

ATYPICAL DISCOURSES

BY JOSEPH R. DWAIHY

This essay outlines novel ways of communicating with patients by altering semantics, syntax, word use, or sounds. Language is viewed as a tool for coping with problems rather than a medium with which to mirror external reality or internal human nature. This view of language emerges from a pragmatic critique of truth. The broader goal of this essay is to weave together the philosophy of pragmatism, especially as it has been articulated by Richard Rorty, with the theory and practice of psychoanalysis. Clinical case examples are discussed.

Keywords: Philosophy, pragmatism, Rorty, Davidson, truth, language, metaphor, irony, Ironism, synesthetic discourse, semantics, syntax, phonetics.

INTRODUCTION

People often talk in strange ways. If language becomes strange enough and if insight into its peculiarity is lacking, then the discourse may be interpreted as a sign of pathology or, more specifically, a thought disorder. Psychiatry broadly categorizes two types of thought disorder: those with abnormal content, such as delusions, and those with abnormal form, such as tangentiality. Depending on the degree and frequency with which these patterns are employed and the level of functional impairment they cause, I do not doubt that they are useful indicators of a condition best treated as an illness. This categorical scheme can be taken too far, however, closing therapeutic avenues. In this essay, I hope to

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show how strange and unusual language—language that in certain contexts might even be considered pathological—can be used as a way of forming a meaningful connection with and treating patients.

Perhaps the broader purpose of this paper, and of my current overall project, is to weave together the philosophical orientation of pragmatism, especially as it has been articulated by Richard Rorty (1979, 1982, 1989), with the psychoanalytic tradition.¹ I think pragmatic philosophy is still underrepresented in psychoanalysis and hope to show how these intellectual traditions support and inform each other. In this effort, I rely heavily on Rorty for several reasons. First, his writing is still contemporary and he had the advantage of reviewing all that came before him. Indeed, he read and referenced an astounding number of respected thinkers, including and beyond the fields of philosophy and psychology. Second, I find that Rorty synthesizes and clearly explains in a short time what becomes voluminous with other writers. In the case of pragmatism, I glean more from a few pages of Rorty than many pages of founding fathers such as Peirce, James, and Dewey, although their writing is also beautiful and enlightening. Rorty's *Contingency, Irony, and Solidarity* (1989) offers a particularly good entry into his *oeuvre* because it moves beyond the philosophical details of earlier work that might bog down psychologists.

Others have fostered a connection between pragmatism and psychoanalysis, including Goldberg (2002), who recognized the resistance to this project:

This movement away from a philosophy of certainty or positivism is, not surprisingly, just what has been happening to a large extent in American psychoanalysis. Unfortunately, this change in analysis has not been seen and studied as part of a historical process, but has instead been criticized as evidence of disloyalty to Freud and to classical analysis, as reflective of mistaken ideas about science, and (most unfortunately) as simply bad philosophy. [p. 239]

¹ I previously suggested that Rorty's notion of *edifying philosophy* and psychoanalysis are natural bedfellows (Dwaihy 2016). I now feel confident enough to overtly extend the comparison to pragmatism and psychoanalysis. Perhaps to the dismay of some philosophers, I do not distinguish between pragmatism and neopragmatism (Rorty's work is often included in the latter category).

I hope to help overcome such criticism, and I agree with Goldberg's sentiment that plurality is profitable and we should resist the attempt to translate one school of thought into another, which is "often a leveling process that aims to reduce the one into the other" (p. 245).

In this effort, this essay deals primarily with language. I endorse Rorty's view that language is neither a medium with which to represent the reality of the external world nor a medium with which to express the truth about a universal human nature. Rather, language is seen as a tool for helping us cope with the world around us and the world within us. As such, it is seen as a part of reality or even something that creates reality. Clinical examples are provided in an attempt to show how these concepts may be realized within a psychoanalytic framework.

I previously advocated the exploration and use of *abnormal discourse* (Dwaihy 2016), a term offered by Rorty and based on Kuhn's notion of revolutionary science. Abnormal discourse, roughly speaking, is language used by someone who is ignorant or defiant of the established conventions of a conversation. Psychotic patients often engage in this kind of discourse, and I have found it useful, or even necessary, to break the rules of ordinary language in order to communicate with them. I argued that the willingness to engage in abnormal discourse allows the sane person to bridge a gap of incommensurability (Kuhn 1962) between herself and the psychotic patient, creating an avenue of connection.

My earlier discussion considered patients who were so disturbed that they were involuntarily hospitalized because they were dangerous to themselves or others or unable to utilize basic life-sustaining resources. There are at least two reasons these ideas apply to more than this patient population. First, I agree with Fairbairn (1941) that "even the most 'normal' person must be regarded as having schizoid potentialities at the deepest levels" (p. 58) and with Bion (1957) that everybody is psychotic to some degree, that every personality includes psychotic and nonpsychotic aspects.² Second, everybody has an unconscious mind, and the

² The issue of more precisely defining psychosis will have to be taken up elsewhere. However, I roughly mean something like an inability to think, a breakdown in the process of thought, or the interplay of the unconscious and conscious mind. This would entail problems such as the inability to unconsciously or consciously view something from multiple perspectives, the inability to recognize external objects as external (or internal objects as internal), the inability to use symbols, and so on. I attribute most of these ideas to Bion.

unconscious mind does not necessarily follow the rules of ordinary language or logic (Freud 1900).

In an attempt to broaden this discussion to all patients, as well as to move away from the distracting concept of pathology, I henceforth use the term *atypical discourse* rather than *abnormal discourse*. I discuss different ways of talking with patients that might be considered atypical in order to elucidate this kind of communication and demonstrate how it may be therapeutic. The subfields of linguistics offer a simplified map of the ways in which communication can be altered and made anew: semantics (meaning), syntax (grammar or structure), pragmatics (use), and phonetics or phonology (sound).

A COMMON DISCLAIMER

Before proceeding, a few clarifications are in order. First, it is important to note that I do not claim to be discovering anything. The kinds of discourse and their labels are either borrowed or my own, but in either case they are invented. Further, separating these kinds of discourses into discrete categories—even drawing a distinction between typical and atypical—is just a metaphor. I am merely trying to offer a redescription of psychoanalytic dialogue and to place that redescription in the context of a broader philosophical understanding, something like Rorty's brand of pragmatism.

Finally, I present here short fragments from psychoanalytic treatments and do not intend to suggest that such isolated incidents are the only mutative factors in psychotherapy. Rather, lasting change usually seems to come from years of painful struggle, ostensible repetition, and a slow evolution infused with periods of relapse, all in the context of a compassionate human relationship.

CLINICAL IMPLICATIONS AND EXAMPLES

The psychoanalytic literature is full of examples of atypical discourse and, as will be discussed, the entire psychoanalytic enterprise is atypical. Despite the categorical scheme used here, all these variations ultimately result in a change in meaning and could thus be viewed as semantic vari-

ations. It should also be noted that this list is not meant to be exhaustive, but rather a small sampling of an infinite number of ways of communicating, ways limited only by our imagination, our ability to make art.

Semantic Variations I: Mad Language

Kleinians offer an entire school of analytic theory and practice that can be seen as a kind of atypical discourse. Balint (1968) describes how Kleinians “developed a most elaborate theory, and with it a language” by expanding the meaning of established words (p. 104). He writes:

Breast, milk, inside of the body, etc. started their careers as normal words, having an agreed conventional meaning, but in the course of time they have undergone a curious change, and their meaning has become at the same time extended and comprehensive

By this constant stretching of semantics, these analysts offer, and often succeed in giving, names to things and experiences that did not have names before, and for that reason could not be expressed in words. [p. 105]

He goes on to provide an example of what such discourse looks like:

These analysts have developed a very characteristic, though somewhat peculiar, “mad” language, which is described by many of their own patients in exactly these terms. In their publications we find patients being quoted as saying something like this: “The analyst tries to force mad thoughts into the patient; the patient had never had such disturbing and mad ideas before coming to analysis”; or after a “deep” interpretation by the analyst, the patient may reply: “The interpretation made the analyst appear to be mad and the analysis dangerous, because now the patient feels that the analyst was forcing his own mad thoughts into the patient in the same way as, according to the analyst’s reconstruction, the patient’s mother had forced her bad milk coming from her destroyed breast into him.” [p. 105]

The Kleinians thus created a new way of speaking to people and, in conjunction with theoretical concepts like projective identification, breathed new life and possibility into psychoanalysis.

Semantic Variations II: Discourse of Non Sequiturs

Another example of atypical discourse is Ogden's (2016a) conception of *discourse of non sequiturs*, in which "the connection between the two thoughts or feelings making up the (seeming) non sequitur pushes the envelope of comprehensibility . . . a form of discourse in which meaning is obliquely suggested" (pp. 421-422). Ogden notes that there *seems* to be an unintelligible gap between two statements in a non sequitur exchange. However, on the level of the unconscious, there may very well be a connection. Put another way, discourse of non sequiturs is that "in which unconscious truth [links] what was left out of the manifest level of [what was said]" (p. 423).

For an illustrative clinical example of discourse of non sequiturs, one must read Ogden's original passage. Because of the nature of this kind of communication, individual exchanges cannot be repeatedly translated without becoming incomprehensible.

Semantic Variations III: Ms. B

The following is a brief segment from the treatment of a woman in her twenties that occurred after we had met five times per week for two years.

Ms. B remembered her early childhood as "a magical time, like a Disney movie" and reported that she was sheltered from pain to an extraordinary extent. She was "treated like a princess" as she traveled the world with her father, a prominent figure in his profession who frequently gave speeches abroad. This magical era came to a crashing halt when Ms. B's body betrayed her with a series of autoimmune disorders, including type 1 diabetes and rheumatoid arthritis. Her symptoms began when she underwent precocious puberty and suffered through the humiliating experience of hair growing on her body where it did not belong, including her face.

Ms. B's metamorphosis from feeling like a princess to feeling "rotten inside and out" was intolerable. The trials of adolescence, in addition to her feeling suffocated by her mother and abandoned by her father, who could no longer take her on his travels, were devastating. Ms. B furiously

rebelled against the world and her body, which she perceived as viciously oppressive. Thus began years of severe depression, mood swings, self-destruction, and chaotic relationships. One of the ways that Ms. B tried to cope with her unjust reality was to deny that she had diabetes, and her blood sugar remained under very poor control, fueling mood swings and arthritic flairs.

Ms. B was showing progress with treatment, but she continued to deny her medical conditions by using the magical thinking prominent in her childhood. It became clear that if her diabetes were not dealt with, she would be at risk of losing life or limb.

My office was one of the few places where Ms. B checked her blood sugar. She often began sessions by sitting on the couch, recalling the trials of the past day, and pricking her finger to draw blood for her glucose monitor, followed by the self-administration of insulin via a pump. The pump is a small medical device that looks like a pager and usually sits on one's waist, perhaps clipped to a belt. It has a tube that enters into and underneath the skin, often on the abdomen, and delivers the insulin medication. During one such occasion, with the worry of Ms. B's health at the forefront of my mind (an anxiety that I largely contained for her until this point), the following exchanged occurred.

"I had a load of sugar again for lunch," Ms. B said as she prepared her blood glucose test strip and lancet. "I feel terrible."

"It's a lot of work, isn't it?" I replied.

"I hate this," she said, as she pricked her finger.

When a drop of blood appeared, I looked at it and asked, "Whose blood is that?"

After a brief pause, Ms. B exclaimed stridently, "*Whose body is this?*" and burst into tears.

After a few minutes of uninterrupted crying, Ms. B told me a detailed story of the first time she cut herself as a teenager, during a time when she felt particularly rotten in her body and abandoned by her father. Subsequent discussions dealt with the foreign nature of her body, her hatred of parts of herself and her parents, and her strategies for dealing with this (for example, harming herself in order to retaliate against her parents).

The exchange “Whose blood is that?” followed by the patient’s response, “Whose body is this?,” is the sort of communication that extends beyond the bounds of typical discourse. The patient and I watched her prick her finger and witnessed blood well up from her body. To ask who the blood (or body) belonged to, on the manifest level of the interaction, was absurd. On another level, however—that of the unconscious—the question resonated with the patient’s internal state of denial and rage, allowing our conversation to evolve. The exchange, which itself was a disconnection—a linguistic departure from our prior conversations and from how those words were used up until that point—seemed to allow her to come to terms with her disconnection from herself.

Semantic Variations IV: Synesthetic Discourse

The following is an account of what I will refer to as *synesthetic discourse*, which is a linguistic exchange that connects senses previously unmet. This exchange occurred during the beginning of my own psychoanalysis, a time filled with a particular kind of anxiety: the fear of engaging with those parts of myself that had previously been denied. This is a fear well appreciated by analysts (perhaps distinctive of the practice), and it is a profound one. By itself, this kind of fear is enough to put one on edge, but it was hardly the only source of my anxiety. To name just one other, it was already difficult for me to relax after years of medical training had inculcated me with the most unfortunate combination of erratic sleep and the burden of bearing witness to the stark realities of pain and humiliation that result from being betrayed by one’s own body or mind.

I was thus cursed with a kind of insomnia that kept me from dreaming both day and night. Sometimes I attempted to escape this internal intruder by lying on my porch in the sun. This was the closest I could get to finding a place within me quiet enough to daydream, and I would often report my frustrated efforts to my analyst. On one occasion, she replied by softly, even seductively, daydreaming for me: “Basking in the sun on the porch . . . doing nothing . . . that sounds *delicious*.”

Her use of the word *delicious* lingers to this day. It is a word that at once was completely out of place and perfectly fit in that moment. How

could lying in the sun be delicious? How could doing nothing have a flavor? For that matter, how could anything *sound* delicious?

Several aspects of this intervention made it effective, such as the musicality of her voice (the alluring tone, her accent). But one in particular stands out to me now, and that is the way in which it connected, in a very visceral way, two senses previously unmet. The feeling of warmth on my skin became delectable. The sensation of doing nothing became appetizing. My analyst's words became food and, because of their strangeness, nourished my appetite for relaxation and eventually dreaming.

Psychoanalytic process is, in large part, about breaking connections where they are no longer needed (or may be doing harm) and making connections where they will henceforth be useful. Our senses—those physiological mechanisms by which we acquire the data of our perception—have a unique kind of power to make and break those connections, to reweave the web of our psyche.

Not all synesthetic discourse is atypical. Color is often used as a surrogate for emotion, and there is nothing strange, unusual, or atypical about it. People often describe their mood by saying “I feel blue” to indicate sadness or “I see red” to convey rage. These are examples of synesthetic communications that have become so commonplace that they are clichés, dead metaphors, thus losing their power to induce change.³

It is here that artists play a vital role in the evolution of human discourse, psychotherapeutic and otherwise, for art begins where cliché ends. Artists of all kinds provide us with endless possibilities to create new vocabulary and connect previously detached senses. Painters, poets, musicians: they inhabit the leading edge of atypical discourse in all its forms. They are the individuals who are either brave enough or naive enough to engage in the upheaval of convention, to fuel revolution. Their unpredictability provides the wellspring of words, colors, shapes, sounds, tastes, and textures with which the rest of us—those condemned to the prison of secondary process thinking—can begin to dream again.

³ This aligns with Davidson's (1978) argument that “metaphors mean what the words, in their most literal interpretation, mean, and nothing more” (p. 245). I take this to imply that the difference between the literal and the metaphorical is the difference between the familiar and the unfamiliar, the typical and the atypical.

Syntactical Variations: Ms. Y

Communication may also be made anew by varying the structure of sentences in strange and unusual ways. I sometimes experience this in clinical conversation with the omission of pronouns. To illustrate this, I offer the following two exchanges with the same patient, the first of which employed a typical kind of syntax, including pronouns, and the second of which did not.

I met with Ms. Y to address her concern of loneliness and a “constant recording of negative thoughts” that ran through her mind. The source of these symptoms was linked to her abusive and neglectful parents. Ms. Y’s relationship with her parents filled her with an intolerable amount of rage that she needed to repress in order to protect herself and others. She seemed to convert her rage into an intense work ethic and strict schedule, such that her personal life was suffering at the hands of her professional success. The anger could not be entirely hidden, however, and at times she had violent dreams. On one occasion, she told me about a recurring daydream wherein a samurai sword sliced through the middle of her abdomen and chest. Weeks later, Ms. Y told me about her inability to take time off work and how this was making her sick. The image of the sword cutting through her body came to mind, although at the time I could not remember if she was the patient who had relayed the image to me. Despite my not knowing whose thought was whose, I attributed the daydream to her.

“Your strenuous work schedule is harming you,” I said. “I remember the time you told me about your recurring daydream, the samurai sword cutting through your body.”

Ms. Y replied in an irritated tone, “I never told you about that. You must be thinking of a different patient.”

“Oh, I suppose so,” I said with embarrassment.

Several months later, Ms. Y told me about a nightmare she had in which she was walking home at night and a car bomb exploded in the street, sending shrapnel, blood, and body parts flying through the air. The remainder of the dream entailed Ms. Y’s thwarted effort to find her way home as she was lost in a maze of winding streets, which in her description sounded like the dark, narrow hallways of her workplace,

though she did not make this connection. At the time, I made no comment. Several sessions later, however, that dream came to mind as Ms. Y yet again explained how the strain of work was making her miserable.

With the previous exchange about the samurai sword somewhere in mind, I said, “A bomb explodes, blood everywhere, hard to get home.”

Ms. Y recognized the reference this time and replied by tearfully stating that she was unable to relax and could see no way out of her predicament. She later agreed that working excessively numbed her anger.

In the first exchange, my words “I remember the time” and “you told me” kept our conversation in conscious, secondary process thinking. At that level, Ms. Y was solidly committed to denying the extent of her emotions, and my words failed to reach her. Moreover, I was also dealing with my own repressed anger and, in retrospect, I believe it was misleading when I said I was remembering *her* dream. In a deeper way, the dream belonged just as much to me, and my “remembering” was, in that moment, also about my anxiety and fear of all the (yet-to-explode) bombs in the room. Perhaps a better way to put this would be to say that the dreams Ms. Y told me about were dreams that we dreamt together, and that my memory of her dream was also a shared dream, despite her protest to the contrary.

The second exchange seemed more useful because of its atypical syntax. With the omission of pronouns, the dream was neither hers nor mine but a shared creation born of our relationship and ongoing conversation. In leaving out time and causality, the language could tap into something closer to primary process thinking and resonate with Ms. Y’s unconscious feelings.

Pragmatic Variations: Performative Utterances: Ms. Z

Elsewhere I discussed Austin’s (1955) performative utterances (also called *performatives* or *speech acts*) as an example of atypical (then called *abnormal*) discourse (Dwaihya 2016). Performatives are communications that do something. That is, they perform an act rather than simply saying something. For example, when a juror says, “We find the defendant guilty,” the words do not simply describe the state of affairs of the world; they determine them.

Of note, I categorize performatives as a pragmatic variation because their defining feature seems to be the way words are used, which in the study of linguistics falls under pragmatics. This is different from pragmatism, the set of philosophical ideas I am describing and comparing with psychoanalysis.

My prior discussion offered examples of performative communications I had with psychotic patients in the hospital. I will briefly describe here an example of such an exchange in a more neurotic context. This took place with a patient, Ms. Z, who dropped out of college in an unconscious attempt to sabotage herself and confirm her status as a failure in her parents' eyes (or at least in the eyes of the parents in her mind). Her decision was a bad bargain, for she was truly an intellectual person and quitting school left her with a hungry mind. She was plagued by a desire to return to her studies that was in conflict with her commitment to failure, and the topic of returning to a university repeatedly arose.

Several years into her treatment, Ms. Z read one of her poems aloud to me, which was a performance in its own right, for her rendition was combustible and the words of the poem were powerful.

I responded to the poem by stating, "You are such an intellect. Why did you ever leave school?"

She asked, "Do you really think I could go back?"

I replied by stating (in the form of a question but with the flavor of a statement), "Who better to study the world than you?"

From this point forward, Ms. Z was able to own her desire to return to school. The statement "Who better . . ." was a performative utterance. Like the juror declaring guilt or the priest pronouncing marriage, we proclaimed what the patient could not let herself know and, in doing so, created reality: the patient became more of the intellectual and successful woman who she could not previously bear to be.

I cannot take credit for this intervention, for it is one that several meaningful people in my life have made with me, helping me become the person I wanted to be but could not, because I could not admit that desire. It has happened in the sporting arena, in the classroom, at the altar, on the couch, and in a chair. A well-timed performative utterance coming from the right person makes the world so.

Phonetic and Phonological Variations: Ms. C

Yet another way to create novel language is to alter the sound or musicality of a communication. Linguistics distinguishes between phonetics (the study of the physical properties of speech production and perception) and phonology (the study of sounds as elements in the speaker's mind that creates meaning, i.e., the "cognitive" aspects of sound). As with many other distinctions, I do not clearly see where one of these stops and the other starts, but I nonetheless offer the following as an example of atypical discourse involving the use of novel sounds.⁴

Ms. C was a woman in her late fifties who was admitted to the inpatient psychiatry ward of a university hospital due to an inexplicable inability to speak. She was an otherwise healthy woman who, for reasons unknown to her or her doctors, was suddenly unable to utter a word. She underwent an extensive workup by internists, neurologists, and otolaryngologists, all of which returned negative results. Speech therapy made no impact. She stayed on the ward for about one month, during which time I met with her for an hour each day, six times per week.

Ms. C seemed as perplexed as anybody about what was going on but was oddly calm about it. I first attempted to interview her verbally as I would any other patient. Since she could not make sounds, I instructed her to move her head up and down to indicate *yes* or side to side to indicate *no*. She answered some questions in this way but declined to answer others. I could not identify a pattern as to what questions she would or would not answer, and this binary way of communicating was far too limited. This prompted me to communicate with her by writing, which allowed more information to be gathered but was still surprisingly narrow. The gist of the history I obtained in this way was as follows.

Ms. C had been a high-functioning woman with a stable career prior to the mutism. She was planning to retire in a few years. She was widowed and had few family members or close contacts. Ms. C had one daughter with whom she had been in touch until a few months prior.

⁴ Notably absent from my discussion is the idea that some people have difficulty making sounds. A more complete essay might address sign language and other kinds of gestures or "shapes." My limitations regrettably leave me with little to say about this very important dimension of communication.

Once the topic of her daughter came up, her affect became withdrawn, but I was able to ascertain that they had a serious conflict. Eventually, Ms. C refused to participate in the conversation by nodding or writing to any meaningful extent. We then entered a period of about two weeks in which I attempted to reach her, with minimal progress.

I stopped trying to “talk” to Ms. C as before and rather sat with her in silence for most of our time. I shortened these sessions, as I began to feel like an unwanted intruder. Ms. C began to refuse antidepressant medication and stopped participating in speech and group therapy. The overall feeling I had during this period was one of tremendous frustration and failure. I felt as if I were trying to extract something from a person who had no interest in human contact. In other words, it felt as though Ms. C and the therapy were dying. I felt that I was too, for of what purpose is the life of a doctor who cannot help? I recall here the sheer terror of witnessing a patient decline toward death in the trauma bay of an emergency room as I performed chest compressions while the rest of the trauma team frantically attempted to intervene.

One day, I entered Ms. C’s room and did not talk to her in an intelligible way. Instead, I made odd sounds. It is hard to represent these noises with written language, but I can say that they carried with them the sense of frustration I felt. I emitted sounds like *mmmrph* or *ehhhhh* or *rrrrmm*.

To my surprise, Ms. C let out a quiet chuckle and the slightest grin. It was the first vocalization I heard her make, and it felt as if the clouds were parting. Almost immediately after this exchange, however, Ms. C appeared shocked that she had made a sound and became mute again. Further efforts that day did not reach her, but I returned in the subsequent few days with similar promising results. On one occasion, I felt unusually persistent.

“Bmmmm,” I said. “Ekekekek!” and “Tssst!” My vocalizations were initially spread apart by about a minute in order to give her a chance to respond, but the pauses shortened and the sounds were made with increasing zeal.

This went on for a while, and, as I write this now, it reminds me of a mother trying to elicit her baby’s first words, except in this case I was not pursuing *mama* or *dada* but something I imagined to be very painful.

After a few minutes, Ms. C joined my efforts and, though at first she made no audible noise aside from her breath, with each attempt she opened her mouth as if to talk. Finally, she produced a vocalization.

"Hapapapap," she said.

"Yes!" I replied with perhaps the only "word" this exchange contained.

"Zzzzzt!" she exclaimed.

"Vrrooom," I said, as if we were off to the races.

"Crrrrrst," she continued with a laugh.

"Grrrrrrr!"

"Laaaaaam!"

And on like this it went, in a most exciting way. We had a conversation composed entirely of utterances that in any other context would have been completely meaningless. In this case, however, we were playing the most wonderful game together—a language game either without rules or rules so unusual that they seemed nonexistent—allowing Ms. C to be so amused by the silly young doctor sitting before her that she forgot she was unable to talk.

The exchange ended in another smile. I found actual words to be out of place in this moment, and we sat together in what I can only describe as a moment of warm glow.

Finally, Ms. C cautiously stated, "My voice is back."

"And we have so much to talk about, don't we?"

"Yes, but I'm tired today. Can we meet again tomorrow?" So we did. For the next few days, Ms. C tearfully discussed the feelings of rage she held toward her daughter, who had maliciously betrayed her. Ms. C had come to believe in the months leading up to her hospital admission that her feelings of rage (her voice, in a manner of speaking) could kill her daughter, and that danger made her mute (a manner of not speaking). This exchange amounted to a form of psychological suicide, for if one cannot express oneself, after a while one cannot think, and if one cannot think, then one cannot express oneself. In other words, Ms. C was giving up her own life and quite literally could not function, in order to save her daughter.

Trying to translate our exchange into verbal language would feel hollow, so I hesitate to make any attempt at all, but it now seems, at least

from my perspective, that it roughly went something like this: frustration followed by surprise, then elation, and finally resolution. As I write these words, it is hard not to compare this to an act of lovemaking, but the event did not feel erotic. I would instead call it a creative act. Seen in this way, one might say that Ms. C had become convinced that her voice was murderously destructive, and it took a demonstration of creative vocalizations to make it safe for her to speak again.⁵

To place this in a Freudian model, I quote Blass (2016):

[Freud's] view of the passionate, instinctual desire to know is very consistent with his view of Eros, the life instinct, with both described as seeking to bind things together into greater unities To love and to know are thus drawn closely together in Freud's thinking The erotic love that Freud implicitly posits at the foundation of the desire to know is not self-serving (as are our unconscious wishes) and can thus be regarded as a force that opens to reality, rather than one that distorts it. [p. 310]

One might also see this clinical encounter from a Bionian perspective:

If the infant feels it is dying it can arouse fears that it is dying in the mother. A well-balanced mother can accept these and respond therapeutically: that is to say in a manner that makes the infant feel it is receiving its frightened personality back again but in a form that it can tolerate—the fears are manageable by the infant personality. If the mother cannot tolerate these projections the infant is reduced to continued projective identification carried out with increasing force and frequency. [Bion 1962a, pp. 114-115]

Bion is here elucidating the difference between pathological and nonpathological projective identification, also stating:

The infant personality by itself is unable to make use of the sense-data, but has to evacuate these elements into the mother, relying on her to do whatever has to be done to convert them

⁵ To simply say that creativity is therapeutic is, after a while, to say very little. I hope this case offers a specific example of how this idea may be realized, for its greatest value lies in the particulars.

into a form suitable for employment as alpha-elements by the infant The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious. [1962a, p. 116]

I was able to help Ms. C insofar as I could think for (or with) her, insofar as my capacity for—in Bion's generic mathematical term—alpha function remained intact, despite my identifying with her terrifying projections. Once I had done so, we could communicate. This is nicely summarized by Bion's statement that "in its origin, communication is effected by realistic projective identification" (p. 118).

I conclude this case discussion by stating that I believe Ms. C's conflict with her daughter was just the beginning of her story. We were unable to go much further, however, because she was discharged from the hospital a few days after this encounter. I never saw her again, but I will never forget the wonderful noises we made together.

DISCUSSION

Psychoanalysis is, in a broad sense, a type of atypical discourse. Freud's introduction of the model of the unconscious mind and early life psychology, including childhood sexuality, was obviously novel and controversial. Although it has been taken up by mainstream Western culture in many ways, it remains a strange and unusual way of operating. Only a tiny percentage of people throughout the world thoroughly use the model to change their lives. Even patients in the midst of an analytically oriented treatment, despite clearly reporting improvements, may be hesitant to communicate in this way. One such patient is fond of saying that my office is "haunted" and that I "have an aversion to saying anything normal." Such criticism fortifies me against the countless failures I feel each day.

That psychoanalysis is an atypical conversation, both between patient and analyst and between the field and the rest of society, has as much to do with the way it may be realized as with any controversial theoretical content. That is, some psychoanalysts treat language as a part of reality, or even a progenitor of reality, rather than a medium with which to represent or express it. Ogden and Ogden (2013) write, "Lan-

guage is not simply a medium for the expression of the self; it is integral to the creation of the self" (p. 9). Ogden's (2016a) discussion of the discourse of non sequiturs demonstrates how "patient and analyst develop forms of discourse that not only serve as the medium in which the truth is conveyed; the discourse itself is a critical part of the truth of what is occurring at any given moment of a session" (p. 412). This aligns with a robust tradition in postmodern and pragmatic philosophy, wherein thinkers such as Derrida and Rorty invite us to see language "not as a device for representing reality, but a reality in which we live and move" (Rorty 1982, pp. 86-87).⁶

My desire to outline atypical ways of communicating that alter semantics, syntax, use of language, or sound—all of which ultimately change underlying meaning—is an effort to illustrate how this linguistic sensibility can be therapeutic, to show how well it blends with psychoanalytic theory and practice. Atypical discourses do not work because they serve as a medium with which to mirror the world (external reality or internal human nature); they work because they are instances in which language functions as a part of the world and/or the self.

Another thread I see among the various aforementioned examples of atypical discourses is that which Ogden (2016a) notes concerning non sequitur exchanges: there is a break in the manifest level of conversation, so the unconscious mind has to do the work of filling the gap. Non sequiturs accomplish this by playing with the chain of meaning in a conversation (i.e., by making it unexpected or illogical). I hope I have shown how other linguistic variations create superficial breaks that stimulate psychological work.

The Pragmatic Conception of Truth

One natural avenue to the belief that language is something more (or other) than a medium for representation or expression is Rorty's pragmatic critique of truth. Rorty is reacting against two main ways of conceptualizing truth (and therefore language). The first includes

⁶ Ogden (2012) shows us how to do this by getting beyond the temptation to find the "correct" interpretation of a psychoanalytic text or the interpretation that the author "really" meant. Rorty (1979, 1989) achieves this in his treatment of philosophers such as Hegel, Dewey, and Davidson.

schools of thought such as realism or positivism. Proponents of such schools are generally wedded to the idea that objective truth is out there waiting to be discovered. In modern times, science and philosophy are the methods by which one makes this discovery, and the purpose of language is to find a vocabulary that corresponds with or represents the truth.

Rorty (1979) uses the metaphor of the knowing mind as accurately mirroring nature to describe and critique this position. One of his compelling arguments against this way of thinking is as follows:

We need to make a distinction between the claim that the world is out there and the claim that truth is out there. To say that the world is out there, that it is not our creation, is to say, with common sense, that most things in space and time are the effects of causes which do not include human mental states. To say that truth is not out there is simply to say that where there are no sentences there is no truth, that sentences are elements of human languages, and that human languages are human creations. [Rorty 1989, pp. 4-5]

The second main way of employing truth that Rorty reacts to includes schools of thought such as idealism or romanticism. Proponents of such schools are critical of the effort to reflect external objectivity but become concerned with inner Truth. In these traditions, the purpose of language is to accurately express what (or who) we really are on the inside. Vocabularies and general theories thus promise to accurately reflect "human nature." Rorty (1989) comments:

Kant and Hegel went only halfway in their repudiation of the idea that truth is "out there." They were willing to view the world of empirical science as a made world—to see matter as constructed by mind, or as consisting in mind insufficiently conscious of its own mental character. But they persisted in seeing mind, spirit, the depths of the human self, as having an intrinsic nature—one which could be known by a kind of nonempirical super science called philosophy. This meant that only half of truth—the bottom, scientific half—was made. Higher truth, the truth about the mind, the province of philosophy, was still a matter of discovery rather than creation. [p. 4]

In contrast to these two ways of thinking about truth, the pragmatist does not find the general framework to be useful:

From our point of view, explaining the success of science, or the desirability of political liberalism, by talking of “fitting the world” or “expressing human nature” is like explaining why opium makes you sleepy by talking about its dormitive power. To say that Freud’s vocabulary gets at the truth about human nature, or Newton’s at the truth about the heavens, is not an explanation of anything. It is just an empty compliment—one traditionally paid to writers whose novel jargon we have found useful. [Rorty 1989, p. 8]

With regard to the external world, the pragmatist might view truth simply as the best idea we currently have about solving a particular problem, which usually amounts to agreement among the relevant expert community. With regard to our internal world, the pragmatist might view truth as a matter of the idiosyncrasies of an individual’s personal psychological history. It has simply not proved to be a fruitful enterprise to try to find a universal language or vocabulary that mirrors reality, a language that could, once and for all, transcend time and space and reflect the outer world or express inner human nature.

A sharp distinction is now in order. There is a difference between making claims about universal human nature and about an *individual’s subjective* (or psychic) truth. To again turn to Blass (2016) and her summary of the role of truth in Freudian psychology:

Symptoms are the expression of denied truth, and here one might add *psychic* truth, for ultimately what we cannot bear to know are not facts per se (about ourselves or the world), but what these facts mean to us (e.g., that we are bad or unloved) or do to us (e.g., endanger our well-being). This repression or denial is regarded as a kind of choice that the individual makes, even if not consciously or in a controlled manner. [pp. 307-308, *italics in original*]

The shift in focus from facts about the external world, or even facts about oneself, to an individual’s psychic truth is essential for psychoanalysis. Perhaps in this context—the psychoanalytic relationship—I find it

valuable to view language as a medium with which to help patients express their *individual* psychic truth. I thus cannot entirely part with the idea of language as a medium, at least not in the intersubjective realm. Nonetheless, I maintain that all this is compatible with pragmatism. The pragmatic psychoanalyst would simply deny that an individual's psychic truth is the expression of, or substitute for, an intrinsic, universal human nature. It is, rather, the result of all of the contingencies of that person's life: genetics, parenting, trauma, culture, sociopolitical circumstances, and so on. Communication, therefore, must be based on countless contingencies.

Freedom to Think

How does all this fit with contemporary psychoanalytic ideas about truth? In April 2016, *The Psychoanalytic Quarterly* published a special issue (Vol. 85, No. 2) that posed this question: "Is truth relevant to psychoanalysis?" Including the Editor, eleven leaders in the field took up this discussion, each offering his or her own take on what truth means in the psychoanalytic arena and why it matters. In my reading of these articles, *none* of the authors places much emphasis on the idea of discovering what is (or was) really out there (the attempt to mirror objective reality), which in psychotherapy corresponds to something like "the so-called archeological model of therapeutic action—the model dictating that cure depends on filling gaps in memory that have been caused by repression and covered over by neurotic symptoms" (Greenberg 2016, p. 270).

With very few exceptions, the authors in this special issue also seem less concerned with telling their patients what is really going on inside and, insofar as they do, it is about helping them express their inner psychic truth rather than revealing a universal human nature. Even in this venture, the authors err on the side of helping patients develop a capacity to think that, perhaps indirectly, allows greater access to one's psychic truth. Thus, Civitarese (2016, p. 495) sees common ground among all the authors in the shift from an "evidentiary" paradigm (the search for the *thing*) to the "aesthetic" paradigm (the development of the *how*).

Consider the recurrent thread. Allison and Fonagy (2016) write, "Fortunately, the overvaluation of insight is behind us, and the impor-

tance of emotional truth (the felt truth of an experience) seems generally recognized as the key to therapeutic progress" (p. 283). They characterize truth as a mental process rather than mental representation, a process that engenders "epistemic trust," such that patients can begin to use social input. Bush (2016) discusses the demise of "You are . . ." interpretations whereby the analyst tells the patient who he really is or how he really feels. He emphasizes the search for truth rather than the discovery of it as the important mutative factor in treatment, stating, "The process of knowing is as important as what is known" and even "*Knowledge can be the enemy of meaning*" (p. 354, italics in original). Davies (2016) asserts, "'Truth' has more in common with an individual's subjective reality; it is fluid and ever changing, more a verb than a noun. It is developmentally emergent as opposed to given" (p. 381).

Similar sentiments can be read in Levine (2016), who considers truth as emergent and highlights the "shift in the aim of analysis, from the recovery of repressed thoughts to the development of the capacity for thinking" (p. 401). Katz (2016) states, "Truth seems to be increasingly used by analysts to refer to a *quality of experience*, rather than simply *an attribute of a representation*" (p. 522, italics in original).⁷ She also quite rightly points out that "psychoanalytic truth, even 'deep unconscious truth' . . . can have no meaning apart from its relation to an *other of communication*" (p. 527, italics in original). This is analogous to Rorty's sentiment that there is nothing to be said about objective truth *precisely because* it is not related to anything. In other words, pragmatists and (some) psychoanalysts recognize that there is no way to get from the relational (or the subjective) to the objective, that there is no way to pierce through the veil of appearance and see naked reality.

All these angles on psychoanalytic truth affirm the notion of "substituting dialectic for demonstration" (Rorty 1989, p. 20). In his commen-

⁷ There are other ways of interpreting this symposium, to be sure. Katz (2016) notes that "with the exception of Levine . . . all [the authors writing in response to this question] implicitly utilize truth partly in the sense of the classical 'correspondence theory' of truth. That is to say, they treat it as referring to something that *has an independent reality, or exists in the world, and can be known*" (p. 513, italics in original). Perhaps Katz is correct, but if she is, then I would rejoin that the authors simply do not need to utilize a correspondence theory of truth and that, when doing so, they create more problems for psychoanalysis than they solve.

tary, Civitarese (2016) gracefully brings together many of these ideas and extends them to their natural conclusion. In this passage, the pragmatist may find a psychoanalytic home:

One should use the word *truth* less often as though it pertained only to content, and more as expressive of a process, one of becoming real. That is to say, one can state that being true—or rather, meeting the other—coincides with the very process of subjectivization. Self-consciousness is identifiable with language, even though it cannot be limited to semantic language. The subject's processes of verification are carried out according to a model that it would be appropriate to view as fractal. Social agreement, which does not need to be ingenuously restricted to verbal agreement, nor even less to be based only on verbal meaning, represents at bottom the realm of *all* knowledge. [p. 485, italics in original]

The shift from content to process that is repeatedly evoked in this issue of *The Psychoanalytic Quarterly* is fully in agreement with the pragmatic idea that language is more than a symbolic medium for representation or expression because knowledge is more than, or something other than, mirroring what is really out there or really in here. Rorty (1989) wonderfully sums up this position by stating, "If we take care of freedom, truth can take care of itself" (p. 176). A psychoanalytic version of this might be: if we take care of the freedom to think, psychic truth can take care of itself.

The Ironic Analyst

The development of general theories about how individuals deal with their psychic truths is helpful and perhaps even necessary. After all, I am here employing some of those theories to make my point. Theories become orthodoxy, however, when they purport to transcend time and space. Some theorists believe that there is actually something called alpha function, a superego or Eros that resides in each of us. They believe that these are part of human nature, rather than metaphors (a kind of linguistic tool) invented by human beings in order to cope with psychological and theoretical problems. Psychoanalytic concepts thus begin

to look like Platonic Forms. Schools of thought become concretized and lead to academic warfare, as took place between the Kleinians, Anna Freudians, and Independents of the British Psychoanalytical Society in the early 1940s. These debates are analogous to the battle between “analytic” and “continental” philosophers in the mid-twentieth century. Advocates of their tradition, psychoanalytic or philosophical, aim to keep their profession “pure,” a craving that leads one group to try to excommunicate another (e.g., “that’s not psychoanalysis” or “that’s not philosophy”).⁸ This is a catalyst for professional apoptosis. Such polemics have the religious flavor, the urge to make something a “quasi divinity,” that pragmatists wish to dispense with. My experience at various psychoanalytic meetings and reading certain literature suggests that this atmosphere is not yet a matter of history and, in some cases, the teams have merely been repopulated with new players.

The pragmatic psychoanalyst would maintain that concepts such as alpha function, superego, or Eros are metaphors and, like all metaphors, eventually become worn out and need to be replaced by new ones that better reflect our current contingencies and struggles. Even general frameworks such as drive theory, ego psychology, or object relations theory will eventually become fertilizer for the soil from which newer, more useful theories grow. Insofar as certain metaphors last longer than others or become “foundational” for the field, such as the idea of the unconscious mind, repressed emotions, or transference, even the pragmatic psychoanalyst may doubt that a better vocabulary will come along any time soon and replace them. These concepts become part of our “final vocabulary”:

All human beings carry about a set of words which they employ to justify their actions, their beliefs, and their lives. These are the words in which we formulate praise of our friends and contempt

⁸ It is striking to see this trend in other fields. During my few years of surgical training, there was a turf war over certain procedures between vascular surgeons, interventional radiologists, and interventional cardiologists, each claiming that the other was “not real surgery” or “not real medicine.” For the philosophical correlate to this, see Rorty’s (1982) essays “Keeping Philosophy Pure: An Essay on Wittgenstein” and “Philosophy in America Today.”

for our enemies, our long-term projects, our deepest self-doubts and our highest hopes. They are the words in which we tell, sometimes prospectively and sometimes retrospectively, the story of our lives. I shall call these words a person's "final vocabulary."

It is "final" in the sense that if doubt is cast on the worth of these words, their user has no noncircular argumentative recourse. Those words are as far as he can go with language; *beyond them there is only helpless passivity or a resort to force.* [Rorty 1989, p. 73, italics added]

Some people refuse to let doubt about their final vocabulary creep in. It is here that Rorty distinguishes himself and offers us freedom from certainty, from trying to mirror truth and end the ongoing conversation of inquiry. This is the position of the "Ironist," a person who distinguishes herself by fulfilling three conditions:

(1) She has radical and continuing doubts about the final vocabulary she currently uses, because she has been impressed by other vocabularies, vocabularies taken as final by people or books she has encountered; (2) she realizes that argument phrased in her present vocabulary can neither underwrite nor dissolve these doubts; (3) insofar as she philosophizes about her situation, she does not think that her vocabulary is closer to reality than others, that it is in touch with a power not herself. Ironists who are inclined to philosophize see the choice between vocabularies as made neither within a neutral and universal metavocabulary nor by an attempt to fight one's way past appearances to the real, but simply by playing the new off against the old. [Rorty 1989, p. 73]

Psychoanalysts are professional artists who use words to play the new off the old. For some patients, a successful treatment entails the revision of their final vocabulary or help with articulating it for the first time in their life. Psychic movement takes place in the synaptic cleft between final vocabularies, in a strange and uncharted gap of incommensurability. I would add to Rorty's observations only that beyond one's final vocabulary, there is more than passivity and force; there is the uncon-

scious mind and all the tools that psychoanalysis has invented for dealing with it.⁹

Contingencies of Language

Rorty (1989) draws upon Donald Davidson's work in the philosophy of language in order to illustrate how language is neither a medium for representation of external reality nor a medium for expression of internal human nature, but rather a tool used to cope with the world around us and inside us. Davidson (1977) argues that when two people communicate, they are constantly developing a "passing theory" about what the other person is trying to convey. We cannot rely on previously learned conventions in order to understand one another because of things like "mumbles, stumbles, malapropisms, metaphors, tics, seizures, psychotic symptoms, egregious stupidity, strokes of genius, and the like" (Rorty 1989, p. 14). Davidson, Rorty—and here I would think most psychoanalysts as well—will see such occurrences as, if not the norm, then at least the interesting parts of any conversation. The other parts are already "understood," so there is little to say about them. The fertile parts of our communications are, on the contrary, the moments when we are trying to figure out what the other person means or guessing what her next move might be. I do not think these moments are limited to unusual or odd exchanges, so I would add extensively to the list of linguistic surprises that Rorty gives. The most mundane exchanges, such as a (seemingly) simple greeting or farewell, are often filled with the most potential for exploration.

Davidson's take on communicating describes a lot of my personal experience in talking with patients. It seems to me that we are almost always trying to figure out one another, trying to meet somewhere amid a lot of unpredictable turns, shifts, mutations. When we do communicate, our "passing theories" converge, but there is no way to discover a standard method for arriving at such moments. As Davidson (1977) writes:

There are no rules for arriving at passing theories There is no more chance of regularizing, or teaching, this process than

⁹ One might note some similarities between Rorty's *Ironism* and Steiner's (2016) discussion of Schafer's (1970) *ironic vision* of reality. These thinkers seem to arrive at an ironic stance as they recognize our contingencies.

there is of regularizing or teaching the process of creating new theories to cope with new data in any field—for that is what this process involves. [p. 446]

Every therapy (one could say *every session*) is like developing a new passing theory with a patient. The pragmatic psychoanalyst would therefore be reluctant to believe in a “standard method” because there is no standard patient, no standard set of life’s contingencies, and no standard language with which to communicate, either with patients in therapy or with colleagues in theorizing.¹⁰ I suspect Civitarese (2016) is getting at something like this when he asserts of language games—of which psychoanalysis is one—that “there is nothing like an *Ur*-game that excuses us from the rules of various other games” (p. 493, italics in original). Among the various philosophical orientations, pragmatism uniquely emphasizes that there is no neutral matrix that could serve as the foundation for the rest of our inquiries, and it offers a cautionary tale about the urge to “ground” one’s principles in another field like epistemology or metaphysics (and here I add the neurosciences).¹¹

All of this emphasizes the particular circumstances of our communications over the general similarities between them. I find that my conversations and overall experiences are remarkably dissimilar with different patients, and even at different times with the same patient. For example, there are some patients with whom I do not hesitate to swear; with others I am exceptionally careful not to do so. For a few of my patients, English is their second or third language and elements of their vocabulary cannot be translated (making Davidson’s notion of passing theories particularly apt). We must then rely on strategies such as storytelling or neologisms to get a point across (almost all my patients lie on the couch facing away from me, so there is a limit to—but an important potential in—physical gesturing). Some conversations contain extended periods

¹⁰ Rorty (1989) draws a sharp distinction between our public and private lives. I accept this distinction and think standardization makes the error of excessively fusing the public and private.

¹¹ In his consideration of the concept of truth, Levine (2016) briefly looks to philosophy for assistance, notes some of the standard philosophical theories, and concludes that the issue is rather complex before turning to the arts for further clarification. This is a warranted redirection, but I would add that pragmatism is different from other philosophies in that, like Levine, it shifts our gaze.

of silence, while others are almost entirely filled with words. Sometimes the exchange flows freely and associations abound.

Content may include personal or family history, dreams, or what is happening in the present moment. Any of this may feel “alive” or “dead,” to borrow Ogden’s (1997) metaphor. Quite often, the times that feel most alive include an exchange of stories about artwork—discussions about the widest array of drawings, paintings, sculptures, performances, poems, music, novels, or movies (usually outside the fields of psychoanalysis and philosophy). During other times, it is hard to think at all. It may feel dead; it may feel empty. Even time is mercurial. Fifty minutes may seem like fifty seconds or fifty hours. Frequently, the idea of time is simply out of place.¹²

Others have described a similar quality to their work, including Ogden. I am inspired by his words that he “must invent psychoanalysis freshly with each patient” (2016b, p. 1) and by the endorsement of “using language that invents a way of communicating that is absolutely personal to that patient at that moment in the analysis” (Ogden and Ogden 2013, p. 17). I embrace the idea, which others have suggested, that the individual case study could be regarded as the gold standard of research.

A stock objection to this way of working is that it implies “anything goes,” a charge frequently made against pragmatists and “relativists.” I think the appropriate response to this objection is basically the one that Rorty (1982) and Civitarese (2016) give: *nobody* actually thinks this way. If anything, it seems to me that pragmatists have to think *more* about what does or does not justify certain beliefs, statements, or actions, for they cannot depend on transcendent criteria to settle the matter. Eschewing a standard method does not imply forgoing method altogether; it just means customizing our communications for each individual patient and determining, based on empirical evidence, what does and does not work (a strategy that the natural sciences did not invent and do not

¹² I have the urge to keep my office looking almost always the same, which several patients have commented on, reporting that it makes them feel comfortable. We often notice when anything changes, be it the location of a book, a new plant, or the light coming through the window. Perhaps I am trying to create some predictability that could contain the extreme psychic unpredictability.

have a monopoly on). I join Levine (2016) in quoting the pragmatist in Bion (1962b): “In psycho-analytic methodology the criterion cannot be whether a particular usage is right or wrong, meaningful or verifiable, but whether it does, or does not, promote development” (p. ix; quoted by Levine 2016, p. 406). This statement is from *Learning from Experience*, an aptly chosen title that to my mind is reminiscent of John Dewey.

CONCLUDING THOUGHTS

The impulse to discover Truth, and therefore language that mirrors it, may be “a legacy of an age in which the world was seen as the creation of a being who had a language of his own” (Rorty 1989, p. 5). If we give up the idea of a “nonhuman language,” then it no longer makes sense to think of words as having an overarching telos, such as reflecting the will of God or the reality of nature. This pragmatic outlook embraces Civitarese’s (2016) invitation to “accept our finite nature and to give up wanting to have a divine point of view on things” (p. 493), which is analogous to Rorty’s (1989) suggestion that we

. . . try to get to the point where we no longer worship *anything*, where we treat *nothing* as a quasi divinity, where we treat *everything*—our language, our conscience, our community—as a product of time and chance. To reach this point would be, in Freud’s words, to “treat chance as worthy of determining our fate.” [p. 22, italics in original]

Emancipation from the divine allows language to emerge as a tool for solving all sorts of problems rather than a mirror for reflecting reality. The history of language hence becomes the story of one tool (e.g., metaphor) being replaced by another that hopefully works better.

Changing semantics, playing with grammar, finding new uses for old words and new words for old uses, experimenting with sounds—these mutations work because they have an effect on us, an individual human effect that needs no reference to the objective, the divine, the supernatural, or the eternal. They work because they break the crust of convention, of secondary thought process, and transport us to a universe where someone might harm herself in order to kill her parents or silence her-

self in order to save her daughter. It is a universe where pronouns can be misleading because it does not always matter what happened to whom or if it happened at all. It is a universe where sounds can have flavors, colors can have fragrance, and thoughts can have textures.

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REEXAMINING SCHREBER THROUGH THE LENS OF A PRESENT-DAY CASE: FANTASIES OF DEATH, REBIRTH, AND GENDER TRANSFORMATION

BY BENNETT E. ROTH

In the history of psychoanalysis, the Schreber case has long been a source of controversy. Speculations about Schreber have abounded essentially because none of the speculators, including Freud (1911), has been constrained by the reality of interactive dynamics with Schreber on the couch. This author contends, however, that knowing someone analytically must involve the transference experience. He presents the case of Z, a middle-aged patient of his who described a fantasy that was uncannily similar to Schreber's, permitting a present-day reexamination of the original case, as well as ongoing speculations that include the way in which live clinical material can interact with the reading of a historical document.

Keywords: Schreber, Freud, paranoia, gender dysphoria, fantasy, death and rebirth, working analytic alliance, schizophrenia, delusional thinking, play-world.

INTRODUCTION

The published memoir of Judge Daniel Paul Schreber (Freud 1911; Schreber 1955) gave rise to what may be the most speculated-about case of psychopathology in the history of psychoanalysis. Beliefs or ideas related to gender change—which Krafft-Ebing (1886) termed *metamor-*

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phosis paranoica sexualis—have been documented in the literature on schizophrenia for over a century. Drawing on Schreber's memoir, Freud based his psychodynamic formulations of schizophrenia-experienced bizarre delusions on Schreber's fantastic belief that he would be transformed into a woman and that this transformation was part of his mission to redeem the world. Dynamic explanations for Schreber's delusional dynamics are still being offered today, persisting and being transformed as psychoanalytic theory enlarges to include the now obvious but previously avoided transgendered aspects of such a fantasy. In addition, our current understanding of homosexuality no longer permits the simple view of a man's transformation into a woman as a "solution."

A peculiarity of this legacy from Freud (1911) is the fact that Schreber was psychotic. This puts the case in what Robbins (1998) called a paradoxical relation to Freud's brainchild. Not only did Freud never meet Schreber, but for a long time and despite Niederland's (1951, 1959, 1972) careful attempts to argue otherwise, psychoanalysis was not considered an appropriate means of intervention for psychotic patients.

While many psychoanalytic writers have contributed to our understanding of Schreber's clinical picture, the exclusive source of this massive accumulation of written data was never really Schreber himself. Rarely, if ever, is it acknowledged that Schreber, however commonly he is referenced, is known by documents—his own memoir and Freud's examination of his case—and not as a person; furthermore, these are no ordinary documents. Freud and many of those who followed him have assumed that Schreber's superior command of language reflected an equally exquisite self-awareness and capacity to relate to others; that is, his written words stand in the same relation to the writer and to the audience as they would were they offered by a "normal" patient to a psychoanalyst (Robbins 1998).

But while a document such as Schreber produced may lend itself to textual-philosophical or linguistic analysis (Klein and Iker 1974), it does not suffice as an integrated source of data for psychoanalysis, as Lothane's (2002) biographical contribution asserts. Furthermore, as Katan (1959) pointed out, Schreber's manuscript was written in at least three different parts and likely in shifting mental states, from the first one of

1900 to the final one of 1903. This peculiar history cannot be ignored in analyzing Schreber's narrative.¹

I assume that the persistent efforts to bring Schreber's manuscript into the realm of psychoanalytic process, despite these confounding realities, represent ongoing attempts to establish and extend the psychoanalytic understanding of paranoid process, gender transformational fantasies, and soul murder (Devreese 1996; Shengold 1979). But given the confounding realities of the content, alongside the advances in our understanding of gender conflict issues, it is not altogether clear how to judge these efforts.

Partial answers to some of the questions that arise might be found in a present-day analytic patient with a fantasy similar to Schreber's. It was therefore extremely interesting to me to have the fortune to analytically treat such a patient. He was unaware of this complex theoretical history, yet his analysis cast an illuminating light on the extensive earlier efforts to understand and analyze Schreber's fantasy. It confirmed certain aspects of past analytic speculations while giving our comprehension of Schreber's fantasy a new intimacy and greater depth. In short, this patient's treatment offered the perspective of an ongoing analysis from which to examine a complex and multileveled gender-transformation fantasy with elements of birth and rebirth, as well as the mutual struggles that took place within that treatment.

MY PATIENT: Z

Mindful of Harris's (2009) warning that *masculine* and *feminine* have a surplus of theoretical bias, I must carefully point out that in this patient, whom I will call Z, there was a continuous interflow between two gender positions so that neither dominated fully or consistently. We know that internal gender identity is always an amalgamation of biological reality, fantasy, familial factors, and cultural folklore within what constitutes a

¹ Schreber's *Denkwürdigkeiten* has a peculiar structure. He wrote the main portion of the book between February and September 1900. The book begins with a preface dated December 1902, an "Open Letter to Flechsig" dated March 1903, and an introduction obviously written in February 1900. Because the preface and the "open letter" were written so much later, a full discussion can take place only after we have studied the entire book (Katan 1959).

human frame of reference (Ogden 1989). Embedded in this current treatment was a man's struggle with gender/desire/pleasure that initially triggered a self-destructive wish. The continuous movement between his divergent sexual identifications, male and female, fragmented not only his transference experience but also any intimate relating, thereby sacrificing intimacy and pleasure while undoing the possibility of a reparative therapeutic attachment.

Z presented as unusual from the very beginning, with many odd behaviors revealed in the initial interview. He had been in analysis with a former patient of mine, and said that he had made very little progress in that work beyond planning to marry the longtime girlfriend with whom he had been living. His plan to marry coincided with the first analyst's absence due to health issues, and now his marriage was about to occur.

Slim, small, handsome, and casually well-dressed, Z was of mixed Caucasian and southern Asian heritage. Much later, I gradually came to know that his history was notable for the fact that, after fleeing from their home country, he and his family had been refugees in a British colony.

In our initial encounters, Z made little eye contact with me; he spoke in a barely audible monotone interspersed with regular sighs as vague, unexplained emotional punctuation. He told me that he had lost his last four jobs, admitting without elaboration that he had not been able to maintain a working relationship with his superiors and had once openly refused to do assigned work. His previous analyst had referred him to me more than four years earlier, but since then he had remained in the aforementioned stalemate. Since he had left that treatment, we agreed to begin a new analysis.

Z arrived twelve minutes late for his first session without revealing any thoughts or associations about his lateness when asked. In fact, all my efforts to establish a cooperative relationship with him were met with rebuffs, changes of topic, or silences. He ignored my requests for fantasies or associations to his lateness or to any other statements or behaviors. When he did respond, it was with emotionally flat, guarded recitations of the events of his surface external life. He did reveal, in a similar tone and manner and without apparent shame, that he had been a bedwetter as a child and admitted that as an adult, he now had a tendency

to withhold urine for long periods of time, to the point of pain. Most alarmingly and still without any evident emotion, Z, an insulin-dependent diabetic, admitted to an unpredictable, neglectful, and extremely dangerous tendency to not attend to his insulin pump, which had led to experiences of near coma. This profoundly masochistic behavior had been only partially hinted at in his prior treatment.

Among other odd behaviors that appeared during Z's fleeting, episodic periods of cooperation was an admitted pattern of consciously changing the sequence of events when telling a story—starting with the endpoint, then going back to the beginning, and last of all incorporating the middle parts. This reconstruction of sequence was similar to Schreber's chaotic contact with reality, but in Z it seemed intentional.

After the treatment had begun, Z revealed that he prepared for his sessions by deciding on a topic and choosing the opening few sentences, but then refusing to elaborate on them in his mind. In sessions, he rejected all requests to speak without censorship and admitted to answering my questions, as well as those put to him at his workplace, with fabricated answers; spontaneous or truthful dialogue was impossible. This established in me a sense of uncertainty; I never knew whether what he told me was true or not (Bion 1962, 1963; Roth 2004).

Central to all these behaviors was the openly expressed idea that it was my responsibility to do something about his destructive behavior and his withdrawn silence. Yet exactly what Z wanted me to do remained unelaborated. Rather than explore this fantasy, he expressed the wish to have me in the position of—as he called it—watching him die. While elaborating this idea/fantasy, he showed no apparent emotion, revealing it matter-of-factly and waiting silently for my reaction.

Given the severity of these presenting problems, I was pessimistic about the outcome of the analysis. Z fit more generally into the pattern that Joseph (1982) described with regard to seemingly perverse near-death experiences in patients of her own, but there was an additional complication. Significantly, Z reported an extensive and complicated, repetitive fantasy not unlike the famous one described by Schreber (Freud 1911; Lothane 1992, 2002): that of dying, being burned after death in a large fire, and emerging from the ashes as a beautiful woman with golden-blond hair and pure white skin. This death-and-rebirth fantasy

was central in the early period of his treatment, during which Z kept me at a distance and made me an observer—silently withdrawing and remaining mute in sessions in the manner described by Steiner (1993) as though he were in a place where he could hide in the open.

All these dynamics were present early in the treatment with Z. While on the couch, he was unable to speak openly about feelings, thoughts, or conflicts; they were silently experienced or later possibly reflected upon as he withdrew. This stance, he reported, was similar to the one that had stalemated his earlier treatment, and was also the one that he habitually adopted at his employment. He seemed to suffer an intense fear of exposing any open aggression, ambition, or desire. The presentation of his wish for me to watch him die included his malignant destruction of the treatment by forcibly excluding himself mentally from my presence and understanding. It was as if even basic communication reflected some unseen, oscillating, reciprocal violence between us. In sum, I had good reason to be dubious about the outcome of the treatment and to assume that he wished that I, too, would “fire” him, and in doing so, I would be transformed into the kind of paternal nemesis whom he often found and described at work.

Z talked frequently of dying and of my watching him die and be reborn. His repertoire encompassed a variety of psychotic-like behaviors that were unusual and seemingly intermittently present. Yet his rebirth fantasy expressed some disguised regenerative wishes and temporarily magically repaired his resulting disinvestment. I initially viewed him, therefore, as struggling with (and as occasionally dominated by) a complex self-hatred and intolerance of self and attachment, fueled by a malignant envy of the capacity to create life.

Z also admitted without apparent conflict a belief that he magically controlled others’ behavior with his thoughts—for example, that his wife would never leave him no matter how distantly he behaved. It was my perception that he often used fantasies of thought control to forestall anticipated envious attacks. But his reliance on this fantasy, of course, was profoundly at odds with reality testing. On the initial surface of his treatment, his episodic withdrawal prevented both a consistent therapeutic working relationship and any emotional learning, while he maintained his fantasy of having control over me either by being physically or

emotionally absent, or by turning me into his threatening critic. He was unable either to report what evoked his withdrawal or to prevent its occurrence, capable only of simply acknowledging it; he reported that he behaved in a similar manner with his wife.

I came to understand these withdrawals into physically still silence on the couch (Steiner 2011) as an inability to tolerate the interactive, emotional elements of participation with the analyst as aspects of a good or attentive external relationship; recognition of such a relationship would provoke a profound fear of intrusion. I commented on his physical movements, his sighs, or I suggested that perhaps I had touched an “emotional button” when he withdrew. In the context of his painful withholding of urine, I was able to point out the way that he withheld what was inside: urine, words, feelings, and semen—but with no obvious effect on the analytic process.

Z’s treatment stalled. There were alternating periods of cooperation and sudden, abject withdrawal. Continuity between sessions was mostly absent, and he often appeared defensively innocent or naive. Following an instance of basic cooperation, he would almost surely be late for the next session, repeatedly saying that he expected me to be angry. Since my office was adjacent to my home, after a few weeks of chronic lateness, I advised Z that I would not wait in my office if he were more than three minutes late; instead, I waited at home for the bell to ring. I thought that he was physically withholding himself. I struggled to maintain the semblance of an analytic frame, with one important deviation: I began to share a few countertransference reactions openly with him, specifically with regard to his sadistic (anal) withholding and withdrawal.

I believe that a central aspect of the early containment of patients prone to constant projection and withdrawal is to make an explicit statement that the analyst must be open to the patient’s projections and must be able to communicate his understanding of the experience evoked in him in a manner that the patient can hear and tolerate. Such a statement not only indicates an attempt to form some kind of relationship with the patient and his reality, but also stimulates healing of the pain assumed to stem from missing early maternal experiences. In the case of Z, I assumed that the patient’s withholding of urine, speech, and feelings represented a breakdown of his early relationship with his mother.

In addition, Z often delayed reporting his destructive actions and reactions, indicating his failure to seek relief of his destructive fantasies in treatment; there was not yet any analytic space for understanding them. Eventually, we began to discuss terminating his treatment. His wife was now pregnant, and at his request, we agreed to continue until a year after his child was born; he admitted being anxious about how he would respond to the child.

After the birth of the child, a boy, Z began to cooperate more with the treatment frame, although he found new reasons to be late to sessions. Before the year had passed, a watershed event occurred: Z's younger sister came to visit him from another country. Her visit occurred just before a two-week trip that Z was planning to take with his wife and new child to his parents in their adopted country. Z casually told me that this sister had not been able to maintain a pregnancy "for medical reasons" and in the same session reported having located on Facebook a former girlfriend who was now married and had children. He expressed surprise at this, saying he had "made her pregnant" and had insisted that she have an abortion. This, I counted silently, added up to three abortions that he had previously insisted upon, revealed via his sporadic analytic cooperation; at various times prior to his marriage, he had impregnated his wife-to-be and two earlier girlfriends, insisting that each have an abortion.

A surface connection between aggression and urination had already been anecdotally suggested in earlier sessions regarding his withholding urine, and assuming that there was a relation here to his silence and withdrawal, I sought access to his internal violent thoughts about abortions, and I stated clearly that I was not afraid of his violent fantasies. I interpreted that he was telling me he "needed to kill a fetus." He looked shocked at this remark, but quickly recovered and said, "I deeply resented the birth of my other sister [the one not visiting] when I was two, and I remember fantasizing about trying to kill her by spilling hot water for tea [urine] on her."

"And before that," I said, "you wanted to kill her when she was inside your mother." Z quickly agreed with this; he remembered staring at his mother's belly when he was seven and she was pregnant with the sister who was visiting. He added that he later stared at the baby in the crib

with thoughts of “how she should die.” “I remember those fantasies,” he said, and then fell silent and resumed his blank unresponsiveness.

He reported that he had stopped having sex with his wife from the time that she became pregnant, and I pressed on, saying, “You continue to kill fetuses,” ignoring his silence. Z smiled at my remark but said nothing in response. In a session later that week, he reported steadily turning down his wife’s request to have another child, but he did not communicate to her that he was afraid of the effects on his son of a repetitive trauma that had been so painful for Z himself—namely, the birth of his younger siblings. He said that he had no plans to resume having sex with his wife.

In my belief, his childhood fantasy of killing fetuses carried additional embedded wishes to simultaneously destroy his mother’s maternal procreative function as well as the fetus inside her and replace it with himself; that would leave him as the only male child and his parents’ heir (Chasseguet-Smirgel 1990). At this point in the treatment, I believed that this particular violent, fetus-killing fantasy had perhaps been activated in Z when he enviously viewed his twice-pregnant mother at different ages. He retained the fantasy and it influenced him, as evidenced by his repetitive need to first generate and then end pregnancies.

I believe that his rebirth fantasy was also linked to an envious attack on the women he made pregnant, including their fetuses, as well as on his mother and her fetuses. Much later in the treatment, he revealed that as a preadolescent, he had taken up “feminine” activities, such as sewing, crocheting, and cooking, in an attempt to gain his mother’s attention, as he felt that she preferred his sisters to him. He also frequently expressed overwhelming envy of the procreative ability that bore him a boy child, which was coupled with various wishes not to be a symbolic, limit-setting father—a figure identified with his own father.

Furthermore, it seemed that in the elaborate fantasies that emerged after the birth of Z’s child, all postpartum obstacles to accessing the mother’s body had to be violently removed. In this formulation, the obstructions to the mother’s physical insides were identified with reality (both hated and feared) and were represented by a variety of symbols, such as the father and the father’s derivatives: his penis, children, work, time, and being awake. All these fantasies, Z later informed me, were re-

activated when he witnessed his wife's Cesarean surgery (unconfirmed). Later, he would occasionally misspeak and say that it was he who had given birth to his son; he often claimed that he was the only parent of his son.

We agreed to continue his treatment following his return from a successful visit to his parents with his wife and then-10-month-old son. Following his return, I came to understand that he responded to empathic sensitivity by immediately withdrawing. For example, my simple mention of the absence of any reference to his mother during his recent visit, or to a change in his voice when he reported on the visit, led to immediate silence that lasted for most of two sessions. Over time, it was difficult to tolerate the powerful emotional effect of Z's sudden total withdrawal and its conjoined line of fantasy of his being emptied and of the emptiness in our analytic encounters.

During this period, Z was promoted at his workplace. Eventually, he came forward with an explanation as to how he had learned to be successful at work: he saw others as fixtures and moved about and among them, careful to avoid close contact with them and to have as little interaction as possible. It felt to me as though I were no exception to this behavior. His son, however, was somehow granted a partial but growing exception, and was eventually allowed to "make his own choices"; in other words, he was not Z's narcissistic double.

Cooperative periods gradually became more frequent following his promotion, and Z became more regularly prompt to sessions. He was still unable to speak without censorship, but new and significant material was emerging. He admitted that he suffered from severe separation anxiety when getting ready to come to early-morning sessions, and that he secretly masturbated every day before he left home. When he tried to stop masturbating, he found that he could not. Then he related two episodes of panic while in a large department store with his son, who was "upset," and for a brief period he could not find his wife. I suggested casually that he might have an (unrevealed) history of traumatic separation; he was shocked at this idea.

Slowly, details began to emerge in a disorganized manner of his family's flight from their home country to a British colony when he was five. Z alluded to the fact that his youngest sister was born after they fled.

The history of their flight, his learning English, and other related events were subject to the same process of disguise that I had seen in the early stage of treatment, when he told factually contradictory stories. It took years before he could address these matters with clarity. His descriptions of family life left me wondering whether his father had suffered the fate of many political refugees in that his personality changed after being relocated. Much of the material regarding resettlement was subject to disguise, he later claimed, for political reasons.

Of significance was that he established a close relationship with his Caucasian grandfather and rejected his “brown” father, preferring to think of himself as “white.” In addition, in his new social world and interactions, he seemingly refused to realize that along with a frightening desire for connection, he had a tremendous need to keep his distance by being “different,” being highly sensitive to intrusion on his interpersonal space. This fear of intrusion came to include his emerging complex fantasy life. Yet Z’s repeated criticism of others—be they teachers, ex-girlfriends, his father, or his sisters—was that they were not interested in moving closer to him.

SCHREBER AND Z

Schreber’s memoirs are rich in self-reported material that lends itself to various approaches and interpretations. In what follows, I will refer to selected materials from the varied literature regarding Schreber’s memoirs and discuss how Z’s treatment informed my reading of Schreber and the way in which my reading informed Z’s treatment. The ongoing treatment of Z offered some contrasts and confirmations to the historical dynamic understanding of Schreber and his gender-transformation-and-rebirth fantasy.

The original Schreber memoir is a primer on the understanding of psychotic mechanisms, yet its analytic meaning has remained open to bias and speculation. At the start of treatment, Z shared with Schreber a significant fantasy that complicated his analysis. While they had in common a transformative gender fantasy, the two men appear to be significantly different. Schreber’s reported delusions appear more grandiose and substantive and came to include a significantly pathological

“Redeemer” (Freud 1911, p. 18) component. Z, in contrast, struggled openly with being honest, with his sexual identity, being effective, and allowing safe intimacy. Both men articulated remarkably similar death-and-rebirth fantasies of becoming a woman.

Schreber and Z began to look to me like two planets revolving around a similar pathogenic star in parallel yet different orbits. Both were gifted men, unhappy with their physical gender and disavowing it. Both were preoccupied with their gender dysphoria as well as with reproduction, dead fetuses, and self-annihilation. Their pathology covered a wide spectrum of our psychoanalytic understanding of the pattern of early introjects upon which the early self-identity is composed, formed, and reliant. The basic failure to establish a safe and stable nuclear sense of self resulted in problematic paranoid resolutions throughout their later developmental progressions.

Thus, unstable or crippled early self-systems contributed to vulnerable and oscillating gender identifications and attractions that were in turn influenced by regressive pulls and fears of drive-rooted attacks. In the case of Z, these fears might have resulted either from the unstable inner self or from negative primary caregiving experiences and were assumed to trigger his withdrawals. Often, Z could be understood to reveal a shifting and brittle narcissistic balance in sessions, maintained by inventing an accusatory reason for past parental failures, by revealing sudden significant material, or by withdrawing into abject silence. On occasion, his verbal and fantasied self-deprecation was infused with an imaginary, near-delusional, self-destructive solution of psychic pain, death, and rebirth. His diabetes pump became a focus of his enactments.

It is likely best to view Schreber’s and Z’s unresolved conflicts as falling on a spectrum (Debbané et al. 2015) along which oscillating basic structural weaknesses and gender identity ambivalence were expressed. White (1961) focused on Schreber’s homosexual and oedipal conflicts. The inability to openly express hostility and conflicts around destructive oral dependency were identified by Steiner (2011), Lothane (2002), and Niederland (1974). In addition, rejection of the male heterosexual role in intercourse possibly related to horror of the primal scene (Baumeyer 1956). Paranoid processes (Meissner 1976; Niederland 1951, 1974), along with a depressive core (Lothane 2002; Steiner

2004) eventuating in the sense of soul murder (Devreese 1996; Shengold 1979), were found to be psychologically significant and revealing. And as Z's treatment slowly progressed, it became increasingly clear to me that, over time, his oscillations in gender identity and projective systems played out in a way that could be seen as revealing almost all the same conflicts attributed to Schreber by these various authors.

Underneath his projective transference, distortions of my being angry, and his lateness and extensive withdrawal into silence lay Z's feelings about a range of childhood persecutions and anxieties that resulted in narcissistic supports such that his intrapsychic conflicts remained unresolved and unfulfilled into adulthood. For example, his actual relationship with his father was heavily tinged with real and imaginary threats from later developmental stages after the family's need to relocate when he was five. Late in treatment, he was able to correct what he had earlier reported as his father's unprovoked punishments of him, now describing his father's behavior as an effort to protect his sisters from Z's physical anger. At about the same time, he became able to say to me, "don't get close" when I spoke in sessions. In contrast, it has been suggested that Schreber's actual relationship with his father was intense and infused with sadistic reality elements, as shown by Niederland's (1960) analysis.

The Working Alliance

Ignored by most authors who have discussed Schreber's written and historical material—and also evident in the treatment of Z—was the likelihood of persistent difficulty in establishing trust in the analytic working alliance. Given Z's fluctuating paranoid processes and the oscillations of his anxious and depressive emotional states and withdrawal, as well as his splitting of self-representations and projections of omnipotent power, a working alliance, when present, was unstable. And given that Schreber's delusions (as we see them in his written presentation) appear to have been more grandiose than Z's, it seems unlikely—despite Lothane's (1989) efforts to redeem Schreber from the diagnosis of schizophrenia—that he could have cooperated with the requirements of analytic treatment. Schreber more likely experienced treatment as an even more profound "insult" or threat than did Z. Thus, establishing

a trusting alliance with a nondestructive part of his personality (Bion 1957; Katan 1954) was liable to have been problematic for Schreber's caregivers over the course of his illness (Adler 1979; Roth 2014).

As noted, the therapeutic alliance with Z was erratic. Only after his seemingly partial acceptance and acknowledgment of sadism toward his mother and her fetus that followed my early interpretation of his insistence on repetitive abortions did he tentatively begin some therapeutic work. He remained sensitive not only to intrusions on his own anxiety, but also to experiences of threat by my invasion with words or interpretive understanding, which led to his silent withdrawal. In contrast, Schreber seems to have been more embedded in a progressive delusional world built on a distorted matrix within which a paranoid economy held sway (Meissner 1976); this view is in contrast to the antipsychoanalytic perspective that Schreber's conflicts came about as a consequence of society's crossing the threshold of modernity (Santner 1997). Z's open acknowledgment of his self- and other-destructive wishes made some therapy possible.

Both Z and Schreber struggled with malignant annihilation-versus-survival fantasies. Z intended to shock and alarm the analyst, placing him in a "helpless" position of watching him die; this was interpreted as familiar to him. Z's withholding behavior (of words, urine, semen), which varied in its sadistic and masochistic components, was likely tied to his shifting identification with the fetuses that he insisted on having aborted and to his wished-for possession of power over life and death. Schreber, by his own report, traversed a different path into delusional psychosis, one in which the death of the ego, or of the self, corresponds to the loss of all known reference points to reality.

I found in Z no clinical evidence for a comment of Lothane's (1989) about Schreber—that is, that Schreber's desire to turn into a woman was a metaphorical wish to be controlled and helpless, or that it perhaps represented a kind of reparation for the loss of a child. And although both Z and Schreber were concerned with dead fetuses, there is no reason to assume that Schreber's explanation for his wife's six failed pregnancies could exist outside his own delusional system.

The Influence of the Mother

Lothane (1992) and Ophir (2015) point out that Schreber's mother was absent from his fantasies, a dynamic that might suggest her early importance, particularly in the primal scene. Hidden and distorted symbolic representations of the mother are highly suggestive of preoedipal disturbances and of an inability to transform experience into representations and words (Grotstein 2007). The preoedipal influence in Schreber's delusions noted by Fairbairn (1956) and White (1961) was crucially absent in early, oedipally oriented formulations that emphasized his father's importance. Interestingly, however, Z's deeply conflictual identification with his mother played a significant role in both his life-giving fantasies and his paranoid structures and rejection of his father.

Z enforced a protective silence around his relationship with his mother in early sessions; my reference to her absence was often met with silence or obvious physical discomfort. He rewrote historical sequences in which she had played a significant role: changing the manner in which he had learned English; withholding how old he was when his siblings were born; and describing how he had learned to sew—all as if to keep her protected outside our analytic pairing.

Yet Z's mother was of significant importance in his treatment. From his first reported memory of hearing her breathing asthmatically to his recollections of her pregnancies and of listening outside a door to her teaching English in his native country (before the family became refugees), his early life seemed to orbit around seeking to please her and not succeeding. Later, as a refugee child in the country of his mother's birth, he experienced both parents' failure to emotionally recognize his struggle to adapt to new sociocultural circumstances and to separation from his father's birthplace, now politically threatened. Z essentially experienced both his parents as not providing an attentive or protective function; they did not give him a proper foundation for his developing ego or his considerable intellectual talents and interests. In addition, he felt further excluded and insulted by the birth of another female child after the family's emigration.

Solutions in Fantasy

To ward off conscious awareness and verbal expression of his rage toward his parents, Z had constructed various methods by which to compensate for this lack of attention, and these were dependent on narcissistic methods of relating. In an effort to retain some measure of healthy grandiosity in the face of the added experience of being different, biracial, bullied, and male, Z developed a *play-world* (Root-Bernstein 2014). A play-world is a complex imaginary world, sometimes called a *paracosm*, created by children as an outcome of their normally developing imaginations. It is usually a secret world that offers a separate reality, joining achieved knowledge and ongoing learning with creative imaginary revisions and exploration. The active construction of an imaginary world is an “intuitively charged form of comprehension, personal knowledge, and make-believe facts” (Root-Bernstein 2014, p. 207).

The complicated play-world that Z established starting at around eight years of age was not a fully developed delusional system. He became absorbed in different versions of this world to find relief from childhood depression and paranoia. In his play-world, he possessed omnipotent creative powers and so seemingly avoided the threat of a complete psychotic reorganization with its more serious consequences. The inherent shameless control of his imaginary play-world solution, with its naive, blonde female sexual companion, innocence, and ultimate control over time, person, and place, relieved him of the horror of the primal scene, the insult of his recently born sibling, and direct sexual knowledge. A negative outcome of the play-world was that he often expected other people to behave as though they were objects in his play-world.

A detailed comparison between a play-world and a delusional system is beyond the scope of this paper. In the former, scenarios are constructed as if an imaginary playmate is living out an extended story line—the play-world itself—but never gives up a dynamic, interactive link to reality testing. For example, Z adopted the scenario of the television series *Lost in Space* to create fantasy episodes while also studying the planetary system and drawing pictures of rocketry. Absent from Z’s construction was the pathological “Redeemer” fantasy characteristic of Schreber (Freud 1911, p. 18), although Z did regularly construct a

rescue fantasy that bore muted magical elements. Within his play-world, he created imaginary challenges to be mastered, and he avoided the fear of world annihilation that was evident in Schreber's thinking. It might be that the glimmer of a paranoid *black hole* pulling at him (Grotstein 1989) was not as pervasive in Z's psychic structure as in Schreber's.

The question of whether any given delusional system can be treated psychoanalytically is an important one. Freud assumed that Schreber's end-of-the-world delusion indicated an incapacity to develop the healthy libidinal attachment necessary for psychoanalytic treatment (Ophir 2015); and in fact there is little evidence to suggest that Schreber was capable of a working alliance, judging from what can be understood of his writings. One of Schreber's complaints against God—obviously understood as aimed also at his powerful father and his psychiatrist—was that God did not understand people and actually had no need to understand them. In discussing an omnipotent transference of this type, Niederland (1959) speaks of a *symbiotic father*, one by whom the child's identity is not only ignored, but that is also capable of destroying the child.

Schreber's messianic delusion can be seen to reflect an oscillating, residual hope, in spite of his internal destructive sense of self, for some form of healing. The important point here is that his destructiveness derived from his internal psychic realm and was occasionally attached to a delusional reality. Could Schreber hold out hope that his yearnings for safety would be fulfilled by a therapist's understanding? Could he tolerate an emotional interchange in a relationship with a person who was actually present?

The Importance of the Gaze

Steiner (2011) understands Schreber's paranoia about an external attack from divine rays as a critical aspect of the parental gaze that became persecutory. Schreber experienced these rays as a disembodied force from which he had no shelter (that is, no protective parent). At the same time, his own gaze was the vehicle of his projections; looking others in the eye became a way by which he perceived efforts to dominate him and could assess the likelihood that they would betray him.

The intricate process of early mother-child, moment-to-moment, coordinated visual interaction is bidirectional and of great importance

to the establishment of secure attachment and the appearance of early interactive defenses (Beebe 2013). Psychoanalytic theorists in the Anglophone tradition have tended to limit their understanding of the interactive gaze to the development of the emerging sense of self through early-phase development with a caring mother or, alternatively, have seen it as a critical, hostile representation of the parental superego (Peto 1969). These hostile introjects are understood to become part of the archaic ego and destructive superego, while the approving, loving gaze of the mother takes away pain and badness (Klein 1957; Roth and Lemma 2008) and offers security and the possibility of interactive selfhood. From a different perspective, the power of the visual gaze has also been emphasized by French psychoanalysts, who relate it to the experience of being visible and to the onset of mirroring and of being transformed by another's gaze (Lacan 1953).

Z, too, visually scanned others, both for facial signs of approval and for voyeuristic purposes. The need to hide behind curtains and to "peer with one eye" at authority figures harkened back to his family's flight from his country of origin and later their avoidance of the police. His reported profound fear of looking into the bedrooms of his parents and grandparents led to his not doing so—he avoided passing these rooms when the doors were open—and the resulting defensive tunnel vision was linked to his childhood bed-wetting. When he withdrew into silence, he often visually eliminated the other's presence, revealing the power that radiated from his watchful looking; this created a defensive distance between himself and others. Vision also played a positive, compensatory role in his play-world journeys in which he visited imaginary islands and went on excursions in a space rocket. I frequently commented on his unwillingness to look or be looked at (Roth 2014). Oddly, in a reversal of his primal-scene fears of looking, he encouraged his son to sleep between him and his wife in the parental bed in the mornings, as both a barrier and a reparative gesture.

I believe that for Z, being silent and still with his eyes closed was the magical equivalent of safely hiding and not being seen. Psychic withdrawal in a session, as described by Steiner (2011), formed a magical shelter from his fantasies of intrusive threat to the core of his being or to what was most valued inside him. This was one of the many reversals

of his fantasies of killing fetuses, one in which he controlled what “penetrated” him. Beebe (2013), ignoring their violent aspects, understands such defenses as related to disorganized attachment and dissociative defenses.

Given Z’s paranoid vulnerability, which stemmed from his self-boundaries being undeveloped or insufficient due to projective defenses, being auditorily receptive to what I said was experienced as dangerous and threatening. In sessions, Z was insistent on keeping out of awareness chronically feared affects that he later described as physically self-punishing “affect storms.” This fear of his own affects intensified the dynamics of his withdrawal, and in fantasy, it transformed *seeing* into being looked at, gratifying his wish that I would helplessly watch him die while being unable to do anything to help him.

FREUD AND SCHREBER

The extensive literature on Freud and Schreber has been summarized elsewhere (Lothane 1992; Niederland 1959, 1972). In those discussions, Freud’s depiction of Schreber’s repudiation of maleness as evidence of his homosexuality remains a controversial if not a central theme. Z’s analytic treatment offers additional clinical information that might be seen to contradict these speculations.

Given the wide variations in the analytic alliance throughout Z’s treatment, some important material emerged only after a long period of time, as his historical narrative became more elaborate and personally authentic. Z not only censored information but also withheld it in order to create an impression of being other than he was. As Z markedly improved at work and assumed power and status, a series of promotions ensued that required him to travel. Following meetings in Europe and Asia, he tentatively reported fantasies of wanting to be anally penetrated by various officials whom he was attracted to. Such fantasies seemed to be directly related to his fears of leaving home and being apart from his wife and child, but now he could admit that separation included the danger of arousal by his own anal homosexual fantasies. He reported a memory of napping with his father when he was somewhere between ten and thirteen and noting a similar wish for anal penetration. A few days

after relating this, he was able to add that when he told me he expected me to be angry at his lateness, he was obscuring what he really meant, which was that he expected retaliatory “anal penetration.”

This material is recent, and it is not yet clear to me whether or not it is in line with Freud’s (1911) and Niederland’s (1974) speculations concerning Schreber’s homosexual desires. The complexities of Z’s associations regarding anal penetration indicate an interplay of transference wishes, memory, defense, and erotic sadomasochistic fantasies of longing that incorporate real and imagined physical rebukes and beatings by his father. Z has since also revealed that he had attempted a homosexual relationship early in his thirties (before his marriage) and had misled me about those events; in addition, he later changed the story of napping with his father into a dream rather than a wish.

DISCUSSION

A complicated, ongoing treatment with struggles to achieve intimate dialogue can be a near-impossible undertaking. This is especially so when the patient’s identity is so fluid, defended, and often fragmented by splitting processes. Fonagy, Gergely, and Target (2007) proposed that predispositions to severe psychopathology emerge in the early interactive mother–child relationship, and that there are contributions by both participants. This raises the important question of whether some children are more vulnerable to and may contribute to the effects of negative maternal behavior and experienced neglect. Individuals such as Z and Schreber may be viewed as located at different points along a fluctuating psychotic continuum (Debbané et al. 2015) where the capacity for participation in animate dialogue is but one variable.

Z’s capacity to cooperate improved when the birth of his son allowed a shift in his (male) identity. He was able to reexperience some of his own developmental conflicts through his identification with his child and his mother and to see his retrospective understanding as an important avenue toward hope for the future. At the same time, he slowly began to tolerate my interest in his curiosity about his son’s development, in contrast with his felt struggles with both his parents. In addition, his devotion to caring for his son caused conflicts about the treat-

ment schedule to resurface, revealing his massive fears of and negativity toward the analytic encounter as a disruption of his fantasy life. In treatment, a key analytic task was to determine his primary identification at any given moment—either that of a neglected child, a withdrawn parent, or a giving (albeit magically controlling) parent.²

Early in the treatment, I assumed, based on Z's report of his death-and-rebirth fantasy, that he and his mother must both have actively disrupted their early relationship in order for this complex fantasy to consciously persist into adulthood. At the start of Z's treatment, I was guided by his open admission of neglect and the severe degree of his own masochism, his affective absence, and his rigid surface presentation. This type of emotional absence has been described from a number of different theoretical perspectives. Chasseguet-Smirgel's (1990) formulation emerged from her clinical work with children at a very early developmental stage; she believed that young children not uncommonly harbor a yearning or fantasy to be inside the mother's scooped-out insides. Looking at Z from Meltzer's (1992) perspective, he may have suffered an intense envy of his mother's ability to produce children that only partially masked his hatred of the fetus inside her. Green (1983) wrote of patients with a *dead mother*; these introjects can be understood to depict a mother who is physically available but psychically dead, and whose unpredictable vacillations in her capacity to relate cause confusion and terror in the child. Green's idea is more specific than Grotstein's (1984–1985) concerning the lack of a background self-object of primary identification, although the two views may have basic similarities.

Steiner (2011) described the psychic retreat of patients such as Z who regularly seek shelter by withdrawing from the requisite interpersonal psychic exchanges of analytic work. One might ask how, in this view, the patient understands the place to which he retreats and the psychic cause of the retreat. It took many years for Z to allow himself to

² Identity is not a unitary capacity, of course, but one that may fluctuate across different contexts, particularly stressful or regressive ones. There is increasing evidence that psychic identity is a multifaceted and variable, adaptive process influenced by the fantasized action of moving things inside or outside the body, and, by implication, this action gives meaning to the self. In severely disturbed individuals, psychic identity and sexual attraction are often highly variable and influenced by hidden conflicts.

describe his fantasy of silently hiding in sessions and the nature of his shelter as being located within a body.

Z's treatment moved irregularly toward greater intimacy following interpretation of his rage at pregnant women and his bringing into the treatment the range of his fears of separation: from his wife, from his country of birth, and later from his son. I avoided any suggestion that he feared separation from me because I understood his early repeated lateness to sessions as his need to hold me in place while he himself was free to move about at a distance from me (Meltzer 1992), as noted earlier. I believed it was important to point out to him his "crust" following any separation from treatment.

Schreber occupies a significant place in psychoanalytic history (Ophir 2015), but apart from in his own memoir, he appears only through a complex report that obscures the importance of attempts at what is referred to as a working analytic relationship. This obviously results in a notable absence of the sensitive, interactive dynamics crucial to psychoanalytic treatment.

In contrast to Schreber, Z continually struggled to trust and remain emotionally present while in the analytic relationship, and this effort became a central and vital dynamic that involved our coming to an understanding of his fluctuating identifications as he expressed his rebirth fantasy and near-death enactments. Ultimately, these struggles exposed his shifting transferences and identity dynamics along with a complex and destructive self-organization intermingled with a failed struggle to love and be loved, to see and be seen. Added to this mix were his wishes to change gender and to be in a receptive role during sexual intercourse.

Over time, these components separated sufficiently in Z's mind to become available for separate analysis at the surface of the treatment. We were able to link his narcissistic dynamics constructively to his elaborated play-world solution and destructively to his violent fantasy life, with its wish for control over others and the psychic withdrawal in which he sought illusory safety. His refuge was an inner domain free from the exigencies of real life, a safe place where he could be creative, elusive, and out of harm's way.

What emerged from this understanding was a preliminary analytic deconstruction of Z's rebirth fantasy into the interlocked component elements of his identity, which included paranoid sensitivity, gender dysphoria and envy, his wish to give birth to a child, his rage at his mother and father, and his suicidal despair at his mother's perceived inability to relate to his emotional needs. Freud (1911) anticipated the multi-directional aspects of such clinical findings in his statement that "the delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of [construction and] reconstruction" (pp. 70-71). In other words, the double direction of a fantasy allows the paranoiac—in this case, Z—to both psychically destroy and to reclaim or salvage aspects of his damaged identity.

As Z's analytic treatment continues, he is becoming more aware of his "paranoid sensitivity" both in his treatment and outside it; he is now accepting more regular analytic interventions. Singularly important has been his sensitivity to and awareness of my open struggle to follow his complicated material and his fragmented identity and to respect his need for interpersonal distance. However, I have made clear that I nonetheless wish to propose my understanding to him as an important antidote to his past experiences of neglect. In this regard, I have become, I hope, the parent who can attend to him and recognize him, in contrast to the failed, sadistic, or symbiotic father or mother. I have become the parent who understands and admires his gifts.

It is necessary to include some comments here on gender identity—that part of oneself concerned with masculinity or femininity. At its core, the earliest component of identity is a product of anatomical correctness. The core gender identity develops, usually, from complex interactive events that contribute to a core sense of being. In most of us and our patients, this remains immutable but colored by developmental conflict and trauma. As evidenced in the case of Z, if a man does not develop a core masculine identity, in its place a composite core prone to antagonisms and splitting is apt to form. The eventual result is a patchwork of identity components that may further split apart under stress, with the major parts antagonistic to each other.

SUMMARY

All of us have theoretical prejudices that influence our intuitive and historical understandings of Schreber's memoir. Regrettably, given the interpersonal and analytic distance enforced by the memoir format, the collective outcome of our efforts remains a partial and inadequate understanding of Schreber's confessional writing. The unusual appearance of a similar rebirth fantasy in my patient, Z, led me to reexamine Schreber's complex fantasy of death and rebirth in the context of an actual analytic treatment. Z's fantasies did not progress to the grandiose redeemer fantasy of Schreber's psychosis, but remained limited to specific self-destructive actions (Katan 1959).

Z's analysis revealed a myriad of shifting internal introjects that coalesced into the complex narcissistic delusion of being able to die and then give birth to himself as a woman. Contributing developmental elements included the early dynamics of gaze, gender envy and dysphoria, rage at his parents, fear of the primal scene, and psychic withdrawal with strong self-destructive and masochistic elements.

Interpretation of a hidden rage against women was one of the factors that allowed treatment to progress, and eventually, Z's death-and-rebirth fantasy could slowly be deconstructed. Basic trust was a continuing problem, given his paranoid sensitivity. Singularly important was his sensitive awareness of my struggle to understand his shifting internal identifications. The birth of a son and Z's rewarding attachment to the boy significantly added to his hopefulness and became an antidote to his self-inflicted harm.

As analysts, we are not simply external observers of complex interactive psychic events; we are participants, as the understanding that emerged from the challenging treatment of Z demonstrated. As clinically relevant information, Schreber's written record of his life cannot substitute for the interactive struggle to understand and be understood within a primitive, fractured, paranoid transference; yet my clinical work with this patient was continually influenced by this record and Freud's discussion of it—two essential historical psychoanalytic documents.

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THE EPISTEMOLOGY BEHIND THE CURTAIN: THOUGHTS ON THE SCIENCE OF PSYCHOANALYSIS

BY BRETT H. CLARKE

This essay is concerned with the epistemological complications of the interface between psychoanalysis and “scientific” disciplines and methodologies—in particular, with respect to theories of knowledge and conceptualizations of subjectivity appropriate to psychoanalysis. The author suggests that there is in such interface the potential for an untheorized scientism in empiricist prescriptions for the reform and rescue of psychoanalysis, and revisits the notion that subjectivity as conceived psychoanalytically, grounded in lived experience, is irreducible in ways that are unique and existentially abiding. The author explores the problem through the lens of philosophical hermeneutics and cautions against merging psychoanalysis, under the guise of a salutary pluralism, with disciplines guided by a systematized empiricism and its attendant epistemological commitments.

Keywords: Epistemology, hermeneutics, subjectivity, objectivity, irreducible subjectivity, phenomenology, psychoanalysis and science, scientism, systematic empirical research, Paul Ricoeur, hermeneutic phenomenology.

The translation of nonscientific discourse into scientific discourse is the central objective of scientism. It is also the source of its intellectual perfunctoriness The underlying sameness [between realms and disciplines] is the presumption of scientism.

—Wieseltier 2013

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INTRODUCTION

Most everyone agrees that psychoanalysis is not, and should not strive to imitate, a natural science in the strict sense. If it were judged a “science” of any kind, one might call it a science of the unconscious or a “science of the idiosyncratic individual subject” (Caws 2003)—which is to say, an unusual, unorthodox sort of science, one that stretches the definition of science into the realm of critical or practical reason, placing it, as Ricoeur (1998) says, “far from biologism, far from scientism” (p. 71). People use the term *science* in this way all the time, in the sense of “discipline” or branch of knowledge, and in this respect psychoanalysis could certainly be called a science. Then again, so could modern dance, or boxing, or politics. But is this what most psychoanalytic commentators mean when they refer to psychoanalysis as a science?

Often the term *science* is associated with objectivism, an epistemological category far roomier than natural science but narrower than “discipline” or specialty skill. Hanly (1992, 1999, 2006, 2014a, 2014b) and Edelson (1984, 1988) offer versions of this sort of psychoanalytic science in their adherence to an objectivism that insists on rigor, reasoned inquiry, and an objective relation to observed reality, with or without the trappings of scientific method. This is probably the hallmark of what most contemporary writers mean by *psychoanalytic science*—that it is an objective form of reasoned inquiry that is epistemologically compatible with empirical research and perhaps other, more traditional branches of science, such as neuroscience. This is also consistent with the contemporary philosophy-of-science appreciation of the interpretive and contextual dimension of scientific inquiry. Science is more than measurement and calculations of physical forces.

So why not simply leave it there, with the proposition that psychoanalysis is an observational science, part of a family of such sciences—including academic psychology, sociology, anthropology, linguistics, and many others—in which empirical quantification and structuralist forms of analysis are essential aspects of how knowledge is acquired, measured, sometimes tested, and ultimately reasoned about in formulating ideas and developing practices based on those ideas? This position is bolstered by the widespread philosophical rejection of positivist and reductionist

versions of science and by a general acceptance that the natural and human sciences are in certain respects continuous.¹

The initial infusion of hermeneutic ideas into psychoanalytic thinking (with Binswanger's [1963] existential phenomenology and later, more implicitly, with Loewald [1971], followed by Schafer [1976, 1983, 1992] and many others²) emphasized the centrality of meaning and narrative ways to capture and interpret meaning. This was seen as proper to the epistemological character of psychoanalytic exploration, as opposed to some version of objective observation or measurement. It also implicitly turned theoretical attention toward the irreducibly subjective character of psychoanalytic experience. The participant observer replaced the neutral scientist; the embedded analyst (embedded, that is, in contexts of meaning ranging dialectically from the broadest cultural categories and assumptions to the most fine-grained and personally subjective textures of lived experience) was born and has been, to varying degrees, accepted or assimilated by most contemporary analytic writers, including many who would hold to a notion of psychoanalysis as an observational science.

In time, however, the more radical implications of a hermeneutic psychoanalysis have been depreciated, due in part to worries about relativism and the loss of any basis for making warranted truth claims. The surviving recognition of contextualism (that all experience is situated in specific ways, and that all meaning is constructed from within these very particular personal, cultural, and linguistic frames) has nonetheless remained upright as an enduring feature of the late-20th- and early-21st-century psychoanalytic zeitgeist. At the same time, there has been general agreement that relativism, a solipsistic subjectivism, and/or a purely textualist model of subjectivity offer poor bases for psychoanalytic theory and practice, and that some form of constrained "objectivity" is required in coming to knowledge in psychoanalysis. How, then, do contextualism,

¹ See, for example, Bernstein's (1983) criticism of Gadamer for overdrawing this distinction. In the philosophy of science, versions of *liberal naturalism* can also be seen as consistent with this view.

² Among these are such well-known and widely read contributors as Spence (1982), Sass and Woolfolk (1988), Messer, Sass, and Woolfolk (1988), Stolorow (2011), Atwood and Stolorow (1984), Mitchell (1988, 1993, 1997), Spezzano (1993), Ogden (1994), Aron (1996), Hoffman (1998), Stern (1992, 1997), and Orange (2003, 2005).

the ambiguities involved in the construction of personal meanings, and the implications of our intrinsic intersubjectivity cohabit with the need to distance ourselves in order to study and reason about what we are trying to understand?

This has not always been well or consistently theorized, in my view. Modern analysts are caught between their ostensive adoption of hermeneutic complexities, on the one hand, and their allegiance to objectivity in some form, on the other, without necessarily having considered carefully the enormous differences between the divergent types of objective distancing (sometimes representing vastly different hermeneutic and empiricist/scientific epistemological frameworks) with which psychoanalysis now engages. One danger in this situation is that, as psychoanalysis attempts to reform itself scientifically, *science* is allowed to shade into *scientism*, thus sanctioning, however subtly, the belief that science can and should have a primary role in answering questions of psychoanalytic knowledge, including questions outside the realm of scientific inquiry.

Psychoanalysis benefits when scientific reason is seen as a subset or branch of rational inquiry, with reason emplaced as the overarching category rather than the other way around. It is a defining quality of scientism that it conflates reason with scientific reason or elevates scientific reason above all other routes to knowledge. Scientism, as Wieseltier (2013) says, presumes all rationality to fall ultimately under its purview. In this respect, some sort of scientism (at least in the form of the reflexive privileging of scientific knowledge) has been carried forward, repressed or not, in the psychoanalytic sensibility since Freud—as he said, in a phrase too easily interpreted to support this view, “research regards every sphere of human activity as belonging to it” (1933, p. 160). After all, Freud employed the term *science* in different ways—sometimes referring more broadly to reasoned inquiry, sometimes using the term in a more reductive, positivist sense. The meaning in each case hinges on how one construes his epistemological orientation in using the term *science* or *research*.

The pervasive epistemological ambiguities I encounter in scientific psychoanalytic writing can perhaps be explained in part by this slippage in the meaning of terms, when “science” shades into a strong version of objectivism, sometimes with a scientistic coloring and often with an

accompanying appeal to Freud's epistemological intentions. Freud's model of the mind relies, of course, on notions of force and causation, which are often reflexively associated with an epistemology appropriate to physical forces. But the principle of psychic determinism need not be tied to an objectivist epistemology. Things in the mind are "determined" by motivations, meanings, will, and forces (in a broad sense) as surely as mental entities are "real." However, what determines anything in the mind is not knowable in an unmediated or conclusive way and is tied to personal meaning, however one conceptualizes the notion of force. Related to this, there is little controversy around the idea that reasons can be causes in the realm of mental functioning.

Almost everyone tacitly agrees that psychoanalysis should not surrender to scientism; it would render psychoanalytic language hollow and remote, the outward sign of something deeper being lost. Nonetheless, there is still a strong objectivist strain in contemporary psychoanalysis, in my view—one that goes beyond the objectivity of critical realism (Hanly and Hanly 2001) and into a privileging of empirically, systematically derived knowledge. And it is here that a psychoanalytic objectivism lends itself to slippage toward scientific assumptions and ambitions.

It is good to keep in mind, I think, that rejection of positivism does not in any way proscribe a privileging of *science* more broadly. Authors who claim not to be scientific may still be privileging scientifically derived knowledge. And such privileging creates an implicit hierarchy. In the end, it relegates (following Grunbaum 1984) the idea of a psychoanalytic hermeneutic (with local rules and guidelines governing psychoanalytic attention, listening, and reasoning) and of psychoanalysis as a relatively autonomous discipline and discourse to a prescientific, preliminary order of knowledge. As a result, hermeneutics has been too readily downgraded from a paradigm-altering argument to an epistemological menu item. What one encounters in the literature is often an under-theorized pluralism where elements of hermeneutic epistemology can be invoked or ignored depending on their perceived utility.

The epistemological question—what is the nature of psychoanalytic knowledge and how is it constructed or discovered?—leads necessarily to a second: how does the nature of psychoanalytic knowledge relate to our notion of the psychoanalytic subject or of the mind? More particu-

larly, if psychoanalysis is especially concerned with the character of lived experience and the meaning of that experience for individual subjects, then questions of how meaning is constituted, and how experience is organized internally from a psychoanalytic perspective, become integral to any picture of subjectivity. The problem of interface or integration with other disciplines, such as cognitive neuroscience, cannot be addressed without having first contended with the complexities of psychoanalytic epistemology and subjectivity. To my mind, this has been a core aspect, emphasized or not, of the hermeneutic claim in psychoanalysis for decades.

The psychoanalytic literature over the last sixty years is crowded with important theoreticians whose thought is grounded in philosophical and specifically epistemological ideas. Sometimes these ideas are sketched out and philosophical positions are mentioned, but more often epistemological commitments are assumed or implicit, and discussion of the contradictions or dilemmas at the interface between disciplines is avoided. But with respect to both knowledge and subjectivity in psychoanalysis, the devil is in the particularities of lived experience, in the phenomenology of the granular moments of affectively colored, fantasy-organized, embodied subjectivity as played out in the analytic setting and relationship.

The concern that phenomenology leaves psychoanalysis stranded as a purely descriptive discipline is understandable. It is true that if one limits one's sense of what is real to what is apparent phenomenally, then one tacitly denies the reality of a latent or hidden mental realm. But there is no obstacle (in how one understands *phenomenology*) to being able simultaneously to regard phenomenological experience as having density and depth, to accommodate psychoanalytic ideas about unconscious fantasies and forces, and to reject radical subjectivism/relativism. I would also suggest that empirically grounded phenomenological studies of differences between first- and third-person perspectives do not address the problem as I am framing it, nor do scientific approaches to the phenomenology of consciousness. For examples of the first, see Varela and Shear (1999) and Varela (1996); of the second, see Chalmers (1996, 2004, 2010).

PSYCHOANALYTIC OBJECTIVITY

A critical point of division in this discussion is between objectivism and what I will call *critical reason*, which leads to a distinction between a hard notion of objectivity, one allied with systematic observation and empirical sorting, and a soft notion of objectivity, one allied with a hermeneutic understanding, which brings with it local rules and guidelines about how one reads, listens, observes, and reasons in a specifically psychoanalytic way. The distinction is epistemological in the sense that the alternatives offer distinct foundational notions of what constitutes psychoanalytic knowledge, of how we decide what is true or *more* true when thinking and working psychoanalytically.

How do we answer common clinical questions? What does it mean when the patient, in response to an interpretation, suddenly changes course or falls silent? What does this odd sense of disorientation or this dull somatic ache mean in the larger context of the therapy? Scientifically organized observation is generally quite peripheral to our understanding of such lived psychoanalytic moments, though scientific findings are increasingly, even routinely, brought to bear on them. On the other hand, reasoned observation—critically focused awareness of the meanings and affective currents of such experience—is the meat and marrow of psychoanalytic attention. What psychoanalysts “know” as they sit with their patients is not in any meaningful sense “scientific,” though it can be, in its way, objective.

Psychoanalytic objectivity is “soft” in part because psychoanalytic subjectivity is complex in ways quite different from the complexities of the physical world. As much as scientific psychoanalytic writers might be inclined (in my view) to minimize the significance of the irreducibly subjective nature of the mental realm, of lived experience, an irreducibly subjective dimension remains.³ That is, this quality of excess, which is intrinsic to subjective experience, is irremediably part of the fiber of how and what we know psychoanalytically.

³ On the “ontologically” and “indispensably” subjective character of consciousness, see Searle (1992) and Nagel (1995b). See also Nagel (1974, 1995a) on Dennett’s effort to solve the body–mind problem, where Dennett, like advocates for psychoanalytic science, “misses the real [epistemological] problem from the start” (1995a, p. 86).

The idea of *irreducible subjectivity* in psychoanalysis, along with its implications for technique, is appropriately associated with Renik (1993, 1998, 2000, 2004), who tends to view hermeneutics as simply exegetical or narrative (offering rules for ways of reading; see Renik 1998, 2004) and thus inconsistent with the kind of objectivity required of disciplined clinical knowledge. It is important for him, then, that the irreducibility of subjectivity be compatible with a pragmatic objectivity and even “scientific” validation in clinical psychoanalysis. Renik’s view that psychoanalysis is “scientific” in this way is, in my opinion, better described as a hermeneutically constrained (contextually relative) objectivity.

Turnbull and Solms (2003) remark that once subjected to the rigors of neuroscience, psychoanalysis will emerge in a form “radically different” from what came before (p. 82). Far-reaching revision is expected in part because advocates for psychoanalytic science tend to regard psychoanalytic formulations as metaphorical productions, stories fashioned to make sense of the world before science could actually explain it. Freudian metapsychology or Kleinian theory becomes like an aboriginal creation story—true in its way, a vehicle for a certain kind of wisdom, but no substitute for real cosmology. When the value of science is assumed and (I would argue) undertheorized, then the more processual, semantic, and narrative kinds of knowledge characteristic of psychoanalysis are vulnerable to being reshaped by research findings without the complications of the interface being examined.

The result, then, is more a colonizing of psychoanalysis by a different epistemological order than an integration. It is worth distinguishing here between (1) vastly different disciplines such as psychoanalysis and (for example) neuroscience and (2) different *psychoanalytic* views of a dynamic internal world. The latter allows for a shared epistemology, while the first does not. These represent different notions of pluralism and should not be confused with one another.

Even with the near-universal public denunciation of naive versions of scientism, there is a risk that the confusions of psychoanalytic epistemology will likely be crystallized or reduced over time by a quantitatively authorized language, and the empiricist or biologicistic view will gradually replace psychoanalytic constructs with terms and categories that are valued first of all for their utility and measurability.

All this argues for the idea that the halls of psychoanalytic conversation are still haunted by a restless and troubled epistemology. The question of psychoanalytic “science” has been like the ghost that keeps appearing at the top of the stairs or that scrapes disruptively across the attic floor at night. I think psychoanalytic thinkers have been following a dialectical and fundamentally hermeneutic kind of reasoning since Freud, but without always being clear about it or knowing when they start doing something else. It helps to establish at the start the principle of reasoned consideration of “science” without the privileging of science.⁴ And this is best accomplished by way of a nonobjectivist but rational form of inquiry, a hermeneutic.

A HERMENEUTIC “SCIENCE”

Scientifically and empirically inclined psychoanalytic writers are trying to address the concern that psychoanalysis has excused itself from the rigor required in other scientific and medical disciplines. Without this, critics contend, theorists have been left to range freely in a largely subjective and even relativistic arbitration of what is true or false, right or wrong, better or worse. This lack of verification, in the critics’ view, has led to a proliferation of theory making and consequently a host of competing, unintegrated models, with no apparent method for sorting them out. This has left psychoanalysis in a scientific backwater, discredited and unable to hold discourse with other more modern and empirically grounded disciplines.

Gill (1983, 1988), of course, was an early proponent of psychoanalysis as a hermeneutic science, following from George Klein’s (1969) arguments against metapsychology and its natural-scientific grounding in discharge theory. Gill’s (1983) way of framing the issue implicitly poses one of the questions I am attempting to address: “Psychoanalysis can and should be a hermeneutic science which obeys all the canons of science but deals in the dimensions of human meanings, not in the dimensions of natural science” (p. 534). Is it possible, then, for a science concerned principally with human meanings to obey “all the canons of science”? What must *science* mean when Gill pairs it with *hermeneutic* in this way?

⁴ See Hoffman (2012) in his response to Eagle and Wolitzky (2011) and McCarthy’s (2007) summary of Ricoeur’s position on discursive privilege.

The discussion within psychoanalysis about “science” and hermeneutics has been further complicated by two factors. The first is a tendency on the part of some hermeneutic proponents to neglect the need for an objective, *distanciated* or distanced element to psychoanalytic inquiry as a component of the hermeneutic insistence on the *situated* nature of understanding. The second is the tendency of more scientifically inclined writers to push for integration without first clearly addressing the central epistemological questions posed by such an interface. They are assuming, in other words, that such integration is necessary and, more to the point, *possible* without the hermeneutic claim first being seriously considered. It has been my observation that in contemporary empirical psychoanalytic writing, the cart (the insistence on integration) is consistently and continually put before the horse (thoughtful consideration of epistemological divergence).

This last statement would seem to be challenged by the fact that many of psychoanalysis’s most important epistemological pluralists are careful to qualify their positions with some acknowledgment of epistemological complexity. Such qualifiers can be misleading, however, if the question is not seriously taken up. This explains why the “scientism” I am citing is often put forward by writers who do not see themselves as naive reductionists, and why their epistemic prejudices are typically subtle or cloaked in disavowal. But there is a special danger of scientistic incursion (in an admittedly broad sense) whenever the need for an explicit hermeneutic is avoided in favor of an untheorized empiricism.

There are certainly complementary dangers in versions of postmodernist hermeneutics, where the unique and idiosyncratic dimension of subjectivity is too easily blurred into the intersubjective and linguistic/cultural environment, leaving the risk of too much “construction” (or deconstruction) and too little sense of reference to something beyond the medium itself. Without some modest commitment to philosophical realism with respect to the mind, psychoanalysis does not really make sense.⁵

⁵ I agree in principle with Eagle, Wolitzky, and Wakefield (2001) that psychoanalysis is well served by a “humble [philosophical] realism” (p. 461) and that psychoanalysts should strive for a relative objectivity with respect to the mind.

"Perspectival and partial *discovery*" and "context-sensitive *construction*" are not incommensurate ways of looking at what happens in the psychoanalytic encounter.⁶ But this should not be misconstrued as advocating for epistemological pluralism. Karlsson (2004) captures a similar idea in his expression *constructed reconstructions* and the argument supporting it. Though we may only ever know things in a mediated, partial, and constructed way, there are still referents—that is, subjective, inter-subjective, and physical/biological worlds—that are of vital interest to us (Jervolino 1995). There are real others whom we love, idealize, revile, envy, compete or identify with, fear, adore, feel deeply obligated or committed toward, and who perhaps feel the same toward us.

Whereas a bona fide postmodernist perspective would de-emphasize, even dismiss, the problem of validation, Ricoeur (1973a, 1973b, 1977a, 1981) works to elucidate his own explicitly nonempiricist ideas about what constitutes a psychoanalytic "fact" and, more complexly, psychoanalytic "truth claims." He also preserves in his hermeneutic a space, an interval, for distanced or objective reflection, and emphasizes the importance of this. He is critical of Gadamer's (1960, 1981) strict opposition between truth and method, but also of structuralism and naive forms of objectivism. He is not, in this sense, radically postmodernist. Central to his philosophical undertaking is the issue of the interface between objectivity and hermeneutic contextualism and the insuperable role of hermeneutic dialectics. All of this makes him, in my mind, well suited to a consideration of the issue at hand. In addition, he has written directly, clearly, and extensively about Freud and psychoanalysis.

For his part, Loewald (1971) writes that Freud

. . . created, partly in spite of his inclinations and not without grave misgivings, an entirely new method and standard of scientific investigation which went counter to scientific principles and methods derived from or devised for a different realm of

⁶ Ricoeur (1977b) makes this point specifically with respect to metaphor, saying, "It would seem that the enigma of metaphorical discourse is that it 'invents' in both senses of the word: what it creates, it discovers; and what it finds, it invents" (p. 239). In this, metaphor's dynamic tension (between invention and discovery) illustrates a more general principle with respect to knowledge and meaning in psychoanalysis.

reality—principles and methods that stultified an appropriate approach to and grasp of psychic life. [pp. 125-126]

Freud's principles and methods are "new" but also "scientific" in a new way. I think the epistemological questions raised by this statement are more insistent and consequential now than in Loewald's time. In contemporary discussion, when a claim is made for an empirically grounded psychoanalysis, it is often with the accompanying intention of retaining psychoanalytic depth and creativity—what Ricoeur (1973a) would describe as its "ontological density" (p. 75). Such claims would impose empirical rigor but without fully owning up to the inevitable cost of such a program—what Wieseltier (2013) describes as "its narrowness . . . its straitening effect upon the investigation of human affairs."

Ricoeur (1970) described Freudian psychoanalysis as a hybrid discipline, combining dialectically a language of force and energy (causation/explanation) with a language of meaning (motive/understanding). But the hybrid nature he is proposing should not be misunderstood as requiring or allowing for a hybrid epistemology.⁷ Shifting, for example, from an antireductionist position (e.g., Hoffman's [1998] constructivism) to a reductive materialist position (e.g., Kandel's [2007] neurobiological view of the mind) is a radical transformation of how one sees and understands. In the first, we would be concerned with the relational dynamics involved in the construction and co-construction of meaning; in the second, we would be concerned with biochemistry and the relations among cells. How they might or might not relate to one another is anything but self-evident.

Traditional scientific notions of objectivity incline one to view reasoned, dialectically derived knowledge as arbitrary, relativistic, and without rigor. Perhaps this is why empirical-psychoanalytic integrationists are inclined to view the hermeneutic circle as always vicious, merely an engine for generating endless hypotheses. Cooper (1993), for example, asserts that "without empirical studies we have no way ever to discard a hypothesis" (p. 384)—a sentiment echoed in Fonagy's (2003) belief that without a grounding in systematic empirical study, psychoanalysis is

⁷ Fusella (2014) asserts a version of this sort of pluralism in his effort to resolve the hermeneutic-scientific split.

merely “piling induction on induction” in an endless process of addition without subtraction” (p. 224).

An alternative view on this problem of piling induction upon induction would be to suggest that empiricist writers are applying to an essentially discursive category (narrative retelling), an empiricist method for sorting and understanding (induction/measurement). See Blamey’s (1995) discussion of the critical theorist Walter Benjamin and his description of narrative identity as “that slow piling one on top of the other of thin, transparent layers” (pp. 599-600). Seen as one piece in a larger narrative whole (of dialectically related retellings), a feeling or thought is no longer an isolated datum, and the “piling” is no longer simply additive and purposeless but a dynamic layering that facilitates a generation of meaning and narrative coherence.

In my view, Fonagy’s statement is only partially true, and in its partiality it represents a misunderstanding. Critical reason applied psychoanalytically is circular, is *incurably dialectical* (Westphal 2011), in the sense that it is always opening itself to new possibilities but at the same time always exercising discernment, always closing off, hiding away, refining, discarding. This is how we reason about the densities of clinical experience and exercise a practical kind of objectivity.

More than this, the hermeneutic circle “remains an insuperable structure of knowledge when it is applied to human beings” (Ricoeur 1971, p. 167). Applying this to texts, Ricoeur comments:

A text is a whole, a totality. The relation between whole and parts—as in a work of art or in an animal—requires a specific kind of “judgment.” . . . The reconstruction of the text as a whole necessarily has a circular character, in the sense that the presupposition of a certain kind of whole is implied in the recognition of the parts. And reciprocally, it is in construing the details that we construe the whole The judgment of importance is a guess. [p. 158]

Ricoeur’s concept of the *guess* is not epistemologically pejorative—better to regard it as the creative projection of our sense of things. Moreover, this “insuperable structure” includes the idea that psychoanalytic knowledge derived from systematic research is equally subject to

interpretation—in the construction of its particular system of terms, in light of its specific mode of observation, and in assessing its meaning in relation to all the other *parts* that together make up the *whole* of our interest. *Validation* in Ricoeur's sense is more like juridical argumentation, the joining of a conflict of interpretations, than like a direct arbitration by empirical facts. While we can come to justified psychoanalytic understandings about the unconscious inner lives of others, such understandings do not lend themselves to empirical verification and are not readily captured by substitute operationalized constructs. When studied systematically, unconscious fantasies and their complex connections to a patient's mind (internal relational patterns, motivations, etc.) must be reduced to measurable slivers.

For example, a chronic experience of longing (and its unconscious antecedents), of a painful unrequitedness in relation to the world, cannot itself be measured but is evidenced only by secondary observables related to that experience. The model of hermeneutic dialectics—applied to the experience of analytic interaction and unconstrained by the epistemology of empirical research—offers psychoanalysis a way to observe and reason about analytic experience and about its necessary obscurities and uncertainties from within the recesses of the experience itself.

This description of hermeneutic circularity captures, in my mind, the essential quality of psychoanalytic experience with respect to knowledge—the movement between a specific clinical moment (a patient's wish to leave something behind in the office) and the ever-imagined whole (of the transference, the patient's dynamically conceived internal world, the history of the analytic relationship, etc.). We are always tacking back and forth, the emerging part continually brought into relief and modified by other threads of experience and by our current sense of the whole (the wider context). This describes how one engages the ongoing question of meaning in psychoanalytic experience: what is the meaning of the patient's wish to leave something behind in the office on *this* day, following *this* session, after reporting *this* dream?

Once the centrality of hermeneutic dialectics has been acknowledged, it cannot be set aside. The notion of dialectical, part-whole reasoning is by definition intrinsic, in the grain of how we come to know-

edge. In the realm of psychoanalysis, it is especially applied to the currents, the quiddities, and the drivenness of lived experience. We are, after all, creatures of desire and of the meanings wrought by desire. Moreover, desire always inheres in a subject and refers itself toward an object, however complexly one wants to conceptualize this relation. And all the while, both subjects and objects are necessarily rooted in the *ontological densities* of subjective experience. These basic conditions of psychoanalytic subjectivity are irreducible, which is to say amenable only to understandings that are interpreted, partial, and ever evolving.

I would add here that the idea of dialectical tension serves both sides of the epistemological issue. A postmodernist psychoanalysis—if it drifts too far toward relativism in its idea of subjectivity and reference, if the dialectical tension in each of these concepts becomes too slack—makes psychoanalysis an impossible discourse. I do not see how a psychoanalytically usable notion of subjectivity can be understood *predominantly* in terms of fluidity and contingency or as a fluctuating, ever-emergent artifact of the intersubjective/cultural field. Viewed psychoanalytically, the intersubjective matrix is best viewed as the occasion for individual and separate subjectivities, in all their variability, to come more clearly into view. I do not see this as a lapse into Cartesianism.

HERMENEUTICS AND ANALYTIC PROCESS

The often-unpredictable fluctuations and perturbations of analytic process need not be seen as endlessly indeterminate in a recursive, postmodernist way. From the perspective of a hermeneutic phenomenology, this is simply how we are in the world, how our lived experience belongs to us, and how a perspective for interpreting our experience of the world becomes possible.⁸ Of note, Stolorow (2011) describes how Heidegger brings phenomenology and hermeneutics together in his investigation of *Dasein*, of human being-in-the-world. Stolorow writes:

Heidegger claims that in every case “interpretation is grounded in *something we have in advance*—in a *fore-having*”. . . , in other

⁸ According to Heidegger’s hermeneutic phenomenology, such primordial, unthematized understanding is, *as an existential condition*, constitutive of human being. A purely exegetical or textual understanding of hermeneutics, by disarticulating *knowing* from *being*, loses this dimension of philosophical hermeneutics.

words, in an unthematized understanding we already have, which is appropriated by interpretation. This fore-having of understanding, Heidegger argues, accounts for its inevitably circular movement. [p. 11, italics in original]

Subjective experience's irreducibility includes its inevitable excess, its remainders of meaning, along with what defies capture in the flow of one moment following another. It also includes all that is constitutive of lived experience yet remains latent, prereflective, unconscious, unthought, or unthinkable.

Clinical Illustration

Let me offer a brief example, less for its clinical interest than to capture a certain quality of subjective experience in a clinical moment. I, the patient, lie down on my analyst's couch and for some reason find myself remembering a moment from when I was nine. My family had recently moved into a new house. There was a hi-fi in the living room and a new carpet but no furniture, and my older sister was teaching me to dance. She had put on a Rolling Stones record, something that felt grown up and vaguely sexual in a dirty but kind of scary and exciting way. I am aware that certain currents of feeling associated with that time, being nine and in a new house, a new school, are moving through me. What comes back to me is how everything *smelled* different. I say to my analyst, "I am remembering a time when I was nine."

But then for some reason I stop, and my mind goes to afternoons when I would lounge on the new living room couch reading or listening to music—in particular, a time when I was studying for a biology test about the anatomy of the heart, its four chambers, the names of the major vessels and valves. There is a sadness related to my first memory about dancing, inexplicable, but that has receded now, unremarked upon. All I say in this moment is "I was a capable boy, sometimes, and I loved this biology class. I had dreams of being a heart surgeon or a medical illustrator." And then I am quiet again.

After an extended pause, my analyst says, "You say a bit and then go quiet." A shifting pageant of thoughts and memories: a tree we used to climb when I was younger than nine, in the neighborhood that had pre-

viously been my home; sap on the palms of my hands; the thick, bright feel of a dead-hot summer day and the smell of dry, thirstily, waist-high weeds, dried stalks of goldenrod, my itchy legs, and the sudden menacing buzz of a yellow jacket swerving past my ear; a momentary heart flutter, which passes; the appointment I have right after this one, realizing I will be late. My analyst's voice sounded weary, and it irritated me for a moment, then the irritation passed. I say, "I think I feel sad, or something. Something about that time. I don't know. We moved and the whole world smelled different."

Even if I had tried to convey everything I was aware of experiencing in that brief analytic interval, it would have been impossible to capture the cascade of sensations and branching associations, so much of it experienced without language, so much tethered to and organized by unconscious beliefs and fantasies, colored by affect, carried along with a perhaps indescribable sense, shifting moment to moment, of being in my body and being in the world.

An analyst listening to these associations will inevitably have his *own* associations, will be stirred in particular ways, and these will likely change to some extent depending on the day, the hour. For the moment I am interested not in the particulars but in the principle they illustrate. The analyst could only "know" my (the patient's) experience to the extent that I could convey it in consciously (perhaps intentional) or unconsciously transmitted ways, which he would then have to make sense of through the filter of his own person, the organizing matrix of his own subjectivity. This experiential dimension of our subjectivity makes us at once intrinsically connected to the other and ontologically, irrevocably distinct from that person. This fact does not mean I cannot know you (in mediated ways); it only means I cannot *be* you, I cannot possess your subjective experience, and this difference is the basis for our necessary separateness. It is not first and foremost about *knowing*, it is about *being*.

As experienced, a lived moment is inexhaustible, in part because it is always becoming the next moment, creating new experience, and because each moment stands in dialectical relation to the moment just passed and the moment to come in an evolving, endlessly processual way. I want to suggest that as something to be *known* about, this interarticulation of lived moments can only be *epistemologically* inexhaustible as well.

Psychoanalysis is principally concerned with subjectively lived experience and with the meanings of that experience as these arise in the context of the analytic interaction. It is more interested in the *meanings* than in the *facts* of lived experience. Meaning in this sense is grounded in the existential structures of how human beings are in the world (our relation to time, our embodiment, etc.). I want to make use here of Heidegger's proposition that there is an *ontological difference* between the *ontological* (the fundamental forms by which the world is disclosed to us) and the *ontic* (the empirical objects themselves that populate the world).⁹ In the terms of this distinction, I would suggest that psychoanalysis is fundamentally concerned with the *ontological* elements of lived experience (with temporality, care, the ongoing tensions between loss and possibility, anxiety and the avoidance of suffering, being-toward-death in all its disguised variations, etc.). These are existentially fundamental elements of human being. Science in its traditional sense, on the other hand, is more concerned with the ontic, with the characteristics and the uses of things.¹⁰

This ontological difference helps make clear that subjectivity, the realm of lived experience, is not a thing like other things. As Sass (2015) remarks, one consequence of forgetting the ontological difference is

. . . the tendency to conceptualize even consciousness or subjectivity itself as what Husserl called a "tag end" of the world—namely, as something that, whatever its specialness, nevertheless has the status of another entity *within* the world rather than as the condition for the world, as the grounding for "worldhood" itself. [p. 424, italics in original]

Subjectivity as approached psychoanalytically cannot be a "tag end" of the world, an object of study like other objects of study. As reflected

⁹ In describing this distinction, I borrow from Thompson (2001), who insightfully explores Heidegger's *ontological difference* in relation to the Freudian unconscious. Thompson offers an appreciation for the centrality of lived experience, especially in the context of a contemporary culture dominated by an ontic orientation to the world and to subjectivity.

¹⁰ I would like to acknowledge here the Heidegger discussion group led by Jonathan Lear and Alfred Margulies at the 2017 annual winter meeting of the American Psychoanalytic Association, which furthered my understanding of the relevance of the concept of being-toward-death in psychoanalytic work.

in its organizing categories and interests, psychoanalysis is first and foremost about the fundamental constitutive structures of human experience—less about the entities or objects that populate the world than about the forms of experience by which they are known and the meanings they are given. Even a brief analytic moment like the one I just presented arises from the uniquely constructed densities of lived subjective experience, uniquely *possessed* by one person, however that person might or might not share that experience with another, and however they collectively are able, or not, to know it.

Every psychoanalytic theory of development depends on this distinction between self and other (“*I am not you*” being an essential pole in the dialectical tension required of intersubjectivity) and on the densities that follow from this separateness. And, I want to suggest, so does a proper formulation of psychoanalytic knowledge. With respect to our separateness, Ricoeur writes quite poignantly, “The price of individuation, then, is the growing otherness of the world and the growing solitude of the self. Henceforth the possibility of non-being accompanies the integration of ‘being-for-life,’ as though it were its shadow, and makes of life an improbable and revocable adventure” (Changeux and Ricoeur 2003, pp. 203-204).

THE EPISTEMOLOGY BEHIND THE CURTAIN: EMPIRICAL RESEARCH

While many of us would readily agree that empirical research should not stand as the final arbiter in questions of psychoanalytic truth, we might also just as automatically agree when science supervenes. The fundamental difficulty—whether a psychoanalytic idea is being invalidated due to a lack of scientific support, or metapsychological structures are being reconfigured based on speculations about neurobiological findings—is that the epistemological question is often left out.

According to Mayes (2005), psychoanalysis shifted its interest away from more empirical concerns to a narrower focus on individual subjective experience, thus isolating itself unnecessarily from the scientific mainstream. Psychoanalysis and developmental science, she writes, have different epistemologies but not incompatible ones, because the differ-

ence is really just methodological: whereas psychoanalysts seek consistencies *within* an individual mind or life story, developmental scientists seek consistencies *across* individuals. Clarifying this difference would help bring psychoanalysis “into active discourse and collaboration with contemporary developmental, social, and brain sciences” (p. 148).

But a methodological difference does not necessarily represent a meaningful epistemological difference. A focus on *subjective* experience only makes empirical study more complex and difficult; it is still empirical study, governed by the same rules and assumptions. When Mayes presents this sameness as if it were a difference, she is repeating a move common in discussions of psychoanalytic research or science. Only by way of this misconstruing of sameness as difference are the “two epistemologies” (never really epistemologically distinct) allowed to converge unproblematically in the form of a psychoanalytic developmental *science*.

Perhaps more important, left out altogether from Mayes’s account are the epistemological realities illustrated earlier: first, the processual, evolving, part-to-whole character of analytic listening, where new experience continually opens to fresh possibilities of meaning and closes off others; and second, the internal, private, and irreducible dimension of subjective experience. These elementary clinical realities (from which all psychoanalytic knowledge emerges and back to which it always refers) do not readily fit with her model of a research-based, interdisciplinary integration.

Fonagy (2003), another significant contributor and advocate in the field of psychoanalytic research, at times offers a heartening note of epistemological caution that suggests a genuine understanding of the difficulties entailed by efforts to validate (or invalidate) psychoanalytic ideas based on empirical research. He writes that he does not believe “that psychoanalytic concepts can be ‘tested’ or ‘validated’ by the methods of another science Research studies could not and should not be used to test psychoanalytic ideas” (p. 230). Or, similarly:

The validation of variables implicated by psychoanalytic theories poses a formidable challenge to the researcher. Most of the variables are private; many of them are complex, abstract, and difficult to operationalize or test with precision. Psychodynamic accounts focus on very remote etiological variables that are un-

likely to be readily encompassed within an empirically based psychological model. [Fonagy 2000, p. 228]¹¹

Yet Fonagy also contends that without such a research program, one that bears on psychoanalytic concepts and working models, psychoanalysis will continue to sink into a state “perilously close to intellectual bankruptcy” (p. 227) and professional irrelevance. His solution is that we should employ systematic research to

. . . inform us about the psychological processes underpinning clinical phenomena, which we currently use the metaphoric language of metapsychology to approximate. The metaphors of our psychology . . . may be thought of as [at] best preconscious approximations to a description of the psychological mechanisms that at some deep nonconscious level our minds have knowledge of. [2000, p. 230]

But if psychodynamic accounts focus on “very remote etiological variables” refractory to empirical measurement, and yet at the same time empirical research is judged essential to our being able to study the “deep nonconscious” mechanisms for which psychoanalysis has only metaphorical approximations, a question hangs in the air: how does one square the epistemological circle when what is of primary interest to psychoanalytic investigators is fundamentally unmeasurable, yet somehow must be measured in order to rescue it from metaphorical obscurity? Moreover, the effort to measure unmeasurable entities or quantities or processes cannot be theorized from inside the constraints of an empirical objectivism. *There is no empirical answer to the question of how empirical findings should interface with questions of subjectivity and meaning.*

This dissonance exists in part because, in both Mayes and Fonagy, the epistemological relationship between research and the embedded realities of clinical experience does not seem adequately spelled out, and because the implicit epistemological bias is not straightforwardly taken up. Though we are assured that there is wisdom in psychoanalytic ideas, and though these ideas are described as irreducible to empirical valida-

¹¹ Such statements are common. See, for example, Westen and Gabbard (2002a) and Fonagy (2009).

tion or falsification, we are also being told that they are too vague and suggestive to help us advance and hone existing concepts.

Thus, Fonagy (2003) contends: "For psychoanalysis to take its place at the high table of the scientific study of the mind, it has to show its mettle in the battlefield of systematic laboratory studies, epidemiological surveys, or qualitative exploration in the social sciences" (p. 232). Of course, this is a perfectly appropriate expectation for a scientific psychoanalysis. But it also pulls strongly toward viewing untested psychoanalytic metapsychological concepts as provisional or stand-in "metaphors of the phlogistic sort" (Ricoeur 1970, p. 359).¹²

From an empiricist perspective, the research-based solution to the problem of imprecision in psychoanalysis is to articulate the underlying skeleton of reality that inheres in any given metaphorical formulation, and to do so by way of measurable concepts. As Fonagy (2003) summarizes, it is in "the specification of the mental mechanisms whose effects psychoanalytic writings describe and whose nature they allude to, that systematic research using psychoanalytic methods as well as methods from other disciplines will turn out to be so useful" (p. 231).

I do not read this passage as describing how an empirically constructed idea of an *underlying mechanism* might be brought into relationship with foundational psychoanalytic complexities and subjected to critical reflection. As employed here, psychoanalytic methods are used to provide observational data, organized around general concepts, from which testable categories or mechanisms can be harvested. The sense of it, at least in my reading, is that the *real* heart of mental functioning is to be found in the *underlying mechanisms* that create the effects alluded to in psychoanalytic writing. The logic of the passage reinforces the sense that empirically inclined writers tend to view psychoanalytic metapsychologies as stories informed by an intuitively or unsystematically apprehended truth but requiring science to uncover and describe the underlying mechanisms, to elevate a preconscious hunch to the level of testable evidence. Only systematic research can disaggregate *story* from *fact*. The story, however, no longer feels like something that has its own epistemic integrity; it is a dependent clause, at best, requiring in-

¹² *Phlogiston* was a fantastical substance postulated by 18th-century chemists.

dependent knowledge gained from empirical research for its anchoring referent and its coherence.

This calls to mind Turnbull and Solms's (2003) declaration that, with the inevitable forward march of neuroscience, the *reality* of mental reality will finally be revealed: "And in the end, we believe, we shall be able to say with confidence at last: this is how the mind *really* works" (p. 83, italics in original). This also reminds me of Cooper's (1993) explicit suggestion that the substitution of behaviorally defined, measurable capacities for psychoanalytic concepts of mental structure will move us closer to "schemas that better describe what it is we are interested in" (pp. 387-388). In this way, structural concepts that do not lend themselves to evidentiary measurability should be, in Cooper's view, retired and replaced.

And here we have come to my main point, which means to cast suspicion on the efforts of scientific writers to reassure us that they regard psychoanalytic ways of knowing as irreducible. The implicit and sometimes explicit epistemic hierarchy should not be missed; the "high table" is only high in relation to something beneath it.

Different epistemological frameworks lead to different ways of seeing the relationship between the perceiver and what is seen or experienced, as well as differences in the character of the object of study or of the experience itself. Seen through an empiricist lens, the mind is an object of study like any other object: what neuroscience and academic psychology and psychoanalysis are looking at is the same thing. There is, in other words, an underlying entity, a unity, that can be viewed from different perspectives but that nonetheless remains the same. This notion that "the mind remains the mind" is reminiscent of Turnbull and Solms's (2003) remark that "there is only one mental apparatus" (p. 82). Both express the monism that inheres in this sort of thinking: mind and brain are really one; all that is needed is a bridging discourse, forged in this case by neuroscience, to heal the false dualism. As they say, "Science has a way of finding a route through the darkest forests, and it will no doubt do the same with this one in the end" (p. 82).

Indeed, if the psychoanalytic mind and the neurocognitive mind are the same thing, if collaboration between epistemologically divergent disciplines is unproblematic, if it is decided that psychoanalysis must ful-

fill its destiny as “the science of subjectivity” (Fonagy 2009, pp. 27-28), and if subjectivity as psychoanalytically conceived is judged accessible to scientific observation, then the interface with microbiology and related disciplines makes some sense. To pursue such a destiny, however, psychoanalysis must situate itself in the same epistemological universe as behavioral observation and neurocognitive memory studies, and it must justify and theorize such a choice.¹³

Once it has been accepted that a nonempiricist psychoanalysis merely engenders an endless process of “piling induction on induction” (Fonagy 2000, p. 224), then the analytic encounter will necessarily be viewed in a more systematically empirical way as well. Cooper (1993) remarks: “While freely hovering attention is, of course, only a data-gathering method, the data of which should then be subjected to rigorous scrutiny, many analysts prefer to retain a vague open-endedness in their thinking” (p. 390). Such a statement is necessarily preceded by an unspoken but consequential epistemological choice, as there are certainly consequences when analytic attention is defined as “only a data-gathering method.” The phrase suggests a very particular way to conceptualize how we come to knowledge in the analytic encounter.

Hoffman (2009) rather provocatively compared an aspect of Fonagy’s rhetorical style with Orwell’s (1949) description of *doublethink* in *1984*. When Fonagy argues that psychoanalysis must capitulate to the prevailing cultural insistence on controlled studies, and must do so “rather than enter an epistemological debate amongst ourselves,” he seems to be foreclosing the essential discussion. He writes:

Even those of us who are engaged in collecting evidence for the effectiveness of this discipline have major methodological as well as epistemological concerns. These should not be set aside or forgotten about, but nor should they become an alternative focus. [Fonagy quoted in Hoffman 2009, pp. 1057-1058]¹⁴

¹³ The neuropsychanalytic literature is replete with examples of this. Green (1999) notes this in his review of Panksepp.

¹⁴ Eagle and Wolitzky (2011) express similar concerns. But for them, it is in the end about “ecological validity” and testable metrics. As Hoffman (2009) says, the chances that epistemological objections to the empiricist project will survive its implementation “are virtually nil” (p. 1058).

The relaxed inclusiveness of this sort of rhetoric—where nothing is “set aside or forgotten about,” where philosophical debate is allowed but not seriously undertaken, and where attention is shifted away from fundamental epistemic issues by focusing on the perilous state of the profession—serves to distract our gaze from the epistemology behind the curtain and from the governing truth that epistemology is destiny when it comes to the fate of core psychoanalytic concepts.

It is important to try to differentiate Fonagy and colleagues’ conceptual contributions from the epistemological issues under discussion here. When appropriated or reunderstood, the intrinsic value of these contributions need not be tied to his epistemological predilections or to his research interests. However, Fonagy’s particular conceptual framework situates these concepts in relation to social learning theory and ethology. As Katz (2016) observes, in Allison and Fonagy’s (2016) view, “truth is an attribute not of experiences or of representations, but of information” (Katz, p. 518). The risk, underwritten by a privileging of empirically validated knowledge, is for *mentalization* or *epistemic trust* to become substitute terms shorn of their psychoanalytic depth and complexity and distanced from the “ontological densities” of subjective experience.

The psychotherapeutic encounter, regarded as a complexly contextualized lived experience, is not necessarily *incommensurate with* systematically measurable forms of ordering that experience (Fonagy 2009). It is, however, *irreducible* (in its various permutations and meanings) to such ordering. That said, if it is in fact tenable to assert the *irreducibility* of psychoanalytic experience to empirical verification, there should be some further explanation from psychoanalytic researchers as to how an empiricist/objectivist epistemology *might be* commensurate with (might interact with) the phenomenology of a complex and meaning-saturated psychoanalytic subjectivity, and how this is to happen without the epistemological first principles of systematic empirical research being imposed *fundamentally* on psychoanalytic understanding.

The common response to this request has two parts. First is some version of Mayes’s (2005) distinction between two epistemologies, discussed earlier, that are different only methodologically, not philosophically, making the possibility of their being able to engage in dialogue

quite unremarkable. And second is the practical assertion that resistance to empirical reform sets psychoanalysis apart from the scientific framework of other disciplines and invites both contempt and the blight of scientific irrelevance (as illustrated in Fonagy's comments). The first avoids the epistemological crux by eliding any possibility of meaningful epistemological difference (by reducing study, at both the individual and the collective levels, to exercises in structured data collection). The second is not an argument for whether psychoanalytic "data" are commensurate with empirical study; it is not a reasoned philosophical position but rather the assertion of a preference based on a practical concern. (This is not to denigrate the practical concern, but only to point out its misuse when employed as a substitute for a substantive argument.)

It is worth remembering Ricoeur's (1970) warning about a "scientific" psychoanalysis: If the analyst bends to the axioms of empiricism or behaviorism, he notes, "he is condemned either to be written off as nonscientific, or to go begging for a partial rehabilitation through what Skinner calls 'the simple expedient of an operational definition of terms'" (pp. 365-366). In fact, empiricist assumptions often include a form of instrumental reasoning, which ascribes truth-value to what is deemed useful or effective. Thus, Cooper (1993) writes, empirical research "will be applied to psychoanalytic propositions, and *many of our favorite ideas will be shown to be wrong or what amounts to the same thing, not useful*" (p. 391, italics added). What we deem useful, of course, is determined by what we value and how we conceptualize what we value. There is also the important question of how we assess something's relative usefulness.

Contrast Ricoeur's warning with Fonagy's (2000) opposite warning: "In the absence of a substantial collection of [empirically derived] data, psychoanalysts would continue to fall back upon either the indirect evidence of clinical observation or an appeal to authority" (p. 227). This suggests that from this perspective there is no credible, nonempiricist basis for ordering and understanding psychoanalytic experience.

"I'm with you," psychoanalytic empiricists seem to say, "but our discipline is bleeding on the table." I am suggesting, however, that they have misdiagnosed the patient. The discipline of psychoanalysis has suffered an economically and sociopolitically inflicted wound—to some

extent self-inflicted but exacerbated by psychoanalysis's own philosophical confusions, and not one stemming from an insufficiently scientific epistemology. I would argue further that a scientific empiricism, when not subordinated to a guiding hermeneutic, urges us to adopt a narrowed interest in what is central to psychoanalysis—that is, in what is hidden, inaccessible, or irreducible with respect both to subjectivity and to knowledge more generally.

Green (2002) says this about the status of psychoanalysis as science:

This is the moment to say that we should not, under any circumstances, give way to the temptation—under the pretext of being scientific—of forgetting the singular exigencies of the psychoanalytic method, in order to apply it—in a way which is artificial and distorting for the spirit of psychoanalysis—to the procedures which apply in traditional science *There is thus a need for an investigation into research; that is to say, for reflection on the conditions of the application of research itself, which does not lose sight of the specificity and originality of psychoanalytic thought and the need to find ways of preserving and safeguarding them* Undoubtedly, the greatest and most dangerous confusion would be to minimise the difference between psychology in all its forms and psychoanalysis. [p. 70, italics added]

There is palpable urgency in Green's warning. He understands that there are nonscientific questions, important ones, in psychoanalysis, and that unless scientific research as applied to psychoanalysis is carefully scrutinized, we risk losing "the specificity and originality of psychoanalytic thought." Green seems to appreciate that the densities and depths of the mental as conceived psychoanalytically fade under laboratory lights and can be revived only when the contingencies of subjective experience are preserved as the experiential ground for our interpreted understandings, our reasoned, empathically informed guesses and provisional conclusions. There are, after all, many true things in the world that do not lend themselves to systematic measurement. It only makes sense that the findings of systematic research should be judged on their relevance (or lack thereof) to psychoanalytic interest and practice. And such judgments, I would argue, cannot be made except from a position epistemologically independent from that of the research itself.

CONCLUSION

In practice, we are of course interested in what will help the patient. This is an unremarkable fact. There is another step, however, that can be missed when Gabbard and Westen (2003) set the question “Is it analytic?” against its alternative, “Is it therapeutic?”—because the question is rooted in issues of knowledge and subjectivity that precede clinical praxis. Deferring the questions of psychoanalytic epistemology and subjectivity opens the door to a kind of pluralism, sponsored by the guiding principle of “what works,” without explaining how one determines what “working” means, and then how it might be measured and/or interpreted (by what rules, organized by what assumptions?). Although Gabbard’s (2007) views on the issue of orthodoxy and reductionism are sophisticated, the relationship between these ideas and his empirical commitments is unclear to me.

What is being offered by pluralist/integrationist arguments is often a false choice. The issue is not the relative merit of technical clinical pluralism. The issue is whether the acceptance of some measure of thoughtful clinical pluralism should lead blindly to the merging of vastly different conceptual systems organized around divergent epistemological commitments. The consequences of this are evident in even the best neuropsychanalytic work (Gabbard 2000a, 2000b; Westen and Gabbard 2002a, 2002b). Blass and Carmeli (2007, 2015) address this issue critically and in detail.

It is clear that advocates for the integration of systematic research (or neuroscience) with psychoanalysis view “scientific” arbitration as “modern,” as progress away from the untestable speculations of post-1895 Freudianism and toward a contemporary view that necessarily incorporates advances in biological and neurocognitive science. Following Orange (2005), I would suggest instead that, as usually practiced and described, it is an epistemological regression, not an advance: that when it sets aside hermeneutic claims, it too easily exploits Freud’s epistemologically limited understanding of his own discipline and sponsors a reversion to empiricism and biologism.¹⁵

¹⁵ I am indebted to Orange (2003, 2005) on this and related issues. Cognitive

In my view, the champions of progress, in this case, are offering something philosophically suspect and calling it *twenty-first century* while often labeling skeptics of the new psychoanalytic “science” *old-fashioned* and *reactionary*. But they have it backward. Freud was limited by his scientific leanings, not helped by them. While his commitment to science grounded him in the world of bodily energy and force (a salutary intention), his genius rested significantly on his ability to translate his commitment to scientific rigor into a psychoanalytic and essentially hermeneutic rigor. Psychoanalysis exists, it knows what it knows, precisely *because* it evolved apart from the constraints of empiricism and biologism. Psychoanalysis has not been waiting these 100-plus years for the scientific imprimatur of neuroscience or academic psychology to colonize, validate, and rescue it from itself.

I am suggesting that these vastly different realms of inquiry and knowledge need to be held apart, that the pull toward facile epistemological convergence and unification be resisted. This is in fact a necessary prerequisite for successful engagement. Failing this, then, matters of practice are too easily confused with the untheorized melding of fundamentally different discourses and areas of knowledge. In such a climate, epistemological confusion is sanctioned and psychoanalysis indeed risks becoming radically other than what it has always been: both a rich, pluralistic body of knowledge and a particularly organized and disciplined way to understand and work with the human mind.

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trends in philosophy and psychoanalysis are for her “a return both to the reductionism of [the] young Freud . . . and to the objectivism of logical positivism, the world of verification and confirmation” (Orange 2003, p. 478).

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CLINICAL WINNICOTT: TRAVELING A REVOLUTIONARY ROAD

BY VINCENZO BONAMINIO

The author contends that, contrary to the usual perception that Winnicott followed a linear progression “through pediatrics to psychoanalysis,” Winnicott’s vision was always a psychoanalytic one, even during his early pediatric work. His place in the development of psychoanalytic theory is highlighted, and the author discusses such key Winnicottian concepts as transitional space, the false self, and the use of the object. Winnicott’s unique approach to the form and value of analytic interpretation is particularly emphasized, and his thoughts on the treatment of depression are also addressed, as well as his distinction between regression and withdrawal. Included is a summary of convergences and divergences between Winnicott’s thinking and that of Bion.

Keywords: Winnicott, interpretation, analytic theory, Freud, Klein, depression, false self, regression, withdrawal, Bion, transitional space, use of the object.

I cannot assume, of course, that the way in which my ideas have developed has been followed by others, but I should like to point out that there has been a sequence, and the order that there may be in the sequence belongs to the evolution of my work.

—D. W. Winnicott (1968b, p. 86)

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INTRODUCTION

The development of Winnicott's thinking over the course of his career, reflected in his extensive *oeuvre*, demonstrates an extraordinary internal coherence. In this paper, I will focus on a few key aspects of that thinking—namely, what I define as the *clinical Winnicott*. These elements permit us to consider his specifically clinical contributions, sometimes not sufficiently valued in relation to his important work on the psychoanalytic theory of development (Abram 1996) or his monumental and highly influential theory of transitional space.

My contention is that Winnicott's clinical thinking and practice form the basis on which he constructed his theory of infant development in relation to the environment, as well as his important contributions on the birth and development of the self and the transitional area. I am referring here to what I consider a sort of *generative core* in Winnicott's ideas, a crucial "object" in his clinical thinking that can be disentangled and becomes understandable only on thoughtful reflection.

I will argue that, contrary to the common point of view that Winnicott started from pediatrics and arrived at psychoanalysis—having seen himself dismissively considered "the pediatrician"—he actually saw his clinical cases from a psychoanalytic point of view even during his pediatric practice. We must not forget that Winnicott had already started his own analysis in that period. It is my conviction that while evaluating pediatric diseases and other physical problems in hundreds if not thousands of children, his vision was already psychoanalytic. In none of his publications on pediatrics does he not mention the psychological side of an illness. Can anyone say whether theory leads to changes in practice or vice versa? *In my own experience, both are always occurring.*

THE REVOLUTION BEGINS

We can consider Winnicott's "Primitive Emotional Development" (1945) as a sort of implicit master plan from which his thinking originated and then developed, a point of view that Ogden (2001) also articulates. Then, with the concept of *transitional space*, Winnicott's revolutionary road journey began with the radical broadening of clinical psychoanalysis

that the concept entailed. In the theory of his time, the idea of locating objects did not exist because there was no space in which to position or see them. These objects were what Winnicott saw and interpreted, but they could not be appreciated by analysts who were not equipped with his theory.

Toward the end of his work—as evidenced in this paper’s epigraph—Winnicott referred back to his involvement in the origin of the so-called British Independent Group (Giannakoulas 2010; Kohon 1992), which formed a strong branch of British psychoanalysis. This group had taken the best of the extraordinary Kleinian revolution of the 1940s and then placed the patient in the foreground, emphasizing his intrapsychic needs and self-state.

In a note on the first page of chapter 3 in *Human Nature* (1988), Winnicott—jotting down an idea to be developed, almost like a hermetic verse in a poem by Eugenio Montale—wrote: “*Note for revision: psychoanalysis starts with the patient + → develop theme to unconscious co-operation process, growth and use of intimacy, self-revelation, surprise*” (p. 88, italics in original). Each of these terms would merit a separate examination since they were beginning to describe an area of clinical conceptualization quite different from the psychoanalysis of the time.

In actuality, for Winnicott, the patient was the point of psychoanalytic departure: analysis was a practical task; if there was no patient, there was no analysis. Then there was that “+” in his note that irrefutably expressed all that came afterward—not the drives, the relationships, the fantasies, but instead the unconscious cooperation, the growth, the use of intimacy. *Had we ever heard this language before Winnicott?* It is from this perspective that we can “position” Winnicott in the belief that, through the intermediary of the transference, psychoanalysis is essentially *a relationship between two persons*.

WHAT THE DEPRESSED PATIENT REQUIRES OF HIS ANALYST

While acknowledging the influence of Klein, we can appreciate a distinctive Winnicottian stamp in the style of his early writing—a highly individual and personal tone in his choice of words that quickly renders

his discussion of depression different from Klein's. Simultaneously, one can find another distinctive thread in his reflections on depression, one that overlaps and is interwoven with the first, but that must be kept conceptually apart in order for us to fully grasp its meaning—namely, that Winnicott's direct focus is on *the essence of the psychoanalytic relationship*, i.e., the intimate structure of that relationship and its textural patterns. This can seem surprising and disorienting due to an incongruity with the context of the work in which it was placed.

Winnicott wrote:

The depressed patient requires of his analyst the understanding that the analyst's work is to some extent his effort to cope with his own (the analyst's) depression, or shall I say guilt and grief resultant from the destructive elements in his own (the analyst's) love. [1945, p. 138]

This dense observation concentrates multiple lines of thinking that will only later be explicitly articulated. What leaps out are the close ties Winnicott establishes between psychoanalytic work and the analyst's personal work. He highlights his effort to cope with his own depression. Between this "job" and the task of analyzing lies the analyst's answer to the patient's request.

Although from a different perspective, Ogden (2001) also highlighted this innovative Winnicottian statement. The passage calls to mind another noteworthy contemporary psychoanalytic contributor as well, who commented as follows:

The importance of the patient's memories is well known. Perhaps less well recognised is the importance of the analyst's memories It is through his own memories and the affects connected with them that, in large measure, he understands his patient's inner experiences When shifted into a mobile state, these memories are then free to rise up to meet those of the patient. [Jacobs 1991, pp. 131-132]

According to Winnicott, analysis is possible only if the analyst is capable of working through his own depression in the course of his relationship with the patient. He must work toward resolution of his own psychic challenges in order to create a place inside himself from which

to receive the patient's experience. The analysis starts with the patient, but paradoxically it is the analyst who must create a place inside himself to allow the analysis to start. This also means that, in the presence of the patient, the analyst must revivify that dead internal object that is the "depressed mother" in order to experience the patient's internal mother-object.

Depression in terms of the introjection of an internal dead object, the depressed mother, is an original conception of Winnicott's distinctively different from the views of Freud and Klein—to whom, however, he makes reference. He fully developed the concept later (Winnicott 1948, 1963a). *The analyst's response*, wrote Winnicott, *makes the difference from the outset* in the way that the patient's depression develops, transforms, and is worked through (Bonaminio 2008).

This implicit intuition emerged more strongly and found its full expression later still (Winnicott 1968b), when the author suggested that it is the reality of the analyst that makes the difference—i.e., his being an "objective object" that survives the patient's attacks, not merely his being the receptacle of the patient's attacks via projective identification. The analyst's response—his striving to be real and alive for the patient—gives a unique imprint, technically as well, to the analysis of depression.

THE THEORY OF THE FALSE SELF

A key Winnicottian contribution is his description of the *false reparation* that we find in clinical practice: *false* because it is not specifically tied to the patient's guilt, but refers to another subject (Winnicott 1948). This concept gave rise to his clinical discoveries on dissociation in connection with the *false self* (1955, 1960). Winnicott observed that "this false reparation appears through the patient's identification with the mother, and the dominating factor is not the patient's own guilt but the mother's organized defence against depression and unconscious guilt" (1948, p. 91). He adds:

The depression of the child can be the mother's depression in reflection. The child uses the mother's depression as an escape from his or her own; this provides a *false restitution and reparation* in relation to the mother, and this hampers the development of a personal restitution capacity. [p. 92, italics added]

With these considerations, he was beginning to describe *the psychic work done on behalf of the other from within the self*, carried out through the process of identification (Bonaminio and Di Renzo 2000). The scale of this work varies widely until it gradually comes to include occupation of the self by the other.

STAYING WITH THE PATIENT

In a surprising paper, Winnicott (1959) transmits a vivid image of his clinical methods—his way of fantasizing about and elaborating the clinical material:

The striking thing was what happened when I made a certain interpretation . . . I interpreted that if nothing was happening for her to react to she came to the centre of herself where she knows that there is nothing. I said this nothingness at the centre is her tremendous hunger . . . As soon as the trend of my interpretation became clear to her . . . she fell dead asleep and stayed asleep for about twenty minutes. When she began to waken and to become impatient with having been to sleep and missing the hour, I began again on interpretation, whereupon she went suddenly into a new sleep and stayed like it until the end of the hour. When she wakened she said: "I have been glued to the coach."

This patient often goes to sleep . . . This time the sleep had a new quality . . . I assumed that the sleep represented a particular kind of resistance to the interpretation. The essence of interpretation was that there is a dissociated self, which is nothing; it is nothing but a void . . . This is the first time that she and I in the course of four years of analysis have found together a satisfactory statement of her true self and at the same time of her appetite. [p. 50]

This passage offers an example *in vivo* of the oscillation between the patient's communication and noncommunication in the here and now of the session (Bonaminio 2001). It also illustrates the analyst's capacity to let himself go, to tolerate giving himself up to this wavelike movement, without forcing the patient to communicate—and at the same time maintaining his position as the other.

A few years later, Winnicott writes provocatively:

In doing psycho-analysis I aim at:

Keeping alive;

Keeping well;

Keeping awake.

I aim at being myself and behaving myself. [1962, p. 166]

Despite the classically technical title of this paper (“The Aims of Psycho-Analytical Treatment”), the author talks about himself and makes reference to what is *not* so technical, but on the contrary very personal: i.e., the basic matrix of *staying with the patient* in the session.

WINNICOTT AND BION: CONVERGENCES AND DIVERGENCES

Interestingly, Bion’s (1967) well-known recommendation to the analyst to suspend memory and desire was, like Winnicott’s, anything but “technical.” Like Winnicott, Bion emphasized not a strategy of technique, but a position for the analyst to aim for in the consulting room, in the here and now—a position that enabled him to stay both with himself and with the patient.

It is important to underline a notable distinction between Winnicott’s and Bion’s positions, however. Whereas Bion highlighted the analyst’s mental functioning, it is the integrity of the analyst’s psyche-soma to which Winnicott first calls our attention. The activity of thinking is evoked by Bion’s image; even when the analyst suspends thinking, what we see when we read Bion is a thinking analyst. The analyst described by Winnicott, in contrast, is someone whom we see simply breathing. To Winnicott, the mind is an organized defense, a pseudointegration that replaces and holds together a precarious psychosomatic integration; it protects the self from disintegration, from fragmenting into pieces. Winnicott is speaking here of a live analyst capable of desiring what the analysand brings to the session and of remembering what he has brought in the past—an analyst with an emotional appetite for clinical material, and one who shows himself to be present (see also Winnicott, undated).

Bion’s primary focus, derived from the Kleinian tradition, is on the various parts of the personality and internal objects. Winnicott’s atten-

tion, conversely, is directed mainly at the totality of the self and its oscillation from non-integration to integration and personalization. This difference in the vertices of observation is evidenced not only by the content of the two authors' reflections, but even by their grammatical choices, as shown in their contrasting uses of *what* and *who* in characterizing psychoanalytic discourse.

Container and *holding*, respectively, are other characteristic terms that encapsulate Bion's and Winnicott's unique points of view. A *container* is a thing, an object that performs a function akin to encircling or gathering in. By contrast, *holding* refers to a bodily posture, and here again we see Winnicott's prevailing attention to the psychosomatic matrix. The dreaming function implied in Bion's wonderfully evocative description of *maternal reverie* refers to mental operations as thinking activities. What is generally—and in my view, wrongly—considered to be the Winnicottian counterpart pertains more to the affective and bodily dimension—the *primary maternal preoccupation* (1956) that first of all evokes the mother's breathing as she watches over her sleeping child. Here we find another expression of Winnicott's prioritization of "keeping alive; keeping well; keeping awake" (1962, p. 166). Thus, as indicated, *container* and *holding* describe different functions and processes.

It is relevant to remark that later Bion further developed his theory of transformations and moved from < transformation in "K" (knowledge) > to < transformation in "O" >, which implies the ultimate reality, i.e., the consensual experience of two people in analysis and what Bion also calls *conviviality*. This experience cannot be described as it is happening because it is evident only in *après-coup*.

I find this development in Bion's conception of transformation very close to what Winnicott described early in his career as the *full course of an experience*:

What there is of therapeutics in this work lies, I think, in the fact that the full course of an experience is allowed. From this one can draw conclusions about one of the things that go to make a good environment for the infant. In the intuitive management of an infant a mother naturally allows the full course of the various experiences, keeping this up until the infant is old enough to understand her point of view. She hates to break

into such experiences as feeding or sleeping or defecating. In my observations I artificially give the baby the right to complete an experience which is of particular value to him as an object-lesson. [1941, p. 246]

APPRECIATING THE DIFFERENCE BETWEEN REGRESSION AND WITHDRAWAL

Returning to Winnicott's passage about "the striking thing . . . [that] happened when I made a certain interpretation" (1959, p. 50), I would like to point out some additional elements of particular interest. For example: "I interpreted that if nothing was happening for her to react to, then she came to the centre of herself where she knows that there is nothing" (p. 50). Here Winnicott's interpretation is precise and clear-cut, without pretense, and the space created in which interpretation can happen functions as the "transitional" element. Furthermore, the interpretation contains two significant elements.

First, there is analysis of her defense: "if nothing was happening for her to react to." The Winnicottian concept of reacting to environmental impingement is present in the background, but this passage also uses clinical evidence to portray a bit of theory *in vivo*. Second, there is a courageous, direct statement about a "void" within the patient: "at the centre" there is "nothing." Paradoxically, this provides the patient with a sense of self that is somehow "full" in that it transmits something important; that is, she and the analyst have "found together a satisfactory statement of her true self and at the same time of her appetite" (1959, p. 50). The statement is satisfactory because it has satisfied the patient's appetite, filling her up. The internal void can begin its transformation into a presence through being experienced rather than denied via a manic defense. The statement is also satisfactory because it satisfies the appetite of Winnicott as the analyst—that is, his desire to provide the analysand with a meaning that makes sense.

What analyst and patient "found together" (1959, p. 50) came alive in the analyst's interpretation. What developed was a shared *illusory experience* (1951), which at the same time was private and individual to the analysand. It is in the sleep into which the patient falls—which "had

a new quality” and “represented a particular kind of resistance to the interpretation” (1959, p. 50)—that it was possible to identify the private side of the void denied by the manic defense. In this situation, sleep in the session became a form of clinical withdrawal. Through the relationship with the analyst and his capacity to understand and tolerate this sleeping—without immediately interpreting it as an attack or withdrawal from the work—it became a regression to dependence.

Winnicott elaborated on this theme in a subsequent paper:

The correct word for the Wednesday session was withdrawal With this patient it is extremely important that I understand the difference between regression and withdrawal. Clinically the two states are practically the same thing. It will be seen, however, that there is an extreme difference between the two. In regression there is dependence, and in withdrawal there is pathological independence I have learned at the school of this analysis that withdrawal is something that I do well to allow. [1965, p. 149]

He had earlier taken up similar themes:

That which would be called resistance in work with neurotic patients always indicates that *the analyst has made a mistake*, or in some detail has behaved badly; in fact, the resistance remains until the analyst has found out the mistake and has tried to account for it, and has used it It is here that we can see the sense in the dictum that every failed analysis is a failure not of the patient but of the analyst The analyst [must] . . . look for his own mistakes whenever resistances appear. [1956, p. 388, italics in original]

Thus, we see that Winnicott differentiates between these two phenomena, withdrawal and regression, by focusing on the analyst’s function and his capacity to tolerate the patient’s resistance, the latter of which was viewed as a failure on the analyst’s part. In broader terms, what he calls the analyst’s “mistake” might be seen as a failure of the primary holding environment.

What is crucial here is the distinction between *object-mother* and *environment-mother* (1963b). This is important not only in terms of the

theory of infant development, but also for its technical implications in analytic work with adult patients. In particular, the object-mother and the environment-mother are related to the concepts of *subjective object* and *objective object* (Winnicott 1947, 1969).

The following comments are particularly illuminating from a technical point of view:

I would say that *in the withdrawn state a patient is holding the self* and that if immediately the withdrawn state appears *the analyst can hold the patient*, then what would otherwise have been a withdrawal state becomes a regression. The advantage of a *regression* is that it carries with it the opportunity for correction of inadequate adaptation-to-need in the past history of the patient By contrast the *withdrawn* state is not profitable and when the patient recovers from a withdrawn state he or she is not changed. [1954, p. 261, italics in original]

A "VERY SIMPLE STATEMENT ABOUT INTERPRETATION"

The meaning of the vignette describing the "striking thing" about a "certain interpretation" (Winnicott 1959, p. 50), quoted earlier, is now more clear: the state of sleep indicated the moment in which withdrawal turned into regression. In that clinical situation, there is a patient who sleeps and an analyst who "dreams" an interpretation. We are here facing a generative paradox according to which an individual phenomenon, defensive withdrawal, is transformed into a state defined by the fact that the analyst participates in it while in a relationship in which the patient is to some degree regressed and dependent. This psychoanalytic situation is thus a paradoxical place in which the intrapsychic relationship between sleep, on the one hand, and the-dream-as-guardian-of-sleep, on the other, evolves into an intersubjective relationship in which a part of the total operation is fulfilled by each participant. The new quality of this sleep—an insight that transforms withdrawal into regression—had previously been "mused" by Winnicott, starting from the time of the patient's comment about having been "glued to the couch" (1959, p. 50). Like dreaming, musing is rooted in somatic sensations, in experiencing

them—yet another example of Winnicott's unique attention to the psychosomatic matrix.

Winnicott muses and *redreams* about much more in relation to his patient's feeling of being glued to the couch. Through his consideration of her sensation as a "particular kind of resistance to the interpretation" (1959, p. 50), it is possible for us to grasp his conception of psychoanalytic interpretation, which he elaborates as follows: "I have always felt that an important function of the interpretation is the establishment of the limits of the analyst's understanding" (1963a, p. 189). In this specific clinical situation, the limits of the analyst's incomplete understanding—so incomplete as to generate "a particular kind of resistance"—become, in that precise moment, the somatic limit for the patient in her feeling "glued to the couch." What she found was the boundary of her manic omnipotence.

Whenever Winnicott proposes an interpretation to the patient, he seems aware that this proposal's central goal is not the disclosure of an unconscious fantasy, secluded and in some way fixed within the patient, but a statement conveying an outlook on the patient's self, an amplification of the emotional and relational meaning in the here and now—which in turn sends the analyst back into a process of reflection and semantic circularity (Bonaminio 1993). As Winnicott declares, "The purpose of interpretation must include a feeling that the analyst has that a communication has been made which needs acknowledgement Giving an interpretation back gives the patient [an] opportunity to correct the misunderstandings" (1968a, p. 208).

Winnicott then surprises us by saying: "This very simple statement about interpretation may be important by the very fact that it is simple The principle that I am enunciating at this moment is that the analyst reflects back what the patient has communicated" (1968a, pp. 208-209). In the expression *reflects back*, the paradox of the discovery of the self through the other finds its virtual point of refraction in an interpretation that "must include a feeling that the analyst has that a communication has been made which needs acknowledgement" (p. 208).

This delineation of cross-dialectics within the consulting room calls to mind his paper on the mother's *mirror role* (1967), in which he writes:

What does the baby see when he or she looks at the mother's face? . . . What the baby sees is himself or herself. In other words the mother is looking at the baby and what she looks like is related to what she sees there. [p. 112]

In Winnicott's reference to "the mother's role of giving back to the baby the baby's own self" (p. 118), his use of *giving back* is very similar to his *reflecting back* to the patient. Thus the statement about the mother's role of giving back can be viewed as constituting the matrix with which to *metaphorize* the entire analytic relationship and the function of interpretation.

The author continues:

This glimpse of the baby's and the child's seeing the self in the mother's face, and afterwards in the mirror, gives a way of looking at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. [1967, p. 117]

It is not only the dialectical interplay between self and other that Winnicott elucidates through reference to the analyst's function of reflecting. We can here discern the explication of a detailed clinical theory that illuminates the function of interpretation as illustrated in the "striking thing" vignette (Winnicott 1959, p. 50):

The patient can be giving the analyst a sample of the truth; that is to say of something that is absolutely true for the patient, and . . . when the analyst gives this back, the interpretation is received by the patient who has already emerged to some extent from this limited area or dissociated condition. [1968a, p. 209]

Here Winnicott's conception of pathological dissociation is brought into the very intimate texture of the analytic relationship; from being a fact of the single patient, it becomes a fact of the analytic relationship of both analyst and patient. Nevertheless, in that very moment, the patient "has already emerged to some extent from this limited area or dissociated condition" (1968a, p. 209).

I see here an enriched Winnicottian version of Freud's (1933) famous statement "where id was, there ego shall be" (p. 80).

WINNICOTT'S EXTRAORDINARY CONTRIBUTIONS

"I propose to put forward for discussion the idea of the use of the object. The allied subject of relating to object seems to me to have had our full attention" (1969, p. 711). Thus begins the author's provocative and revolutionary paper on the *use of the object* (Winnicott 1969). Here he clarifies the distinction between *subjective object* and *objective object*. Earlier he wrote:

What I have to say in this present chapter is extremely simple It is only in recent years that I have become able to wait and wait for the natural evolution of the transference arising out of the patient's growing trust in the psychoanalytic technique and setting, and to avoid breaking up this natural process by making interpretations It appalls me to think how much deep change I have prevented or delayed in patients *in a certain classification category* by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever. [1968b, p. 86, italics in original]

Each sentence from this quotation could be discussed in depth. I will highlight only the following points:

- Winnicott makes a clear-cut and clinically useful distinction between *interpreting*, which is a particular form of the analyst's inner psychic activity, and *making an interpretation*, i.e., the verbal interpretive comment conveyed to the analysand.
- Crucial to the success of treatment is the analyst's capacity to wait for the natural evolution of the transference, which can arise only out of the analysand's trust in the psychoanalytic technique and setting.
- Winnicott warns that an interpretation can potentially interrupt a "natural process," which means that it can be experi-

enced by the patient as traumatic if the analyst lacks sensitivity (to be able to accurately determine *what* to interpret), tactfulness (to know *how* to interpret), or timing (to know *when* to interpret).

- Winnicott's comment about "how much deep change" can be "prevented or delayed" by the analyst's "personal need to interpret"—that is, his own narcissism—is a key point.

Later, a ground-breaking statement appears: "I think I interpret mainly to let the patient know the limits of my understanding. The principle is that it is the patient and only the patient who has the answers" (1968b, p. 86). Thus, Winnicott uses interpretation not to uphold the pretense that the analyst omnipotently knows everything about the patient's unconscious feelings, drives, and desires; rather, he does the opposite: he interprets in order to recognize the limits of his understanding and present himself to the patient as a real object that can be used for the patient's benefit.

Some authors believe that the core problem this paper deals with is the introjection of the surviving object into the nonsurviving object. In my view, this aspect is secondary to a more important step. Winnicott is here expanding his view of the subject vis-à-vis the object, along a trajectory that was initiated when he described when he described the meaning of the period of hesitation (Winnicott 1942). The object here is not only the internal object created as a result of infant/patient projections, but a real object—real not in the sense of external.

Winnicott writes, "In the 'period of hesitation' (as I call it), the . . . child's acceptance of the reality of desire for the spatula is heralded by a change in the . . . [child's] mouth" (1941, p. 231). The introduction of the *period of hesitation* is revolutionary in that it describes "the moment at which this first phase changes" as "evident" when the child accepts "the reality of desire"—and let me emphasize in particular Winnicott's reference to the child's "*acceptance of the reality of desire*" (p. 231, italics added).

Thus, there is no need to make reference to instinct or drive, but only to *desire*. Winnicott anticipates the terminology almost twenty-five years before it came to be taken for granted. In my view, this is a sudden, unexpected breakup of the "old" terminology.

A second important point that I want to highlight is that in this brief sentence—an observation made in passing about an infant confronted with a spatula—Winnicott introduces a huge revolution in psychoanalytic technique. When the patient is silent in session, according to Freudian or Kleinian technique, he is oppositionally resisting the work of psychoanalysis, but with the introduction of the *period of hesitation*, the patient's silence is seen to have a meaning for the patient—and not a meaning that is oppositional to the analysis or the analyst. Rather, the patient is struggling to find something meaningful to him that is perhaps also unknown to him. This means that the analyst's silence and non-verbal interpretations must accompany this inner search by the patient. In the development of classical psychoanalytic technique, this is a turning point that introduces the analyst's oscillation between interpreting and not interpreting (Bonaminio 2008).

The object's quality of being real is determined by its capacity to survive attacks. Surviving the attack does not mean *only* surviving, but also the recovery from any wounds that may be inflicted. Awareness of this dynamic returns us to the infant/patient in analysis and the sense that the object who survives is real, hard, tough, and capable of standing up—that it is something against which the infant/patient's omnipotence breaks down and ultimately fades away.

I have tried to show in this paper that, contrary to common belief, it is not Winnicott's theory of infant development that primarily influenced his clinical work, but the reverse: that his psychoanalytic work with adults served as a lens through which he came to his own unique understanding of early development.

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THE VIBRANT CHALLENGES OF CLINICALLY EFFECTIVE PSYCHOANALYTIC MINDEDNESS

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In addressing the central challenges of developing and maintaining the analyst's psychoanalytic mindedness, this paper focuses on two particularly challenging core components of clinical effectiveness not so easily developed despite the rigors of the tripartite training model. The first is the analyst's receptivity to unconscious communication, which entails the analyst's curiosity, acceptance of human nature, doubt, restraint, narcissistic balance, and integrity. A brief clinical vignette illustrates this. The second factor is recognizing and managing the inherent disappointments and narcissistic challenges in working psychoanalytically. The author maintains that the ability to lose and subsequently recover one's analytic mind entails discipline, courage, and faith that only experience can provide.

Keywords: Analytic mind, unconscious, interpsychic communication, intersubjectivity, person of the analyst, narcissism, disappointment, analytic integrity, maternal and paternal functioning, analytic training, culture.

Analysts are people who have learned to practice a particular art; alongside of this, they may be allowed to be human beings like anyone else.

—Freud (1937, p. 247)

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There is a crack in everything—that's how the light gets in.
—Leonard Cohen (1992)

INTRODUCTION

An implicit yet vital goal for beginning candidates and determined analysts is to develop one's mind in the service of becoming a skillful psychoanalyst. The topic is often discussed simply by elaborating on the tripartite model of psychoanalytic training: undergoing a personal analysis, receiving analytic case supervision, and taking part in didactic learning through reading and courses. However, this more descriptive perspective leaves out the crux of the matter that addresses core aspects of the analyst as a person who utilizes the *analytic instrument* (Isakower 1992a, 1992b). Consequently, I will focus in this paper on what I consider to be the two most challenging and somewhat overlooked core components of clinically effective analytic mindedness: namely, the analyst's availability to the patient's unconscious, as well as her/his ability to tolerate disappointment. Moreover, it is widely known that developing mastery in these discrete avenues also requires a larger, more collective framework, a team of colleagues, or a band of analytic brothers and sisters—for example, a small “analytic village,” as evidenced in ongoing consultation or study groups—to contain, support, and challenge each of us throughout the inevitable tensions of working as an analyst in our “impossible profession” (Freud 1937, p. 248).¹

In current Western culture's highly individualistic, pragmatic, and goal-oriented age—epitomized, perhaps, by the utopian-based American dream—an insistence on extreme pleasure (i.e., what the French refer to as *jouissance* in the form of ecstatic release without hindrance, along with the fulfillment of all wishes) is often sought in a way that includes stepping on the backs of others. Today, particularly in North American and Western European cultures, there is an overarching love for the immediacy of the present moment, the refusal of limits, opinion polls, doctrine, and security—not to mention “reality television” and the lure of charismatic demagogues, while simultaneously a burgeoning populism cultivates rejection of longer-term reasoning and the legitimization of

¹ A full discussion of this last point is unfortunately beyond the scope of this paper.

conflict, nuance, and “elite,” more sophisticated thinking. Fascination with evil, violence, perversity, so-called transparency, and unrestrained emotional expression prevails, along with a view of human behavior as reductively explicable by neuroscience.

Likewise, the dominant culture is inundated by the scientism of so-called evidence-based practice, as well as by contempt for serious thinking, critical judgment, deeper emotional experience, and finely shaded essentialism (Roudinesco 2011). Psychoanalysis, with its commitment to the search for self-truth, clashes with the dual tendency toward hedonism and retreat into identity and identity politics. In fact, as both the Oedipus tale and the psychoanalytic process itself remind us, genuine insight is always at war with primary process functioning, with its idyllic, mythical past and society’s conservative, structured chorus that disrupts (and renders agonizing) the search for self-truth (Mahon 2015). While not so openly addressed even among analysts, the value of a psychoanalytic mind seems quite urgent in a world that is rapidly moving in other directions.

PSYCHOANALYSIS AND THE ANALYTIC MIND

To address what it means to develop a psychoanalytic mind today, we must first consider what psychoanalysis is. In short, psychoanalysis comprises three aspects, the last of which I will address in this paper: (1) a *model of the mind* that provides a metapsychological, theoretical basis for how the psyche works dynamically, economically, topographically, structurally, adaptively, and developmentally; (2) a *research tool* that enables a deeper understanding of human nature through empirical findings emerging in the analytic process; and (3) a *therapeutic endeavor* that focuses on the complexities of clinical work.

British writer Adam Phillips facetiously reminds us that psychoanalysis, though obviously quite complex, is “about what two people say to each other if they agree *not* to have sex” (Bersani and Phillips 2008, p. 1, italics added). In actuality, when we are engaged as a particular individual’s analyst, we are hired to be the patient’s “professional assistant in his self-investigation” (Poland 1986, p. 259), a “seasoned and hardy coexplorer” of psychic life (Schafer 1983, p. 26).

Every analyst's way of thinking and listening to each patient is determined by the time and place of the analyst's formal training, allegiance to the culture in which s/he practices, and the analyst's uniquely personal affinities. Thus, the mindset brought by the analyst to each analytic encounter "shapes the atmosphere and becomes an essential part of the medium of analytic work" (Poland 2013, p. 839). Nonetheless, because there is an ongoing debate about what psychoanalysis is—a debate present since its inception—a persistent tension is created for both beginning analysts and well-seasoned ones about whether or not their work is genuinely "psychoanalytic"—or, conversely, does it betray analysis?²

Despite the theoretical pluralism of today's era, psychoanalysts generally agree that the individual psyche emerges in relation to a *limit*—whether in the movement from omnipotence to gradual disillusionment, from a dyad to a triad, from the pleasure principle to the reality principle, from preoedipal to oedipal functioning, from the Imaginary to the Symbolic, or from the autistic-contiguous and paranoid-schizoid to the depressive position (Wilson 2015). For the symbolizing mind to develop, the child must experience limit, frustration, and absence, as well as sufficient containment and responsivity (Wilson 2006, 2015), as has been confirmed by analysts ranging from Freud through Klein, Lacan, Winnicott, and Bion. As Lacan (1988) reminds us, "There is something originally . . . profoundly wounded in [the human] relation to the world" (p. 167). Through experiencing this "wounding" incompleteness, the child emerges into the world of desire and lack, language and culture, and if all goes well enough—depending on the environment's responsivity in the context of the child's unique constitution—the developmental advance results in mourning, in creativity and play, and in growth and sanity. In short, psychoanalysis imparts a tragic vision (Schafer 1976) to which Freud serves as the maven of discontent.

The analytic experience itself, both through its transferential properties and its inherent incompleteness, re-creates the wounding experi-

² It is interesting to recall that in certain ways, no one was more outlandishly "un-psychoanalytic" than Freud himself. For instance, consider that he liked to chat with his patients in the waiting room, sometimes fed his patients, allowed his dog Yofi to roam freely through his office, lectured his patients about psychoanalytic theory, and at times would "analyze" his friends on the street while accompanying them for coffee and pastries or to the theater. He even presumed to analyze his own daughter.

ence of *lack* that both patient and analyst must negotiate. Every analytic couple—like any two objects in a relationship, beginning with the mother and infant—must negotiate a fundamentally conflictual struggle. Consequently, in thinking about the clinical art of psychoanalysis, we might ask what kind of mind the analyst must have in order to be a skillful guide and explorer in this realm of non-utopian psychic functioning, wherein, like Hamlet, both patient and analyst must suffer “the slings and arrows of outrageous fortune” (Shakespeare 1601, 3.1.55-87), while the working analyst inevitably undertakes the *melancholic errand* of slender sadness (Cooper 2016).

Moreover, the paradox of a successful analysis is that it “must include the *delusion of failure*” (Winnicott 1968, p. 216, italics added). Analysis often fails when the analyst cannot allow this “failure” due to her/his “personal need to prove the truth of psycho-analytic theory” (p. 216). Kite (2016) makes a similar point when she refers to the “chasm that ordinarily exists between the *rarefied realm of theory* and the *everydayness of practice*” (p. 1158, italics added), suggesting that the analyst’s character—though easily disavowed—is often decisive in acknowledging and navigating the necessary disillusionment and personal imperfectability.

The Fundamental Tension in the Analytic Mind

At the work’s core, the analyst must experience an inherent tension in order to tolerate uncertainty, paradox, and the uneasiness of living with the patient in a transitional zone between historical reality and psychic truth. Using the mind analytically requires sustaining a creative tension between relying on the *unconscious* mind and simultaneously doing what must be *consciously* done, including establishing and maintaining the frame, listening and following the affects of the session, deciphering unconscious schemas, linking the patient’s material to theoretical ideas, and making interpretive as well as affirmative comments and then assessing how the patient responds to them. Navigating this internal tension requires considerable humility, skepticism, and psychic freedom that test the limits of the analyst’s ability to tolerate uncertainty, ambiguity, and insecurity.

This makes analysis quite different from anything else—very much a “weird” sort of virtual reality (Friedman 2005, 2006) that entails riding

the serenity-rupturing waves between the *spontaneity* of letting it happen and the *deliberateness* of intentionality (required to manage the frame and formulate interpretations). These two mental modalities, taken as a variant of the analyst's *binocularity* (Bion 1962), have been described as the mind's *bi-ocularity* (Birksted-Breen 2016; Ceglie 2013). This entails that the analyst hold the tension between a more focused listening perspective in which understanding and interpreting (i.e., "analyzing") prevail in accordance with a separating third's paternal functioning, on the one hand, and on the other, a more unfocused, receptive state of mind akin to reverie (Bion 1962). The latter reflects a more maternal attitude, a taking-in and holding orientation that allows for "something different to develop" (Birksted-Breen [2016, p. 30]; see also Diamond [2014, 2017]). In sum, the analyst must bear and maintain the tension between a more focused mental attitude and an unfocused, receptive one while listening both to the patient and to him-/herself.

Holding this dialectic demands a creatively flexible mind able to balance the curiosity to satisfy the self with purposeful and ethical regard for the patient (Diamond 2014; Kite 2016; Poland 2013). As I will elaborate, it is through the analyst's humanity, integrity, and courageous conviction about the role of unconscious mental functioning that psychoanalysis comes alive.

The Essence of Developing an Analytic Mind—One Analyst's Perspective

There is no shortage of ways to address this topic, but in this paper I will emphasize two of the most challenging, not so easily learned or mastered elements of this lifelong process. (Other components of analytic mindedness are equally important but somewhat less difficult to develop in appropriately selected analytic candidates.) In brief, the requisite analytic mindedness includes skills in the areas of symbolic thinking; empathic capacity; the capacity to allow for regression; comprehension of analytic neutrality, anonymity, and confidentiality; diagnostic capabilities, particularly in identifying core defensive organizations; technical skills comprising frame management, resistance analysis, dream work, interpretation, containment, and monitoring the transference-countertransference; knowledge and use of theoretical concepts; and dual-track listening and thinking about analytic objects (e.g., Bion's [1962, 1965]

binocular vision). Moreover, the analyst must be capable of grasping the patient's emotional truth from at least two distinctive viewpoints or vertices, such as manifest/latent, concrete/symbolic, quotidian or historical/transferential, and represented/unrepresented.

The first dimension I will discuss is the analyst's development of receptivity to the unconscious, interpsychic communication in the analytic dyad. As Freud (1912) put it: "[The analyst] . . . must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone" (pp. 115-116).

Genuine analysis takes place from this fulcrum of receptive listening to what is presented in the analytic space, requiring that the analyst learn to reflect upon what is unbidden and subsequently to open up thirdness by serving as a separating agent in the analytic field (Diamond 2014). As I will consider further in discussing analytic integrity, this dimension of analytic mindedness represents the paternal presence that breaks into and goes beyond the maternal dyad. In this process, the dyadic, more fusional connection between patient and analyst is disrupted, and the Symbolic order, with its Law of the Father (Lacan 1966)—the big Other—breaks the imaginary identification (Diamond 2014, 2017).

In line with the romantic tradition that privileges the ineffable and inevitable chaos of experience over finitude and the imposition of rational order, this facet of the analytic attitude cultivates openness to surprise and receptive incomprehension in the face of life's inherent mysteries (Snell 2012). However, it is noteworthy that the use of the analyst's receptive mental experiences is only one of several major investigative or "royal" roads to the patient's unconscious mental life. Other well-known pathways include dreams, transference, countertransference, play (particularly in child analysis), free association, and present-day circumstances, as well as the remembered and reconstructed past (Diamond 2011, 2014). Events in the analyst's receptive mind include associations and conceptual linkages, as well as reverie, images, dreaming, fantasy, affects, mood, bodily sensations, and auditory experiences (Diamond 2014).

Receptivity to unconscious processes entails a complex, interrelated set of developed mental capacities, which include: (1) *curiosity* to learn

and discover (i.e., the epistemological instinct); (2) *acceptance* of human nature (in Erikson's [1968] terms, involving a "belief in the species" [p. 138]); (3) *doubt* as to what is known and the capacity to observe without understanding (see Bion's [1970] use of Keats's [1817] *negative capability*); (4) *restraint* in relation to how what is known (or assumed) is used; (5) *narcissistic balance* in order to bear the feeling of being ineffective for long periods of time; and (6) *analytic integrity* or *incorruptibility*, which requires an ethical stance that privileges the patient's psychic development over the analyst's narcissistic needs for gratification.

The latter entails a willingness to do the painful self-analytic emotional work required in order to maintain empathy in the face of taking in the patient's painful projections, rather than adopting an arrogant utilization of tactics that keep us removed from emotional contact (Bion 1958; Steyn 2013). For instance, analytic integrity often, but not always, requires bearing the painful experience of upholding the paternal principle or Law of the Father (Lacan 1966)—saying "no" to the patient—by interpretively breaking through more maternal forms of analytic technique. Thus, "doing the right thing" (analytically speaking) through interpretation and frame management, though often disruptive to mutually comforting mental states, facilitates the patient's movement from Imaginary realms to the Symbolic. However, at any moment there are clinical benefits and costs in the analyst's emphasis on either the paternal or maternal modes of functioning that are indicative of the tension to be borne within the mind of the analyst at work.

Furthermore, developing the capacity to receive and utilize unconscious communications is a career-long project, involving progressive and regressive movements within a treatment that will invariably test the analyst's ability "to tolerate insecurity" (Caper 2009, p. 88). In this respect, we are always in the process of learning how to be an analyst with each unique patient.

The second dimension to be considered is the analyst's ability to recognize and manage his/her own disappointments, as well as narcissistic investments and challenges in the psychoanalytic process and in a particular outcome. Not only must the analyst develop the capacity to persist in carrying out the psychic work necessary to maintain interest

and curiosity in the face of limits and disappointments in his/her own analytic capacity and goals; the analyst must also manage this despite experiencing frequent moments of not knowing (Bion 1970), of endless repetition (Rosenfeld 1987), repeated disappointments (Chused 2016), and intense, disturbing countertransference experiences of hate and aggression, love and Eros, as well as helplessness and boredom.

In the remainder of this paper, I will briefly share what experience has taught me about receiving and utilizing unconscious communication, as well as how we might think about the inherent limitations of analytic work.

The Analyst's Use of Unconscious Communication

In emphasizing the analyst's receptive mental activity, necessary to allow the patient's unconscious to impact the analyst, Freud (1912) encouraged the analyst to observe his/her ensuing conscious mental and emotional experiences without tolerating "any resistances in himself which hold back . . . what has been perceived by his unconscious" (p. 116). In reflecting upon his/her own conscious mental experiences (i.e., the total countertransference), the analyst then attempts to understand their meanings with respect to the patient's inner life. This entails maintaining an internal potential space wherein the patient's unconscious or infantile life can come alive within the analyst's mind.

I became profoundly aware of the value of unconscious communication and the clinical significance of tuning in to my mental activities with my first supervised psychoanalytic case. The patient, a depressed man with a manic style, married his long-time girlfriend shortly after my wife gave birth to our first child.

During a lengthy silence when this patient was sullen and withdrawn, I had a fantasy of carrying my infant daughter while crossing a street in a pedestrian crossing. As a car rapidly approached, I imagined clutching her in my arms while leaping onto the vehicle in order to keep her out of harm's way. However, the moving vehicle struck her. I felt enormous pain and helplessness as I visualized my beloved daughter injured—before realizing that I was only fantasizing while seated with my silent patient.

Two sessions later, the patient revealed that he had been frequenting gay bathhouses that were breeding grounds for HIV infection. With my

clinical supervisor's help, I recognized that my fantasy reflected an unconscious (concordant) identification (Racker 1968) with my patient, who was unable to protect what was most precious to him, given his manic penchant to mow down almost anything in his path. Indeed, he was engaging in unprotected sex that threatened his new wife and himself. Partly through recognizing my interpsychic participation in receiving his unconsciously murderous sadomasochism through projective identification, I began to grasp what I would subsequently discover is essential in working psychoanalytically (see Diamond 2011).

Over time, my internal experiences—particularly the intense and quite disturbing ones evoked when working with patients with more primitive, often weakly symbolized mental states—increasingly became an object of my analytic scrutiny. Necessity being the mother of invention, I had to learn to trust and capably employ my own mind as an analytic “object” with which to facilitate change.

Technically speaking, then, the analyst seeks to create (and recreate) an inner receptive, reflective, and playful space in order to consider her/his mental experience, ideally while striving to be emotionally present and analytically mindful through the calm and storms of analytic work. By developing the “capacity for self-reflection in the presence of the [patient as] other” (Cooper 2015, p. 1211), our minds become an analytic instrument with which to understand the patient's unconscious (Isakower 1992a, 1992b). Unquestionably, a multitude of determinants impinge on our minds, and it is naive simply to suppose a one-to-one correspondence between what goes on in the analyst's psychic reality and what is in the patient's mind (though perhaps poorly represented there, or disavowed or projected outward). Considerable interpsychic awareness and intrapsychic work is always necessary to determine what relates to the patient, to the field, or to oneself. Only by carrying out this mental work grounded in “the foundational role of ethics” (Kite 2016, p. 1154) are we able to formulate—and to contain and withhold—interpretations until they are most useful to the patient.

I have elsewhere suggested that four main interweaving processes are necessary in order for the analyst to use mental experience actively and analytically (Diamond 2011, 2014). I shall briefly consider the essence of each.

First, to allow for *creative regression in the analyst's own ego functioning*—"to catch the drift of the patient's unconscious with [our] own unconscious" (Freud 1922, p. 239)—we must allow ourselves to regress in a controlled way rather than defending ourselves against regression. In this respect, the analytic instrument entails simultaneously holding the capacity to observe without understanding (Bion 1970)—requiring what Keats (1817) described as *negative capability*—and the ability to stand behind what is known.

Second, to *take one's mind as an object*, particularly when unable to make contact with or understand the patient, allows us to see that the "missing" patient's existence may be represented through the analyst's moods, emotions, sensations, impulses, images, reveries, and thoughts. Hence, through employing this aspect of skillful analytic mind use—somewhat akin to a mother's altering her infant's environment to meet his needs—the patient is able to reexperience this transformational (primary) object relation and, partly through identification, the analyst functions as the patient's *transformational object* (Bollas 1979).

Third, to develop the capacity to contain internal experience, analysts must frequently *bear and value the necessary uncertainty* in the analytic process, and yet *contain intense affective states*. This requires withstanding the need for coherence without prematurely closing one's mind—in short, placing oneself in the position of not knowing in order to receive what is presently unknown and uncertain. Because an analyst often finds that s/he becomes emotionally involved in a manner that was not intended (Boesky 1990), substantial psychic work is necessary to endure the anxiety of not knowing, in order to get one's bearings. We must also embrace intense, emotionally driven mental experience, particularly when "stuck in negative, regressive relatedness" (Coen 2002, p. 152). Through living in and reflecting upon the patient's conflictedness and unrepresented mental experience, we are better able to identify and interpret what the patient is as yet unable to bear knowing or to symbolize (Diamond 2011). Particularly when working with weakly represented or traumatized states of mind, the analyst must frequently tolerate "being in the dark" (Caper 2009, p. 12), living with the patient in a sort of muddled soup of emotionality, and then using his/her own analytic mind to figure out its nature.

Fourth and finally, the analyst's *self-analytic processes*, though not necessarily occurring on a conscious level, are vital when analyzing in order for the analyst to comprehend the relationship between evoked mental experiences and the patient's unconscious functioning. At times, the patient's unconscious functioning is more readily explored when the analyst, often through self-analytic processing beyond that which is conscious, can direct his/her self-analytic gaze from the outside to the analyst's own mind as a participant. This requires utilizing more developed ego functions—often termed *mentalization*, *reflective functioning*, and *theory of mind* (Fonagy and Target 1996)—in order to elaborate on what derives from the patient's unconscious and reaches the analyst's unconscious (Diamond 2014).³

WORKING WITH DISAPPOINTMENT AND NARCISSISTIC INVESTMENTS IN PSYCHOANALYSIS

When thinking about the role of analytic mindedness in handling the inherent limitations of analytic work, we remember that disappointment, loss, and a sense of constraint—though more typically unconscious or faintly glimpsed—accompany even our most important psychoanalytic achievements (Greenberg [2015]; see also Green [2011]). It is noteworthy that the degree and persistence of feelings of disappointment can vary greatly—at times fueling and promoting greater growth and development, and at other times, especially when such feelings become pervasive, hindering progress and emotional development.

When a patient identifies his/her analysis as a partial failure, Winnicott (1968) suggests that the analyst must accept the “delusion of failure” (p. 216). Moreover, the analyst's unique affective responses to the frequent experience of becoming “stirred up” in analytic space—that is, his/her “way of being” (Tuch 2015)—play a major role in shaping the patient's transferences, as well as the overall success of the analysis. Along these lines, Chused's (2016) quite remarkable and atypical clinical paper conveys an analyst's humility along with clear-headed assess-

³ As the old psychoanalytic joke reminds us, however, “the only problem with self-analysis is the countertransference!”

ment of what might be accomplished in the “most painful” analysis of her career, which “worked and yet . . . did not work” (p. 850).

In contrast to a utopian vision of heroic quests resulting in unalloyed triumph, the bedrock of psychoanalysis is a tragic vision grounded in the romantic tradition that applies to whatever is desired or done (Schafer 1976). This perspective—laced with irony, uncertainty, and inescapable conflict with its compromise formations—points to loss or defeat in every victory, as well as to the victory in every loss. Along these lines, to function effectively, the analyst must often hurt the patient with truths that are difficult but not impossible to bear, despite the analyst’s wish to help the patient. In several respects, a unique form of courage is required in order for the analyst to advance the patient’s psychic development while waiting, tolerating, and persisting in the context of interpreting what may be going on.

Consequently, analytic work requires a steady patience, stamina, and persistent determination in facing the limits of understanding, which entails the ability to *fail better* (Beckett 1984). In fact, failures in analytic work often lead to the development of an analyst’s theory, while the “undeniable limit of what we offer” significantly accounts for the analyst’s narcissistic vulnerability (Chused 2012, p. 914). What we can offer our patients in helping them to understand is always held in the “melancholic embrace of incompleteness and limitation” (Cooper 2015, p. 1196)—to which the analyst’s superego can be either friend or foe!

A major challenge, then, is that of bearing the depressive position in attempting to do the best work we can at a given time, despite both the uncertainty about results (Cooper 2016) and the limited recognition that the work itself entails.⁴ Arguably, as the analyst gains experience, her/his capacity to bear the continuing tension produced by the drive to cure (with a frequent overestimation of responsibility for that cure) and the need for positive recognition from others, including patients and colleagues (Chused 2012), tends to become more manageable through

⁴ The analyst’s more relaxed capacity to traverse this expanse, with its inherent dynamic tension, necessitates a certain level of maturity. Wordsworth’s (1807) lyrical words evoke the essence of the analyst’s developed mind: “More skilful in self-knowledge, even more pure/As tempted more; more able to endure/As more exposed to suffering and distress;/Thence, also, more alive to tenderness” (pp. 320-321).

confrontation with the inherent limitations—the disappointments and disillusionments—of analytic work (for both our patients and ourselves).

Each and every analyst's susceptibility to narcissistic injury or defensively grandiose certainty will be tested (Chused 2012). Indeed, meaningful analytic work cannot be done without the analyst's experience of gradations of narcissistic vulnerability (much as is the case with countertransference). Moreover, in "reading" the analyst, the patient often becomes quite sensitive to the analyst's vulnerabilities and may become challenging not only in these realms, but also (and perhaps more insidiously) by taking care of the analyst through becoming compliant, highly cooperative, and in short the ideal patient—but without true emotional development.

In this respect, the analyst's *capacity to recognize and relate to his/her own narcissism* without resorting to grandiosity, retaliation, overzealous and premature action, and/or defensively withdrawn inactivity becomes crucial to the ability to work psychoanalytically, as well as to live satisfactorily within wider psychoanalytic communities. Indeed, through the analyst's personal psychoanalysis, self-analysis, consultations, and continuing life experiences, a healthier narcissism can develop whereby the blows of disappointment, limitation, rejection, and failure to invariably maintain analytic mindedness can be better endured.

The restrictions and power of the analytic process result from the inescapable fact that, as Freud (1937) reminds us, both patient and analyst are "human beings like anyone else" (p. 247). Hence, as this understanding becomes more deeply embraced with time, most analysts tend to become more able to withstand losing contact with their analytic mindedness, knowing that they can recover from this loss and regain the ability to analyze.

IN CLOSING

Since analysts are continually being pulled out of their analytic mindedness by emotional forces originating in themselves, their patients, or in the co-created analytic field, shame may result when the analyst faces a loss of contact with his/her own analytic mind, as well as when this absence is exposed to colleagues and supervisors. It is crucial, therefore,

that analysts learn to accept that a central facet of analytic work is the *capacity to recover from this loss* by courageously searching for what may produce such obstacles to analytic mindedness. This challenge takes a certain level of courage, discipline, and well-earned faith, accrued through learning from experience in order to maintain an open, reflective space with every patient in most every session. In this way, we are in effect always “in the process of becoming an analyst” (Lear 2003, p. 32).

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WILLIAM HAZLITT, OBSESSIVE LOVE, AND *LIBER AMORIS*

BY HARRY TROSMAN

William Hazlitt, a distinguished literary figure of the early nineteenth century and a forerunner of psychoanalytic insights, had a keen awareness of the impact of the imagination on assessing works of art. At forty-two, he became hopelessly involved in an obsessive love affair with a nineteen-year-old woman and could not extricate himself from the relationship. The affair followed the death of his father, a powerful influence on his life. Factors in his obsessive love included finding an object of idealization subject to his imaginative creation and narcissistically reexperiencing himself about to begin a new life.

Keywords: William Hazlitt, loss and response, creativity, obsessive love, literature, Romantic movement, imagination, idealization.

William Hazlitt (1778–1830), an outstanding British literary figure, is recognized as a valued contributor to the Romantic movement at the beginning of the nineteenth century. He was a discerning critic and a master of the personal essay. His psychological astuteness was recognized early in psychoanalytic literature in that he grasped some of the fundamental ideas to which Freud gave a scientific framework. In the first year of publication of the *International Journal of Psychoanalysis*, Martin (1920) pointed out that Hazlitt in his writings revealed an appreciation for unconscious mental processes, recognized the importance of dreams as having revelatory qualities, understood the tendency to repress emo-

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tionally loaded and conflicted impulses, and appreciated the power of the passions in guiding behavior. Despite his psychological insights, however, he fell prey to an unrequited love affair, which proved enigmatic to all who knew him and caused him much anguish and despair.

At the age of forty-two, having established himself as a leading figure in the literary field, Hazlitt fell suddenly and hopelessly in love with Sarah Walker, the nineteen-year-old daughter of an innkeeper at whose lodgings he resided. As the infatuation progressed, he recounted the affair in a book, *Liber Amoris, or the New Pygmalion* (1823). It has been described as “the most powerful account of unrequited love in English literature” (Dart 2000, p. 1). Hyperbolic, embarrassing, and reprehensible to many readers, it is also movingly candid and compelling, and an exemplary case study. I propose to examine the obsessive attachment in terms of Hazlitt’s personality, his earlier life, and his relationship with his father, whose death served as an immediate antecedent to his infatuation. I also consider Hazlitt’s writings that are relevant, contemporaneous with the affair and *Liber Amoris*. The study of unrequited love has received little attention in the psychoanalytic literature. Hazlitt’s case offers us an insight into infatuation, love affairs characterized by a disparity in aging, and unrequited love.

A renewal of interest in Hazlitt has offered us pertinent biographical material (Baker 1962; Paulin 1998; Sikes, Bonner, and Lahey 1978; Wu 2008). His father, the elder William Hazlitt (1737–1820), was born in Ireland and moved to England. He was a Dissenting minister, an essential contributor to English and American Unitarianism. Estranged from the Anglican Church, he had broken with the religious beliefs of his own father. He was argumentative and oppositional, with strong opinions that often led him into conflict even with members of his own church. His tendency toward dissent and strong opinions led to difficulties finding a congregation, and when he was offered one in Ireland during the American Revolutionary War, he soon quarreled with the local authorities because of his opposition to the cruel treatment of American prisoners of war by British soldiers and had to give up his post.

The younger William Hazlitt was the second son and third living child of his parents. The family consisted of seven children. The first

born, John, was eleven years older than William; a second son, Loftus, died shortly after birth; a surviving sister, Margaret, was seven years older than William. Three siblings followed William: Thomas, who died within a year; Harriett, who was born four years later and died at a year and a half; and Esther, who died after two months. Thus the young Hazlitt was exposed to three deaths in his family before he was five and witnessed the great distress of his father and mother at the losses (Wu 2008).

Following the debacle in Ireland when Hazlitt was five, the family moved to America, where the elder Hazlitt attempted to establish himself, first in Philadelphia and then in Boston. The father continued to run into difficulties with his colleagues because of his obstinate religious beliefs. When he was offered the presidency of a new college in America, Dickinson College, he was required to subscribe to an overt confession of faith. He refused, stating that “he would sooner die in a ditch than submit to human authority in matters of faith” (Moyne 1967, p. 51). The family stayed in America for over two years while the father tried, without success, to establish himself. Finally, he decided to return to England alone to seek a position, leaving behind the young Hazlitt, his mother, John, and Margaret.

We have little information about Hazlitt’s relationship with his mother. She is hardly mentioned in any of his writings, and although we assume she must have been highly significant, we know little of the nature of their tie. When absent from home, he wrote more often to his father than to his mother. His published letters, which reveal a strong positive attachment to the father, contain only one to her (Sikes, Bonner, and Lahey 1978).

The correspondence includes an early letter he wrote at the age of eight from America, which shows something of his longing for his father:

My dear Papa,

I shall never forget that we came to america [*sic*]. If we had not came to america we should not have been away from one and another, though now it can not be helped, I think for my part that it would have been a great deal better if the white people had not found it out. Let the [Indians have] it to themselves for it was made for them. [p. 43]

When the family reunited in England after six months, the father had to settle for a small provincial congregation in Wem, Shropshire, 170 miles northwest of London. Margaret, who kept a diary, wrote, "It was our evil destiny to pass the best of our days in a little, disagreeable market town, where we could not see the green fields and scarcely the blue vault of heaven" (Moyne 1967, p. 82). The father dedicated himself to developing the mind of his brilliant young son, whom he desperately wanted to become a minister to strengthen Unitarianism as a leading creed in England. Much emphasis was placed on William's education, and the young boy dutifully tried to comply with his father's preference. The letters that he wrote to his father from school are filled with resolves and his dedication to his studies. The sister wrote that "he set himself to work in earnest with such intense application as had nearly cost him his life!" (p. 89). She referred to a period of an unspecified illness during his early adolescence. "He attended so closely to his studies and his over-exertion (when about fifteen) brought on a fit. And although he had no return of it, it was long before he recovered [from] the effects of it" (p. 105).

Hazlitt's compliance with his father's ambition for him led to the pursuit of a career in the ministry and training in a Unitarian seminary, Hackney College, where he stayed for two years without, however, completing his studies. By the age of seventeen, his religious beliefs had totally shifted, he found that he no longer believed in God, and he left the college "an avowed infidel" (Wu 2008, p. 60). He was fully cognizant of the impact this had on his father and how much it changed their relationship. What the father had wanted most in his life was now denied him. The son was left with a sense of self-reproach and remorse for having caused his father pain. "This was the most catastrophic event of his life and would have an effect on everything that followed" (Wu 2008, pp. 39).

Hazlitt's apostasy is generally credited to liberal ideas that he had been exposed to at college. It is also likely that after his adolescent illness, in the face of his father's pressure about a career, he felt a sense of rebellion and a reactive tendency to break free of his control. Later in his life, he wrote of a son (though clearly thinking of himself) who

. . . is brought up to the church and nothing can exceed the pride and pleasure the father takes in him while all goes well in this favourite direction. His notions change, and he imbibes a taste for the Fine Arts. From this moment there is an end of any thing like the same unreserved communication between them. The young man may talk with enthusiasm of his "Rembrandts, Correggios, and stuff": it is all *Hebrew* to the elder; and whatever satisfaction he may feel in hearing of his son's progress, or good wishes for his success, he is never reconciled to the new pursuit, he still hankers after the first object that he had set his mind upon. [Wu 2008, p. 56, italics in original]

After leaving the seminary, he returned home, and his interests shifted to philosophy, literature, and the visual arts. In social relationships, Hazlitt was uneasy, and his demeanor was characterized by intense shyness and an inability to relate to others, particularly women of his own social class.

In the period of Hazlitt's isolation, a critical event occurred when he was nineteen. Samuel Taylor Coleridge had accepted an assignment to preach at a neighboring parish. The young Hazlitt attended, and when he heard Coleridge's brilliant sermon and fiery oratory, it had an overwhelming impact on him. He felt that a new world had opened for him. Coleridge, impressed with the young man, invited Hazlitt to visit him at his home at Nether Stowey. Several months later Hazlitt did so, and when he met Coleridge's friend William Wordsworth, he was equally enchanted. The poets shared with him the poems they were then composing, and Hazlitt recognized with awe the major contribution they were making to English literature. I shall return to consider this period in Hazlitt's life in what follows.

Hazlitt then pursued a career as a painter, hoping to emulate the success of his older brother, John, who had established himself as a miniaturist and portraitist. Hazlitt moved to Paris to copy paintings in the Louvre, but he soon found that he did not have sufficient talent. One of his early works, perhaps as a gesture toward reconciliation, was a portrait of his father, who, he wrote,

. . . was then in a green old age, with strong-marked features, and scarred with the smallpox My father was willing to sit

as long as I pleased; for there is a natural desire in the mind of man to sit for one's picture, to be the object of continued attention, to have one's likeness multiplied; and besides his satisfaction in the picture, he had some pride in the artist, though he would rather I should have written a sermon than painted like Rembrandt or like Raphael. Those winter days . . . were among the happiest of my life. [Hazlitt 1932, p. 23]

Years later and shortly after his father's death, he wrote how he would often return to the portrait to remind him of the living man. "He himself is gone to rest, full of years, of faith, of hope, and charity!" (Hazlitt 2000, pp. 23-24).

As Hazlitt pursued a career as a journalist and critic, his personal relationships continued to be difficult. His liberal political beliefs drew the ire of the Tory press. As he strove to establish and maintain friendships, he found himself easily offended, and he soon began to find fault with men whom he had previously admired; even his praise for the great poets shifted. He turned against Coleridge, citing the opium addiction that dissipated his talents. Hazlitt criticized Wordsworth, whom he now found egotistical. In his critical work, he wrote harshly of Coleridge: "He rolls and wiggles and crawls about in the rank of corruption . . . like a maggot in rotten cheese" (Baker 1962, p. 391); "Everlasting inconsequentiality marks all he does" (Wu 2008, p. 198).

Hazlitt continued to be uneasy with women, and his heterosexual relationships were mostly with prostitutes. He was barely able to maintain a friendship with Charles and Mary Lamb, and it was largely at their urging that he married, at the age of thirty, Sarah Stoddart, who was a few years older. The marriage lacked loving passion, and there were frequent separations; he was often improvident and had to solicit friends for money. After three years of marriage, his wife gave birth to a surviving son, William, to whom he became deeply attached. Two previous children had died early. When the second child died, Hazlitt cut off a lock of his hair and carried it for the rest of his life.

Hazlitt's temper was unruly, and he was readily provoked into bursts of rage. In the presence of others, he often looked as if he did not belong. Coleridge described him as "brow-hanging, shoe contemplative, strange" (Howe 1922, p. 75). Some of Hazlitt's convictions were often

unpopular and ran counter to prevailing views. While England viewed potential revolutionary movements with trepidation, Hazlitt supported the French Revolution through the Reign of Terror and admired Napoleon as he rose to power, even as his fellow countrymen feared invasion from France.

The deterioration of Hazlitt's loveless marriage rendered his life more cheerless and disordered. He left his wife and, to the despair of his family, would often take his young son along as he pursued his sexual appetite with prostitutes. His critical work at the time revealed his sensitivity to difficulties in parent-child relationships, particularly to children who treated their parents badly. He could not bear the mention of the names Goneril and Regan because of how they had treated King Lear, nor could he forgive Hal's rejection of Falstaff. Hazlitt's personal affective responses played a large part in the astuteness of his criticism. He understood the power of aggression as a force in his life. In "On the Pleasure of Hating," he wrote, "We . . . cannot part with the essence or principal of hostility The pleasure of hating, like a poisonous mineral, eats into the heart of religion I have quarreled with almost all my old friends" (Hazlitt 2000, pp. 435, 438-439).

HAZLITT'S OBSESSIVE LOVE AFFAIR

Hazlitt's father died at the age of eighty-four on July 16, 1820. Hazlitt was living in London at the time, and shortly thereafter he rejoined the family. Death was not unexpected, as his father had been seriously ill since January. When Hazlitt had last visited, he wrote, "I saw Death shake him by the palsied hand & stare him in the face" (Wu 2008, p. 284). Hazlitt's reaction was intense; consciously, he felt that he "adored his father and his enduring regret was to have failed him" (p. 288). When asked to write an obituary for a publication for which the father had frequently written, he could not bring himself to do so.

Hazlitt, now forty-two, returned to London and moved to lodgings, the Southampton Buildings. On August 16, exactly a month after his father's death, he was brought his breakfast by the innkeeper's daughter, Sarah Walker. Hazlitt was moved by her seemingly unaffected appearance, and as she left his tray and glided, "like a sweet apparition," sinuously and gracefully toward the door, she turned and looked at him

meaningfully as if to say, "Is he caught?" (Sikes, Bonner, and Lahey 1978, p. 255; Wu 2008, p. 291). He was immediately infatuated with her, and their relationship soon fell into a pattern. She would bring him his breakfast, linger, sit on his lap, allow him to kiss and fondle her, although she refused to have intercourse with him. His initial response was to idealize her. He saw her as the fulfillment of everything he longed for in a woman, a goddess who aroused not only physical appetites but also a desire for total possession. He gave her gifts such as a locket with his hair and copies of his books. She, on the other hand, kept herself emotionally at a distance. His initial view of her as innocent and pure soon gave way to doubts, a sense that she flirted with him as she probably did with other lodgers. This, however, did not mitigate the intensity of his overwhelming desire. He felt that he was hopelessly in love with her. As her emotional indifference continued, he began to see her as a decoy, an evil witch who led him on. This did not lessen his fervor. He reasoned that if he divorced his wife and married Sarah, his ardor would overcome her reluctance.

His wife agreed to a divorce with the stipulation that he maintain a financial responsibility for the education of their 11-year-old son. To obtain a divorce, they would both have to move to Scotland, where divorces were legal if he could establish a residence of forty days and prove that he had been unfaithful to his wife with a prostitute. This indeed took place. While in Edinburgh, partially aware of the uncertainty of his relationship with Sarah, he wrote to a friend:

I am scorned and made a sport of by the creature to whom I had given my heart? I feel like one of the damned. To be hated, loathed as I have been all my life and to feel the utter impossibility of its ever being otherwise while I live, take what pains I may! . . . I have sucked the poison from her lips too long. [Sikes, Bonner, and Lahey 1978, p. 247]

After the divorce was finalized, he left Edinburgh and returned to the lodging house in London. When he proposed marriage to Sarah, she rejected him. He became enraged, and his fury led her family to suspect that he threatened physical injury. He soon found out that Sarah was emotionally involved with another lodger and that his wishes to consum-

mate the relationship were hopeless. Nevertheless, despite his despair, Sarah continued to haunt his memory.

About a year and a half after he had begun the relationship with Sarah, he resolved to turn his experience into a book. *Liber Amoris* was published in May 1823, almost three years after the affair began; the subtitle, *The New Pygmalion*, doubtless carried a double meaning, referring both to Hazlitt's love for the stone-like woman and to the life-enhancing fulfillment he hoped to derive from her.

The book consists of three parts. Part I records a series of conversations between H. and S., rather thinly veiled references to Hazlitt and Sarah. Part II contains edited letters Hazlitt actually wrote to a friend describing his relationship with Sarah, his feelings of despair, and his attempt to court her. These letters are extant (Sikes, Bonner, and Lahey 1978). Part III is another series of letters, not extant, describing the end of the relationship, which are likely to have been prepared especially for the book.

In part I, Sarah enters Hazlitt's room, and he is eager to show her a copy he has made of a painting of a woman, *The Ecstasy of St. Cecilia*, by Raphael. St. Cecilia, entranced, looks heavenward, and Hazlitt proclaims her resemblance to Sarah. When Sarah denies the claim, he counters:

See, Sarah, how beautiful it is! Ah! dear girl, these are the ideas I have cherished in my heart, and in my brain; and I never found anything to realise them on earth till I met with thee, my love! While thou didst seem sensible of my kindness, I was but too happy but now thou hast cruelly cast me off. [Dart 2008, p. 43]

Thus the book immediately establishes that the object of his love is the product of his fertile imagination, and it is her refusal to confirm his attempt to appropriate her that stirs up his painful response. We are informed by a friend of Hazlitt's that Sarah, seen in a more objective light, was not the Sarah that Hazlitt saw:

Her face was round and small, and her eyes were motionless, glassy She went onward in a sort of wavy, sinuous manner like the movement of a snake. She was silent or uttered monosyllables only, and was very demure. Her steady unmoving gaze

upon the person she was addressing was exceedingly unpleasant.
[Dart 2008, p. 220]

Hazlitt continues to proclaim his love: "Thou art divine, my love canst make me either more or less then mortal. Indeed I am thy creature, thy slave—I only wish to live for your sake—I would gladly die for you." Sarah demurely responds, "That would give me no pleasure Indeed you greatly overrate my power" (p. 44). By quoting Sarah's protest, Hazlitt thus proclaims that the reality of his attachment is based on an inner need.

They soon quarrel. Hazlitt, having overheard her joking with members of her family about the size of the penis of another lodger, suspects that she is a "lodging house decoy," fond of engaging in loose practices with others. Yet his ardor is undiminished: "Thou wert to me a little flower, blooming in the wilderness of my life; and though thou should'st turn out a weed, I'll not fling thee from me, while I can help it" (Dart 2008, p. 52). The melodramatic language verges on the inauthentic, as if the author is engaged in satire directed toward the self. He adds that Sarah protests: "You sit and fancy things out of your own head and then lay them to my charge." When they reconcile, H. offers S. a small bronze of Napoleon on his mantelpiece because it resembles the figure of her former lover. She kisses him in gratitude, and he, a lover of Napoleon as well, adds, "How odd it was that the God of my Idolatry should turn out to be like her idol How I loved her at that moment! . . . Can I live without her? Oh! No-never-never" (p. 55).

Part I concludes with two letters Hazlitt wrote to Sarah from Scotland during his 40-day residence to obtain a divorce. Many of his comments contain literary references, and he writes of himself that he is like King Lear: "Do not mock me for I am a very child in love" (p. 57).

Part II consists of letters H. sends to his friend and confidant, P. G. Patmore, in February 1822 from Scotland. He continues to be puzzled by Sarah, uncertain of her interest in him, and fears that she has beguiled him, suspecting her familiarities with other lodgers. He decides to plan a book of their conversation. He writes, "O I feel like one of the damned. To be hated, loathed as I have been all my life, & to feel the utter impossibility of its ever being otherwise while I live" (Dart 2008, p.

225). He tells Patmore, "I suspect her grievously of being arrant jilt—yet I love her dearly" (p. 61). He adds that he has finished the first section of his book, containing his conversations with Sarah, and predicts that Patmore "will think it very nice reading" (Dart 2008, p. 62). Hazlitt is conscious of both his intense feelings and his literary turn. He pays particular attention to the exact date, August 16, 1820, that he "first saw the sweet apparition . . . I don't believe that any woman was ever courted more passionately than she has by me" (p. 63).

Doubting Sarah's genuine interest in him, he feels that "the state of suspense is like hanging in the air by a single thread that exhausts all your strength to keep hold of it; and yet if that fails you, you have nothing else in the world to trust to" (p. 63), and "if she had a burning fever I could kiss her and drink death as I have drank life from her lips" (p. 64). In another letter to Patmore, which did not make it into the book, he suspects that he has a rival who satisfies her sexual appetite: "The bitch wants a stallion and hates a lover that is anyone who talks of affection" (Dart 2008, p. 228). He begins to express an interest in having someone seduce her, thus proving that she was a whore: "It would ween me from her and burst my chain" (p. 229). The plan was actually put into action about a year later.

He writes of her as "the greatest hypocrite in the world" (Dart 2008, p. 71). Still, he wishes to be "in one grave with her, that I might sleep with her in that cold bed . . . while worms should taste her sweet body that I had never tasted" (p. 74). Aware of the bond and a sense of identity he felt with Sarah, he wrote, "To love her for her regard to me, is not to love her but myself. She has robbed me of herself, shall she also rob me of my love of her? . . . No, I will have it lasting as it is pure" (p. 77). While he is aware of how much he treasured the enormity of his loving passion and that his image of Sarah was the product of his imaginative efforts, he writes of the living Sarah: "I will make a Goddess of her and build a temple to her in my heart . . . serve her living and mourn for her when dead" (p. 77). It was as if for Hazlitt, perfect love could occur only if he himself were its creator.

There are no known originals for the last three letters in *Liber Amoris*, and it is possible that they were not actually intended to be sent to the addressee, James Sheridan Knowles, a poet and dramatist with whom

Hazlitt traveled while in Scotland. The letters record the ending of the affair. During the divorce proceedings, Hazlitt returned to London to be greeted by an indifferent and rejecting Sarah. He stayed at the inn, but she refused to enter his room. Flying into a wild rage, he screamed, and as she stood outside his door, others within earshot feared that he was harming her. Informing her father of their intimacy for the past year and a half, Hazlitt hoped that the man would intercede and persuade Sarah to marry him.

After a week, he met with her and was abashed by her indifference. He saw her as a serpent who had stung him, gliding from him “after inflicting the mortal wound, and instilling deadly poison into every pore . . . seed of the serpent or the woman, she was divine!” (Dart 2008, pp. 97-98). “I was transformed . . . no longer human (any more than she, to whom I had knit myself)” (p. 98). Feeling totally bereft, he seeks out Sarah’s mother,

. . . the parent mischief, preternatural hag that had “drugged this posset” of her daughter’s charms and falsehood for me, and I went down and (such was my weakness and helplessness) sat with her for an hour and talked with her of her daughter. [Dart 2008, p. 98]

Shortly afterward, he discovered Sarah walking with her lover, another former lodger. This time, he felt a sense of deep grief but no enmity against her. He was left with the feeling that “the whole thing was a mockery, a frightful illusion” (p. 104). He had foolishly been the victim of a hypocrisy, and she must have felt that his “overweening opinion of her must have appeared like irony” (p. 108). At the end of the book, he states that “her image would soon go into the wastes of time like a weed that the wave bears farther and farther from me” (p. 108).

Unfortunately, this was not the case. In real life, Hazlitt could not get her out of his mind, and almost a year later, prior to the publication of *Liber Amoris* in 1823, he plotted to have someone move into the lodging house to seduce her (Bonner 1959).

Although the book was published anonymously, it soon became clear that it was autobiographical, the work of a well-known literary figure. In fact, Hazlitt did not hesitate in sharing with others how deeply he had

been affected. He was reviled and ridiculed by the Tory press, which saw him as a political enemy and used the book and the description of his relationship with Sarah as an example of his madness and unreliability. Members of his own family questioned his judgment.

Although the publication struck many as ill-advised, it is likely that the writing was an attempt at self-understanding and self-cure. In the book, he makes clear that both the positive and negative views of Sarah were the product of his frenzied imagination. When he quotes her directly, he presents her as clearly recognizing the irrationality of his feelings. Other writings by him at the time of the affair include many allusions to his mounting insight and his attempts to break free. He recognized that he was motivated by an interest in an abstraction, an imagined fantasy derived from his past, rather than a reaction responsive to a particular individual. In other contemporary works as he tried to break free, he wrote of her, "The greatest hypocrite I ever knew . . . She had a cold celadon glazed look about the eyes which she bent on vacancy" (Baker 1962, p. 414).

Partially regaining his ego mastery, he subsequently wrote some of his greatest essays and some of his best literary and dramatic criticism. His relationships with women, however, did not improve. When he married for a second time, this marriage also proved unsuccessful and led to an early separation. He was barely able to manage his practical affairs, and despite the success of his literary life, he was financially improvident. Toward the end of his life, he was arrested for debt, continued to depend on friends for sustenance, and died in poverty. Paradoxically, he saw his life in some ways as a success, and his last words are reputed to have been "Well, I've had a happy life" (Wu 2008, p. 430).

A PSYCHOANALYTIC APPROACH TO HAZLITT'S OBSESSIVE LOVE

The experience of an unrequited love affair is certainly not uncommon, and the factors that lead to its development are doubtless multiple and diverse. However, in severe cases we may consider states of pathology; intensity leads to all-consuming impasse, with much suffering and pain occasionally leading to homicidal and suicidal intentions and actions.

Clear lack of reciprocity of response, as in Hazlitt's case, has little impact or in fact may increase desire.

As a theme, unrequited love and mismatched coupling had appeared in several literary works before Hazlitt. Samuel Richardson published *Clarissa* in 1748; Rousseau, *La Nouvelle Héloïse* in 1761; Goethe, *The Sorrows of Young Werther* in 1774. A recent psychoanalytic contribution by Silverman (2016) suggests that Goethe's novella may have had a substantial impact on Freud's view of melancholia. The subject of obsessive love as a literary theme continues into modern times in Somerset Maugham's *Of Human Bondage* (1915) and Josef von Sternberg's film *The Blue Angel* (1930). These works deal with a man's intense infatuation and a woman's refusal, leading to unfortunate outcomes. For a man like Hazlitt whose life was embedded in the literary tradition, the form of his passion often took a literary dimension. "*Liber Amoris* is of all Hazlitt's works perhaps the richest in evidence of how seriously he lived out the drama of his allusions" (Bromwich 1983, p. 436). Bromwich suggests an identification with Othello and an attempt at recovery in order to avert a fate similar to that of the Moor.

The Hazlitt affair calls attention to specific psychological issues, some typical, some unique. The obsessive love affair is often preceded by a trauma or crisis and, as in Hazlitt's case, is subsequent to response to loss, like the month of mourning after his father's death.

In a sudden infatuation,

. . . the experience is intense, irrational, and dream-like. The lover feels himself to be in a state of ecstasy—that is, in the grip of intense feelings and sensations, while his cognitive and perceptual functions are markedly diminished The fantasy of the idealized love-object exists as a mental representation long before the object is encountered. [Werman and Jacobs 1983, pp. 449-450]

When the real object proves unresponsive and intransigent, there is a sense of betrayal, disappointment, resentment, and rage, as well as a wish for revenge.

In obsessive love affairs where there is often a strong narcissistic component, there is a striving for total union with the object and the wish

for a return to a state of infantile grandiosity (Freud 1914). The object of love carries the attributes of an infantile prototype, and the beloved is seen as “possessing physical and behavioral traits of the caretaking person who first engendered love” (Miller and Siegel 1972, p. 68). The adult relationship is characterized by a wish for total immersion, a form of bondage (*Horigkeit*), a state in which the individual clings tenaciously to another in order to maintain a sense of complete selfhood and avoid fragmentation and dissolution (Kohut 1978).

Bak (1973) emphasized that the origin of the loving experience is often preceded by an important object loss, a significant factor pertinent to Hazlitt. The new object is often a replacement for the loss, and the persistent nature of the attachment is a form of intractable and prolonged mourning. Like the person in mourning, the lover wishes for perpetuity because a total separation is a threat to the coherence of the self. Since the elusive object is perpetually out of reach, the lover is in a constant state of yearning, planning, and futile disappointment (Bergmann 1980).

As previously indicated, Hazlitt’s mother is rarely referred to in his essays and correspondence. We know little of her personal qualities. His sister wrote that the mother was preoccupied with grief over the death of her children and had little to offer to the young Hazlitt (Moyne 1967). On one occasion when Hazlitt was ill, his mother ignored a request from him to visit. In the one letter we have by her, she condemned her son at the time of his divorce and supported his former wife (Wu 2008, pp. 428, 308). His mother’s place as a minor figure in his writings suggests that Hazlitt related more deeply to his father, minimizing her significance. It is possible that in his youth, he turned to his father because of her unavailability.

I have already referred to Hazlitt’s longing for his father when he left the family behind in America to search for a position; how diligently Hazlitt prepared himself for a ministerial career in order to fulfill his father’s ambitions; how serious he was at his studies to the point of exhaustion; and the intense remorse he felt when he disappointed his father. Hazlitt felt that his father had not prepared him to face a practical life, and when Hazlitt had the opportunity to find a patron who would support his literary career, the father advised against it, out of fear that

Hazlitt would repeat his own situation and submit in some doctrinal fashion to the views of a patron. Thus Hazlitt was left in a continued state of penury because of his father's interference (Bromwich 1983). However, there was little conscious expression of hostility toward his father, which was concealed by Hazlitt's need and affection and an inhibition of an awareness of a latent ambivalence.

In his autobiographical essay, "My First Acquaintance with Poets," published in the same year as *Liber Amoris*, Hazlitt describes himself at nineteen—his career as a minister abandoned, finding his father "resigned, in the study of the Bible . . . nothing to dazzle, nothing to excite modern curiosity My father's life was comparatively a dream . . . a dream of infinity and eternity, of death, the resurrection, and a judgment to come!" (2000, pp. 250-251). With his father spiritually deadened for him, Hazlitt, to his relief, became infatuated with Coleridge and shortly thereafter with Wordsworth. It is striking that at the time of his father's real death, he repeats a similar enchantment, this time with a young woman who was his age at the time of his previous enthrallment, thus suggesting a latent identification. What the image of Coleridge replaced for the previously idealized father, the image of Sarah replaced for the previous living father. Both images pointed to new worlds. It is striking that in each case, the replacements soon led to disappointment, rage, and a sense of betrayal.

As in Freud's classic phrase, after the loss of a narcissistically invested object, "the shadow of the object fell upon the ego An object loss was transformed into an ego loss" (1917, p. 249). In Hazlitt's case, there also was a possibility for ego enhancement. The Sarah he invented offered an opportunity for a new life.

CONCLUSION

An event as complex as Hazlitt's obsessive love cannot readily be accounted for by a simple explanation. Of the multiple determinants likely to be factors, first is the importance attached to the death of his father. I have already pointed out Hazlitt's sense of loss at eight when his father journeyed back to England without the family, and his disappointment and guilt when he could not please his father in following a career as a Unitarian minister. To some extent, we might conceive of the younger

Hazlitt's falling away from faith as an expression of another loss in a father who seemed preoccupied with dead issues, his life "a dream of infinity and eternity, of death, the resurrection and the judgment to come!" (2000, p. 251).

A second important factor is Hazlitt's relationship with Coleridge. Hazlitt left Hackney College at seventeen and returned home, spending the next two years in a state in which he described himself as dumb and brutish, and then had the overwhelming experience at nineteen of listening to Coleridge give an inspiring sermon that propelled Hazlitt's literary interests. After meeting Wordsworth a short time later, Hazlitt became conscious of a new life that was opening up for him as he recognized their importance as Romantic poets. It is striking that his intense emotional reaction was to be repeated when he felt himself "caught" by Sarah Walker. Both events are preceded by the experience of a lost father—the first an idealized father, the second a living father. What he found was a replacement to which he could then attach his previous idealization. It is also striking that as he progressed in his relationship with Sarah, he soon found her as disappointing and hopeless as he found Coleridge. His relationship with the latter, however, remained ambivalent and intense. He wrote, "Coleridge is the only person I ever knew who answered to the idea of a man of genius. He is the only person from whom I ever learned anything" (Ruddick 1989, p. 255).

Another factor bearing on Hazlitt's relationship with Sarah is his conception that much of his view of her was based on his own imaginative process. As readers of *Liber Amoris* discover, he knew full well that his view of her was not tethered to reality, and he quoted Sarah to this effect, that his view of her was actually a creation of his own. As he wrote the book, his mind was preoccupied with literary references, and it is likely that he was recognizing that his emotional reactions were prone to self-projection. As a skillful writer, he was aware that as a lover he was endowing her with idealized attributes, seeing her as a figure who would satisfy fantasies that he had formed. Sarah could hardly feel that she was a real person while she was in his presence, and it is no wonder that she excluded herself from the relationship, feeling herself to be a product of a narcissistic preoccupation. In his eyes, she was just an object—unsubstantial and thus a nonentity.

In addition, Sarah at nineteen was based on Hazlitt's memory of himself at the same age. The portrait of St. Cecilia as a young woman looking heavenward is an expression of an ecstatic moment in her life, which Raphael captured and which Hazlitt himself experienced. It is likely that his invocation of St. Cecilia is based less on her religiosity than on Raphael's superb painting of her. Hazlitt refers several times in *Liber Amoris* to his sense that he and Sarah shared common qualities and that she was able to manifest certain aspects of his own personality that were latent. She had qualities of promise just as he did at age nineteen. She had an inner power to have an impact on others, a narcissistic radiance to which others responded. He wrote, "A person who forgets all the sentiments and principles to which he was most attached at nineteen can have no sentiments ever after worth being attached to" (Bromwich 1991, p. 4).

To the extent that Hazlitt partly succeeded in the working-through process, he freed himself sufficiently from his obsessive love to enhance his creativity and his literary career. But his success was limited, perhaps because his guilt over his apostasy inhibited a sense of freedom that would allow him to reach a stage of total emancipation. Describing himself from age nineteen through the next twenty years, he states, "As we taste the pleasures of life, their spirit evaporates, the sense palls; and nothing is left but the phantoms, lifeless *shadows* of what *has been!*" (Hazlitt 2000, p. 258, italics in original).

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REBEL WITHOUT A CAUSE: A PSYCHOANALYTIC AND FAMILY-LIFE- CYCLE VIEW OF EMERGING ADULthood IN THE FILM

BY RICHARD H. FULMER

The period during which grown children leave home and establish a new, self-supporting family is called emerging adulthood. This paper uses psychoanalytic concepts and family-life-cycle theory to analyze the film Rebel without a Cause (1955) as a dramatic example of three families going through this phase. Freud's (1910) rescue-motif of the child trying to save an endangered peer to repay his parents for having been nurtured is also characteristic of this period and is considered practice for parenting the next generation. Proximate conflict and support enable two of the film's families to continue the path to reproduce themselves.

Keywords: Emerging adulthood, family life cycle, *Rebel without a Cause*, rescue-motif, family systems, family succession.

One of the most difficult periods in the life of any group—a nation, a business, or a family—is a change of leadership. It is a precarious developmental stage because its tasks are inherently conflictual: succession strives for innovation and empowering new leaders while at the same time maintaining continuity, preserving basic values, and minimizing destructive conflict. Freud (1912–1913) saw this stage as a source of profound ambivalence (attachment versus murderous hate) between a group's leaders and those who aspire to succeed them. The story of the

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interaction between those retiring from authority and those claiming it is a crucial one in the family life cycle because it is the period in which the family reproduces itself. It is now often referred to as *emerging adulthood*, and its markers usually occur when the family's offspring are between ages eighteen and twenty-nine (Arnett 2015).

This stage was first described as one of eight stages in family life by sociologists Reuben Hill (1949) and Evelyn Duvall (1957), who called it *launching the children*. This title was child-centered but defined a role for the parents in the family as *launchers*. Later, it was referred to as *launching and moving on* by family therapists Betty Carter and Monica McGoldrick (1980, 1989), an expression that retained the centrality of the child's maturation, but integrated early systemic thinking by articulating additional developmental tasks for the parents themselves.

The eight stages in family life were bounded by entrances into the family (e.g., marriage, birth) or exits from it (e.g., grown children leaving home, death, or divorce). With each change in its membership, the family had a different set of goals for growth and different developmental tasks for each generation (children, parents, and grandparents). The period of grown children learning to support themselves, leaving home, and starting another family was drawn into public discourse by academic psychologist Jeffrey Arnett (2000), who focused primarily on the changes in the maturing child (and less on the family) and named the period only for the change in the child: *emerging adulthood*.

This paper will focus on what the stage of emerging adulthood demands from each generation of the family. Grown children must increase their self-reliance and learn to love peers with the same intensity as they have loved family members. Middle-aged parents must enable the independence of their children in love and work and accept the growing dependence of their parents while ripening their own relationship. Elderly grandparents pass the authority role to their middle-aged children, try to take satisfaction in their reproductive labors, both biological and social, and bestow acquired wisdom in the form of supportive advice.

A definition of these tasks was attempted by Erikson (1963), who was one of the first psychoanalysts to theorize psychosexual growth in the stages of adult life. In Erikson's system, the grown child is working on "Intimacy vs. Isolation," the parents on "Generativity vs. Stagnation,"

and the grandparents on "Integrity vs. Despair." The accomplishment of these tasks is not automatic and rarely smooth, but is most successful if the family members change in a similar rhythm. If one generation develops more quickly or lags behind the others, friction and conflict are likely.

Freud's theory is especially acute at describing the intense emotionality of both children and parents during succession in society. He applies the structure of the Oedipus myth in speculating that in a primitive tribe, a group of bachelor brothers rose to kill a tyrannical father who was selfishly dominating the tribe's women (Freud 1912-1913). Victorious but remorseful, the brothers then banded together in mutually deifying the fallen father. While this story may not be literally true (and does not attempt to describe the experience of the tribe's women), it captures the extreme contrast and power of the infanticidal, parricidal, and loving feelings between the generations during the process of succession.

Another way in which Freud's theory alludes to the family processes of emerging adulthood is in his description of the *rescue-motif*. Freud (1910) elaborates on young adults' feelings of tenderness and gratitude toward their parents in his paper on men who fall in love with prostitutes. He describes the young man's desire to save his dishonored love object as motivated by an unconscious wish to present her to his parents as a repayment for their having given birth to and raised him. Such rescue efforts may also represent the grown child's attempts to try out or rehearse the self-sacrificing obligations of parenthood.

To illustrate the parricidal and infanticidal aspects of succession, as well as to show the reparative motives that may be stimulated in emerging adults, I will use the 1955 film *Rebel without a Cause* as a dramatic example. As many critics have noted, this film was seminal in its sympathetic portrayal of adolescents and their troubled families in the American middle class. Strictly speaking, the central character is still a late adolescent, but I believe he and his family are facing an early version of the issues of emerging adulthood. I will show how this stage is defined not only by the developmental tasks of maturing children, but also by the sometimes-conflicting tasks with which the whole family must struggle. For instance, the character of the grown child makes a simul-

taneous challenge to his parents' authority and an appeal to them for guidance. Winnicott (1960) describes this interaction among the three generations as follows: "Mature adults bring vitality to that which is ancient, old, and orthodox by re-creating it after destroying it. And so the parents move up a step, and move down a step, and become grandparents" (p. 123). I will follow the plot of the film to illustrate these maturational conflicts and changes as the three generations of its families begin some of the earliest developmental tasks of the stage of emerging adulthood.

I do not mean to use psychoanalytic or family-life-cycle theory to explain the film. Rather, I wish to show how both artists and theorists comment on the vicissitudes of the same stage of human development. I feel that each approach is enriched when the three (art, psychoanalysis, and family-life-cycle theory) are considered together.

Rebel's theme of rescue as a rehearsal for parenting is introduced in a wordless scene during the film's opening credits. A young man, Jim Stark (James Dean), drunkenly weaves his way along a deserted city street at night. The camera follows him as he falls to the pavement and views him in medium close-up from street level. He discovers a wind-up toy monkey dancing on the street before his eyes. When it winds down, he lays it on its side and tenderly covers it with a piece of wrapping paper (also found on the pavement) as if putting a child to bed. He curls up beside it and goes to sleep.

The first sound in the film is the siren of a police car coming to investigate this fallen pair. This evocative moment of a grown boy with a toy as an impromptu *rescued* companion exemplifies what Arnett (2015) presents as characteristic of the emerging adult: "feeling in-between, in transition, neither adolescent nor adult" (p. 8). The fact that the rescuer has been drinking alone illustrates what Colarusso (1995) describes as another quality of emerging adulthood: a "normally intense loneliness" (p. 84).

Still clutching the toy monkey, Jim is taken to the police station on the basis of public drunkenness. Jim's parents and his paternal grandmother (who lives with the family) arrive at the station house from their formal adult party (itself characterized by the father as a drunken brawl) to pick him up. Father (Jim Backus) jocularly attempts to normalize

Jim's drinking—"I cut loose pretty good in my day, too," but mother (Ann Doran) rebukes father sarcastically—"Really, Frank? When was that?"¹ The parents bicker bitterly with each other, preoccupied with their marital dispute and missing the loneliness that has landed their son drunkenly in a gutter. The grandmother (Virginia Brissac), fearing that she is fading from family leadership, struggles for power by sniping at her daughter-in-law, overlooking her grandson's suffering.

Jim is almost fully grown, but his parents should still want to know how he came to be drinking alone and how he drank so much that he fell and then lay unconscious in the street until police picked him up. This is not the drinking pattern of a young adult partying with friends. Parental concern should be aroused, but instead the parents are preoccupied with their own unhappy marital relationship. The grandmother contributes to the intensity of their dispute by joining the battle as if she were still the central authority in the family, rather than functioning in a developmentally appropriate way as a supportive advisor. Jim is attached to each of his parents and wants to please them both, but he understandably cannot distill their contradictory directions into useful advice. His scream, "You're tearing me apart!," is that of a caring, nearly adult child whose very identity is driven by his wish to simultaneously please two parents who disagree in their approaches to his lonely drunkenness.

It is generally agreed that unless a father grossly mistreats his son or fails badly at the performance of his parental role, the young boy tends to idealize him (Kohut 1971). But during early emerging adulthood, a family must assist the son in a complicated, contradictory task. The son must de-idealize and reject his father (Colarusso 1995) to accomplish his own *third individuation*, to feel he is creating his own identity.² At the same time, he must also sustain a continuous, respectful relationship with the father during a long process of succession (Ross 1979) as he uses him as a model to become the leader of his own household.

In this case, the process at first turns on Jim's violent defense of his personal honor. When Ray (Edward C. Platt), an empathic detective,

¹ Quoted dialogue is from the 1955 film. See also the following sources: (1) http://www.script-o-rama.com/movie_scripts/r/rebel-without-a-cause-script.html; (2) http://www.dailyscript.com/scripts/Rebel_Without_A_Cause.html.

² Colarusso applies Mahler's separation-individuation model (e.g., 1963)—originally conceptualized in relation to young children—to later stages in adult development.

interviews him, we learn that Jim, while living in another town, had assaulted a boy for calling him "chicken." At that time, instead of making some effort to understand and modulate his excessive aggression, his family had responded with the extreme measure of relocating to the present town. Such a move required all three generations to leave their home, establish a new one, and make new friends, and Jim's father had to find a new job. Thus, the family has overreacted to Jim's social difficulties with his peers, requiring everything about their lives to change except Jim.

Jim complains to the detective that although he loves his parents, his mother and paternal grandmother turn his father into "mush." He feels his father does not stand his ground with them; Jim adds, "I don't want to be like him"—that is, "chicken." Detective Ray offers an example of a nurturing father by disarming Jim's amateurish violence without hurting him, giving him a chance to talk, and encouraging him to discharge his rage harmlessly by punching the side of his desk.

Jim would like to display the ability to command respect without his parents' protection. At the same time, he does not want to be feared by his peers as dangerously violent. He wants to be morally reliable and not to become socially isolated. The reason the family left their former town is that he became violent in response to a humiliating schoolyard taunt. He does not want this overreactive separation (engineered by his mother and not modified by his father) to be available to him when he encounters conflict with male peers in his new town. His attempt at individuation is to become a gentle, guiding influence. He is drawn to rescue a male peer who is in danger of using lethal force to win his own safety as an adult male.

Jim's father, Frank, is struggling with separation-individuation in middle adulthood. He has lost his own father as a model (we never hear of Jim's grandfather in the film). Frank's mother copes with this loss, and perhaps with her own fear of isolation, by trying to attach herself to the family in the central role of Frank's wife or Jim's mother, not the more peripheral grandmother.

Frank does not act as though he has ever struggled with and resolved any of the problems of pride and self-assertion that would help

him counsel Jim. He has not claimed the role of full partner with his wife and he has not found a role for his mother as grandmother in the family.

Jim's grandmother is working on Colarusso's (1995) *fourth individuation* of late adulthood. She has no companion with whom she can share the grandparent role and so socializes as a third wheel with Jim's parents or competes for the role of mother to Jim. She is not stepping back from leadership and beginning a life review to metabolize the way that she has spent her life thus far. Like other physically healthy aging people, she should effect a developmental separation by accepting the growth of her children and resigning from direct responsibility for their welfare.

As children prepare to leave home, their parents approach an important late marker in Erikson's (1963) stage of "Generativity vs. Stagnation." As their children reach the end of high school, they are being graded for their generativity as parents (Thompson 1993), based on their children's achievements, popularity, mental health, and (in the middle class) college admission. They experience additional anxiety as the literal dangers to their children grow while their ability to control and protect them ebbs.

Jim has some of the family assistance necessary to support his transition through emerging adulthood. His parents love him and he loves them. They provide him with shelter and material comforts. They continue to attempt to protect him from an unfriendly environment and even from his own poor judgment. These several advantages remind him of the debt he owes them. His parents, however, have not worked out how to speak with a shared emphasis and so to effectively help him develop his personal authority. In the Stark family, the father is struggling with what Colarusso (1995) calls the *third individuation*.

Frank has not become independent from his own mother. He is trying to please her and guiltily appease rather than truly collaborate with his wife. For her part, Jim's grandmother is not acting *grandmotherly*; that is, she is not accepting a peripheral family position while mischievously indulging her grandchild and affirming the parental stance. Instead, she is competing to usurp her daughter-in-law and lead the family as a parental authority. In defense of her developmentally justified parental status, Jim's mother has inadvertently become imperious and unlikable. Each of the adults (including the grandmother) operates

as if raising Jim alone, without collaborative adult support. His mother becomes dictatorial while his father attempts to be his pal. Such division makes it difficult for Jim to consolidate an adult identity. He knows only that he does not want to be like his father in tolerating too much criticism. Implicitly, he also does not want to resemble his mother in her nit-picking or his grandmother in her brittle pretense of family leadership. He feels himself to be in a state of perpetual injury: "going around with my head in a sling."

When the police release Jim to his parents, it is Jim's grandmother (not either of his parents) who imperiously assures the officers that the family will control the boy: "So we're not going to have anymore trouble." By allowing grandmother to represent the family's authority, the parents effectively abandon Jim. He calls this game, telling her she "will turn to stone for her 'lies.'" Jim thereby assigns his grandmother the paralyzing effect of the Medusa—the female face surrounded by snakes, a glimpse of which would turn anyone to stone, thereby preventing change or succession (Graves 1955). Freud (1922) contended that her face paralyzes by arousing fears of castration. Jim thus warns that by petrifying her descendants, she may petrify her own aspirations.

Before he leaves the station house, Jim meets another young man who has been arrested. Plato (Sal Mineo) has shot a litter of puppies with his mother's gun. His parents are divorced. His wealthy father lives in a distant city and is estranged from them. His mother is often traveling and now, on Plato's birthday, is visiting a sister. He is left in a luxurious home under the supervision of a protective African American nanny/caregiver (Marietta Canty), who has come to pick him up from the police station.

Plato dissociates his murderous feelings toward his parents for neglecting him, protesting their breach of contract by vengefully using his mother's pistol to murder another mother's offspring for receiving care that he has not. In contrast, while Jim's parents are in conflict, they are extremely attentive and directly trying to work for his welfare in person. Plato's parents are literally absent and, while providing for his material needs, they offer no contact, guidance, or protection. Jim tries to step into this parental vacuum. Perhaps he feels that he cannot be happy as a son, and instead he could build a happy family on his own principles.

He begins the way he started in the gutter by blanketing the toy monkey. He offers Plato warmth: "You want my jacket? It's warm." Plato refuses Jim's offer and later proclaims, "Nobody can help me!" Tragically, he will prove himself right.

Before the emerging adults leave the police station, Jim also notices, but does not talk to, Judy (Natalie Wood), a young woman who has briefly run away from home. Because she was walking alone after dark and without a destination, Judy was picked up by the police on suspicion of prostitution. Here is a shadow of Freud's "love for a prostitute" rescue-motif (1910). While Judy is far from being sexually promiscuous, she has been accused of such by her own father. He had censured her with harsh accusations and near-violence for wearing red lipstick with a new Easter dress: "He grabbed my face and he rubbed all my lipstick off—he rubbed till I thought I wouldn't have any lips left. And all the time yelling at me, ' . . . dirty tramp!'"

As Judy grows into emerging adulthood, she also has a problem with her parents, most obviously with her father. She wants the continuity of an emotionally warm and physically affectionate relationship with him while changing from a little girl into a nubile young woman. She is (perhaps determinedly) unaware that she is now erotically stimulating to him. He tries to distance himself from her by limiting the affectionate physical contact that we may assume was once rewarding for both. Judy, feeling unloved, is mystified by his withdrawal. She lacks the contribution that a father ideally makes to a young woman's sexual maturation when he "offers her desexualized affection at the crucial stages of her development" (Leonard 1966). In the police station, she requests that Detective Ray ask her father to retrieve her and is devastated when her mother comes for her instead.

Judy is succeeding her mother in the ability to attract men and conceive children. This event is often greeted with ambivalence by both generations. For instance, menarche signals something essential for our species's very survival and can evoke pride and satisfaction in parents and children. Many young women, however, react with surprise, fear, and shame (Uskul 2004). Most parents would be brokenhearted if their daughters could not reproduce, but they may also be made anxious by

the social implications of female sexuality. They may express this anxiety by efforts to restrict her socially.

Back at home, Judy continues to press her case by kissing her father on the cheek as a greeting at the dining table. Shocked, her father slaps her and rebukes her strongly. Although he then tries to apologize, she leaves the table in tears. Judy's mother tries to soothe her husband by holding him, kissing his hair, and suggesting that the tension between Judy and her father can be attributed to the awkward, conflictual nature of Judy's developmental stage, "She'll outgrow it, dear . . . It's the age when nothing fits." While her remarks are sympathetic to both father and daughter, we do not see her communicate her empathy to Judy or attempt to explain to her why her father is overreacting. Neither does she appeal to him to soften his harsh approach.

Perhaps in a film of the 1950s, no character could speak explicitly about these ordinary incestuous motivations. However, the film's censor, Gregory Shurlock, was forthright when he wrote, "This scene between Judy and her father should be handled without any objectionable flavor of an incestuous reaction . . . We urge that Judy . . . not actually kiss her father on the lips [as was originally scripted]" (Frascella and Weisel 2005, p. 151). All three family members are speaking in euphemisms. Mother does not access her own experiences to guide Judy through one of life's most difficult tasks: expressing lust with peers while managing to limit its expression in the family. Her father may also wish to show that he can control the sexual display of one of *his* women and wants to protect her from predatory young men, but the roughness of his anger at once signifies and masks his own desire. His basically sympathetic wife cannot help him guide and moderate Judy's sexual display as a way of accepting Judy's maturation without censuring her.

Judy seeks relief from feeling unloved by spitefully showing that she can appear worthy of the *tramp* label. She does put on red lipstick and does "run away from home" to protest her father's harsh criticism. She also enacts the female version of Freud's rescue-motif by romancing a lower-social-class, "bad boy": Buzz (Corey Allen), the charismatic leader of a violent, delinquent gang. Jim meets her and the gang on his way to the first day of school the next day. He tries to enter the group by clowning around in ways that they do not accept.

Jim sees Plato again at school. Many film historians view these first scenes between them as introducing Plato as a gay character. At the police station, Plato ignored and rejected Jim. But in the school hallway, when he first sees Jim inadvertently in the mirror of his open locker door, an “immediate intensification” of his gaze has been seen by some critics as romantic interest. (Frascella and Weisel 2005). These authors also see an implication of Plato’s gay identity in the head shot of popular leading man Alan Ladd hanging in his locker, instead of a female pin-up. Other writers cite Plato’s looks of longing toward Jim, the way in which he eagerly approaches him, and his own nickname: that of a Greek philosopher who had sex with other men (Kashner 2005; Lewis 2005; Mitchell 1996; White 2005; Wilson 2005).

Plato has several good reasons to feel lonely. His parents are divorced, so he lacks a parental couple to come home to. Unfortunately, his parents are also unavailable to him as individuals. Although we do not see their motives, they have abandoned him, just as Laius and Jocasta abandoned Oedipus. They provide for his physical care in a state of luxury but, yielding to their unconscious infanticidal wishes, they have left him—and left him with the gun that will be his undoing. He does have a compassionate, fiercely protective full-time caregiver. She is attached to him, calls him by his real name, John, and, later physically defends him from brutal gang members. She tries but cannot protect him from his own despair and disowned rage. She cannot overcome his early and subsequent parental deprivation.

The lack of reliable attachment to early objects has left Plato with little resilience (“Nobody can help me!”). In addition to this basic fragility, Plato is growing up gay in an era and a community where he has no gay subculture with which to identify. He has no models of what a gay adulthood might look like. He feels alone now and would likely have had the negative future script of gay adolescents of his generation—that of ending up alone, as described by Cooper (unpublished). In the 1950s, there was no public gay subculture to offer even the mild reassurance that “it gets better.” He begins to pin all his hopes for the future on Jim, who, he hopes, might teach him not only how to be a *man*, but specifically how to be a conventionally *masculine* man—in his eyes, someone who can hunt and fish. Jim, however, shows an undeniable interest in

Judy. And when Plato tries to follow the gang, Buzz calls him "Chicken Little." Plato is trying to replace an experience of an earlier stage of being nurtured that he missed.

Buzz's gang escalates its hazing of Jim. Not wanting to repeat the beating he gave the challenging kid in his previous town, Jim reacts by trying to refuse their provocations, thereby stepping back from the hypermasculine response. Buzz tries to draw Jim into what appears to be a knife fight, offering him a weapon. When Jim resolutely refuses to engage, the gang makes clucking noises at him. Finally, Jim yells at Buzz, asking if he is calling him a chicken, and picks up the knife. Buzz then shows himself to be a wise leader by arranging for the fight to be dangerous enough to be satisfyingly dramatic, but not to be lethal. He specifies that there will be no "sticking" with the knives, and the first to slice a button off the other's shirt is the winner. Jim is bloodied, but acquits himself well. Buzz proposes yet another test of honor between himself and Jim for the evening, a so-called chickie-run.

Afraid and not even knowing what a chickie-run is, Jim goes home to obtain his parents' advice. He encounters his father substituting for the absent maid by bringing his ill wife her dinner in bed. He has spilled it on the carpeted stairs and is trying to mop it up with a napkin. He is wearing a frilly apron over his business suit. Jim is appalled by both his feminine clothing and his intimidated attitude. Father is imagining his wife not as a domestic partner who would empathize with his spill, but as a judgmental mother who would criticize a careless son: "I'd better clean this up before she sees it." In agony over how far he believes his father has fallen, Jim pleads, "Dad—don't. Don't," and tries to lift him from his knees.

Later, father attempts to remasculinize the atmosphere by proposing a "real old-fashioned stag party" (with defrosted steak) to Jim. But he discovers the dried blood on Jim from the knife contest and suddenly realizes that setting a new mood will not be enough. Jim presses him urgently for guidance on whether he should participate in the chickie-run: "Suppose you knew that you had to do something very dangerous—where you have to prove something you need to know—a question of honor. Would you do it?"

Father is panicked and overwhelmed. Not in touch with any instinct or experience on which he can rely, he suggests "making a list" of "pros and cons" and "getting some advice." He never tries, for instance, to access how he himself struggled with honor as a young man or how he has learned to deal with such questions. In a display of what Herzog (2001) might call *father hunger*, Jim practically begs his father to restrain him: "You going to stop me from going, Dad?" Finally, starved for an understanding of what he is going through emotionally, Jim dons a "tough kid" outfit (boots and a red jacket) and rushes out.

One insightful critic (Lewis 2005) has seen the most important story of *Rebel* as that of Frank Stark's development as a parent. Perhaps Frank did not successfully confront issues of honor and shame during his own emerging adulthood, which would explain why he cannot come up with anything to tell Jim. Perhaps he could not find a way to accept his own parents for what they were and so is still preoccupied with appeasing, not pleasing, his mother. She does not get along with his wife; so why does he have mother living with them? He is affluent enough to set her up in her own home nearby. While maintaining a positive relationship, he could tactfully exclude her from a situation in which she can compete (as she does) with Jim's mother over what to put in Jim's school lunch.

Frank's developmental arrest makes him (understandably) unsatisfied with and defensive about the love he gives his wife. In his guilt, he must overemphasize the importance of his breadwinning contribution to the family, protesting to Jim at the police station, "Didn't we buy you a bicycle?" Additionally, in this later scene, he is still wearing his suit and tie at home when he puts on a feminine apron to anxiously cook for and serve his sickly wife in bed. When Jim pleads with his father, "What can you do when you have to be a man?," Jim does not actually want an answer; he wants to be brought in touch with a process, to have some contact with his father's feelings about his own adult masculinity (Pomerance 2005). We shall see how Frank finds himself in the final scenes of the film.

In what is being called the chickie-run, Jim and Buzz are to speed their cars toward the edge of a cliff, each planning to dive out onto the ground just before the cars go over. The first to jump will be the chicken. Again, by setting the contestants in a parallel rather than a col-

lision course, Buzz shows modifying wisdom by making the run theatrically exciting but (somewhat) less lethally risky. Buzz is fatherly when he tries to increase Jim's safety by insisting that Jim practice opening the car door quickly and coaching him on how to jump from the moving car in a controlled forward roll. As they walk the course together, they look over the precipice, out of earshot of the gang.

Buzz, in an intimate moment, takes a cigarette from Jim's lips, drags on it himself, and then returns it directly to Jim's lips. He volunteers, "You know something? I like you." Perhaps encouraged by this expression of affection, Jim again questions the need for the planned honor display: "Why do we do this?" It is a maturational moment for this emerging adult to shift the target of his important *honor* question from a parent to a friendly peer. Buzz does not criticize Jim's hesitation, but answers as an emerging adult himself. He at once reaffirms the need for the initiatory ritual, the emerging adult's wish for action, and implies a young man's need to test his courage: "We got to do *something*. Don't we?" The two (now) mutually sympathetic characters express both sides of the emerging adult audience's ambivalence about the proving of honor: respect has been established between the two intimates and so such proof is unnecessary, but they and the group still need the game and will be entertained by it.

The camera lets us see Plato nervously auditing this developing friendship between these two young men. He may be mollified when Judy approaches him as a source of information about Jim. He offers his knowledge of Jim to show he is more intimate with him than she, even making up a nickname that Jim allegedly uses only with his closest friends. Judy wisely does not compete with Plato but treats him as a littermate, lapping up his information and then literally sharing her food with him, offering him her hamburger from which she has "only taken one bite."

A maturational moment is experienced by Judy as well. Her self-esteem has surely been damaged by her father's responding to her developing physical attractiveness by calling her "a dirty tramp." But now Buzz gives her the very visible and authoritative role of starting the cars in the run. She steps easily into this public persona. The gang members' cars have been parked in two lines facing each other on opposite

sides of the raceway to the cliff. She stands alone between them, facing the two drivers who will pass closely on either side of her. Judy shouts and swings her arms over her head to signal the spectators to turn on their headlights. She is illuminated in that dramatic pose for a long moment. She shouts again, brings her arms down commandingly to start the drivers, and turns to watch them as they careen past on either side of her, blowing her skirt in their wake. Pomerance (2005) sees this as an ecstatic moment for her in all her newly acquired physical glory, surely an antidote from her peers to the restraining, rejecting feedback she has been receiving from her father.

This game tragically results in Buzz's accidental death. Participating in the bravery contest inadvertently allows Jim to prove his honor and *rescue* Judy from a dangerous life with the gang, but the shock of Buzz's unintended demise also encumbers him with the loss of a budding friend and with guilt and a sense of responsibility. The unexpected catastrophe cements an aspect of a mature, adult morality in Jim: the belief that human life is valuable and that one should not take lethal risks simply for recreation. But the members of the gang do not have a reassuring, stabilizing succession plan in place with which to respond to the loss of Buzz. They act as though Jim is to blame for Buzz's death, and they fear Jim's conscience will force him to tell the police about the chickie-run. Meaning to kill him, they search for Jim and attack Plato to discover how they can find him.

His life in danger, Jim again shows his attachment to his parents when he returns home, desperately seeking their counsel. As in the police station, they disagree and cannot resolve their differences. Jim rejects his mother's frantic, self-protective, and expedient admonition to conceal his involvement in Buzz's death and her proposed solution to move the family again. He confronts her with his own newly developed moral certainty. He does not know what to do, but he is emphatic about what he will not do. He also shows successful differentiation from her when he makes clear that it is her anxiety, not his, that is causing the family to uproot itself. He says:

You're not going to use me as an excuse again, Mom. Every time you can't face yourself you want to move, and you say it's because

of me or the neighborhood or some other phony excuse. Now I want to do one thing right and I'm not letting you run away.

He continues his search for personal authority by demanding some wisdom from his father on how to protect his honor while maintaining a moral position. He is trying to put his old reflexive, violent response to schoolyard taunts into a larger context, exclaiming, "We're all involved, Mom! A boy was killed!" And later: "I don't think I can prove anything by going around pretending I'm tough anymore!" He begs his father to counter his mother's amoral pragmatism with riskier, uncompromising principle: "Dad, answer her. Aren't you going to stand up for me, Dad?" He is groping for a more mature definition of honor, not just to defend against ritual insults, but also to uphold a moral standard. He wants not to be reckless but to avoid inadvertent harm to others and to take responsibility for his actions.

Mother, as a desperate and unsupported parent, sees that it is too late for justice and wants to prevent her son's scrupulosity from making him become a scapegoat. Jim is feeling too much guilt and regret for that, and understandably wants to atone. Father supports mother's caution but cannot address Jim's moral question, adding weakly, "You'll learn as you get a little older, Jim," and, unintentionally referring to Jim's maturation, "This is all happening so fast."

Frustrated and enraged, he throws his father across the room, pushing him down as he tries to choke him. For the first time in the film, mother defends father, trying to pull Jim off. Jim gives up the struggle and then rushes toward the door. He passes a painting leaning against the wall and in a fury, kicks his foot through it. As he continues out, we see it is a portrait of his grandmother (Frascella and Weisel 2005). He thus vanquishes the image of Medusa that has paralyzed the family. His parents, now alone, stare at each other wordlessly. Are they thinking of freeing themselves from trying to please Jim's grandmother? Perhaps only in helpless consternation, they are, for the first time, united.

While Jim is at once attempting to separate from his father and find him as a moral model, he is also trying to practice being parental. He tries to call Judy at her home but her worried, suspicious (now protective) father hangs up on him. Judy sneaks out, finds Jim, and they flee together to an abandoned mansion that Jim has learned about from Plato.

Trying to locate Jim, the gang attacks Plato as he tries to enter his own home. Plato's loyal caregiver drives them off, but Plato runs into his mother's empty bedroom and takes her gun from her night table. He rushes out and soon joins Judy and Jim at the mansion.

Here all the young people are suddenly free of both their parents and the gang. They join in a dissociated forgetting that they are all in lethal danger. They begin to play, improvising their own family with Jim and Judy as newlyweds. Plato pretends to be a real estate agent showing them a new property.

Jim sets the improvisational frame by suggesting they are looking for a summer place. Judy takes up the role of an overwhelmed but willing partner, ceding decision-making to Jim. When Judy feigns embarrassment, Jim names them as *newlyweds*. Perhaps Judy is embarrassed because in the 1950s, being just married means that they are now free to have sex. Judy asks Plato—without using the word—whether *children* would be allowed in the rental. Plato begins a tactfully negative response: “We don’t encourage them,” and Judy reassures him that she fully agrees that they are “noisy and troublesome.” She specifically describes child behavior that she and (by implication, all parents) finds annoying, that is, “when they cry.” Her character in the improv professes the helplessness she has seen in her own parents: “I just don’t know what to do when they cry,” and she asks Jim for help—“Do *you*, dear?”

Jim’s character jokingly suggests overcoming parental helplessness with lethal aggression: “Drown them like puppies.” He thus acknowledges and shows an empathic identification with and acceptance of Plato’s crime. Judy suggests that their hatred of children and their infanticidal attitudes are accepted in current culture, saying, “See, we’re very modern.” Plato stays with this dark theme, describing how the distant and isolated nursery of the mansion (the empty swimming pool) will allow the couple to have children without the bother of seeing or hearing them.

Playing grown children, their characters ironically portray themselves as parents who commit the very offenses that they feel have been practiced on them: Plato suggests the ability to distance and abandon, Judy describes an inability to cope with sorrow, and Jim expects inau-

thenticity. Their improv could be a model of generational transmission of psychopathology.

Plato takes the role of enhancing and enabling their straight couplehood. This is a role that straight culture accepted for gay men even in the 1950s—as hairdressers or interior decorators. It was later made explicit and celebrated in the television reality show *Queer Eye for the Straight Guy*, which ran very successfully from 2003–2007. This role works for Plato in three ways: he inhabits a permitted gay role, parodies parental hatred of children, and acquires the harmonious, loving couple whom he wishes he had been born to.

The three sit down together, Jim with his head in Judy’s lap and Plato lying on Jim’s arm. Plato remembers painful stories of his fighting parents from his too-brief (two sessions) psychoanalytic treatment, but warmly declares his current satisfaction at being with Jim and Judy: “But I’m happy now. Here.” This moment, and others between Jim and Plato, were reportedly intended by the actors and the director to be tenderly erotic (Frascella and Weisel 2005)—so much so that the censors vetting the film explicitly forbade the portrayal of such a relationship. Again, censor Geoffrey Shurlock wrote studio head Jack Warner: “It is of course vital that there be no inference of a questionable or homosexual relationship between Plato and Jim” (Frascella and Weisel 2005, p. 172). Years later, despite this injunction, Sal Mineo would proudly describe his Plato as “the first gay teenager in films” (p. 87). At this moment, Plato’s preoedipal loneliness, caused by the absence of his parents and his homosexual yearning to find a compensating partner in Jim, is satisfied.

Once Judy makes the transition from being Buzz’s girlfriend to falling in love with Jim, she begins to find the love she is seeking from her father in her own ability to love Jim. She joins Jim in trying to rescue Plato, toward whom she had already begun to take a motherly role. When he appears to be falling asleep in the mansion, she hums a lullaby, covers him with his jacket, and kisses him on the cheek as if putting a child to bed. Judy and Jim chuckle indulgently over the fact that the sleeping Plato is wearing socks of different colors. Now wanting to be alone together, the couple quietly leaves the apparently sleeping Plato. Judy nods approvingly at Jim’s choice to take only one candle with them and at his care in leaving a burning candelabra for Plato. Although the

couple does not realize it, Plato has only been pretending to sleep. As they leave, he watches them go and sobs over having lost his place lying on Jim's arm.

When the couple settles down again, Judy boldly articulates her love for Jim, defining manliness as the ability to show tenderness, as sturdy tolerance for another's wanting him, and as the courage to be loyal despite community disapproval:

JUDY: What kind of a person do you think a girl wants?

JIM: A man.

JUDY: But a man who can be gentle and sweet. Like you are . . .
and someone who doesn't run away when you want them.
Like being Plato's friend when no one else liked him.
That's being strong.

Jim progresses in his attempts to shape his masculinity as the film progresses. He began with hyperaggressive, rageful responses to the accusations of *chicken*, and his shocking wish for his father to acquire manliness by "knock[ing] Mom cold once. I bet she'd be happy." He then began to search for another stance by questioning his apron-clad father: "What can you do when you have to be a man?"

We also see this searching in his question to Buzz just before the chickie-run: "Why do we do this?" Jim's guilt over Buzz's death leads him to an explicit renunciation of hypermasculinity in his declaration to his parents: "You can't just go around proving things and pretending like you're tough." However, he has not yet developed a positive definition of manliness. Judy's conception of manhood in parental terms and her recognition of those inclinations in Jim offer him a solution; he is drafted into maturation by her grounded idealization. To become a *man*, one might become a father (Colarusso 1995). He will demonstrate and personify the role that Judy conceives for him in his continuing attempts to rescue Plato—at first from thugs, then from police, and finally from Plato himself. The fatherly identity also creates a comfortable role in which Jim can express his homosexual love, if not his lust, for Plato.

In playing at being part of a parental couple, Judy demonstrates her own considerable maturational achievement. She moves away from

the position of the deprived victim of her father's distancing from her. At first, she "runs away," then tries again to approach her father affectionately. Rebuffed again, she plays with the "dirty tramp" identity by attaching herself to a high-status "bad boy" and revels in being "queen of the gang." After Buzz's death, she follows her developing interest in Jim, even though that choice puts her in grave danger. She does not simply seek a replacement for Buzz in Jim or use him to love her to make up for what she interprets as her father's coldness. Instead, she takes a deeper satisfaction in experiencing herself as an agent of loving feeling, of her own self as a source of love. Judy: "I love somebody. All the time I've been looking for someone to love me and now—I love somebody. And it's so easy. Why is it easy now?"

With Jim and Judy elsewhere, Plato awakens to find himself surrounded by three members of the gang. His archaic and continuing abandonment by his actual parents has been reenacted by his only temporarily satisfying adoptive parents. Furthermore, he is enraged by his loss of Jim to Judy as a love partner. He stands his ground against the gang, improvising an effective weapon by swinging a canvas fire hose with a heavy brass nozzle to keep his assailants at bay until he can get to his gun and even the odds.

Hearing this, Jim runs to help. Enraged at having been left by Jim, Plato yells, "I don't want you for my father!" Losing touch with the reality that the three of them were only playing at being a family, Plato shoots wildly at Jim. Incredulous, Jim runs toward Plato to calm him. Judy chases Jim and tries to get him to retreat to safety. Jim refuses. Judy, treating Plato like the dangerous, unreachable person he has (temporarily) become, asks Jim, "After he tried to shoot you?"

Jim, continuing to overestimate his powers and underestimate Plato's fragility, wishes to enact the rescue. He answers, "He didn't mean it—we never should have left him. He needed us." Judy tries to draw Jim from the *co-parental* role into the *marital* pair, now being frank about her own needs: "He needed you, maybe, but so do I." Jim tries to draft her back into her co-parental function: "He needs you, too. Come on!"

Judy seems to accept this, telling Jim that Plato cast him as a heroic father in her conversation with him, giving Jim the support that Jim's father did not receive from Jim's mother. Jim again invokes the two of

them as parents: "He tried to make us his family." Plato wounds one gang member and escapes into the nearby planetarium. As the gang retreats from his effective defense, he is now more in danger from the police, with whom he has also exchanged fire.

Jim's parents are being driven to the mansion/planetarium scene by Detective Ray. It is important to note that they are alone, that is, not accompanied by Frank's mother. Under the extreme emotional pressure of this situation, Frank begins to regain contact with what he thinks and feels. When Ray asks if he is sure he has seen Jim run into the planetarium, Frank does not describe what Jim looks like but affirms with some indignation: "I think I know my son!"

Jim cautiously walks into the darkened planetarium after Plato. He is at his most fatherly and self-sacrificing when he exposes himself to Plato's gun. He offers his jacket again (this time the red one), and now gets the shivering boy to put it on. He asks for the gun but Plato refuses to relinquish it, hugging it to his chest like a comforting toy and saying, "I need it." Jim practices a benign deception to bring it into his own hands, covertly removing the bullets. Then, at once preserving and betraying Plato's trust, he returns the empty gun to him. He gently asks what is frightening Plato and makes a father's white lie/omnipotent promise to banish the police searchlights.

By removing the bullets from Plato's gun, Jim has joined the adults, trying to act as a bridge between their rules and Plato's fears. But Plato is too afraid to fully trust Jim, and the police have no way of knowing that Jim has joined them by rendering Plato's weapon harmless. Judy has taken a maternal role again, sitting with Plato to comfort him while Jim steps into the floodlights to negotiate with the police. Once Jim has essentially transformed Plato's gun into a plaything, he attempts to lead Plato out of the planetarium and into the arms of what he believes are other benign adults. Unfortunately, Plato loses faith in Jim—"I don't believe you anymore!"—breaks away from Judy, and rushes into the lights wearing Jim's red jacket. He is brandishing his empty gun. The police, not knowing he is essentially unarmed, shoot him down.

Jim's anguished cry—"I've got the bullets!"—is characteristic of an emerging adult. On one hand, he is still in a child's world, indignantly assuming that the omniscient authorities will somehow know he has the

bullets. On the other hand, his duplicity has moved him into the adult, parental world. He is saying, "I am one of you! I deceived/betrayed the boy to make him harmless! Why didn't you trust me?" Seen in the light of Freud's (1910) rescue-motif narrative, the saved baby (Plato) whom Jim tries to offer to his parents does not make the transition from the dark womb of the planetarium theater to the searchlight glare of the adult world. Plato was essentially orphaned too early and befriended too late to make the transition through emerging adulthood. He first constructed a father in fantasy—"he was a hero in the China Sea"—and then entered into a friendship with Jim and Judy that was deeply satisfying. Under extreme pressure, however, it took on a literal, psychotic cast. Plato's lack of sufficient actual parenting left him without the internal psychic structure or external support necessary to form a trusting adult identity and an adult relationship with Jim.

Having recognized Jim's red jacket just moments before the police shoot Plato, Frank now understandably mistakes Plato for Jim. This moment of thinking he has lost his son suddenly puts Frank in touch with what is most important to him; at last, his inner life is fully available to himself and his son. At first, his own imagined loss: "For a minute . . . that jacket . . . I thought . . ." Then he tries to console his child: "You couldn't help it, Jim."

As Plato's body is placed on a gurney, Jim's father and mother stand together with Jim as his co-parents. Jim is crying now. Plato is still wearing his red jacket as Jim zips it up on his body. The story began with a lonely, drunken boy using a wrapping paper blanket to *rescue* a toy. It ends with a deeply sobered young man mourning the boundaries of his abilities. Although he finally succeeded in persuading Plato to accept the warming garment that he first offered him in the police station, Jim recognizes that he could not give him enough to save him when he says, "He was always cold." When officers rush forward to move Jim away from the body, Jim's father intervenes emphatically: "Let him alone! He's mine! I'll take care of him!" In claiming Jim as his son and consoling him, his father takes on a new authority. He assures Jim, "You did everything a man could do."

The father who earlier could experience himself only as his mother's son has matured from an overgrown child into a real parent, now quali-

fied to bestow the mantle of adulthood when he covers Jim's shoulders with his own coat. As Frank develops grown-up wisdom, he does not talk about the success or failure of Jim's rescue effort but of the faithfulness of his attempt. Now he offers his own thoughts, relating his progress with his own masculine aspirations. He says: "Stand up, Jim. I'll stand up with you. Let me try to be as strong as you want me to be." Frank is modest, promising only to *try* to meet what he sees as Jim's desires. Judy and Jim share a last parental moment at the stretcher, recognizing Plato's mismatched socks.

That Jim cries to his father about Plato's death strengthens the idea that (for him) his attempted rescue was not so much between him and Plato as it was an offering to his parents, an enactment of Freud's (1910) rescue-motif. It was something he wanted his father to witness and be gratified by as a way of absolving himself from the debt he owed his parents. Although unspoken, Jim's remorse at his murderous rage over what he has seen as his father's failure to provide authority in the family may be expressed in his tears.

After Jim's adult status has been recognized within his family, he approaches his parents with Judy and introduces her. "This is Judy. She's my friend." Perhaps he is recognizing the current limits of his own maturation and is saying, "Don't expect too much of me. I'm not ready to present a *girl* friend! Let it be enough that I now have a friend." He is showing his first attempt at one of the most important individual tasks of emerging adulthood: transferring family-strength affections to a peer—that is, developing the ability to become attached to someone outside the family with the same intensity that one has previously felt toward one's parents.

As Judy and Jim walk away together, this viewer sees Jim's mom begin to speak, perhaps to add a reflexive precaution, but Jim's father interrupts with a direct look and a smile. She accepts the interruption and returns the smile. Other critics see both parents begin to speak at once, check themselves, and exchange their smiles (Lewis 2005; Wilson 2005). At any rate, the parents are less anxious and silently collaborate to restrain what they realize is their (for the moment) unnecessary guidance.

Jim's rescue of Plato has failed, but he did offer the *orphan* friendship and tried to protect him from himself. While he cannot (as none

of us can) completely repay his debt to his parents, he has shown them that he can stand up for himself and can act lovingly toward others. His parents began the story worrying that Jim was too aggressive, too drunk, and too unable to handle conflict to go forth into the world. They felt helpless to change him; they could only change the town in which they lived. Now they have seen him trying to be a good father, risking his life to help a friend. They themselves have begun to find each other. The film ends with them seeing him walk away with the new friend whom he has come to love, perhaps beginning to succeed in re-creating the family they aspired to.

Succession and the vicissitudes of parricide and infanticide play out very differently in the three families. Jim's father has been so passive that it is hard to see him as *infanticidal* in the mold of Laius. But succession in Jim's family is not delayed solely by Frank, but by Frank's mother, who will not let her son mature into full authority because of her own unsatisfied needs to retain power. The family's development is impeded by the aggression of the grandparental generation and the acquiescence of Frank in the parental generation. The pressure for growth and succession comes from Jim in the grandchild layer. He comes the closest to patricide when he throws his father down and starts to choke him. He abandons that quickly, however, when his mother cries, "Are you trying to kill your father?" Jim then turns to symbolic parricide when he kicks his grandmother's portrait.

In Plato's family, the parents' aggressive wishes are clearer. They abandon him and leave him with access to a gun, without training him in its exacting sporting use or familiarizing him with its dangerous potential. He passes this infanticidal cruelty on to the "next generation" when he uses the pistol to shoot a litter of puppies. He is hopeful that he might learn how to control his dissociated rage with the fantasy that Jim will teach him to use weapons to hunt and fish. Sadly, he cannot make this dream come true and ends up committing suicide "by cop."

Judy's father can be *infanticidal* in that, in the sense of her sexual display, he does not want her to grow up. He is even physically violent when he tries to rub her lipstick off and curses her as a "tramp." Judy is ambivalently rebellious. She wants to express her sexuality freely but still be loved by her father. Perhaps, as the panicked patriarch, he does

not want to lose control of one of *his* women, even though it would be developmentally beneficial for both to do so. He receives, however, empathic support from his wife, who correctly sees their daughter as passing through a stage of growth. He is then able to dial his anxiety back into appropriately protective concern, which he shows when he searches for her outdoors and encounters Jim's father doing the same for his child. Judy contributes to their mutual maturation by ceasing to use her father to continue her little-girl demonstrations of affection, turning her attention toward Jim instead.

Perhaps most of the attempted *rescues* described by Freud are not destined to succeed. Resistance may come from several sources (Fulmer 2008). Those being rescued may be too injured, may want to make an identity statement with their suffering, or may want to save themselves. Rescuers may underestimate their rescuees' ambivalence or, through inexperience or grandiosity, overestimate their own powers. Parents' conflicts with each other, unresolved feelings of indebtedness to their own parents, or inability to accept their own limitations may all conspire against their accepting the rescuer's intended gift. But the failed rescue may still be an important, even necessary, maturational exercise in passing through emerging adulthood. Trying and failing to change the fate of another (sometimes known as "saving the world") may lead to a rueful but wise reduction of expectations for rescuer, rescuee, and parents (Frankiel 1985). It may even inspire rescuers to shift their attention toward rescuing themselves and offering their best version of love to others—both tasks that present ample opportunities for difficulty and daring.

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READING OGDEN READING WINNICOTT

BY LEE GROSSMAN

Keywords: Thomas Ogden, D. W. Winnicott, analytic writing, reading comprehension, writing style, poetry, analytic theorizing, critical thinking, experience, reflection.

I have always enjoyed reading Winnicott's clinical work. His writing is playful, startling, provocative, often elegant, and always lively. His papers are frequently cited—perhaps even more often than they are read. In the opinion of Thomas Ogden (2001¹), psychoanalysis has had “only one great English-speaking writer” (p. 299), Winnicott—an accolade for which Ogden himself might be in contention.

Yet for all his liveliness and originality, when I have been called upon to teach Winnicott's theoretical work, I have come up against two problems. First, I find that frequently I cannot say what he means, especially whether he means to be taken metaphorically or literally. His use of words, including psychoanalytic terms, is often idiosyncratic and rarely elaborated. Second, I find in many cases that I cannot tell how he arrived at his conclusions. He is apt to state an idea as a fact almost in passing; he does not always explain or even acknowledge that others might have other ideas. When I turn to Ogden for help, I find both enlightenment and further confusion.

In what follows, I would like to share my reading of Ogden's paper, “Reading Winnicott” (2001). I will try to show that Winnicott's writing style, enjoyable though it may be, does not encourage the reader to engage in dialogue with his ideas. After doing so, I would like to respond to what I believe is a false dichotomy set up by Ogden between those analysts who embrace

¹ Unless otherwise indicated, all references are to this paper.

. . . the indissoluble interpenetration of life and art [and those who despair that] the discourse among analysts . . . will forever remain limited by our imprecise, impressionistic—and consequently confusing and misleading—accounts of what we observe and how we think about what we do as analysts. [p. 321]

Ogden's 2001 paper is a reading of the paper "Primitive Emotional Development" (Winnicott 1945), which he identifies as Winnicott's earliest major contribution. Ogden shows admirably how Winnicott's writing style evokes, rather than simply describes, the ideas he is trying to convey. He compares the writing to poetry, especially to Robert Frost and Jorge Luis Borges, for the compactness and richness of his language. But he also insists from the first page, "What 'Primitive Emotional Development' has to offer to a psychoanalytic reader *cannot be said in any other way* (which is to say that the writing is extraordinarily resistant to paraphrase)" (p. 299, italics added, parentheses in original).

I find this conclusion very troubling. To say something "cannot be said in any other way" is to say that there can be no answer to the question, "What do you mean?" If it is true that it cannot be paraphrased, we are left with something far worse than imprecision. The implication is that we cannot agree on what Winnicott is saying even to evaluate it critically. This is not the case with poetry, and certainly not with Borges or Frost; with their works we immerse ourselves, we let them affect us—and then we step back and use our critical thinking.² I cannot think of a Borges story or Frost poem that left me confused as to what the author meant, to the extent that I could not agree on the meaning with others. I can say what they mean. My paraphrase may be bad poetry, but then I do not expect poetry to articulate psychoanalytic theory. Ambiguous, paradoxical, or contradictory ideas do not require ambiguous, paradoxical, or contradictory descriptions; to the contrary, one of the tasks of psychoanalytic writing is to expose and clarify the nature of paradoxes or contradictions that cannot be resolved.

In any case, it seems that Ogden does not believe his own assertion. In his first example, in which Winnicott describes how his own mind works, Ogden unpacks Winnicott's paragraph in one slightly longer para-

² Ogden cites a volume of Borges that was translated into English from the original Spanish. Is translation not a form of paraphrase?

graph. Apparently, it can be done, after all; Ogden does so throughout the paper.

In some instances, Ogden argues that (presumably as with poetry) the reader has to “do the work” to glean the meaning. In his second clinical example, Winnicott describes the depressed patient, about which Ogden writes:

In the space of a single sentence, Winnicott suggests (by means of his *use of the idea*, rather than through his explication of it) that depression is a manifestation of the patient's taking on as his own (in fantasy, taking into himself) the mother's depression . . . with the unconscious aim of relieving her of her depression. What is astounding is that this conception of the patient's depression is presented not through a direct statement, but by means of a sentence that is virtually incomprehensible unless the reader takes the initiative of doing the work of creating/discovering the conception of the intergenerational origins and dynamic structure of depression. [p. 303, italics in original]

Ogden points out that this is a theory of depression that is radically different from those of Freud and Klein. Thankfully, Ogden paraphrases Winnicott's sentences to make them clear, even to me, without my having to take “the initiative of doing the work of creating/discovering” (p. 303). Ogden makes it plain, and he makes it possible for me to consider whether Winnicott's position fits my own clinical experience. Why didn't Winnicott do that? Ogden tells us that Winnicott “demands that the reader become an active partner in the creation of meaning” (p. 305). Yet Winnicott seems pretty certain of his own meaning; he just seems reluctant to spell it out. He appears to take for granted the correctness of his theory of depression and does not feel any responsibility for defending it—or even elaborating it.

A little further on, Ogden credits a passage from Winnicott with

. . . a major revision of psychoanalytic technique. He accomplishes this so subtly that the reader is apt not to notice it Nothing short of a new way of being with and talking to patients is being offered to the reader, without preaching or fanfare. [pp. 307-308]

Without fanfare, indeed: “the reader is apt not to notice it.” How did that become a virtue of psychoanalytic writing? How did *virtually incomprehensible* psychoanalytic theorizing become admirable?³ To me, Winnicott’s style discourages, rather than invites, a dialogue with his ideas.

At one point, Ogden apologizes for his awkward language (p. 305n), but I, for one, am grateful; I find Ogden far more understandable than Winnicott. There are times when Ogden’s exegesis does not convince me, but I am not left trying to figure out what he meant. I find I can engage with Ogden’s Winnicott more readily than with Winnicott himself.

Ogden is exceptionally generous. For example, he quotes a sentence from Winnicott that begins, “Once dreams are remembered and even conveyed somehow to a third person . . .” He admits that he finds the sentence “jarring and confusing” (p. 312), but after some gymnastics he concludes that, thanks to Winnicott, “the reader experiences what it feels like for a child to be two people and not to notice that experience until an adult gives him help in ‘getting to know . . . [what are becoming *his*] dreams’” (p. 312, brackets and italics in original).

This reader did not have that experience. And after hearing Ogden’s imaginative reading, I know something about Ogden’s thinking but not much about Winnicott’s. I do not read psychoanalytic theory in order to “experience what it feels like” to be an infant because I do not take it on faith that any analyst knows what that feels like.⁴ I read to find out what the author thinks might be the case and why he thinks so. Winnicott does not often tell us how he came to his conclusions.

To give another example, Ogden (p. 305) notes Winnicott’s revolutionary reconception of the analytic frame implicit in the following citation: “The end of the hour, the end of the analysis, the rules and regulations, these all come as expressions of [the analyst’s] hate” (Winnicott 1945, p. 147). But other than adding “this theme could be developed extensively and usefully,” there is no further discussion from Winnicott, no hint of awareness that anyone might disagree or fail to understand, and no suggestion that there might be other meanings. The idea is left to stand is if it were a simple fact.

³ One well-known contributor to our literature once said without a trace of irony, “I’m such a good writer, people think they understand me when they don’t.”

⁴ I might read Winnicott’s *The Piggle* (1980) for that purpose—but there the child speaks for herself.

Ogden's emphasis on the stimulating nature of Winnicott's writing seems one-sided to me. After a particularly charming quotation about what is going on in an infant's mind, Ogden writes:

The reader of the sentence being discussed is not moved to question how Winnicott can possibly know what an infant feels, or to point out that regressions in the analyses of children and adults (whether psychotic, depressed, or quite healthy) bear a very uncertain correlation with infantile experience. Rather, the reader is inclined to suspend disbelief *for a time*, and to enter into the experience of reading (with Winnicott), allowing himself to be carried by the music of the language and ideas. [p. 309, italics added, parentheses in original]

The phrase *for a time* hints at the neglected other half of Winnicott's writing. I agree with Ogden that participation in psychoanalytic reading, as in art, requires an immersion, a suspension of disbelief, a participation in the action—*for a time*. But it also requires a step back, a reflective act, an act of psychological-mindedness and critical thinking. If the reader is still "not moved to question" (Ogden, p. 309), the author has failed at his task. One of those points that Ogden says we are not moved to question—the uncertain correlation between analytic regression and infantile experience—is fundamental to Winnicott's paper: he says on the first page, "Primarily interested in the child patient, and the infant, I decided that I must study psychosis in analysis" (1945, p. 145). He says nothing further about that decision. Winnicott was not moved to question that correlation either.

Artists may leave the critical thinking to the audience, but expository writers have an obligation to present an illustration or an argument, not merely a conclusion. When they do not, we are entitled to ask: how would you know if you were wrong? In the paragraph Ogden cited about how Winnicott's mind works, Winnicott writes, "What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what" (quoted by Ogden, p. 302). He goes on to say to his audience at the British Psychoanalytical Society, "By listening to what I have to say, and criticizing, you help me to take my next step, which is

to study the sources of my ideas, both in clinical work and in the published writings of analysts" (Winnicott 1945, pp. 145-146). That is, as he has just said, the *last* step. Did he skip the step in which the author considers the criticisms of others in order to further develop, modify, or correct his own ideas?

I would like to close by returning to Ogden's dichotomy. The division between analysts is not between the artists and the scientists, not between those who privilege impressionism and those who privilege reason; it is between those who settle for one without the other and those who recognize the dialectical movement between them. The work of an analyst, of a patient, or of an artist's audience requires immersion in experience, complete with suspension of disbelief—for a time. It then additionally requires distance, reflection, judgment, and critical thinking. Reflection without experience is empty; experience without reflection is blind.

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ON THE BIRTH AND DEVELOPMENT OF PSYCHOANALYTIC FIELD THEORY, PART 1

BY MARTIN A. SILVERMAN

Defining Psychoanalysis: Achieving a Vernacular Expression,
by Ian Miller. London: Karnac, 2016. 116 pp.

*The Pioneers of Psychoanalysis in South America:
An Essential Guide*, edited by Nydia Lisman-Pieczanski and
Alberto Pieczanski. London/New York: Routledge, 2015. 537 pp.

Reading Italian Psychoanalysis, edited by Franco Borgogno,
Alberto Luchetti, and Luisa Marino Coe.
London/New York: Routledge, 2016. 738 pp.

Keywords: Field theory, analytic attitude, Freud, one- and two-person psychologies, South America, D. W. Winnicott, psychosis, Italy, W. R. Bion, negative capability, analytic process, analytic theory, Barangers.

Psychoanalytic field theory is a natural product of the evolution of psychoanalytic theory and practice from its beginning as a treatment process that aimed at reducing or relieving the emotional suffering of individual patients to a still-expanding attempt to understand the human psyche as a whole. Psychoanalysis began as a neurologically and neuropsychologically oriented, one-person, depth psychology that aimed at resolving internal, unconscious, neurotic conflict by bringing its contents into conscious awareness. Emotional symptoms were depicted as emanating from

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tension created by the need to restrain and control powerful biologically imperative, instinctual drive pressures, the expression of which would put the subject in danger if they were expressed to the external objects toward which they were directed.

Increasing clinical experience demonstrated that a broader and more inclusive approach was needed toward understanding and treating the emotional suffering of humans as complex, *bio-psycho-social* beings—that is, an approach focused not only on what is going on within the patient, but also on what is going on within the surround (both proximal and distal) with which that person interacts and has been interacting. From Freud's early and increasing appreciation of the clinical significance of transference-countertransference expression of the emotional turmoil swirling not only within the patient but also within the treating person, interest grew steadily toward expanding clinical and theoretical psychoanalysis into a broad and general psychological point of view that focuses on *all* aspects of human experience, both in the world at large and within the analytic treatment situation.

Freud, the founder of psychoanalysis as a method of investigating and treating emotional disorders, could not avoid being a captive of the culture and zeitgeist of his time. As such, he produced clinical and theoretical formulations that included attribution of authoritative knowledge to the analyst and attribution of ignorance to the analysand of what transpires within that part of the mind that is outside his or her conscious awareness. Freud's initial approach centered around the idea that the doctor, with his ability to command respect and obedience, can rid the patient of symptoms by ordering the patient to say everything that comes to mind, obediently and without censorship (the so-called fundamental rule) and then informing the patient about what the doctor—the knowledgeable and impersonal authority—hears coming up from the depths of the patient's unconscious.

Freud quickly learned that this approach does not work very well. However hard they might try, patients cannot easily abandon the self-protective defense mechanisms that they have needed to feel reasonably safe and secure. They are looking, furthermore, for far more from the analyst than information about what is going on inside them. Gaining intellectual knowledge about themselves, even when it is more or less

accurate, does not come close to satisfying them. Freud realized that patients bring the yearnings they feel toward the people who were and are important to them, as well as their resentment and anger at having been disappointed and/or thwarted, directly into the treatment situation by transferring them onto the person of the analyst.

Somewhat later, Freud began to recognize that the feelings and attitudes toward the patient that are stirred in the analyst are no less important. The latter, he initially believed, are no more than an unwelcome interference with the therapeutic process, so they need to be removed via analytic inquiry that analysts have to make into themselves. He did not at first realize that they are also an important source of information about what is taking place within the patient's internal world and within the analytic process itself.

Freud, in accordance with the prevailing cultural attitudes about people who are emotionally troubled, looked primarily into the biological dimension of human functioning—and he continued to do so even as he focused increasingly on the object-relational and cultural aspects of human existence. He clung to a one-person psychology and to centration on internal drive pressures even as he more and more came to appreciate the significance of the patient's bidirectional interaction with others, including with the analyst during psychoanalytic treatment. His clinical impressions about progression from primary narcissism to feelings for and attachment to others led him to the conclusion that psychotic patients cannot be treated along psychoanalytic lines. He did not believe that psychotic patients can invest emotionally in the person of the therapist, either as a transference object or as a trusted person from whom anything good can be expected. He did not recognize that a good number of his supposedly neurotic patients were actually more seriously disturbed than was evident on the surface, and in his focus on his discovery about the importance of triadic oedipal conflicts, he underestimated the significance of earlier dyadic conflicts.

Melanie Klein made a major contribution via her study of the earliest interaction between mother and child and her concept of to-and-fro progression/regression between paranoid-schizoid and depressive positions in relation to the primal maternal object and then to all major objects of an individual's emotional valence. Her ideas about aggressive im-

pulses and about projective and introjective identification in mediating the development of object relations and as a basic means of communicating with others are equally important. She contributed greatly to our understanding of transference-countertransference interaction within the analytic setting, as well as to our recognition that people who have acquired psychotic self-protective mechanisms are nonetheless at times quite capable of participating in psychoanalytically informed therapy.

As Ian Miller points out in *Defining Psychoanalysis: Achieving a Vernacular Expression* (2016), one of the target books of this two-part essay, Donald Winnicott and Wilfred Bion greatly elevated and elaborated Freud's and Klein's ideas about object relations and about thought and thinking. They helped promote continuing recognition that there is a certain validity to Freud's one-person approach to psychoanalytic work in that the analyst's function must asymmetrically be that of knowledgeably assisting the suffering patient—but also that accomplishing that task entails complex interaction between analyst and analysand. The kind of interaction this requires evokes emotional turmoil, confusion, uncertainty, identity blurring and redefinition, and a degree of psychological change *in both participants* in the course of the treatment process. Psychoanalytic treatment, we might conclude, requires coordination between a one-person psychology *and* a two-person psychology for it to be effective.

As Miller emphasizes, Winnicott called attention to the centrality of mother–infant interaction in promoting child development and to the importance of the infant's primary creativity, facilitated by empathic assistance from a *good enough* mother operating within a transitional zone of fantasy–reality blurring, en route to increasing but never complete demarcation between the two. He stressed the role of the environment in sensitively recognizing that we face a developmental paradox that impels us to leave to a large extent unanswered the question of what others bring to the child and what the child brings into its interaction with others.

Winnicott called attention, too, to the importance of the child's *use of an object* for its emotional as well as physical survival—that is, to help the child learn to express and tame its innate aggressiveness and destructiveness (in resonance with that of its mother) and how to integrate subjectivity with objectivity. He also observed that Freud underestimated

what can be done for and learned from borderline and psychotic patients. Winnicott's ideas derived in part from infant–mother observation and work with children and, like Bion's ideas, from his work with extremely disturbed, even psychotic, adult patients.

Bion, Miller further emphasizes, contributed invaluable observations and ideas about the ways in which mothers and infants project and introject mental contents into one another as the mother accepts her baby's frantically chaotic, demanding, and rage-filled communications (beta elements), empathically contains and detoxifies them, and returns them to the child in more tamed, clear, better structured, and more manageable (alpha element) form through her container–containing alpha function. Bion indicated that in psychoanalytic treatment, the analyst is required—especially early in the treatment process and to a lessening extent throughout the analysis—to carry out a container–contained alpha function for the patient. He observed that we think in large part in dreamlike fashion when we are awake as much as when we are asleep. He readily embraced the poet John Keats's admonition that we acquire a *negative capability*—that is, that we be willing to *not know*, even for long periods of time, and be open to encountering unexpected things that may even be in conflict with what we have believed to be true.

The relevance of Winnicott's and of Bion's observations and ideas to psychoanalytic theory and technique has become abundantly evident. It is not surprising that Miller found in 2014–2015 that of the ten most-cited papers in Psychoanalytic Electronic Publishing's Web-based database, fully half were written by these two contributors. Nor is it surprising that their contributions, especially those of Bion, have played an integral part in generating psychoanalytic field theory.

THE EVOLUTION OF PSYCHOANALYTIC THINKING IN SOUTH AMERICA

When psychoanalysts began to emigrate to South America from Fascist Europe in the 1930s, they brought with them a fervent interest in understanding what goes on inside human beings that can lead to the kind of horrendous behavior from which they were fleeing for their lives. As pointed out by Nydia Lisman-Pieczanski and Alberto Pieczanski, the

editors (in collaboration with Karla Loyo for the section on Brazilian contributions) of *The Pioneers of Psychoanalysis in South America: An Essential Guide* (2015)—another of the books under review in this two-part essay—Latin American interest in psychoanalysis began in the early 1930s when Arnaldo Rascovsky and Enrique Pichon-Rivière organized reading groups in Buenos Aires to study papers by Freud and his followers.

The arrival soon thereafter of a number of analysts leaving Europe after the rise to power of the Nazis fed nascent excitement about psychoanalysis. Angel Garma, originally from Spain and trained in Berlin, went to Paris in the mid-1930s, where he met Celes Carcamo, an Argentine who had gone to Paris for analytic training; the two of them then decided to reside in Buenos Aires. Marie Langer and Heinrich Racker, two Polish analysts who had trained in Vienna, soon joined them there. By 1942, there was a large enough contingent of analysts in Argentina for the Argentine Psychoanalytic Society to come into being. By 1963, nine Latin American societies had joined the International Psychoanalytical Association, and psychoanalytic activity has continued to flourish in South America ever since.

That the origins of psychoanalysis in South America emerged in large part from the work of people who fled for their lives from Nazi terrorization might contribute to our understanding of what emerged from within their intellectual and professional interests and activities. Klein's ideas about aggressiveness, destructive impulses, envy and spoilation, projective and introjective identification, splitting and paranoid recoil from the dreaded return of projected hostility, the relationship between love and hate, and oscillation between paranoid-schizoid withdrawal and depressive/guilt-ridden reparation and reconciliation within psychic functioning, starting at the very beginning of interactions between child and m(O)ther (a reference to later Lacanian influence in Latin America)—all these resonated with what analysts in South America were feeling and thinking.

Kleinian influence was strengthened by many South Americans who went to London for analytic training after World War II. Klein derived her ideas to a great extent from treating extremely disturbed, even psychotic adults and children. She was one of the first to demonstrate

that a psychoanalytic approach could help not only adults with severe emotional illness, but seriously ill children as well. *The Pioneers of Psychoanalysis in South America* includes a section of contributions about child analysis. One of the most interesting reports the valiant effort—for seven months—to treat an extremely disturbed nearly-three-year-old girl using Klein's purported method of making direct, deep interpretations of unconscious fantasies, carried out by Brazilian analyst Decio Soares de Souza (1960).

Klein, as well as Winnicott and Bion—whose work derived in no small measure from her ideas and from their own mixed reactions to them—demonstrated that a great deal can be learned from psychotic patients and that many such patients can be helped by psychoanalytically informed therapy. Most of the progenitors of psychoanalysis in South America had fled from what must have impressed them as a sort of spreading social psychosis. It is not surprising that Latin American analysts became interested not only in what transpires, back and forth, between mother and child—and therefore between analyst and analysand—but also what transpires, back and forth, between the two of them and the *social surround* that envelops them.

This interest in the relationship between the internal world and the external world, including the surrounding social structure, is exemplified by the work of José Bleger, who combined Marxist philosophy, social psychology, and industrial psychology with psychoanalytic insights into human functioning to generate ideas about the surrounding frame within which people function, a frame to which psychoanalysts need to pay attention and one that they must understand as they work. One of his papers (Bleger 1967) is republished in *The Pioneers of Psychoanalysis in South America*.

Bleger observed that the arrangements within which psychoanalytic work proceeds—the setting, furnishings, regularity and frequency of sessions, rhythm and tone of the back-and-forth communication, the analytic attitude, the fees, even the immediate neighborhood and the cultural surround—exert a powerful impact on the psychoanalytic process. They provide a complement to and a continuation of the basic structure that holds each person's sense of entity and identity together and maintains the sense of order and safety needed for protection against the

disruptive impact of alteration of the familiar. Bleger noted that psychoanalysis itself comprises an institution, to which meaningful transference takes place within the psychoanalytic process that develops within its borders. When the process—or especially the analyst—significantly disturbs essential elements of that institution, all sorts of emotional turmoil can ensue.

Pioneers includes a seminal contribution by Racker (1957), which has been previously republished and subjected to extensive commentary by Feldman (2007) and LaFarge (2007). Racker made extremely important observations about transference-countertransference interaction, especially about the impossibility of a training analysis totally eliminating core aspects of a psychoanalyst's internal conflicts. An analyst, he observed, because of his or her residual unconscious neurotic conflicts, inevitably develops identifications with the analysand that are *complementary* to the analysand's internal objects, and other identifications that are *concordant* with important aspects of the analysand's psychic structure. Today it is widely recognized that these complementary and concordant countertransference reactions to the patient are capable not only of generating serious problems for the analysis, but also—and paradoxically—of serving as extremely important sources of information about the patient and his or her problems.

It is evident from reading *Pioneers* that its editors consider the crowning achievement of the work of Latin American analysts to be the elaboration of psychoanalytic field theory by the Barangers (Baranger [1993]; Baranger and Baranger [1961–1962, 2008]; Baranger, Baranger, and Mom [1983]).¹ These major contributors to the field were influenced by many analytic thinkers who came before them: Winnicott and especially Bion, as well as Racker, Bleger, Pichon-Rivière, and David Liberman in Argentina. They were also influenced by Kurt Lewin's ideas concerning the continually swirling and shifting field of interaction that operates between an individual and the environment and by the self-taught, maverick philosopher Maurice Merleau-Ponty's *phenomenological-existential* stress on the value of personal over perceptual experience.

¹ Fiorini (2009) edited a volume that contained nine additional papers by the Barangers; up until its appearance, only the three Baranger papers in *Pioneers* were available in English translation.

Pioneers includes an intriguing paper by Jorge Mom in its first publication in English. This paper's topic is agoraphobia as a neurotic system for maintaining an ambivalent connection with an idealized object needed for survival, but nevertheless feared due to its "destructive voracity" (p. 444).² Papers by Horacio Etchegoyen and Angel Garma address such topics as reconstruction of the past from the here-and-now interaction between analysand and analyst and the impact of reality as revealed by the study of traumatic dreams.

A paper in *Pioneers* by Pichon-Rivière (1997)—the author's only one that has been published in English to date—reflects his ideas about the importance of active, dialectic interplay with the environmental surround and the family group in particular. Pichon-Rivière emphasizes the attainment of healthy psychological functioning needed to overcome paranoid-schizoid anxieties sufficiently enough to become capable of relating to others as whole objects and to integrate love and hate within a psychological, depressive position. Drawing not only from Freud and Klein, but also from Karl Marx, Jean-Paul Sartre, Kurt Lewin, Gregory Bateson, and George Mead, this author emphasizes the necessity of paying as much attention to what impacts the individual from the extended environment—from the very beginning and throughout life—as to what has become constitutionally internally embedded in the course of evolution. As Samuel Arbiser puts it in his introductory remarks to this paper, Pichon-Rivière initiated and inspired the development of the *psychosocial face* of Argentine psychoanalysis.

Two of Liberman's (1962, 1978) papers are included in *Pioneers*. An accomplished pianist, Liberman looked beyond words to the way that syntactic and paralinguistic elements of adult verbal communication—tone, rhythm, prosody, timing, and so on; in short, the music that goes with the words—can reveal important information. Liberman (1978) distinguishes between the analyst's truly empathetic, effective responses and those that are not empathic but merely sympathetic, and therefore useless at best. He emphasizes the importance of differentiating between feeling *for* the patient and feeling *with* the patient.

² Quotations are annotated with page numbers from this essay's target books (not those of the papers' original publications), unless otherwise noted.

In his other paper in *Pioneers*, Liberman (1962) describes the kinds of countertransference reactions that tend to be evoked by patients in a range of emotional and communicative states, which he terms *schizoid*, *depressive*, *psychopathic*, *obsessive*, *phobic*, and *hysterical*. Liberman maintains that recognition by the analyst of what is transpiring between patient and analyst—as indicated in particular by how the analyst finds him-/herself feeling during sessions—is necessary in order to understand the patient and respond effectively to what emerges within the psychoanalytic process. The clinical vignette provided clearly reflects Liberman's understanding of what the patient is saying and the way he or she is saying it as referring *both* to what is taking place between the patient and his or her past and present internal and external objects and, equally important, what is taking place *right now* between analysand and analyst.

THE EMERGENCE OF PSYCHOANALYTIC FIELD THEORY IN SOUTH AMERICA

The Barangers took all this a great deal farther in a series of presentations and papers in which psychoanalytic field theory blossomed into existence. They elaborated a set of ideas that center on the analytic setting as a truly bi-personal field of operation within which both analysand and analyst contribute, consciously and unconsciously, to what develops. In addition to what the patient brings, analysand and analyst co-create a new and extremely influential, basic fantasy about the patient as they work together to understand the patient's problems. It is this creative interaction that provides major access to the analysand's internal conflicts and struggles. Crucial components of what emerges within the transference-countertransference matrix, they observe, arise out of the basic, unconscious fantasy that they jointly create within the field.

The analyst's interventions, according to the Barangers, serve to promote increasing clarity about what is taking place in the analytic sessions—not only for the patient's elucidation, but also and perhaps even more important, for the analyst's. Interventions must be timed and formulated by the analyst in a manner that allows them to be accepted, understood, and processed constructively by both analysand *and* analyst.

The ability to offer interventions that are effective in furthering analytic progress depends on the analyst's accurate location of a point of entry within the field of interactional expression that can be safely focused on, so that both participants can look together at what is transpiring inside of and between the two of them. The ability to recognize this *point of urgency*, as the Barangers term it (following Klein), requires training, skill, and expertise.

Another important contribution from the Barangers is their understanding of a major source of impasse or stagnation in the analytic process. They observe that such an impediment often arises as a result of a blockage in the field that emanates from unconscious collusion between analyst and analysand to remain blind to certain elements within the analytic field that are undermining its capacity to serve as a vehicle for making analytic progress. Most often, the blockage results from an interlocking between a fiercely guarded, unresolved problem within the patient, which they refer to as a *bastion* (or bulwark), with a related one within the analyst, creating a jointly defended, unconsciously positioned bastion that blocks forward progress from taking place. (They derive the term *bastion* from a Spanish word that refers to the construction of a projection jutting out of a castle or fortress from which defense forces can repel attackers.)

While it is necessary, the Barangers observe, for the analyst to be able to recognize his or her own contribution to a condition of stagnation or stalemate in the analysis, the analyst's self-disclosure is not always required. What is necessary is that the analyst be able to take a *second look* at what is occurring within the analytic field, as a whole and in its various components, in order to identify the source of blockage. They recommend that psychoanalysts continually look into what is emanating from within the patient, from within the analyst, and from within the analytic field co-created by the two of them.

Knowledge about the patient is never independent of the fantasy about the patient that is elaborated by analysand and analyst in the course of the treatment, according to the Barangers. They emphasize that the mutative effect of psychoanalytic treatment derives from work within the analytic field, and especially from working within and upon

the basic fantasy created by the two people collaborating in analytic work. This is the area from which real change can occur.

My impression from reading their papers is that the Barangers did not intend to create a new body of psychoanalytic theory to replace or supplant the Freudian, Kleinian, Winnicottian, and Bionian contributions to theory and practice that informed their work. Rather, their intention seems to have been that of assisting psychoanalytic practitioners, whatever their fundamental theoretical point of view, to more fully understand the transference-countertransference interaction that is the vehicle through which an effective psychotherapeutic outcome can be reached. Psychoanalytic field theory, they believe, can be extremely useful to all psychoanalysts, whatever school of thought they employ.

THE POST-BIONIAN FIELD THEORY OF FERRO AND CIVITARESE

Thirty years after the Barangers first elaborated their ideas about psychoanalytic treatment occurring within a bi-personal field of transference-countertransference interaction, a group of Italian psychoanalysts were inspired to expand these ideas into their own version of psychoanalytic field theory. The main contributors to this movement have been Antonino Ferro and Giuseppe Civitarese. They have drawn heavily on the Barangers' psychoanalytic field theory and especially on the ideas promulgated by Wilfred Bion. Their analytic approach also derives from the work of a number of their Italian countrymen, notably Roberto Basile, Michele Bezoari, Francesco Corrao, and Giovanni Foresti, as well as from the contributions of Harold Searles, Umberto Eco, René Descartes, Jacques Derrida, and several other philosophers. Impressively articulate and prolific, both Ferro (e.g., 1992, 1996a, 1996b, 2006, 2009; Ferro and Basile 2009; Ferro and Nicoli 2017) and Civitarese (e.g., 2006, 2008, 2013, 2014) have been widely lecturing, teaching, and presenting their views in a stream of books, as well as in a multitude of papers. They offer impressive and at times dazzling ideas as they espouse the value of active participation by the analyst within the bi-personal field.

Ferro and Civitarese follow Bion in recommending that what emerges from the patient during an analytic session be viewed as *waking dream thoughts*, as well as in emphasizing that the analyst must be free and spontaneous in joining the narrative that the patient creatively elaborates in session. The patient's story, they observe, contains a rich mosaic of past and present figures who might be said to holographically occupy the analytic stage. They closely follow Bion in urging that psychoanalysts should resist the pull toward being captivated by whatever theory they have learned and instead follow the lead of the poet John Keats, a staunch proponent of *negative capability*—that is, of tolerating *not knowing* and of being ready to be taken by surprise along the road to acquiring and creating knowledge.

Ferro and Civitarese urge analysts to “metaphorize” what the patient produces in the analytic dreamscape. They follow Bion in advocating that analysts balance spontaneous and creative immersion in the patient's psychic reality with increasing clarification of what is emerging on the scene via increasing use of the analyst's alpha function as a vehicle for expanding the patient's alpha function. They also join Bion in emphasizing the roles of baseline projection-introjection and reverie within the analytic process.

Their view of analytic sessions as consisting of the confluence of a dream of the patient with a dream of the analyst, and their advocating that the analyst allow him- or herself to travel into and join with the patient's dreaming process, is well articulated by Civitarese:

Today we no longer regard the dream as the royal road that helps to reveal the disguises dream-work imposes on latent thoughts; rather we valorize its function of transformation and symbolic creation. The ambiguity of the manifest content of the dream no longer arouses suspicion Understood as a communication between one unconscious and another, it is something we listen to as an intersubjective production. We read every session as if it were a long shared dream and conceive the whole of analysis as an exchange of reveries. In principle, it would be difficult to tell what belongs to one and what belongs to the other. In interpretation, also, the associations and reveries of the ana-

lyst come rightfully into play, and they too help us understand the patient's dream. [Civitarese 2014, p. xii]

At the same time, however, Ferro and Civitarese staunchly believe in the necessity for analysts to acquire solid theoretical grounding, and they caution against engaging in wild analysis. They distinguish between the virtual reality that prevails in the analytic consulting room and the actual reality within which the patient lives, both of which need to be kept in mind by the analyst. They urge that analysts respect the importance both of the realities of the patient's life and of the physical components of so-called psychosomatic illness.

Ferro indicates that there are some differences between post-Bionian field theory and the analytic field theory of the Barangers:

I understand the field differently from Willy and Madeleine Baranger. They talk about the analytic couple's unconscious fantasy, which can only be revealed with the aid of the analyst's second interpretative gaze. I see the field as the place where all possible stories can be told, stories that have their origin when the patient's undigested facts encounter the transformative ability of the analyst. It does not matter which direction the story will take later. The important thing is that it transforms the material the patient has been unable to digest, and I think that analysts with different models can perform this type of transformation equally well. This is because if the undigested facts are transformed, it matters little in which dialect this is done: in the dialect of the reconstruction of the child's story of events, or in the dialect of the events of the inner world, and of the vicissitudes of his internal objects; or else via a rational explanation of the here and now; or simply—which I prefer—by means of constant co-narrative transformations involving analyst and patient. [Ferro 1996b, pp. 90-91]

We might wonder how it is that Bionian (or post-Bionian) psychoanalytic field theory emerged primarily in the geographical location where it did. In that regard, it can be interesting and elucidating to look at Italian psychoanalytic writings in a larger sense. This kind of excursion is just what the editors of *Reading Italian Psychoanalysis* (2016)—another of this two-part essay's target books—have made available.

PSYCHOANALYTIC THINKING FROM OUTSIDE IN—ABSORBING, DIGESTING, AND METABOLIZING IDEAS PRESENTED IN LANGUAGES OTHER THAN ONE'S OWN

Interest in psychoanalysis arose earlier in Italy than it did in South America. In 1925, a small group that included Marco Levi-Bianchini and Edoardo Weiss founded the Italian Psychoanalytical Society, with Freud's blessing. It was suppressed by the Fascist regime during the Second World War but in 1946, Weiss, together with Cesare Musatti, reestablished the Italian Society. Musatti scrupulously translated Freud's works into Italian, and this stimulated a burgeoning interest in psychoanalysis. It spawned a good many psychoanalytic writings in the Italian language, but they have not become well known within the international psychoanalytic community, as Anna Ferruta observes in her introductory remarks to one of the groups of papers contained in *Reading Italian Psychoanalysis*. Ferruta notes that this is because Italian is spoken in one country only!

Italian analysts, on the other hand, have tended to be multilingual, both literally and figuratively, opening them up to a wide range of voices in Great Britain, France, Latin America, and the United States. An enthusiastic international exchange of ideas has developed, which, as noted in *Reading Italian Psychoanalysis*, is epitomized in the phenomenon of increasing interest outside Italy in the ideas of Ferro, "who—with his original integration of Bion's contributions on the alphabetization of beta elements with the field theories by the Barangers—has produced an original theoretical and clinical model becoming a point of reference throughout the international psychoanalytic community" (p. 23).

Francesco Corrao, working with Sergio Bordo, Giuseppe Di Chiara, Claudio Neri, and others, saw to the translation of Bion's works, along with those of Racker and Meltzer, all of which "focused on the functioning of the analyst's mind in the analyzing room as a transformational instrument directly involved in the analytic relationship" (p. 25). The ideas of Klein, Winnicott, and W. R. D. Fairbairn were brought to Italy by Italian analysts who had studied analysis in England. This contributed

to the emergence and blossoming of “growing interest in the concept of the ‘analytic field’” (p. 26).

A paper by Corrao (1989), republished in *Reading Italian Psychoanalysis*, is more than a dense and highly condensed sweep over the evolution of Freud’s waves and stages of theoretical and clinical formulations. Corrao reaches all the way back to thoughts shared by Anaxarages of ancient Greece, more than 2,500 years ago, and then comments on the broad sweep of philosophical/psychological observations and theorizations that were made from then up to the time of Freud and beyond. He stresses the importance of observations made by Bloch, Ricoeur, Veyne, and others about history not being absolute or totally objective, but always shaped in part by the historians presenting it. Corrao indicates that to understand the trajectory of psychoanalytic model making and elaboration of theory, it is necessary to focus on “*the psychoanalytic field* in operation (that is, at work) and the affective-cognitive phenomenologies which develop intrinsically within it” (p. 65, italics in original).

Corrao asserts that the concepts of transference-countertransference, conscious-unconscious, and so on can best be understood in terms of what takes place within the immediate and proximal historical and psychoanalytic field. He expresses appreciation of Klein’s observations about internal objects, Lacan’s ideas about the unconscious as structured like a language, and Bion’s ideas about transformations and about dream work in both neurotics and psychotics. He strongly endorses the move within psychoanalytic theory and practice from “radical asymmetry of the doctor–patient relationship . . . to the progressive ‘democratization’ of the personal interaction, and finally to the ‘theory of the bi-personal field’ and to that of the ‘mind of the couple’” (p. 67).

Reading Italian Psychoanalysis includes a paper by Fernando Riolo (2007) that takes these ideas even farther. Riolo goes back to Freud’s concept of *transformations* (of affects, psychic contents, ideas about the analytic process, and components of dream theory). He also refers to Bion’s ideas about transformations in the development of the psychic apparatus that are needed if one is to engage in symbolic thinking and to grasp reality-based meaning. Citing Bion, Riolo states:

The process of signification calls for the linking of a factual reality whose meaning is unknown (O), an emotional reality, correlated with it, and a symbolic reality (a name) that represents both, for the purpose of discovering their meaning The process of transformation stems from the interaction between all the dimensions and objects present in the analytic field. [pp. 83-84]

What interpretation does, if I understand Riolo (and Bion) correctly, is not merely to give verbal shape and form to uncovered knowledge, but rather to add a potentially valuable, new element into the maelstrom of emotionally charged experience of interaction between self and other (past, present, and future). The new element does not replace old meaning, but it does add new and more reality-syntonic, effectively useful meaning that improves understanding of the original meaning. It does not replace the old but helps put it into a new light that is emotionally and cognitively transformative.

Riolo, again following Bion, distinguishes between *neurotic transformations* (for example, displacement of the object of an emotional attitude so as to create a phobia) and *psychotic transformations* (splitting, disavowal, and projective identification that are so extreme that a realistic perspective crumbles and is lost). He addresses a “discontinuous projective” that creates “a leap into another dimension” via evacuation of emotion out of the symbolic psychic domain and “into a *domain of action*” when “the container [is] not able to tolerate the emotion, and the contained emotion [is] not able to tolerate neglect” (p. 89, italics in original). Finally, Riolo discusses *hyperbolic transformation*, in which “*expulsion of meaning*” leads to breakdown of alpha function and hallucinosis (p. 89, italics in original).

In two very interesting papers, Francesco Napolitano and Antonio Alberto Semi skillfully review the way in which understanding of transference-countertransference interaction inevitably evolved out of Freud’s initial, largely one-person psychological approach into the co-creational, largely two-person approach that prevails in more modern psychoanalytic theory and practice—particularly within the psychoanalytic field theory

model of which Civitarese is a leading proponent. A paper by Civitarese (2006) included in *Reading Italian Psychoanalysis* is written in his characteristic fashion—that is, it is simultaneously both fluidly poetic and encyclopedically scholarly. He examines a series of dreams brought in by a patient shortly after his analyst had gone away for a period of time. The dreams are patently about the analysis and about the analyst at the same time that they also reflect the analysand's longstanding yearning for the loving bond that he almost had with his lost father and grandfather, one of whom abandoned him by committing suicide.

As this patient's analyst, Civitarese allows himself to enter into the dreaming process, in part by bringing his own father–son experiences to play in his mind so as to mirror and resonate empathically with those of his patient. His goal was to reach for what might be the right words, although not *the* right words, in speaking to the patient. Citing Donald Meltzer, Thomas Ogden, and, in a way, Freud himself, he emphasizes that dreams are not so much to be “interpreted” (that is, given meaning from outside) as to be “formulated” or “transformed” via interacting and intermingling with the patient's emotional flux. Dreams about the analyst, he further avers, are not nearly so much about the analyst or about the analysand as they are about the analytic process and the analytic field within which the process operates.

I am not sure that I fully agree with Civitarese's take on his patient's dreams or with the rather abstruse theoretical formulation that he applies to them. I cannot help wondering whether these dreams might not more simply relate to the analysand's current feelings about his analyst taking off and leaving him in the present, just as his father did in the past. Nevertheless, I find the contents of Civitarese's paper extremely stimulating and of enormous heuristic value.

In Ferro's (2009) paper republished in *Reading Italian Psychoanalysis*, the author asserts that, in his view, treatment can legitimately be called *psychoanalysis* only if it contains three invariants: “the conviction that an unconscious exists . . . respect for the unvarying elements of the setting . . . and . . . an asymmetry, with the analyst taking full responsibility for what happens in the consulting room” (p. 256). He distinguishes among psychoanalytic models by whether emphasis is placed on “historical reconstructing” and “making what was unconscious con-

scious” or on “expanding the instruments for containing proto-emotions (the container) and transforming them (the alpha-function)” (p. 256).

As he works, Ferro tells us, he looks upon the first two of these elements as ultimately serving the third. In other words, he stresses the importance of facilitating psychological structural growth, much as an empathically attuned mother does for her infant when it is in discomfort or distress but does not yet possess the proper tools for dealing with it. (Is this a kind of Bionian ego psychology?) The patient’s psychological growth can be facilitated by the analyst when the latter allows him-/herself to be drawn into a state of empathic reverie; this can provide the analyst with the means to understand and communicate with the patient’s preverbal, dreamlike expressions. As Ferro puts it: “Instead of a psychoanalysis of contents and memories, we shall have a psychoanalysis that gives priority to the development of the apparatuses for dreaming and thinking” (p. 260).

Ferro stresses the importance of the analyst being able to accept the patient’s current psychic reality over a considerable period of time, rather than prematurely seeking veridical “truth.” He valorizes, like Bion before him, the value of *negative capability*—the willingness to *not know*, but rather to experience and walk around in the patient’s theatrical landscape as it is brought into the analytic setting. Ferro urges us to allow ourselves to become immersed in the patient’s stories within stories and to be assigned roles in them. This is quite familiar, of course, to those of us who, like Ferro, are analysts of children as well as of adults.

“The analyst,” Ferro asserts, needs to

. . . bear firmly in mind that there is no communication, character, narration or turbulence that does not pertain to the [psychoanalytic] field . . . and to be prepared at all times to apprehend the patient’s response to an interpretation as a signal of the moment of the field. [p. 259]

He states, furthermore, that:

Upstream of the calcified areas of the stories and the history there lie the processes of alphabetization of proto-emotional states, in which, starting from lumps of emotional alexia, we proceed to lumps of dyslexia, and, ultimately, to the reading,

containability, and transformation of emotions that have a name and a status. [p. 264]

Ferro does not claim that this effort will always be successful, but he does outline quite clearly the details of and rationale for the post-Bionian psychoanalytic field theory that he espouses—and furthermore, he adduces useful clinical examples of the way in which he works.

The late Glauco Carloni was by nature very sensitive to his patients' emotional vulnerabilities, as evidenced in his paper included in this volume. He took care to express himself in a way that avoided embarrassing them or giving them pain. In this way, he exemplifies what I perceive as one of the strengths but also a possible weakness of post-Bionian field theory—that is, the analyst's caring deeply about patients' emotional sensibility, but also perhaps overly avoiding confrontation with their aggressive, angry impulses and urges.

Giuseppe Di Chiara, likewise, stresses the importance of empathic, affective contact with the patient, from the very beginning to the very end of an analysis. In his paper in *Reading Italian Psychoanalysis*, he examines Freud's contributions in considerable depth, and he emphasizes that a central focus of the analytic work must be the analyst's monitoring of his or her reactions to the patient. Stefania Turilazzi Manfredi, too, is interested in the details of analyst-and-analyst communication. Although she appreciates Strachey's (1934) paper on therapeutic action, she eschews the idealization of mutative interpretation as the *sine qua non* of the technique required to effect therapeutic transformations. She champions the vital importance of sensitively accepting, tolerating, and assimilating what emanates from the patient before intervening in the patient's own efforts as itself exerting a mutative effect in facilitating therapeutic change and transformation.

Luciana Nissim Momigliano's (1984) paper is republished in this volume not only because of its intrinsic value, but also because it had a significant effect on Italian psychoanalysis. Momigliano turned away from the one-person psychology to which she had been exposed in delving into Kleinian psychoanalysis and of which she had been a staunch advocate. She shifted instead to valorizing Bion's view that the patient is the analyst's best colleague. She emphasized the psychoanalytic situation's

two-way communication and mutual influence. The analyst's interventions, she indicated, elicit responses from the patient, which then effect changes in the analyst, which in turn lead to changes in the analyst's subsequent interventions, and so on, in a spiraling psychoanalytic dialogue that leads to salutary transformations in the patient's psyche.

Free associations, Momigliano indicated, are not only communications from within the patient's internal world, but also constitute "a message directed at the analyst *within the actuality of the relationship* and a response—generally and as an indirect one—to both the analyst's interventions and to his silences" (p. 349, italics in original). She reviewed Bion's ideas about the *container-contained*; maternal and analytic reverie; the analyst's need to monitor his or her periodic failures of empathic resonance with what is important to the patient; the need to appreciate the communicative aspect of nonverbal expressions in action or via projective identification; differentiation between psychotic and nonpsychotic parts of the personality in communicating with the patient; and the value of working without memory or desire. This is truly a wonderful paper!

This volume contains a contribution by Davide Lopez, a Milan analyst who passed away in 2010, that outlines his passionate opposition to theoretical dogma and rigidity in favor of empathetic analytic interaction between the persona of the analyst and the patient who seeks assistance in acquiring a persona of his or her own. In reading this paper, I found myself thinking of a patient of mine, raised by distant, misattuned parents, who told me that in her earlier, lengthy analysis, she "did not find [her] identity but became an entity."

In his contribution to this volume, Stefano Bolognini (2009) distinguishes between ordinary empathy and the very special psychoanalytic empathy employed within the analytic endeavor. He emphasizes analysts' need to allow themselves to slip into preconscious resonance with what emanates from the preconscious of the patient. He also underlines the need to work continually at overcoming resistance to recognizing and dealing with the analyst's own split-off, unflattering feelings, reactions, and personal issues. The effort involved in this, he maintains, is one that, if I understand him correctly, might be thought of as *active passivity*. As he puts it: "The unconscious cannot be tamed on command, and the preconscious is intolerant of too purposeful an attitude on the

analyst's part" (p. 376). At times waxing poetic, Bolognini lays stress on the importance of the degree to which effective psychoanalytic empathy requires allowing oneself to melt into shared experience of the patient's psyche, while at the same time maintaining clarity about the patient's and the analyst's separateness and individuality.

Illuminating his discussion with a rather charming vignette describing how he wrestled with his response to a patient who reported the embarrassment she experienced during an encounter with a stranger, Bolognini distinguishes among *sympathy*, *ordinary empathy*, and *psychoanalytic empathy*. Via his own reverie, he eventually came to realize that this patient was simultaneously carrying out three agendas: she was puzzling over a recent event, recalling her long-time hurt and anger about her parents' prioritization of their public image over her own needs, and calling her analyst's attention to a troubling lack of truly deep emotional contact between the two of them. How was he to respond to her? What might he say that would be helpful to her and that might further the analytic process? What was she ready to hear? What was he ready to say? Had he dealt sufficiently with his own defensive bastions that had been making him uncomfortable as he tried to engage in communicative trial identification with her anxieties?

Bolognini encourages us to think and feel deeply about the analytic process in which we immerse ourselves. He admonishes us to be patient rather than plunging precipitously into interpretive interventions that derive from theoretical and intellectual sources rather than from true psychoanalytic empathy. He emphasizes that:

Empathy cannot be planned Empathy has nothing to do with kindheartedness or sympathy Psychoanalytic empathy includes the possibility to accede over time and through the working-through of the countertransference to the reintegration of split-off components, whose existence is not only hypothesized . . . but experienced and recognized by the truly aware analyst. [p. 388, italics in original]

Roberto Speziale-Bagliacca reminds us that the French word *reverie*, which dates all the way back to 472 A.D., derives from *rever*—that is, from “to wander” (*esver*) and “to lose meaning” (*desver*). He recalls Mon-

taigne's definition of *reverie* as "psychic activity not subject to attention" (p. 398). Both Hanna Segal and Bion seized on the word as capturing the way in which a child with overwhelming anxiety projects that anxiety onto and into its mother, who must then recognize her child's distress and do something to reduce or alleviate it—a process analogous to what analysts do with their analysts. Speziale-Bagliacca explores the relationship between psychoanalytic reverie and such psychic phenomena as metaphor elaboration, the experience of conflict, splitting, containment, and projective identification.

Vincenzo Bonaminio's (2008) paper in *Reading Italian Psychoanalysis* addresses "the influence of the analyst's personal factors in the psychoanalytic process and its therapeutic or anti-therapeutic effect" (p. 426). He traces the evolution of this topic from its origins in Freud's writings to the present view that:

At the very moment that the analyst makes a comment, he is interrupting the continuity of a process taking place in the patient's internal world, as the analyst introduces his own viewpoint into the *analytic field* (a joint contribution of both the analyst and analysand). [p. 427, italics in original]

Bonaminio joins Winnicott in advocating that the analyst hold back from more than minimally interfering in the patient's autonomous self-expression and self-exploration. He advises us to refrain from making interventions that display the analyst's, rather than the analysand's, perspicacity and investigative ability. He shares an intriguing clinical example of his attempt to make good use of his reactions to an analysand who employed a scornfully narcissistic-aggressive defensive constellation. He engages with the thinking of Joseph (1985) on transference as the total situation, Heimann (1950) on countertransference as the patient's creation, Bollas (1987) on the analyst's healing dreams, and Jacobs (1999) on the analyst's self-disclosure. He also discusses the paradigm shift within psychoanalysis in the direction of recognizing and valuing co-creation within the psychoanalytic process.

At the same time, however, Bonaminio cautions against swinging too far in emphasizing the role of countertransference in psychoanalytic practice. As he puts it:

I feel that strict adherence to an exclusively relational approach to psychoanalytic technique may tend to obscure the patient's individuality [and] his search for an intimacy with himself . . . in the service of prioritizing co-participation and the context dependency of everything that happens in the clinical situation. [p. 440]

Bonaminio is a strong proponent of the analyst's development of the capability of "*spontaneity, freedom, and aliveness* in responding to the analysand, on the basis of . . . [the analyst's] own experience, in the psychoanalytic situation" (p. 440, italics in original). Nevertheless, he cautions against losing sight of analysts' need to distance themselves enough from their own subjectivity to value and respect their patients' need to lead the way. The analyst must respect the analysand's primary subjectivity and need to function as the central force in the analytic work. He strongly recommends that we work at keeping our "countertransference and their privacy (or individuality) . . . as separate as possible in our minds" (p. 442). Bonaminio's admonitions are clear, cogent, and valuable.

Reading Italian Psychoanalysis is a 738-page treasure trove of psychoanalytic thought. In this two-part essay, I focus primarily on papers that have particularly captured my attention because of my interest in examining the development of psychoanalytic field theory. Nonetheless, I will also mention some of the book's contributions addressing other analytic topics, such as a brief but stimulating paper by Claudio Neri on transgenerational transmission of family myths and fantasies; a short paper by Bion's daughter, Parthenope Bion Talamo, in which she explicates his well-known admonition to work without memory or desire in order to free oneself from preconceptions and think in a free and unfettered fashion; and a memorable paper by one of the book's co-editors, Franco Borgogno, in which he describes his sensitive and humane (and very challenging) treatment of an extremely withdrawn, deprived and depriving, schizoid woman.

I also recommend a moving and informative paper by Tonia Cancrini about her treatment of three adult patients who suffered the extremely painful loss of their fathers when they were only two or three years of age. Two of them received no assistance from anyone at the

time of the loss. She emphasizes that the developmental impact on them varied greatly as a result of variations in the way that their mothers dealt with the loss of a husband and the way this influenced their interactions with the child. Cancrini also gives a lengthy report of her analysis of a three-and-a-half-year-old child whose parents were warring with one another. She makes valuable observations about topics such as the extent to which grownups tend to misunderstand how children mourn, the devastating effect on children of serious parental discord and separation, and the analyst's need to weather transference-countertransference storms in working with traumatized young children. It is an excellent clinical paper.

Included in the book is the republication of a paper by Eugenio Gaddini (1969) in which the author astutely distinguishes among imitation, incorporation, introjection, and identification.³ Notable as well is the translation of Franco Fornari's posthumously published paper (2005) in which he shared heuristically valuable ideas about the beginnings of meaning and the development of language—not only from infancy and early childhood onward, but actually starting, he maintained, during intrauterine life.

It is necessary, too, to mention an extremely important paper by Ignacio Matte Blanco (1959), who was later to expand his ideas into two books on the subject (1975, 1988). Interestingly, this paper appears both in *Reading Italian Psychoanalysis* and in *The Pioneers in Psychoanalysis in South America*. (Its inclusion in compendiums of contributions from two different geographical areas is understandable in that Matte Blanco was born in Santiago, Chile; undertook psychoanalytic studies in England and Germany; and spent the latter portion of his life in Rome.)

This paper incorporates Matte Blanco's extremely stimulating ideas about the very different language forms that prevail, respectively, in "system Conscious"—indicative of advanced, reflective, reality-syntonic, secondary-process-organized, verbal thinking, and in "system Unconscious"—indicative of primordial, fluid, impressionistic, primary-process-

³ A fine paper on an important topic, Gaddini's contribution preceded the extensive study of the subject by Meissner (1970, 1971, 1972), which I found invaluable in preparing a paper for the 1985 Hamburg meeting of the International Psychoanalytical Association (Silverman 1986).

organized, largely nonverbal thinking. Matte Blanco noted that in the former, items are discretely demarcated from one another by coordinating the criteria both of inclusion *and* of exclusion, that is, of similarity as well as difference; hence, they are asymmetrical. In contrast, “the system Ucs treats the converse of any relation as identical with the relation. In other words, it treats relations as if they were symmetrical” (co-editor Alberto Luchetti, *Reading Italian Psychoanalysis*, p. 40).

Robbins (2011) and I (Silverman 2016) have also addressed the relationship between primordial thinking and advanced thinking in human mentation. Proponents of psychoanalytic field theory—who tend to be very interested in two-way communication between more or less unconscious, largely nonverbal dream language and logically organized, conscious and preconscious, verbal language—are likely to find Matte Blanco’s ideas relevant and useful.

* * * * *

In part 1 of this essay, I have reviewed the evolution of psychoanalytic field theory from its nascent origins in Freud’s observations about object relations and about the role of transference-countertransference interaction in psychoanalytic treatment to the contributions of Klein, Winnicott, and Bion, and to the contributions first of the Barangers in South America and then of Ferro and Civitarese in Italy.

In short, interest in psychoanalytic field theory’s value to practicing psychoanalysts has been growing rapidly. The ongoing discussion group on psychoanalytic field theory at meetings of the American Psychoanalytic Association has been increasingly well attended, and related events have frequently been oversubscribed. The International Psychoanalytic Field Theory Association has been formed. In part 2 of this essay, to appear in the next issue of *The Psychoanalytic Quarterly*, I shall examine the recently published account of the proceedings of the first meeting of that organization in 2015 (Katz, Cassorla, and Civitarese 2017).

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BOOK REVIEWS

CREATIVE LISTENING AND THE PSYCHOANALYTIC PROCESS: SENSIBILITY, ENGAGEMENT, AND ENVISIONING. By Fred L. Griffin. Abingdon, UK/New York: Routledge, 2016. 194 pp.

“Generative psychoanalytic listening involves acts of sensibility, engagement, and imagination” (p. 3)—Fred Griffin introduces his approach to the activity of analytic listening with those words. He would have us go way beyond the concept of the analyst as passive observer and interpreter. Creative listening includes our senses and our emotions. In the richer space of emotional listening, the experience of the patient is to be comprehended in a way that may be communicated back to him/her, so that s/he feels understood in a way that permits risking growth with less fear of annihilation or of falling into the abyss of abandonment.

It is noted that Freud’s original depiction was of the analyst’s unconscious as a sense organ. Therefore, a concept of *evenly suspended attention* is incomplete, and our current topographic and structural metapsychological models are insufficient to describe the creative element integral to the growth of one person through a dynamic process in the presence of another. A useful model for psychoanalysis must include a vision of an analytic space involving sensation and felt experience. It is this space that Griffin seeks to describe through the lens of imaginative literature.

The concepts culminating in this book have been formulated over a long time. Griffin began to turn to imaginative literature as an aid toward regaining a reflective capacity during a difficult period in his life that occurred many years ago. He noticed that the “emotional atmospheres” (p. 6) created by certain writers, including Virginia Woolf, William Faulkner, Marcel Proust, and William Carlos Williams, could enhance his focus on an analysand’s experience. He envisions *Creative Learning and the Psychoanalytic Process* as a guide for clinicians to learn and to teach how to “translate the richness of literary fiction into something clinically useful”

(p. 5). It might be noted as well that the author currently conducts seminars for students wishing to apply fiction to their analytic work.

In my personal experience, it is difficult to teach elements of psychoanalytic technique from papers and books. One selects a series of papers covering a list of topics and including a selection of theoretical viewpoints. Yet it is direct engagement with clinical material that most effectively results in the learner gaining insight. Griffin's method of intertwining clinical cases with literature, as well as with introspection, is truly enlightening.

Creative Listening and the Psychoanalytic Process is divided into three parts. The first two chapters of part I introduce us to the author's concept of active, creative listening. The nature of an analytic space and the use of imaginative literature to deepen or repair an analytic process are discussed. In chapter 3, we read of the case of Mr. M and are told that his analysis was stalemated until the analyst utilized his reveries about a certain short story as a vehicle to gain emotional access to a traumatic event from the patient's early childhood. This presentation is followed by the revelation that Mr. M is a semiautobiographical, fabricated case history, with the patient being Griffin himself and the stories having been authored by Wallace Stegner. Griffin explains how Stegner's work was a "line of communication" (p. 35), a path toward restoring his self-reflective capacity during a difficult time.

Furthermore, Griffin's creative writing of fictional cases became a form of self-analytic work. He emphasizes the caveat that the written narrative was only a starting point and that it served multiple functions. In addition to guiding him toward the path of insight, it was a defense against uncovering destructive intent toward love objects. The recognition of his use of creative writing in the service of resistance led Griffin to undertake a second personal analysis.

Griffin provides an excellent bibliography that includes studies on the pitfalls of self-analysis, in addition to descriptions of how others have approached the personal struggle for insight. Of course, an important reference point is Freud's extensive use of self-analysis in the development of his theoretical frameworks and dream analysis. Another perti-

ment citation is Silber's (1996)¹ description of writing out his associations.

Griffin brings the reader into his personal space as we learn about an unhappy time in his past, mentioned earlier. His struggle during that time resurrected an earlier traumatic period that involved his father's sudden illness when he was three years old. He explains how creative literature led him to begin to grapple with the earlier loss, which he had never had words to conceptualize. His presentation permits us to empathize with him, yet remain comfortable with the scope of his revelation. We thus participate with him as he creates this part of his narrative.

Of course, a danger of self-analysis is that the presumed insight may be used in the service of resistance. Griffin cautions that expectations of the curative outcome of self-analytic work should be modest; indeed, as noted earlier, he considers his own self-analytic process as a starting point that led him to engage in a second personal psychoanalysis. While his own narrative was an important beginning, he is clear that it also served as a way of avoiding uncovering destructive intent toward love objects.

Personally, I find it helpful to utilize my case process notes as a form of introspection and self-supervision. Mulling over notes from, say, a month previously, and writing new associations stemming from my own internal world, is frequently my first recourse to get beyond feeling blocked or confused in an analytic relationship. Additionally, this activity may be a precursor to presenting a case to peers.

Part II of *Creative Listening and the Psychoanalytic Process* is devoted to the short, semiautobiographical novel *To a Lighthouse*, by Virginia Woolf. The three chapters of this section (4–6) contain summaries of, as well as several lengthy passages from, the novel. Years after its composition, Woolf was quoted as having written: "I suppose that I did for myself what psychoanalysts do for their patients. I expressed some very long felt and deeply felt emotion. And in expressing it I explained it and then laid it to rest" (p. 57). To fully appreciate this section, it is helpful to have recently read or reread the book. Woolf's magical way of bringing her

¹ Silber, A. (1996). Analysis, reanalysis, and self-analysis. *J. Amer. Psychoanal. Assn.*, 44:491-509.

characters' unconscious experience to the reader in an articulated form provides a wonderful example of the process described by the book's subtitle: sensibility, engagement, and envisioning.

Chapter 5, entitled "Listening for Atmospheres of Emotional Engagement," describes the reader's attunement to the voices of several characters in the novel. This process is compared with what occurs in the imaginative space between participants in the analytic dyad. A lyrical quotation from Henry James is provided to help us grasp the concept of what is happening as "a kind of huge spider web of the finest silken threads suspended in the chamber of consciousness" (p. 64).

Chapter 6, entitled "Embodied Analytic Listening," demonstrates the trial identifications made by the principal characters in *To the Lighthouse* as they momentarily shift from *observing* to *becoming*. In a parallel manner, as the reader is emotionally caught up in the story, s/he comes nearer to a character's experience. Clinical data from Griffin's cases, as well as from those of participants in a creative listening seminar, are intertwined with excerpts from Woolf's novel to further show how embodied listening may be applied to the analytic endeavor.

The prescient work of Hans Loewald is referred to and quoted several times in chapters 5 and 6. A seminal paper of his anticipated the concept of embodied listening.² Loewald stopped short of attempting to develop a technique for applying his ideas; however, his use of a developmental model, incorporating the metaphor of mother-infant interaction, envisioned the analytic relationship as an "integrative experience" (Griffin, p. 95; Loewald 1960, p. 242). In Loewald's view, the application of language between the participants thus constitutes a "creative act, similar to poetry" (Griffin, p. 95; Loewald 1960, p. 242), which integrates experience and optimally leads to a therapeutic reorganization in the internal object relations of the patient.

The third and final part of the book contains three chapters. Chapter 7 introduces a failed case from years earlier in which the patient abruptly moved out of town following a separation. At that time, Griffin has been

² Loewald, H. (1960). On the therapeutic action of psychoanalysis. Part I. *Int. J. Psychoanal.*, 41:16-33.

interpreting the oedipal dynamics involved in her erotic transference. As he was writing this book and rereading Faulkner's *The Sound and the Fury*, he began thinking about her again. Chapter 7 centers around his perception of a resonance between that patient and a character in the novel, Benjy. Benjy is portrayed as an inarticulate, developmentally retarded boy whose sister Caddy is the only one able to connect emotionally with him. His world collapses when he loses her to her marriage.

Griffin explains that, as he pondered the Faulkner story, the thought came to him of "what she [i.e., the patient who abruptly ended treatment] was trying to say" (p. 123). The chapter goes on to discuss primitive emotional states as communicated through Benjy's un verbalized thought fragments and actions. Excerpts and summaries of various parts of the book are included.

Griffin notes how one kind of pain (in his patient's case, unrequited love and its displacement as vaginal pain) can protect against a "bottomless anaclitic depression or a sense of fragmentation" (p. 133). He maintains that such works of literature as *The Sound and the Fury* allow the reader to better fathom an inarticulate patient's experience of such an abyss. Chapter 7 closes by noting that, for Faulkner as for Woolf, creating fiction was a therapeutic act that alleviated personal suffering.

The author is well aware that a potential pitfall of viewing a clinical case through the lens of a work of literature is that, if done in a rigid manner, it can amount to the imposition of one's theoretical perspective onto a patient. He carefully addresses the hazard that the use of a literary work might reduce "the patient's existence to someone else's invented story" (p. 160). He emphasizes that the literary voice acts as a consultant to extend the analyst's understanding, not to force the patient into the mold of an external character.

"No sooner had the warm liquid mixed with the crumbs touched my palate than a shiver ran through me"; "It was into my own depths that I had to re-descend"—so wrote Marcel Proust, as quoted by Griffin (p. 147). The protagonist of Proust's semiautobiographical novel *In Search of Lost Time* frequently feels devitalized in lived life and preoccupied with the distant past. However, a memory, such as that described in the foregoing quotation, occasionally became so starkly alive for him that it

provided a link with which to integrate experiences from long ago and to feel an exhilarating sense of growth.

Chapter 8 discusses a patient of Griffin's, David, in relation to the form of memory described in Proust's novel. David had had a lengthy analysis following the death of his father when he was twenty-nine years old, but twenty years later, he remained chronically depressed and emotionally frozen. He lived with a static memory, dating from the age of four or five, of listening with his father to the tune "Claire de Lune." He was relegated to existing within that scene and repetitively hearing the tune in his head. This locked-in state, which contained only internal objects, kept him from engaging in life and blocked transference to his analyst. Yet he feared that opening his ears to a new soundtrack would mean "falling into the abyss of abandonment" (p. 156).

The final chapter, "Listening for Traces Left Behind," uses Proust's work to speculate about the personality and motivations of his English contemporary, Ernest Jones, an important historical figure in psychoanalysis. Here Griffin seeks to expand the available biographical portraits of this influential and somewhat mysterious man. While interesting, this somewhat tangential application of creative listening seems removed from the book's poignant demonstrations of emotional immersion with actual patients whose seeking and suffering become so alive through the lens of imaginative literature.

"Time is the fourth dimension that allows us to reflect upon our experience" (p. 168), notes Griffin. The passage of time is an element that pervades *Creative Listening and the Psychoanalytic Process* and is also crucial to the literary works the author discusses. For example, Woolf's *To a Lighthouse*, is divided into parts, with the second part occurring ten years after the first and the third part at a later time still. Faulkner's *The Sound and the Fury* follows Benjy from his painful childhood through his tragic adulthood. And Griffin's patient, whose dynamics gained clarity through his pondering about that novel, said: "I don't want to spend my life hurting. But I know that I don't want to grow up" (p. 132). Proust's remembrances are of things that are temporally past but that remain alive in the present, in parallel to the trajectory of Griffin's patient David, who had been locked in a static childhood memory.

It is a given that a psychoanalytic treatment takes time. Griffin depicts phases of the journey. He shows how an analytic space may come into

being and be filled with “music,” for example, or with “spider webs”—to use two metaphors for what exists when a so-called analytic process develops. Through this process, usually over a period of several years, we hope that a patient will be able to develop enough trust, strength, and confidence to let go of problematic aspects of archaic memories and integrate new identifications. In describing psychoanalytic growth, some of us will use terminology such as the shift to more adaptive compromise formations or the formation of new ego structure; Griffin would have us use the concepts of transference and countertransference and yet transcend them. Griffin states that the analytic process develops and deepens within the transference and countertransference, but these concepts are themselves metaphors created to inform the analytic pair about the patient’s internal world. Another way of conceptualizing transference-countertransference is as an active experience; in its depths, a sense of uncertainty and of deep immersion develops. There are moments when it becomes impossible for either partner to reflect or to be articulate.

Creative Listening and the Psychoanalytic Process is a beautifully crafted book. The writing is thoughtful and expressive. I approached some sections as though they were poetry—i.e., absorbing the meaning by reading and rereading in short bursts. The book is strongly recommended for psychoanalysts and psychoanalytic therapists of all levels of experience. Its interweaving of imaginative fiction with clinical material demonstrates the emotional engagement integral to a successful analytic process. Any of the book’s three parts might be read separately. Moreover, the development of seminars to impart psychoanalytic technique through reading creative fiction, in conjunction with the presentation of clinical material, is innovative and exciting. Fred Griffin has made a valuable contribution to psychoanalysis.

SYBIL A. GINSBURG (ATLANTA, GA)

PSYCHOANALYTIC EDUCATION AT THE CROSSROADS: REFORMATION, CHANGE, AND THE FUTURE OF PSYCHOANALYTIC TRAINING. By Otto Friedmann Kernberg. Abingdon, UK/New York: Routledge, 2016. 306 pp.

Otto Kernberg needs no introduction. Throughout his career, now spanning decades, he has continued to make seminal contributions to

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Otto Kernberg needs no introduction. Throughout his career, now spanning decades, he has continued to make seminal contributions to

psychoanalytic education, theory, diagnosis, and treatment, as well as to psychoanalytic organizations and research. In this volume, he offers a compilation of his journal articles related to psychoanalytic education. He notes that the chapters unfold roughly in the same historical order that the articles were originally published, taking the reader through the process of his thinking over thirty years.

So this is much more than a mere collection of ideas; it is a thoughtful series of chapters that begins with an analysis of problems facing psychoanalytic education, and then transitions into proposed solutions and innovations. Thus, taken as a whole, the chapters not only give the reader a number of viewpoints; they also reveal a methodical approach to the study of psychoanalytic education.

Chapter 1 begins with an exploration of the nature of the psychoanalyst's identity in terms of both goals and hazards to its development and preservation. By making identity his starting point, Kernberg places it as a central consideration for psychoanalytic education. Unlike more typical references to analytic identity, however, Kernberg is addressing the identity of the psychoanalyst in broader terms. In his words, "I shall be speaking of identity in a broad sense that includes the psychoanalyst's convictions . . . vocation . . . personality as well as . . . technical skills" (p. 5).

Chapter 2 focuses on the general influences of regressive group processes on the operations of institutions and specifically on their leadership. Kernberg examines how regression impacts the running of institutes and their leaders and then emphasizes the qualities needed for effective leadership: high intelligence, personal honesty, the capacity to maintain mature object relations, healthy narcissism, and what he calls "justifiable anticipatory paranoia" (p. 32). He spells out the specific reasons for needing such qualities. In this way, he builds on the previous chapter about the identity of the psychoanalyst.

Chapter 3 takes up more general analyses of institutional processes and applies them specifically to analytic institutes, including an individualized approach to developing strategies for healthy institute reorganization. Chapter 4 then illustrates dysfunctional developments in institutes and their leaders—in particular, authoritarianism, which Kernberg describes as antithetical to the open-minded institutional atmosphere

so critical to psychoanalytic education. He highlights the impact of the personalities of institute leaders and of the external local culture surrounding each institute; here his international experiences and examples are clearly informative.

Chapter 5, originally written in 1996, is an ironical set of proposals related to how “institutional bureaucratization and routinization affects the creativity of psychoanalytic candidates” (p. 3). Kernberg hopes that this chapter will provide a “potential respite from the seriousness of the earlier chapters” (p. 3). Indeed, it is a fun read. He notes that while there has certainly been progress in terms of the respect for and inclusion of candidates as mature adults (e.g., candidates can now be voting members of the American Psychoanalytic Association and at some local institutes), he offers some important warnings about regressive institute policies that infantilize candidates and still run counter to competent educational policies. If indoctrination substitutes for education, how will candidates learn to listen creatively?

Chapter 6 addresses the need for research in psychoanalysis, as well as the importance of being aware of potential sources of resistance to conducting research. Kernberg offers examples of rationalizations for such resistance: psychoanalysis is too complex to be amenable to traditional research methodologies, which are too simplistic; the differences between various analytic theories are too nuanced to research; and infant research overreaches in linking observable behavior to underlying unconscious processes. Nevertheless, he advocates for a broad spectrum of research projects in order for psychoanalysis to have a place of respect as a treatment and as a basic science of mental functioning. Without such research, he warns the reader that psychoanalysis and psychoanalytic education will be subjected to increasing marginalization in the “present climate of reduced resources for psychotherapeutic treatment” (p. 104).

Chapter 7 takes up the importance and challenges of analytic supervision, which he refers to as “the most essential aspect of the training program” (p. 3). This is a most significant chapter given that it is generally agreed that supervision is not systematically implemented in many analytic training settings; furthermore, when one becomes a training and supervising analyst, one’s supervisory abilities are typically not evaluated

as carefully as one's own clinical work. Kernberg candidly speaks out about great challenges to effective supervision. He openly talks of the need to engage directly in very frank, personal discussions of the candidate's countertransference, to assess the candidate's intellectual capacities for analytic work, and to confront the candidate's psychopathology, as well as the importance of being able to let the candidate know should there be a lack of the qualities necessary to become a competent analyst. He speaks sensitively of how painful it can be for both supervisor and candidate to address such distressing truths.

Chapter 8 includes descriptions of the main symptoms of "institutional regression" (p. 3) and educational failures, along with early efforts to improve upon dysfunctional educational practices. In discussing the Eitingon and the French models of training, Kernberg takes up problems he sees with the training analyst system, authoritarianism, and the challenges of developing effective policies governing admission, progression, and graduation. He expresses concern that debates about the three-to five-times-per-week frequency of control cases overshadow numerous other important considerations about seminars, training analyses, and supervision.

Kernberg then addresses these other considerations in chapters 9 and 10, offering numerous proposals for improving upon psychoanalytic education, including consideration of modifying or eliminating the training analyst system. Psychoanalytic educators will find much to consider in these two chapters, as well as in his description (in chapter 11) of the importance of reviving links between psychoanalytic institutes and academia.

Kernberg returns to irony with the title of chapter 12: "Suicide Prevention for Psychoanalytic Institutes and Societies." This is a short but very user-friendly chapter with concrete, operational recommendations such as: find ways to link the institute to universities, develop analytically informed programs such as psychoanalytic psychotherapy, initiate research, communicate with the public, innovate psychoanalytic education, and be prepared to cope with predictable sources of resistance to change. The book ends with chapter 13 and hands-on suggestions for the reorganization of the American Psychoanalytic Association, including alternatives to the training analyst system.

Yet another major challenge to psychoanalytic education to which Kernberg refers is its economic reality. It is often difficult for candidates to pay the costs of training while being required to treat low-fee control cases. Although this serious obstacle to psychoanalytic education is not his main focus, he makes the practical recommendation that institutes train candidates in the application of their psychoanalytic education to psychotherapies—including the treatment of sicker patients, where frequency of sessions will be less, more patients will be available, and fees can be set at a more customary level.

As should be apparent by this point, *Psychoanalytic Education at the Crossroads* integrates decades of thoughtful, broad experience in studying and thinking about psychoanalytic education. While Kernberg makes numerous specific recommendations, he also advises institutes to make changes in an individualized fashion, not a wholesale one, respecting that local resources and challenges will differ. Indeed, the collection of important papers in this book, along with Kernberg's numerous other contributions to psychoanalysis, are deserving of our gratitude and respect.

LEE JAFFE (LA JOLLA, CA)

SEXUALITIES: CONTEMPORARY PSYCHOANALYTIC PERSPECTIVES. Edited by Alessandra Lemma and Paul Lynch. London/New York: Routledge, 2015. 244 pp.

Recent decades have seen striking changes in public attitudes toward sexual conduct and variations in sexual identities (at least in the United States and Western Europe). Psychoanalysis has from its Freudian origins been deeply interested in such questions, but it seems safe to say that theoretical and clinical immersion has been enriched by increasing openness in matters of sexual anatomy and behavior, gender, and transsexuality. The authors of the book under review, both American and European, seek to address these issues from "contemporary perspectives."

Sexualities begins with the editors' exceptionally lucid introduction, setting forth not only the aims of the volume but also concise summaries of the twelve chapters that follow, emphasizing their relation to Freud's

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Sexualities begins with the editors' exceptionally lucid introduction, setting forth not only the aims of the volume but also concise summaries of the twelve chapters that follow, emphasizing their relation to Freud's

original concepts and to their principal concern with the question of homosexuality. There follows a series of papers, largely theoretical, surveying the history of psychoanalytic approaches to homosexuality and the concept of *desire* in general. These papers are authored by Dagmar Herzog, Mary Target, Marilia Aisenstein and Donald Moss, Nicola Barden, and Vittorio Lingiardi. Prominent in these discussions are references to the work of the late Robert Stoller and of Jean Laplanche in shaping the transition toward an open consideration of gender and sexual orientation. Of particular value is Target's essay, emphasizing in an extended clinical report the necessity of developmentally based approaches, as well as purely relational ones, to the analytic process.

In the succeeding section, which is devoted specifically to homosexuality, Peter Fonagy and Elizabeth Allison set forth an account of the *Queer theory* of homosexuality, derived in some measure from the work of Foucault and (again) Laplanche. In their paper, entitled "A Scientific Theory of Homosexuality for Psychoanalysis," Fonagy and Allison contend that "normal sexual desire is inherently unknowable, and when it becomes socialized, it is part of a picture that resembles psychopathology in structure and form" (p. 133). They acknowledge the "uncertainty" of their position (not to mention its obscurity to this reader), but "it behooves us to show respect for the complexity of subjective experience that our patients engender" (p. 135).

In another paper, Leezah Hertzman confirms this view in a detailed presentation of her "experience with lesbian and gay couples and individuals in psychoanalytic psychotherapy who have grown up with heterosexual parents" (p. 157). Paul Lynch, a coeditor of the volume, offers a Boston-touched account of his extensive experience with male homosexuals and the role of psychoanalysis in helping them make "more informed and more conscious decisions" (p. 152) in their sexual lives.

The book's final section, labeled "Perversion Revisited," begins with a thoughtful, richly written, and skeptical reflection by Donald Moss on the continuing value of Freud's theory of sexual aberrations—"Do We Still Need the Concept? If So, When and Why? If Not, Why Not?" A rather dense and verbose rumination by Greek analyst Avgi Saketopoulou, who clearly adheres to the concept, is followed by a refreshing, clearly written discussion by Heather Wood of her experience in treating

patients in London's Portman Clinic with "paraphilia"—a heterogeneous group who "have in common the use of sexualization as a defense to manage anxiety" (p. 273). Wood's crystalline description of both her theory and her technique—in particular, the management of negative transference—provides a helpful conclusion to a somewhat diverse but scholarly and provocative psychoanalytic exploration of one of the complex issues of our time.

AARON H. ESMAN (NEW YORK)

SHAKESPEARE AND PSYCHOANALYTIC THEORY. By Carolyn E. Brown. London: Bloomsbury, 2015. 240 pp.

The publication of this book should remove any lingering doubts as to the ongoing relevance of psychoanalysis to Shakespearean scholarship. Shakespeare pointed Freud to some of his key insights about the mind. In turn, psychoanalysis has helped illuminate the astonishing complexity of Shakespeare, arguably the greatest creative writer in history. Carolyn Brown calls psychoanalysis "one of the largest bodies of criticism of Shakespeare," and one that has "produced some of the most probing analyses of Shakespeare's texts" (p. 10). So Shakespeare should remain a major topic in applied psychoanalysis. As Brown writes:

Psychoanalytic approaches to Shakespeare in this period [until the 1980s] rely primarily on Freudian theory and offer amazingly insightful interpretations of characters and actions that stumped readers for many years. They illustrate the richness of Shakespeare's knowledge of the human mind and show that Freud will always provide a gateway into the depths of his characters. [p. 39]

Clinical psychoanalysis can be enriched by the close study of Shakespeare's works, just as its insights can likewise inform our reading of Shakespeare. For example, Shakespeare seemed to know just how often we cope with unwanted traits in ourselves by projecting them onto others. This may be one reason he fashioned his plays as what Hamlet famously termed "mirrors," so we would see ourselves reflected in his characters. Seeing oneself reflected in the mirror of an unappealing character po-

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tentially helps counteract our tendency to project our least tolerable traits onto another person or group. It is another form of the mindfulness meditation practice of reminding ourselves when we encounter an obnoxious person that “Oh, they are a lot like me.” The mirror Shakespeare holds up to human nature also encourages us to be less judgmental. Shakespeare knew that being judgmental limits our capacity for empathy and understanding.¹

Evelyn Gajowski, in her series editor’s introduction to *Shakespeare and Psychoanalytic Theory*, explains that literary theory “is a systematic account of literature, the act of writing, and the act of reading” (p. vii). Literary theory, like psychoanalytic theory, often falls short of Leo Rangell’s ideal of *total composite theory*. As Rangell noted, psychological factors in theorists—and among their followers—create false dichotomies that interfere with an optimal integration of valuable theoretical insights and help preserve misleading but faddish theories. For psychoanalysts, surely the most implausible literary theories are those that strive to downplay the psychology of the writer in a misguided but highly influential attempt to allow the text to speak for itself, free of connections with the person who wrote it.

Seemingly reserving literary theory as the sole domain of literature professors, Gajowski further asserts that “theory is a critique of common sense” (p. viii). She observes that Shakespearean scholars were at the center of new historicism and presentism, two movements that divert attention away from the person of the author. We might ask what it is about the works of Shakespeare in particular that leads scholars to drift away from the author of these works and to allow theory to dominate Shakespearean scholarship since 1980, as Gajowski and others say it has done.

Brown’s literature review overlooks the splendid 19th-century psychological exploration of Shakespeare’s works by English psychiatrist John C. Bucknill (1817–1897).² Bucknill brilliantly anticipated some of Freud’s insights into Shakespeare.

¹ van der Kolk, B. (2011). Personal communication.

² Bucknill, J. C. (1859). *Psychology of Shakespeare*. Wentworth, NH: Wentworth Press, 2016. See also Bucknill, J. C. (1867). *The Mad Folk of Shakespeare: Psychological Essays*. Ithaca, NY: Cornell Univ. Library.

Brown summarizes psychoanalytic theory for readers who are not familiar with it. Understandably, she stereotypes Freud a bit—e.g., in referring to his “typically phallic-centered interpretations” (p. 17). Brown makes the crucial observation that Shakespeare understood, at least unconsciously, the unconscious conflicts of his characters and depicted them so vividly that they resonate with the unconscious of the audience. This process of unconscious communication is a crucial element in the emotional impact that great literature has on us.

What happens when literary theorists borrow from psychoanalysis? Being theorists themselves, it is psychoanalytic theory that especially draws their attention. Unlike psychoanalytic clinicians, most of whom use theory to enhance their clinical skills, literary scholars are liable to assign priority to psychoanalytic theory over clinical analysis. This places them at risk of reifying theory and theoretical conflicts. In clinical work, concepts such as overdeterminism and multiple function help us integrate seemingly conflicting theories in their application to a given clinical problem.³ Further, Brown’s summaries suggest that some psychoanalytic studies of Shakespeare seem to use the literary texts primarily as opportunities to acquaint readers with specific analytic theories that are speculatively applied to Shakespeare’s characters. This increases familiarity with these theories, but at the price of weakening their credibility as applied to specific characters.

By refreshing contrast, Brown mentions that, in 1984, Joseph Westlund posited that characters in Shakespeare’s “reparative comedies” function as “therapists,” helping other characters replace maladaptive behaviors with enhanced self-knowledge. Further, Westlund also believed that Shakespearean plays can be therapeutic for the audience as we “experience the treatment vicariously” (p. 52). I first encountered this intriguing claim in Krims’s later book.⁴ By contrast, Brown notes Carol Neely’s provocative claim that some of Shakespeare’s comedies degrade the mentally ill, and that they even contributed to negative views of madness in the early eighteenth century (p. 103). Surely, Neely is misreading

³ See Sandler, J. (1983). Reflections on some relations between psychoanalytic concepts and psychoanalytic practice. *Int. J. Psychoanal.*, 64:35-45.

⁴ Krims, M. B. (2006). *The Mind According to Shakespeare*. Westport, CT: Praeger.

scenes such as the gaslighting of Malvolio in *Twelfth Night*, which should actually have the effect of making the audience more sympathetic with Malvolio by the play's end.

Brown repeatedly celebrates critics who move beyond Freud to later psychoanalytic theorists, as though newer is necessarily better. She repeatedly highlights the failures of Freud's theories of female psychology, leading feminist scholars to turn away from Freud. It was the exploration of the mother-child relationship found in later psychoanalytic theories, such as object relations, that then attracted Shakespeare scholars such as Janet Adelman and Madelon Sprengnether. Brown feels that Freud overemphasized the male's Oedipus complex to the relative neglect of its female analogue. However, Brown herself seems to neglect the negative Oedipus complex in both genders (as psychoanalysts themselves often do). McElvaine (2001) explored the psychodynamics of misogyny, tracing it to men's unconscious envy of women's ability to procreate;⁵ he speculates that women's invention of agriculture sent men over the edge. McElvaine's important work deserves more attention; it helps correct antifeminist biases in psychoanalysis.

An overall impression from *Shakespeare and Psychoanalytic Theory* is that psychoanalytic Shakespeareans tend to begin with one or another psychoanalytic theory, then find ways to apply it to Shakespeare's plays. To her credit, Brown herself recognizes this risk, which she describes most clearly with respect to H. R. Coursen's Jungian analysis of Shakespeare: "it tends to reduce Shakespeare's psychologically rich characters to allegorical constructs and the dramatic structure to predictable patterns" (p. 47). Such reductionism is a risk with *all* theory-driven approaches to Shakespeare. Psychoanalysts lessen analogous risks in their clinical work by allowing the patient's material to shape the analyst's interpretations, rather than blindly imposing one theory or another on the clinical data. In the case of Shakespeare, we must be faithful to the text.

We can also turn to Shakespeare's psychological genius to discover new insights into the mind that may have been overlooked by psychoanalytic theory. For example, Podrug (2003) wrote cogently about Shake-

⁵ McElvaine, R. S. (2001). *Eve's Seed: Biology, the Sexes, and the Course of History*. New York: McGraw-Hill. See also Jaffe, D. S. (1968). Masculine envy of woman's procreative function. *J. Amer. Psychoanal. Assn.*, 16:521-548.

sppeare's insights into the *interactions* among his characters, an important topic that is overlooked when the focus is solely on individual characters.⁶ Shakespeare anticipated insights that later came from the psychoanalytic study of couples, families, and groups.

To give another example, scholars have discovered that the more closely Shakespeare's text is read (especially in the sonnets), the more hidden layers of meaning are unlocked. Clinical psychoanalysts can learn a great deal about close listening from the close reading of Shakespeare's words. Further, Freud focused on the child's oedipal conflicts, downplaying the "Laius complex" of the father, whereas Shakespeare forces us to confront an overtly incestuous father in Pericles. Shakespeare also demonstrates an awareness of what are now considered our normative multiple self states.

In explaining the more recent turn away from Freud in Shakespearean studies, Brown lists several attacks on his theory in general and his approach to Shakespeare in particular. Some scholars consider it improper to view literary characters as comparable to real people. This is ironic considering the widespread agreement that Shakespeare's characters come close to literary perfection in their verisimilitude. One suspects there may be a "turf" aspect to this criticism of Freud since psychoanalysts have something to say about real people, and literary theorists may not want us encroaching on their territory.

Brown writes that:

Shakespearean psychoanalytic criticism burgeoned in the 1980s. But it experienced a setback in 1986 when Stephen Greenblatt published an essay⁷ that posits the Renaissance view of identity differs from that of psychoanalytic theory. [p. 69]

However, Greenblatt begins with the clarification that "I do not propose that we abandon the attempts at psychologically deep readings of Renaissance texts" (Greenblatt, p. 221). And Brown notes that, following

⁶ Podrug, D. (2003). *Hamlet as process: a novel approach to using literature in teaching psychiatry*. *Psychiatry*, 66:202-213.

⁷ Greenblatt, S. (1986). Psychoanalysis and Renaissance culture. In *Literary Theory/Renaissance Texts*, ed. P. Parker & D. Quint. Baltimore, MD: Johns Hopkins Univ. Press, pp. 210-224.

Greenblatt's essay, many studies "set out to prove that the early modern period and its literature share attitudes consistent with those of psychoanalytic theory" (p. 91).

Brown defends psychoanalysis from Greenblatt's critique, at length. She cites the value of Freud's elucidation of characters' unconscious conflicts and motives. She says that many current Shakespeare scholars, such as Neely, show that psychological approaches to Shakespeare's works are still valid. After reviewing numerous refutations of Greenblatt's essay, she concludes that they offer "solid, tangible proof for a close connection between psychoanalysis and . . . Shakespeare" (p. 106).

Brown might have added that Freud was building on the genius of creative writers, especially Shakespeare. Other writers have not always received adequate credit for their penetrating psychological insights. George Eliot, for example, was especially astute about the unconscious mind; she refers to the *unconscious* dozens of times, often in the psychoanalytic sense of the word as the dynamic unconscious, not merely in its earlier sense of *unaware*. Brown further explains that psychoanalytic readings of Shakespeare find his characters so lifelike that it is legitimate to speculate about their earlier lives, based on the text. Some Shakespearean scholars condemn this, as they do efforts to learn more about the author (more on the author later).

Philip Armstrong (2001) takes issue with Greenblatt's attack on analysis.⁸ He accuses Greenblatt of not having kept up with developments in psychoanalytic theory, resulting in a "reductive, outdated, and overly monolithic . . . version of the psychoanalytic notion of the subject His formulation forgets that Freudian and Lacanian psychoanalysis represents a radical challenge to any such model of an 'authentic' deep self" (Armstrong, p. 137). Further, Armstrong maintains that Shakespeare contributed to a replacement of *the self* with more complex *selves*.

According to Brown, Cynthia Marshall refutes Greenblatt in an especially interesting way: "by suggesting the birth of individualism in the Renaissance was not as smooth or complete as he has argued" (p. 103). Marshall "examines some of the literary instances of reversion [from individualism] that 'shattered' rather than affirmed selfhood" (p. 104).

⁸ Armstrong, P. (2001). *Shakespeare in Psychoanalysis*. New York: Routledge.

She believes that Shakespeare raised theatrical sadomasochism to new heights. Moments such as the nearly unbearable on-stage blinding of Gloucester, Marshall posits, are sadistically gratifying when audience members identify with the perpetrators. Borrowing from Lacan, she posits that such moments lead the audience's sense of identity to be "pleasurably shattered" (p. 104). Insofar as she is correct, perhaps this results from the emergence of usually dissociated sadomasochistic self states in the audience.

The final third of the book shifts gears from the literature review of the earlier chapters to Brown's original work. She presents her astute commentary on *All's Well That Ends Well*, sensitively applying psychoanalytic thinking to Helena's sexualized relationship with her father and its displacement onto Bertram.⁹ Her close reading of the text parallels close listening in clinical psychoanalysis. She returns to classical psychoanalytic observations and makes rich use of them in understanding Shakespeare. For example, she cites Freud's observations about the splitting of consciousness and of personal identity after sexual abuse, and she applies these concepts to Helena's contradictory behavior. Brown comes close to our current understanding of dissociative identity disorder—e.g., when she writes that Helena "switches" between her different "side[s]" (p. 127).

In her chapter on *Romeo and Juliet*, Brown seems to create a false dichotomy between hetero- and homosexuality.¹⁰ She calls it "tragic" (p. 163) that scholars have overlooked the homosexual themes in this play, while she herself overlooks the role of bisexuality in it. As a result, she sees heterosexuality in Romeo and Mercutio solely as a "reaction formation" against homoerotic impulses, rather than as part of a bisexual mixture of genuinely heterosexual and genuinely homosexual feelings. Similarly, Brown dismisses aggression in characters such as Samson and Tybalt as a reaction formation to vulnerability and cowardice, or at times a reaction formation, once again, to homosexual attraction. Whatever validity Brown's thesis may have, she damages her credibility by taking her

⁹ Shakespeare, W. (1623). *All's Well That Ends Well*. In *The Comedies of William Shakespeare*. New York: Modern Library, 1994, pp. 769-849.

¹⁰ Shakespeare, W. (1597). *Romeo and Juliet*. In *The Tragedies of Shakespeare*. New York: Modern Library, 1940, pp. 277-364.

ideas too far. Literary theory seems vulnerable to such misreadings based on an overemphasis of only one aspect of a text in order to promote the author's favored theory. Freud's discovery of overdetermination can protect us from mistaking a part for the whole.

In her brief epilogue, Brown emphasizes the compatibility of psychoanalysis with many other literary theories. She hopes Shakespeare's female characters will become better understood as we deepen our understanding of his complex attitudes toward women. Brown ends on an optimistic note, saying she believes that "psychoanalytic theory will continue to be at the forefront of Shakespearean studies" (p. 167).

Finally, I come to an interesting feature of this book. Its author, despite her impressive knowledge of Freud's views on Shakespeare's works, seems unaware of Freud's opinion on Shakespeare's identity. Much of Brown's book gains in plausibility when it is connected with Freud's conclusion that de Vere was the actual author. For example, Brown credits Otto Rank with connecting Hamlet's Oedipus conflicts with Polonius as a father figure, who blocks Hamlet's interest in Polonius's daughter Ophelia. The prototype for Polonius was none other than de Vere's father figure: William Cecil, his guardian after his father died when he was twelve, and de Vere's father-in-law after he married Cecil's daughter Anne. The original name for Polonius was "Corambis," a mocking allusion to Cecil's motto "Cor unum, via una."¹¹

Brown says that psychobiography is now controversial in Shakespearean scholarship. This may be related to Shakespearean scholars' need to divorce the works of Shakespeare from the life of the Stratford wool merchant who they assume is their author. When critics such as C. L. Barber try to link the Shakespearean canon with the life of the Stratford merchant, the results are less than convincing. Yet Barber and R. P. Wheeler correctly note that Shakespeare himself, like Hamlet, uses "his art for theatrical aggression" (p. 55). However, they fail to explain how the Stratford merchant could have gotten away with that in an era that regularly punished playwrights for offending state power in their plays. Freud introduced the concept of psychic determinism, and his

¹¹ Whereas Burghley's motto meant "One heart, one way," "Corambis" suggests double-hearted, or duplicitous.

conviction that de Vere wrote Shakespeare's works flows naturally from fascinating evidence that de Vere's life experiences fit closely with the literary works of Shakespeare.

Related to critiques of psychobiography are critiques of psychoanalytic studies that treat Shakespeare's characters as though they are actual people. Of course they are fictions. But they are so lifelike that it is indeed fruitful to assume the author imbued them with the psychological conflicts of actual people. Shakespearean scholars may have a shared unconscious wish that the author himself would be more fictive than real; if so, denying that his characters are real would serve as a displacement from this unconscious fantasy.

Let me return to Greenblatt's critique of psychoanalytic Shakespearean studies (see footnote 7). Greenblatt's influential chapter focuses on mistaken identity—from the story of Martin Guerre to mistaken identity in Shakespeare's works. Greenblatt is silent about the theory that the traditional authorship theory involves yet another case of mistaken identity. However, he does emphasize that Renaissance notions of identity were closely linked with a person's property: "purse and person are here inextricably linked" (p. 220)—as they certainly were, we might add, for noblemen such as Edward de Vere, whose very title, Earl of Oxford, alluded to his hereditary property. Greenblatt even admits that "precisely this interest [in identity and property] is voiced, tested, and deepened throughout Shakespeare's career I think property may be closer to the wellsprings of the Shakespearean conception of identity than we imagine" (p. 220).

If Greenblatt is correct, he is inadvertently mounting yet another powerful argument for de Vere's authorship of the works of Shakespeare, since de Vere spent his adult life trying to protect his ownership of the 368 estates he inherited on the death of his father when he was twelve from a predatory system that, with Queen Elizabeth's tacit consent, robbed him of much of his inheritance.¹² It would thus be natural for de Vere to link identity with property.

Freud's authorship opinion was profoundly influenced by a 1920 book by an English schoolmaster, J. Thomas Looney (rhymes with

¹² See Green, N. (2009). The fall of the house of Oxford. *Brief Chronicles*, 1:41-95.

“bony”).¹³ Ruth Mack Brunswick gave Freud this book and he read it twice, then recommended it enthusiastically to his friends. Looney developed a list of attributes of the unknown author through a close study of the works, then read biographies of Elizabethan writers, before concluding the best match was with Edward de Vere. Brown cites Joel Fine-man’s opinion that Shakespeare suffered from “defensive gynophobia” (p. 49). As with the other characteristics Looney examined, this ambivalence toward women matches de Vere much more than it matches the scanty evidence about Stratford’s William Shakspeare.

Another weakness of Brown’s book is that, like Shakespearean scholarship in general, it focuses on the plays to the relative neglect of his poetry. His long poems, “Venus and Adonis” and “The Rape of Lucrece,” outsold his plays in the late sixteenth century. The former gets two sentences from Brown and the latter is scarcely mentioned at all. The sonnets fare only slightly better—yet they are the most autobiographical of all Shakespeare’s works, so they naturally offer numerous connections with the life of Edward de Vere.

Still, I strongly recommend *Shakespeare and Psychoanalytic Theory* to anyone interested in a concise review of worthwhile contributions that psychoanalysts as well as psychoanalytically informed scholars have made to our understanding of the magnificent literary works of Shakespeare.

RICHARD M. WAUGAMAN (CHEVY CHASE, MD)

¹³ Looney, J. T. (1920). “*Shakespeare*” Identified in *Edward de Vere*. London: C. Palmer.