Age of Insight: The Quest to Understand the Unconscious in Art, Mind, and Brain from Vienna, 1900 to the Present*. New York: Random House.

³ Bucci, W. (1997). *Psychoanalysis and Cognitive Science: A Multiple Code Theory*. New York: Guilford.

⁴ Knafo, D. (2009). *In Her Own Image: Women's Self-Representation in Twentieth-Century Art*. Cranbury, NJ: Rosemont Publishing/Associated Univ. Presses.

⁵ Winnicott, D. W. (1971). *Playing and Reality*. New York: Basic Books.

⁶ Phillips, A. (1998). *The Beast in the Nursery*. New York: Pantheon.

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⁶ Phillips, A. (1998). *The Beast in the Nursery*. New York: Pantheon.

creation is personality creation.⁷ The creative urge and artistic activity, according to Rank, are impelled by the human need to balance the opposing fears of isolation from, and merger with, others. Through art, an isolation-preferring artist can express himself to those who appreciate his special gifts, and people who wish to join in his unique vision can feel singular even as they unite psychically with his creation. Removing the fear of having to abandon either pole of longing has paradoxically provided resolution of the tension born of managing this binary.

Or perhaps Phillips, like Hagman, took to heart Marion Milner's insight that personal growth must arise out of the phenomenological experience of the artist within, mediating between our inner and outer worlds.⁸ Milner's artistic experiments taught her that only through experientially embodying an illusion that had been repressed as unacceptable could an artist find the balance between dreaming and doing so essential to her craft.

In a creative analysis, states Hagman, the psychological process of dialectical interaction between subjective and objective necessary to creating a work of art plays out as a lived interchange in the transference. Like artists, patients externalize their subjective experience—not onto a canvas or into stone, but within the deeply immersive analytic relationship. When attended to and elaborated on, this transference-countertransference relationship creates a special reality that must be protected and inspected. In Hagman's words:

The work of the analyst is the production, management, and use of a relationship that is of benefit to the patient. The patient's happiness, welfare, and experience of benefit are the primary objectives. This is how psychoanalysis both harnesses the creative process and decisively alters its aim. [p. 94]

But sometimes patients continue to be plagued by unwanted thoughts and feelings, or they persist in engaging in unsatisfying relationships, much like artists unable to figure out how to alter an ugly

⁷ Rank, O. (1932). *Art and Artist: Creative Urge and Personality Development*. New York: Knopf.

⁸ Milner, M. (1950). *On Not Being Able to Paint*. London: Heinemann.

image or a picture insufficiently communicative of their subjective experience. Such repetitive, self-restricting aspects of the patient's personality interact within the potential space co-created by patient and analyst to generate conditions for something new. When patients do not want to change, unconsciously preferring the known to the unknown, they experience creative failure, which is apparent in the concretized, repetitive aspects of the transference.

Hagman's minimalist aesthetic as a writer is so clear that he makes these complicated ideas look deceptively simple. The book is divided into seven chapters and a postscript covering the following topics: "What Art Is," "Psychoanalysis as Creative Art," "Creative Brain," "Aesthetic Interaction" (written in collaboration with Carol Press), "Creative Analysand," "Creative Analyst," "Creative Analysis," and "Creative Living." The book is extensively referenced but not oppressively so, as some of the more academic references have been moved to an appendix. Every chapter contains a clinical example and a summarizing conclusion, some with lists that highlight important points.

Following Lachmann's suggestion that psychoanalysis be considered as much an art form as poetry and music⁹ and Press's observation that psychoanalysis is a dance characterized by cross-modal aesthetic exchanges, Hagman stresses the use of an aesthetic sensibility in generating an interactional sense of self. His idea of the self is more expansive than that of the typical self psychological account. Its empathic foundation is rooted in the rhythm, tone, shape, and color of verbal interchange; the sensations of physical interaction; co-constructed fantasy and narrative form; visual elements of shadow, light, and depth; the felt sense of being together with someone; and the aesthetic rhythm of therapeutic insight, with its pattern of shock, disruption, and repair.

Empathy, then, is not just a matter of imagination, but of what Hagman and Press call *feeling into* the experience of the other through attunement with bodies, voices, and physical appearances, an experience built out of procedural memory. But this is not entirely a conventional relational view of self and object experience either: the aesthetic experi-

⁹ Lachmann, F. (2001). Words and music. In *The Narcissistic Patient Revisited: Progress in Self Psychology*, Vol. 17, ed. A. Goldberg. Hillsdale, NJ: Analytic Press, pp. 167-178.

ence of the analytic relationship creates a *judgment of the quality of being together* that patient and analyst share.

Hagman's conception of analytic praxis is also uncharacteristic in that it accords a great deal of centrality to the analyst's own creative experience. The art of analysis lies in forming an evolving idea of the patient–therapist relationship. However, the analyst is not just artfully crafting the patient's personality according to preconceived formulations; she is also being formed in profound ways by the patient's needs and inhibitions. The creative analyst is one who learns about his patient in the way that an artist learns about his art: through hands-on engagement and trial and error. This does not preclude holding a framework of values, methods, and visions of health to work within, but what is most of use to any particular therapeutic dyad is not whether a model of treatment is valid, but whether it is relevant to the pair's work.

Also important to Hagman's view of analytic engagement is his belief that the analyst, like the artist, is expert in managing and manipulating emergent experience. Drawing on Loewald's idea that the therapeutic process is a sculptural one in which the analyst keeps in mind a vision of whom the patient may become,¹⁰ and Summers's view that this vision of possibility will be met by the patient's defensive proclivities,¹¹ Hagman sees the analyst continually forming and modifying that vision as new material emerges. The patient, in turn, faces himself in a mirror that feels oddly distorted compared to how he has formerly seen himself. Over time, an image of a potential self—partaking of both patient's and analyst's visions—comes into focus in the analyst's mind and in the dialogue between them. It is the job of the analyst to keep this germinating new image in safekeeping until a new object relationship can crystallize.

The creative analyst is one who permits fluid and multiple self-organizations within what Hagman calls "the Analytic Self," aware that he is reliant on the patient's validation of him, as well as on his own self-confirmation. He acknowledges the importance of the analyst's motivation to be an "analyst of quality" (p. 76) and to work within the transference-

¹⁰ Loewald, H. (1960). On the therapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 41:16-33.

¹¹ Summers, F. (2005). *Self-Creation: Psychoanalytic Therapy and the Art of the Possible*. Hillsdale, NJ: Analytic Press.

countertransference field to resolve his own dialectic between inner self and externalized self. He cites Kohut as an example of an analyst who discovered a new aspect of the analytic situation by noticing the play of his old analytic self, trained classically, with his newly emerging analyst self-organization, based on recognition of a selfobject tie with his patient.¹² To highlight the play of the Analytic Self and the self of the Creative Analysand, the book provides particularly rich examples of how Hagman uses his emotional experiences with patients to inform not just his interventions and interpretations, but also his entire understanding of the relational dilemma that the two of them are creating together.

This book is engaging enough to be read as narrative yet linear enough to be employed as a text. Any clinician who has come to psychoanalytic practice via the arts will easily understand and enjoy Hagman's highly original synthesis. So, too, will any therapist interested in comprehending more about how artists engage creative problem-solving benefit from Hagman's honest self-exploration and lucid clinical illustrations. Persistent readers will discover yet more: a philosophy of life as well as treatment.

In a postscript on the art of creative living, Hagman introduces us to a theory of treatment conceived by Hector Juan Fiorini, which he considers similar to his own.¹³ Expanding Winnicott's ideas about potential space and the area of cultural development, Fiorini theorizes tertiary processes that enable the clash between the unformed/empty primary process and the structured/symbolized secondary process to transmute conflict into creative new forms. Like Winnicott, he believes that the mingling of analyst and analysand in playful interaction provokes more openness to unpredictable experience. Unlike Winnicott, Fiorini disputes that destructiveness creates the conditions for object finding; instead, Fiorini imagines a disruptive force within the psyche that dismantles established forms, making it possible for all structures to appear and disappear, for identifications to dissolve, traps to be evaded, and meanings to transform.

¹² Kohut, H. (1984). *How Does Analysis Cure?*, ed. A. Goldberg & P. E. Stepansky. Chicago, IL: Univ. of Chicago Press.

¹³ Fiorini, H. J. (2007). *The Creating Psyche: Theory and Practice of Tertiary Processes*, trans. S. Rogers. Vitoria-Gasteiz, Spain: Producciones Agruparte.

Living creatively, in this view, means refusing to settle for established identities and inhibiting habits. The challenge to the analyst is to resist interfering in patient crises for fear of foreclosing creative response, while at the same time remaining available to co-create with the patient the very process of ongoing disruption and restoration that is essential to creative living.

Although Rank's attempt to take a disruptive approach to certain aspects of Freudian orthodoxy did not go well in his day, Hagman's timing is better. Recent developments in psychoanalysis have made room for him to advocate a view that would feel familiar not just to Winnicott, Rank, Milner, and Phillips, but also to Buddhist psychoanalytic thinkers: from form comes emptiness, and from emptiness, form.¹⁴ Reading this book promises to disrupt one's categories in a way that sparks reflection.

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¹⁴ Langan, R. (2006). *Minding What Matters: Psychotherapy and the Buddha Within*. Somerville, MA: Wisdom Publications.