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FROM EXTENSION TO REVOLUTIONARY CHANGE IN CLINICAL PSYCHOANALYSIS: THE RADICAL INFLUENCE OF BION AND WINNICOTT

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This paper addresses the radical departure of late Bion's and Winnicott's clinical ideas and practices from traditional psychoanalytic work, introducing a revolutionary change in clinical psychoanalysis. The profound significance and implications of their thinking are explored, and in particular Bion's conception of transformation in O *and Winnicott's clinical-technical revision of analytic work, with its emphasis on regression in the treatment of more disturbed patients. The author specifically connects the unknown and unknowable emotional* reality-O *with unthinkable breakdown (Winnicott) and catastrophe (Bion). The author suggests that the revolutionary approach introduced by the clinical thinking of late Bion and Winnicott be termed* quantum psychoanalysis. *She thinks that this approach can coexist with classical psychoanalysis in the same way that classical physics coexists with quantum physics.*

Keywords: Scientific revolution, W. R. Bion, extension, D. W. Winnicott, paradigm shift/paradigm change, Thomas Kuhn, transformation in K, transformation in O, at-one-ment, regression, unthinkable early breakdown, unrepresented states, being-in-oneness.

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Wilfred R. Bion and Donald W. Winnicott have exerted a profound influence on the theory and practice of clinical psychoanalysis over the past sixty years. Their groundbreaking ideas have been widely investigated by psychoanalysts and psychotherapists around the world and have turned into a vibrant wave in psychoanalysis that challenges traditional theory and practice. Yet it seems to me that the revolutionary meaning of their most radical ideas has, in certain ways, been evaded, underestimated, or criticized and rejected (Reiner 2012; Symington and Symington 1996). This is especially true with regard to the radical departure of their clinical ideas from conventional psychoanalytic work. In this paper, I will attempt to examine the evolution of their clinical ideas to the launching of what I consider a revolutionary approach in clinical psychoanalysis—a transition from *extension* to *scientific revolution* and *paradigm shift* (or *paradigm change*) in psychoanalysis, to use terms derived from Thomas Kuhn's account of the nature of the evolution of science.[1]

In his seminal theory of the evolution of science, Kuhn (1962) argues that scientific theory and knowledge undergo alternating "normal" and "revolutionary" phases rather than progressing in a linear, cumulative acquisition of knowledge. During long periods of "normal science," scientists work to enlarge the central prevailing paradigm by "puzzle-solving activity" that is guided by the paradigm, thus significantly increasing knowledge and accumulating a growing body of puzzle solutions within this paradigm. However, over time, findings or observations that cannot be explained or solved within the context of the central paradigm accrue and pose a serious problem to the existing paradigm. This leads to a "crisis" that triggers revolutionary research. Eventually, a new paradigm emerges, which opens up new approaches to understanding and practice in that field.

Kuhn (1962) writes:

> The transition from a paradigm in crisis to a new one from which a new tradition of normal science can emerge is far from

[1] Over the years, several authors have used Kuhn's terminology to relate to the history of psychoanalytic thinking (Britton 1998; Govrin 2016; Hughes 1989; Levenson 1972; Lifton 1976; McDougall 1995; Modell 1986, 1993) or to study Winnicott's paradigm change (Abram 2008, 2013; Eshel 2013b; Loparic 2002, 2010) and that of Bion (Brown 2013).

> a cumulative process, one achieved by an *articulation or extension* of the old paradigm. Rather *it is a reconstruction of the field from new fundamentals, a reconstruction that changes some of the field's most elementary theoretical generalizations as well as many of its paradigm methods and applications.* During the transition period, there will be a large but never complete overlap between the problems that can be solved by the old and by the new paradigm. But there will also be a decisive difference in the modes of solution . . . . *The resulting transition to a new paradigm is scientific revolution.* [pp. 84-85, 90, italics added]

The emerging new paradigm gains its own followers, and often an "ensuing battle over its acceptance" takes place between the followers of the new paradigm and the holdouts of the old, normal paradigm. According to Kuhn, this process is followed by a "communication breakdown," and there is a need for "translation" from the language of one paradigm into that of the other in order to "allow the participants in the communication breakdown to experience vicariously something of the merits and defects of each other's points of view." This does not guarantee persuasion, "and, if it does, it need not be accompanied or followed by conversion . . . . For most people translation is a threatening process, and it is entirely foreign to normal science . . . . Nevertheless, as argument piles on argument and as challenge after challenge is successfully met," translation becomes a resource of persuasion and dialogue (Kuhn 1962, pp. 202-204).

I would suggest that late Bion's and Winnicott's theoretical and clinical thinking—and particularly the profound significance and implications of their thinking for the foundations of clinical psychoanalysis and for the analytic process—introduces a revolutionary change in psychoanalysis, stirring up a felt sense of ongoing transition, controversy, upheaval, struggle, and translation. This is especially true of late Bion's recondite conception of *transformation in O,* and of Winnicott's clinical-technical revision of analytic work, with its heavy emphasis on regression in the treatment of more disturbed patients. Both of these engender formative experiences of being and becoming in order to transform emotional experience from its initial inscription.

To support this argument (and "translation"), I will make use of Vermote's (2013) integrative model of psychic functioning for dealing with

and entering the unknown or the unthought. Drawing on Bion's writings and Matte Blanco's, Vermote identifies three distinct *zones* or *modes* of psychic functioning, to describe the scope of psychoanalytic work and the range of possible psychic changes, each characterized by varying degrees of differentiation, different major psychoanalytic models, and distinct clinical implications for the analyst:

1. The mode of reason (reason as a secondary process)—oedipal, understanding Ucs. system (Freud, Klein);
2. Transformation in Knowledge—container-contained, reverie, dream-work, alpha function (Bion, Marty, de M'Uzan, Bollas, Botella and Botella, Ogden, Ferro);
3. Transformation in O, when dealing with the most unthought, unknown, undifferentiated mode of psychic functioning (Winnicott, Milner, late Bion, late Lacan). Real, life-giving psychic change occurs at the level of *radical experience*, unrepresented and unknowable-O (called O for Origin),[2] while the *epistemological exploration* of the traumatic unknown, in mode 2 of *transformation in Knowledge or dream-thought,* remains at the level of representations. Thus, the difference between *transformation in Knowledge* and *transformation in O* is that T(K) is a thought for something that has not been thought yet, and T(O) is a new experience that happens, that can only "be 'become,' but it cannot be 'known'" (Bion 1970, p. 26). "It can only be experienced." [Vermote 2013]

In my view, Vermote's mode 2, transformation in Knowledge, is an extension of the existing paradigm, while mode 3, transformation in O, introduces a revolutionary ontological change that is taking place in psychoanalysis, reflecting a fundamental commitment to the principle of being and becoming in the experience rather than an epistemological exploration; this extends the reach of psychoanalytic treatment to more disturbed patients and difficult treatment situations.

My own rendering (and synergism) of transformation in O in Winnicott's and late Bion's thinking (as distinct from those of Brown 2012; Lopez-Corvo 2014; Ogden 2005b; Reiner 2012; Vermote 2011; and

[2] According to Symington (2016), it is called "O" by Bion for *Ontology*.

others) clinically underscores the radical, undifferentiated experience of patient and analyst being-in-oneness at a primordial point of origin: according to Bion, it is the primacy of the analyst being and becoming-at-one with the patient's unknown and unknowable, ultimate emotional reality-O; and according to Winnicott, patient and analyst become merged in primary relatedness within deep therapeutic regressions, akin to the early two-in-one of mother-baby and the object being a subjective object.[3]

In addition, to my way of thinking, the unknown and unknowable emotional reality-O has become connected mainly with unthinkable breakdown (Winnicott) and catastrophe (Bion). I will discuss this later, after more fully exploring late Bion's and Winnicott's revolutionary ideas and after briefly relating the "crisis" that triggered these ideas and the complex reactions they have evoked.

BION: FROM EXTENSION TO REVOLUTIONARY CHANGE

The influential concepts of *alpha function, container-contained,* and *reverie* constitute the major phase of Bion's work. They have become a fundamental feature in the writings of many psychoanalysts, both Kleinian and non-Kleinian. For me, as I have written about previously (Eshel 2004), the most inspiring expression of the idea of containing was, and still remains, Bion's (1959) groundbreaking description in which he carved out a new dimension of normal emotional communication within the massive pathological nature of Klein's conceptualization of projective identification (see in particular pp. 103-104). The patient projects his or her unbearable, split-off parts and inner experiences into the analyst's psyche, and it is crucial that the analyst—like the mother for her infant—takes in, processes, and modifies them, thus enabling the patient to reintroject them safely. Hence it can be said that the existence of containing ultimately depends upon what the recipient is able to bear (this is also vividly described by Bion [2013], second seminar, of April 14, 1967). Successful containment enables both emotional growth and development of the capacity for thinking.

[3] The term *subjective object* is used in Winnicott's writing "in describing the first object, the object *not yet repudiated as a not-me phenomenon*" (1971, p. 93, italics in original).

Thus, Bion's description of containing and reverie marked a divide in the evolution of the Kleinian approach to the transformative function of the real, external other. The availability and capacity of the object—via reverie and alpha function—to take in, experience, and modify unbearable projected parts are of vital importance.

Sandler (1988), in response to Bion's descriptions of containing, writes in his comprehensive study of the concept of projective identification:

> By no stretch of the imagination can this [Bion's containing] be understood as occurring in fantasy[4] only, nor is this what Bion intended to imply. What he describes here is a concrete "putting into the object." He [Bion] says: "An evacuation of the bad breast takes place through a realistic projective identification. The mother, with her capacity for reverie, transforms the unpleasant sensations linked to the 'bad breast' and provides relief for the infant who then reintrojects the mitigated and modified emotional experience, i.e., reintrojects . . . a non-sensual aspect of the mother's love." [p. 19]

Sandler therefore views Bion's containing as the most extreme stage—"third-stage projective identification"—in which "the externalization of parts of the self or of the internal object occurs directly into the external object" (Sandler 1988, p. 18), whereas Klein's formulation of projective identification into the phantasy object is "first-stage projective identification" (p. 18).

In a similar vein, Spillius (1992), in distinguishing Klein and Bion, coined the term *evocatory* projective identification to describe the sort of projective identification that produces emotional effects on the recipient—as opposed to *nonevocatory*, which has no real effect on the other person (Britton 1998; Spillius 1988). But Sandler goes further and argues for separating the concept of projective identification from the "container" model:

> What I find unacceptable is the notion that this process [containing] is one of projective identification, unless the concept is stretched to extreme limits . . . . The "container" model

[4] Sandler refers to *f*antasy, whereas Kleinians refer to *ph*antasy.

> can, I believe, be fruitfully separated from the developmental theory . . . as well as from the concept of projective identification . . . and has value in its own right. [1988, pp. 24-25]

However, for Bion, these were extensions. He introduces the concept of *extension* in *Elements of Psychoanalysis* (1963) as follows:

> Psychoanalytic elements and the objects derived from them have the following dimensions:
>
> Extension in the domain of the senses.
>
> Extension in the domain of myth.
>
> Extension in the domain of passion.
>
> An interpretation cannot be regarded as satisfactory unless it illuminates a psychoanalytic object, and that object must, at the time of interpretation, possess these dimensions. [1963, p. 11]

Bion goes on to explain these extensions:

> Extension in the domain of senses . . . means that what is interpreted must amongst other qualities be an object of sense. It must, for example, be visible or audible, certainly to the analyst and presumably to the analysand. [p. 11]
>
> It is more difficult to give a satisfactory explanation of what I mean by extension in the domain of myth . . . . They are not statements of observed fact or formulations of theory intended to represent a realization: they are statements of a [the patient's] personal myth. [p. 12]

He then beautifully explains the last extension in the domain of passion:

> I mean the term [passion] to represent emotion experienced with intensity and warmth though without any suggestion of violence . . . . For senses to be active only one mind is necessary: passion is evidence that two minds are linked and that there cannot possibly be fewer than two minds if passion is present. [pp. 12-13]

Grotstein (2007) emphasizes that Bion's conception of alpha function and of container-contained "represented a *needed extension of Kleinian theory* into external reality" (p. 116, italics added), and "*modifica-*

tions and extension of Kleinian technique . . . [that are] subtle, profound, and far-ranging" (p. 93, italics in original). The major part of Bion's work (and that of his followers) consists of a further elaboration of these ideas into a theory of *transformation in Knowledge*, which is summarized in his grid, delineating the elements of the process and their relations and transition (Vermote 2013).

THE EMERGENCE OF A NEW BE(COM)ING

It was only a few years later that Bion radically transformed his psychoanalytic theory and technique with the creation of the concept of O—beginning at the end of his book *Transformations* (1965b), continuing on through his article "Notes on Memory and Desire" (1967a), and particularly in his book *Attention and Interpretation* (1970). This abrupt, radical change was accompanied by his move in 1967–1968 from London to Los Angeles, where he spent the last twelve years of his life.

It was "a transformational moment in Bion's life and thinking . . . on the very nature of psychoanalysis itself" (Grotstein 2013, p. xi). Bion's concept of O necessitated a complete revision of what analysis is; it represented an awareness of the limits of knowledge gained through the senses (Green 1973; Hinshelwood 2010, quoted in Reiner 2012 and Brown 2012) and the limits of analytic thinking (Vermote 2011). Rather than epistemological exploration (knowing), Bion (1970) focused on the unknown and unknowable ultimate emotional reality-O, the primacy of the analyst's being "at-one with the reality of the patient" (p. 28), and of lived, new experience. Bion's enigmatic words acquire their full meaning here:

> The psycho-analytic vertex is O. With this the analyst cannot be identified: he must *be* it . . . . No psycho-analytic discovery is possible without at-one-ment with it and evolution . . . . The interpretation is an actual event in the evolution of O that is common to analyst and analysand. [1970, pp. 27, 30, italics in original]

Bion subsequently offers important guiding words for the practical work of psychoanalysis: "K depends on the evolution of O → K. At-one-

ment with O would seem to be possible through K → O, but it is not so" (1970, p. 30). "In practice this means *not* that the analyst recalls some relevant memory but that a relevant constellation will *be evoked during the process of at-one-ment with O*, the process denoted by transformation O → K" (p. 33, italics added).

Furthermore, "the transformation O → K depends on ridding K of memory and desire" (1970, p. 30). The analyst is required to discipline himself with the suspension of memory, desire, and even understanding in order to preclude any "hindrance to the psychoanalyst's intuition of the reality with which he must be at one" (Bion 1967a, p. 272)—to *be in-tu-it* (intuit). To this Bion (1970) added "attention" and "'patience' and 'security'" (p. 124) and called the ability to be at one with O an "act of faith" (p. 32), faith in O. Borrowing the words "dark night of/to the soul" from St. John of the Cross, he took them further to a "'dark night' to K [knowledge]" in analytic work (Bion 1965b, p. 159) and thus to the need for an ontological-intuitive psychoanalytic approach of being in the experience, rather than an epistemological (K) one: "The intuitive approach is obstructed because the 'faith' involved is associated with absence of inquiry, or 'dark night' to K" (p. 159). It can be exerted only when the analyst allows him-/herself to experience the "dark night" of the soul (p. 159).

Bion thus "recommend[s] a complete change of the analyst's attitude . . . . In fact, psychoanalysis rests on an act of faith" (Green 1973, p. 117). Eigen (2014) terms this "faith-work" (p. 123).

These unique and radical ideas were a profound ontological change after Bion's long epistemological odyssey (Eigen 2012; Vermote 2013).[5] What was the "crisis" (Kuhn 1962) that triggered his revolutionary exploration and ideas? It seems to me to be deeply connected to Bion's struggling with psychotic terrors, both in working clinically with his psychotic patients and, as has been suggested by some, with his own severely traumatic experiences as a child and his deathly World War I experiences, which have been increasingly explored (Brown 2012; Souter 2009; Szykierski 2010; Williams 1985).

[5] Ontology is the study of the nature of being.

Clinically, I can almost hear this imminent fundamental change lurking in Bion's questioning, poignant words regarding his analytic work with two psychotic patients in the entry entitled: "The Attack on the Analyst's a-Function: The Analyst's Odyssey" (1992):

> "Oh shut up." He [the patient] whispered, "Shut up: shut up."
>
> There are many interpretations I could give, and have given in the past. They are apparently quite ineffectual, there seems to be no particular point in repeating them. What, I wonder, can have happened to them? Years of analytic interpretations, and patience and knowledge that go with them, have been swallowed up by him, or poured into him by me, without apparently leaving the slightest trace. He might simply be a gaping hole or mouth, with nothing beyond it . . . . What in fact links us is endurance, fortitude, patience, anger, sympathy, love. Is the task in hand, the analysis itself, a link? It seems hardly possible because it rarely comes to a point where it might be called analysis . . . .
>
> Take now a different patient. Out it pours—masses of semi-whispered, disjointed stuff, name after name, some of which I know, some I may be supposed to know, some presumably I cannot be expected to know. They are mostly doing something that the patient sees: "It didn't occur to him . . ."; "I ask him, he did realize . . . ." It does not require interpretation so much as loud cries of, "Help! Help! I'm drowning, not waving."[6]
>
> What is it all? Can anyone stem the flood? What interpretation, when there must be many millions? . . . The overburdened mind just deposits it in the lap of the analyst and says, "Here, *you* do it!" . . .
>
> The essential thing is that nothing can be made of it—there is no selected fact, nothing to make it all cohere. If it is so, then perhaps the essential thing is an emotional situation . . . .
>
> It can be content *and* . . .
>
> [1992, pp. 219-221, italics in original]

This entry is broken off in midsentence.

Bion's own early "horrors of psychic abandonment" (Souter 2009, p. 795), and especially his traumatic World War I horrors (when he "died—on August 8th 1918," Bion 1982, p. 265), were related by Szykierski (2010) to Bion's ending the "Amiens" war diary in midsentence:

[6] I think of Stevie Smith's poignant poem, "Not Waving but Drowning" (1957).

> Bion's attempt in "Amiens" (published in 1997, though written in 1958) to revisit his war experiences was aborted in order to write what can be regarded as the three books of his metapsychology (1962, 1963, 1965). Bion abandoned the writing of "Amiens" in mid-sentence . . . . it reads as though Bion were about to formulate the great unknown of mental catastrophe, but could not find the words, and went on an intellectual journey to find the elements and factors determining the transformations that determine whether a mind will *learn from experience* or "crack up." [p. 959, italics in original]

I would like to offer my further impression: that Bion's "intellectual journey" and his theory of containment and dream-work-alpha failed to encompass, contain, or dream a horror that could not be dreamed in the sense of turning it into an emotional experience, memory, or dream-thought (Vermote's mode 2—transformation in Knowledge).

Thus, the "great unknown of mental catastrophe" had to further develop into the radical conception of the unknown and unknowable O and of being and becoming at one with it. "The transformation in K must be replaced by the transformation in O, and K must be replaced by F" (Bion 1970, p. 46). Indeed, Bion's fourth and last metapsychological book, *Attention and Interpretation* (1970), opens with a "catastrophic emotional explosion . . . felt as an immensity so great that it cannot be represented even by astronomical space because it cannot be represented at all," with debris, remnants, and scraps of personality floating in space, going farther and farther away from the point of explosion and farther from each other. In this vast horrid space in analysis, the "I scream" of Bion's patient was unmet and aborted after two and a half years and became "no—I scream" (1970, pp. 12-14).

In his dramatic and enigmatic last book, *A Memoir of the Future*, Bion (1991) further conveys his unabated struggle with this immensity of mental pain from the past and the loss of meaning in a very different way:

> Mind: You are borrowing [words] from me; do you get them through the diaphragm?
>
> Body: *They* penetrate *it*. But the meaning does not get through. Where did you get your pains from?

> Mind: Borrowed from the past. The meaning does not get through the barrier though. Funny—the meaning does not get through whether it is from you to me, or from me to you.
>
> Body: It is the meaning of pain that I am sending to you; the words get through—which I have not sent—but the meaning is lost.
>
> [pp. 433-434, italics in original]

"An analyst should leave room for the growth of ideas that are being germinated in the analytic experience, even though the germ of an idea is going to displace him and his theories," said Bion (2005, p. 49) at age eighty-one, one year before his death, in a Tavistock seminar held on July 3, 1978. I believe that this profound change regarding the analyst's being and becoming the experience of O was crucially important to Bion and came from a very deep inner conviction.

In April 1990, Leon Grinberg, a leading pioneer of Bion's ideas, appeared before the Israel Psychoanalytic Society and presented Bion's paper "Notes on Memory and Desire" (1967a). I was a very young analyst at the time and I did not understand it (this was the general reaction to the presentation), but something about these ideas intrigued me. Therefore, after the presentation, I approached Dr. Grinberg and said that I would like to read the paper. He responded enthusiastically, and upon his return to Spain, sent me by express mail two copies of *The Psychoanalytic Forum*, in which Bion's 1967 paper was published, along with five commentaries by respected psychoanalysts (from Chicago, Los Angeles, Mexico, England, and Pennsylvania) and Bion's response.

I was alarmed to read the first commentary, by Thomas French. It was brief and most dismissive:

> I am completely unable to understand W. R. Bion's paper, "Notes on Memory and Desire." Dr. Bion starts by reminding us that memory is often distorted by desire. This is self-evident, but Dr. Bion advises us to eschew memory and desire entirely, even to the point of the analyst's not remembering the preceding session. On the other hand, he makes a great point of "intuiting" the evolution of the patient's emotional experience.
>
> But what is evolution unless it occurs in time? And is emotional experience a mere succession of moods, each forgotten

> before the next emerges, and without relation to any external reality? [1967, p. 274]

The other discussants also objected to and were confused by Bion's injunction to abandon memory and desire, past and future, and thus to be in contact only with a present "evolution." One of them, Gonzales, emphasized the obvious contradictions with what Bion had written in *Elements of Psycho-Analysis* (1963). To this argument, Bion responded directly and frankly:

> Dr. Gonzales draws attention to a defect of which I am very conscious. My own feeling is that my views have "evolved". . . . I think that the expressions he rightly quotes from *Elements of Psycho-Analysis* are wrongly framed, but wrong though the formulations now seem to be, they were good enough to lead me to my present formulations which I think are better. [1967a, p. 280]

Another discussant, Herskovitz, wrote, "Dr. Bion's thesis is, at best, illogical" (1967, p. 278). Only Lindon, the editor of *The Psychoanalytic Forum,* expressed a more favorable viewpoint; although finding the paper "provocatively nihilistic of all that we have learned as psychoanalysts" (1967, p. 274), he recounted that it helped him considerably in a difficult analysis that had been bogged down for months.

Six years later, Green (1973), in his review of Bion's *Attention and Interpretation* (1970), also related strongly to the contradictions with what Bion had written in *Elements of Psycho-Analysis*:

> One can also wonder whether, since the publication of *Elements of Psycho-Analysis* (the emphasis in this book was mostly on the elements in as much as they constituted an extension to the realms of the senses, of myth and of passion), the development of the author's thought has led him to support a point of view further and further away from these propositions, as, for example, when he now states that "the central phenomena of psychoanalysis have no background in sense data" (1970, p. 57). [Green 1973, p. 118]

Bion's injunction to abandon memory, desire, and understanding as essential to analytic technique, and his "struggling to present something

really new" (Hinshelwood 2013), finds strong expression in the choice of powerful words in much of his writing during those years (Bion 1965a, 1965b, 1967a, 1967b, 2013; see also Bernat, unpublished). Specific examples of such words are: "banishment" (1965b, p. 17), "get out" (1965b, p. 13), "avoidance" (1967a, p. 272), "exclusion" (1967a, p. 273; 1970, p. 57), "*suppress*")2013, p. 5, italics in original), "*forget*" (2013, p. 25, italics in original), "removed" (1970, p. 32), "discard" (1970, p. 33), "denial" (1970, p. 41), "avoid" (1970, p. 42), "suspension, suppression" (1970, p. 46), and "*divest*" (1970, p. 49, italics in original).

Furthermore:

> At the International Congress of Psycho-Analysis in 1975 in London, Leo Rangell, who was immediate past President, opposed this recommendation [that the analyst should approach the session without "memory and desire"] by saying that if he were to approach an analytic session in this vein he would not feel justified in charging a fee. [Symington and Symington 1996, p. 166]

In view of these harsh reactions, I felt that great courage and unabated faith were required for Bion to go on struggling and further elaborating his revolutionary ideas, which forged a completely new approach to analytic work. He veritably "*'dare[d] to disturb the universe'* of psychoanalytic ideas and beyond" (Grotstein 2007, p. 329, italics in original) and introduced "perhaps the greatest paradigm shift in psychoanalysis to date" (p. 12) in traditional psychoanalytic thinking and technique. "Psychoanalysis seen through Bion's eyes is a radical departure from all conceptualizations which preceded him" (Symington and Symington 1996, p. xii).

I will conclude this section with Grotstein's (2007) powerful words on the "Bionic revolution" for psychoanalysis:

> Bion crossed the Rubicon of psychoanalytic respectability in London and launched a metapsychological revolution whose echoes are still reverberating across the psychoanalytic landscape worldwide . . . .
>
> I believe that the concept of O transforms all existing psychoanalytic theories (e.g., the pleasure principle, the death in-

stinct, and the paranoid-schizoid and depressive positions) into veritable psychoanalytic manic defences against the unknown, unknowable, ineffable, inscrutable, ontological experience of ultimate being. [pp. 114, 121]

WINNICOTT: CLINICAL PSYCHOANALYSIS AT ITS MOST FORMATIVE EDGE

> I am asking for a kind of revolution in our work. Let us re-examine what we do.
>
> —Winnicott, "DWW's Notes for the Vienna Congress, 1971" (never presented because of his untimely death)[7]

"In essence, from his early days as a psychoanalyst, Winnicott's quest is to address the stage of human development that precedes object relations," writes Abram (2008, p. 1189). I would suggest that from the outset and over the years, Winnicott's way of exploring, experiencing, and practicing psychoanalysis consistently offered a revolutionary change in psychoanalysis, one based on "essentially natural processes" (Winnicott 1989, p. 156). His core ideas of self-development and human subjectivity evolved out of very early infantile psychic processes and environmental mother–infant relatedness that precede object relationships, and these are powerfully applied to the treatment process and situation. His fundamental model of psychoanalytic treatment is the mother–infant, mother–child relationship.

Winnicott's important theoretical contributions have been thoroughly and comprehensively described (Abram 2007, 2008, 2013; Caldwell and Joyce 2011; Dethiville 2014; Dias 2016; Eigen 1981, 2009; Fulgencio 2007; Girard 2010; Goldman 2012; Loparic 2002, 2010; Ogden 1986, 2001, 2005b; Phillips 1988; Spelman 2013; Spelman and Thomson-Salo 2015). In this context, Loparic (2002, 2010) claims that Winnicott's theoretical thinking with regard to mother–baby, two-body psychoanalysis constitutes a Kuhnian paradigm change in Freud's oedipal, triangular psychoanalysis—a claim subsequently referred to by Fulgencio (2007), Abram (2008, 2013), Eshel (2013a), Minhot (2015), and Dias (2016). Minhot (2015) extends this viewpoint to apply to the

[7] Quoted by Abram (2013, pp. 1, 312).

profound change in Winnicott's thinking regarding the core aspects of *feeling alive* or *feeling real* that were not considered by traditional psychoanalysis and to the shift from a language of instincts and wishes to a language of needs and environment.

I have chosen, rather, to focus on and reexamine the revolutionary vision of Winnicott's *clinical* thinking, which is linked to his theory of regression. This essentially means moving experientially *beyond the space–time confines of traditional clinical psychoanalysis* to work with primal processes in the treatment situation and setting, thus reaching and correcting basic self-processes and unthinkable early breakdown—and enlarging the scope of psychoanalytic practice. "There was no class of illness that he [Winnicott] considered impossible to analyze, as Freud regarded narcissistic neuroses and psychoses" (Little 1985, p. 39).

In a previous paper (Eshel 2013b), I related in detail Winnicott's unique clinical thinking as constituting a paradigm shift, drawing primarily on his revision of the foundations of clinical psychoanalysis, and I entitled it "Reading Winnicott into *Nano-Psychoanalysis*." The title refers to concepts and terminology borrowed from nanoscience and nanotechnology, and in particular to physicist Richard Feynman's (1959) visionary presentation hailing nanotechnology and its radical potential: "There's Plenty of Room at the Bottom—An Invitation to Enter a New Field in Physics." I paraphrased this title and applied it to Winnicott and to psychoanalysis, as an invitation to enter and develop a new field of psychoanalysis. Indeed, Winnicott's psychoanalytic thinking, and particularly his clinical-technical theory with its emphasis on regression in the treatment of more disturbed patients, shares the fundamental principle proposed by Feynman and nanotechnology—that of going back to the "bottom," to the elemental early states and processes and to early mothering techniques, thereby enabling the initiation of formative developmental processes.

In my view, this is a psychoanalytic revolution that has been in process since the beginning of Winnicott's writing, although he tried to view his theory of regression in the analytic situation as an extension of Freud's work to areas Freud had not addressed (Winnicott 1954a, 1964, 1969). Only at the very end of his life did he venture "asking for a kind of revolution in our work" (quoted by Abram 2013, pp. 1, 312).

Abram (2013), too, writes about this:

> Perhaps by now, so near to death, Winnicott was able to articulate something that he had been in the process of since 1945—a psychoanalytic revolution. Thomas Kuhn had only just published his book *The Structure of Scientific Revolutions* (1962), and although Winnicott never refers to this book, his use of this word at the beginning of these notes suggests that he intuited his formulations were moving psychoanalysis toward something new. [p. 313]

In this regard, Phillips (1988) writes that Winnicott introduced important "innovations in psychoanalytic practice and technique followed by explicit assertions of the continuity of his work with a more orthodox psychoanalytic tradition," which represent "in fact, a certain disingenuousness in the way Winnicott disguises his radical departures from Freud" (p. 5).

Similarly, Mitchell (1993) contends:

> Winnicott had a tendency to introduce his extremely innovative contributions with references to nonneurotic psychopathology and therefore outside psychoanalysis proper. Over time, the contributions broadened in their implications, and it became clear that Winnicott had introduced a novel vision of the analytic process itself. He came to see regression as a central feature of the therapeutic action of analysis, and regression has everything to do with hope. [pp. 206-207]

Home (1966) stated in a lecture at the British Psycho-Analytical Society that with regard to

> . . . the psycho-analytic theory of regression, in which there are two sorts of regression—ego regression and instinct regression, when Winnicott (1954) presented his clinical experiences of regression in analysis, . . . he found that it fell into neither category. This meant that, strictly speaking, it could not exist as regression so far as psycho-analytic theory was concerned. [p. 46]

In effect, over the years Winnicott explored, described, and struggled, theoretically and clinically, with "any degree" of regression to

dependence, especially in the treatment of severely disturbed patients and also in difficult treatment situations with neurotic patients (1949a, 1949b, 1954a, 1954b, 1955–1956, 1963, 1964, 1967, 1988a, 1988b; see also Little 1985). He "fully believe[d]" that regression must be allowed "absolutely full sway" (Winnicott 1954a, p. 279), even to the earliest stages of prenatal life and rebirth. For regression carries with it, within the analytic process, the hope of and a new opportunity for reliving and correcting the original maternal failure and inadequate adaptation to need in the patient's infancy, and the early traumatic unthinkable breakdown that happened at the time of early environmental failure. According to Winnicott:

> All this can be very clearly demonstrated in psychoanalytic work provided one is able to follow the patient *right back in emotional development as far as he needs to go*, by regression to dependence, in order to get behind the period at which impingements became multiple and unmanageable. [1949a, pp. 192-193, italics added]

There, by providing the needed environmental essentials of holding, adaptation to need, and reliability, which should have been provided earlier but were not available, he creates for the first time in the patient's life a facilitating environment in which development can start anew.

REGRESSION IN THE PRESENT TENSE

In Winnicott's revolutionary clinical model of regression and its healing quality, "the self cannot make new progress unless and until the [frozen] environment failure situation is [unfrozen and] corrected" (1954a, p. 291) through the analytic setting and process; unless and until the deeply traumatic origins of the unthinkable, not-yet-experienced breakdown—which is therefore "past and future," never and forever—are relived and experienced "for the first time in the present" in the treatment experience with the analyst (1974, p. 179). It is not a linear return to the past. The regression to dependence and early psychic processes in treatment calls forth *a radical possibility of actually influencing and altering the patient's "past and future" in the present*, by

> . . . allow[ing] the past to *be* the present. Whereas in the transference neurosis the past comes into the consulting-room, in this work it is more true to say that the present goes back into the past, and *is* the past. Thus the analyst finds himself confronted with the patient's primary process in the setting in which it had its original validity. [Winnicott 1955–1956, pp. 297-298, italics in original]

Furthermore, Winnicott posits:

> Let me add that for Freud there are three people, one of them excluded from the analytic room. If there are only two people involved then there has been a regression of the patient in the analytic setting, and the setting represents the mother with her technique, and the patient is an infant. There is a further state of regression in which there is only one present, namely the patient, and this is true even if in another sense, from the observer's angle, there are two. [1954a, p. 286]

This enables moving beyond the space–time confines of traditional clinical psychoanalysis and techniques to encompass and influence primal stages and processes of development, so that the treatment process actualizes a new experiential possibility within a new psychic environment.[8] The regression creates what has not existed and could not exist before. Winnicott writes:

> In a peculiar way we can actually alter the patient's past, so that a patient whose maternal environment was not good enough can change into a person who has had a good enough facilitating environment, and whose personal growth has therefore been able to take place, though late. [1988a, p. 102]

And through Winnicott's words that convey and describe this innovative clinical-technical thinking, there emerge his profound belief, hope, quest, and yearning for a psychoanalytic treatment that would enable a new opportunity for correcting past experiences and forward emotional development for all patients, especially severely disturbed ones. This can

[8] *Actualize* is intended here in its two meanings: "In the present and in the process of actualization, that is, trying to bring into existence what didn't happen" (Pontalis 2003, p. 45).

transpire if the analyst is willing to go back "in emotional development as far as . . . [the patient] needs to go" (Winnicott 1949a, p. 192); to meet and adapt to the very basic needs of the patient; to contend with the depth of the regression, the profound dependence, the "exacting," specialized early environmental provision that is needed within each treatment of regressed patients; and to cope with the terrors involved.

Winnicott particularly relates to the need for therapeutic regression in the psychoanalytic treatment of schizoid, false self, borderline, and psychotic disorders (which constitute the third, most regressed group in Winnicott's 1954a classification).[9] Of the psychotic patient, he writes:

> The regression represents the psychotic individual's hope that certain aspects of the environment which failed originally may be relived, with the environment this time succeeding instead of failing in its function of facilitating the inherited tendency in the individual to develop and to mature. [1959–1964, p. 128]

Winnicott was very much aware of the great difficulties met in the course of psychoanalytic work with long, deep, or "total" regressions to dependence, which around the same time bothered two of his contemporaries—Balint in London and Nacht in Paris. Balint (1968, with regard to the *basic fault* psychopathology), Nacht (1963), and Nacht and Viderman (1960) also dealt with the place of therapeutic regression in the psychoanalytic situation, but with rather restrained and cautious clinical-theoretical conclusions (Eshel 2013b). The last twenty years have given rise to several critical reflections on this way of working with more disturbed patients, and its utility and necessity have been questioned (Spurling 2008; Tyson and Tyson 1990) and criticized (Segal 2006). But Winnicott's clinical thinking insists on the fundamental transformative importance of such regressions for the patient, the analyst, and clinical psychoanalysis. He therefore emphasizes that the analyst must be experienced at meeting the dependence and managing the regressed patient

[9] From my clinical experience, I would add patients with severe sexual perversions to this list of those in the most regressed group (Eshel 2005).

during this stormy, primal, and needy state. Referring to a severely regressed analytic case that he has "all the time in mind," he writes:

> I cannot help being different from what I was before this analysis started . . . . This one experience that I have had has tested psycho-analysis in a special way and has taught me a great deal.
>
> The treatment and management of this case has called on everything that I possess as a human being, as a psycho-analyst, and as a paediatrician. I have had to make personal growth in the course of this treatment which was painful and which I would gladly have avoided. In particular I have had to learn to examine my own technique whenever difficulties arose, and it has always turned out in the dozen or so resistance phases that the cause was in a counter-transference phenomenon which necessitated further self-analysis in the analyst . . . .
>
> The main thing is that in this case, as in many others that have led up to it in my practice, I have needed to re-examine my technique, even that adapted to the more usual case.
>
> [Winnicott 1954a, p. 280]

Elsewhere, in a very different tone, Winnicott characteristically addresses this point through the baby:

> I am still referring to the very early stages. Certainly there is something that happens to people when they are confronted with the helplessness that is supposed to characterize a baby. It is a terrible thing to do to plant a baby on your doorstep, because your reactions to the baby's helplessness alter your life and perhaps cut across the plans you have made. This is fairly obvious but it needs some kind of restatement in terms of dependence . . . . We could almost say that those who are in the position of caring for a baby are as helpless in relation to the baby's helplessness as the baby can be said to be. Perhaps there can be a battle of helplessness. [1988b, pp. 102-103]

Thus, Winnicott's clinical theory of regression, with its invitation to go back and enter the most fundamental, elemental, and early states in order to enable new developmental processes (in Winnicott's theory, this

relies heavily on mother–infant natural processes[10]), offers a living experiential possibility for broadening the reach of psychoanalytic practice. In my view, his thinking characterizes clinical psychoanalysis at its most formative edge.

CLINICAL ILLUSTRATIONS

Vexed, Bion (1992) writes:

> There are many interpretations I could give and have given in the past. They are apparently quite ineffectual, there seems to be no particular point in repeating them. What, I wonder, can have happened to them? Years of analytic interpretations, and patience and knowledge that go with them, have been swallowed up by him, or poured into him by me, without apparently leaving the slightest trace. [pp. 219-220]

It is difficult to convey through brief clinical illustrations the radical move from the analyst's epistemological position to the more fundamental and more enigmatic *experiencing-with, becoming,* and *being at-one with* the patient's unthinkable psychic reality. To this end, I will first demonstrate the kind of Kleinian-based interpretations that Bion gave during the epistemological period (to which he referred in the passage quoted previously). I have chosen to quote the interpretations he presented in clinical example (vi) in his October 20, 1957, lecture to the British Psychoanalytic Society on "Attacks on Linking" (1959). This clinical example also allows me to introduce Winnicott's very different approach to similar symptoms and immense fear in the session, as described by Little (1985). Winnicott emphasized regression in the transference as his alternative way of understanding, experiencing, reliving, holding, and interpreting the session when working with regressed patients—an approach that had already characterized his mode of interpreting since 1949. I will then relate to Bion's clinical statements regarding the examples from his

[10] In my opinion, Winnicott has introduced the most extreme theoretical and clinical-technical psychoanalytic thinking evolving out of earliest human infancy. However, the shift toward primal forms in clinical psychoanalysis does not have to be limited solely to mother–infant natural processes and states, as can be seen in the writings of Searles (1961, 1986) and Botella and Botella (2005).

Los Angeles seminars (2013), at the critical point of the transformation in his clinical thinking, as put forth in his controversial paper "Notes on Memory and Desire" (1967a), discussed earlier in this paper. And finally, I will present a clinical example of my own.

BION AND WINNICOTT: ATTACK ON LINKING OR DEEP REGRESSION TO REBIRTH

In his lecture of October 20, 1957, Bion (1959) described six clinical examples showing the significance of destructive attacks on linking seen in some symptoms encountered in borderline psychosis, and he discussed the interpretations he gave the patient regarding his "conduct designed to destroy whatever it was that linked two objects together" (p. 308).

I will focus on clinical example (vi):

> Half the session passed in silence; the patient then announced that a piece of iron had fallen on the floor. Thereafter he made a series of convulsive movements in silence as if he felt he was being physically assaulted from within. I said he could not establish contact with me because of his fear of what was going on inside him. He confirmed this by saying that he felt he was being murdered. He did not know what he would do without the analysis as it made him better. I said that he felt so envious of himself and of me for being able to work together to make him feel better that he took the pair of us into him as a dead piece of iron and a dead floor that came together not to give him life but to murder him. He became very anxious and said he could not go on. I said that he felt he could not go on because he was either dead, or alive and so envious that he had to stop good analysis. There was a marked decrease of anxiety, but the remainder of the session was taken up by isolated statements of fact which again seemed to be an attempt to preserve contact with external reality as a method of denial of his phantasies. [1959, pp. 309-310]

Winnicott's very different approach to similar symptoms and immense fear in the session is described by Little (1985) in her "personal record" of "Winnicott working in areas where psychotic anxieties pre-

dominate," as she entitled her account. Since her analysis with him lasted from 1949 until 1955, and this was early in the analysis, we may assume that it was around 1950. She wrote:

> Throughout a whole session I was seized with recurring spasms of terror. Again and again I felt a tension begin to build up in my whole body, reach a climax, and subside, only to come again a few seconds later. I grabbed his hands and clung tightly till the spasms passed. He said at the end that he thought I was reliving the experience of being born; he held my head for a few minutes, saying that immediately after birth an infant's head could ache and feel heavy for a time. All this seemed to fit, for it was birth into a relationship, via my spontaneous movement which was accepted by him. Those spasms never came again, and only rarely that degree of fear. [p. 20]

This is indeed a very different way of understanding, experiencing, reliving, holding, and interpreting convulsive symptoms and terror in the session. For Winnicott, in *regression to dependence* the patient is not responding defensively, but "regresses because of a new environmental provision which allows of dependence . . . . It is another thing if a patient breaks down into some new environment provision that offers reliable care . . . [and a] new opportunity for dependence" (1967, p. 197).

Winnicott further writes:

> In [these] . . . cases, I have found that the patient has needed phases of regression to dependence in the transference, these giving experience of the full effect of adaptation to need that is in fact based on the analyst's (mother's) ability to identify with the patient (her baby). In the course of this kind of *experience* there is a sufficient quantity of being merged in with the analyst (mother) to enable the patient to live and to relate without the need for projective and introjective identificatory mechanisms. [1971, p. 160, italics in original]

Winnicott thus emphasizes regression in the treatment experience that "reaches the limit of the patient's need," even to the earliest stages and rebirth, until, "at the bottom of the regression, there came a new chance for the true self to start" (1949b, pp. 249, 252).

Is it not amazing, and perhaps even terrifying, to think that "spasms of terror" (Little 1985, p. 20) can become a rebirth in analysis with Winnicott, while Bion (1959) interprets them as an (inner) murder, a destructive attack on linking in which the patient "took the pair of us into him as a dead piece of iron and a dead floor that came together not to give him life but to murder him" (p. 310)?

BION'S DIFFERENT WAY OF BEING AND RELATING—1967

Ten years after presenting it in lecture form, Bion republished "Attacks on Linking" (1959) in his book *Second Thoughts* (1967b). However, his controversial paper "Notes on Memory and Desire" (1967a) was also published that year, and as described earlier, it introduced a completely different mode of analytic work—of becoming at one with the psychic reality of the patient during the analytic session. The analyst is required to suspend memory, desire, and even understanding in order to prevent any "hindrance to the psychoanalyst's intuition of the reality with which he must be at one" (Bion 1967a, p. 272)—he is required to become all the more *intuit* (in-tu-it). Bion's clinical illustrations from this critical year were published only posthumously (Bion 2013). Another clinical illustration from 1967 (in March) was published under the entry "Reverence and Awe" in *Cogitations* (1992). These are also cases of psychotic and severely disturbed patients, but here Bion conveys a very different mode of "becoming" and not-becoming—a way of interpreting that radically challenges the all-knowing imposing position of the analyst seen in his earlier examples. He has come a long way from the Bion who knows and decodes everything militantly.

In the Los Angeles seminars, he says of his "actual experience" in the treatment of a psychotic patient:

> I had nothing to interpret to him. I did not know what to say about this. But it made the focusing point for a good deal of thought because one felt (as I felt about this) that I'd simply been handed it on a plate, and had failed to understand, and had failed to be able to make any contribution . . . . As far as I

> was concerned, it was simply a lost opportunity; I felt certain that it was very important. [Bion 2013, pp. 56-57]

It is interesting to add here what Bion (1992) powerfully states with regard to his March 1967 clinical example:

> While listening to the patient the analyst should dwell on those aspects of the patient's communication which come nearest to arousing feelings corresponding to persecution and depression . . . . I am fortified in this belief by the conviction that has been borne in on me by the analysis of psychotic or borderline patients. I do not think such a patient will ever accept an interpretation, however correct, unless he feels that the *analyst has passed through this emotional crisis as a part of the act of giving the interpretation*. [1992, p. 291, italics added]

CLINICAL EXAMPLE: A VOICE FROM A HAUNTING DUNGEON OF MADNESS

I would now like to demonstrate my way of understanding this *becoming at one* with the patient's unthinkable psychic reality with my own clinical example—also involving the treatment of a psychotic patient. This treatment took place a decade after Bion's 1967(a) paper, very early on in my therapeutic work as a clinical psychologist, when I was not yet familiar with these writings of Bion and Winnicott. However, for both Bion and Winnicott, the truest form of learning is *learning from experience* (Bion) and from *my clinical experiences* (Winnicott), and I was working deeply within the clinical experience.

Due to extraordinary circumstances, Nir was referred to me for intensive psychotherapy in the state psychiatric hospital in which I was working. He was about thirty years old, the only son of elderly Holocaust survivors, and had been hospitalized for years in an open ward of the hospital with an indeterminate diagnosis of schizophrenia. Nir was extremely closed and cut off, having no contact with anyone in the hospital—neither patients nor staff. As his intellectual functions were unimpaired and his thinking appeared logical, he served as the editor of the hospital newsletter. In fact, he could have been discharged were it not for his sudden and severe, occasional suicide attempts that endan-

gered him and his surroundings. After each of these attempts, he was transferred to a locked ward, where he would remain for a week or two. However, due to his unimpaired intellectual state, there was no point in keeping him there for long, and thus he was transferred back to the open ward until he unexpectedly again made another severe suicide attempt, usually in the dead of night when security was minimal.

Nir's suicide attempt prior to starting treatment with me was extremely serious. He hung himself from a rope above his bed and set his mattress on fire to burn himself to death. He was freed from the hanging rope at the last moment and the flames were extinguished; however, many patients had to be evacuated from the panic-stricken, smoke-filled ward, a particularly difficult undertaking as most of them were under the influence of sleeping drugs. Nir was again moved to a locked ward, but it was clear that things could not continue in this way, and that if no solution could be found, he would have to be transferred to a closed psychiatric facility for chronic patients.

Therefore, in a last-ditch effort, the hospital manager and the chief psychologist came up with the idea that if someone could manage to establish therapeutic contact with Nir and talk to him, it might be possible to preempt future suicide attempts. But since Nir was so cut off, the ward clinicians did not see any possibility of establishing a therapeutic relationship with him themselves, and I was asked to take the case since I was dealing with severe cases in the hospital.

And so Nir and I began treatment. We met three times a week. The sessions were extremely difficult. Nir came to the sessions but scarcely spoke; he was very detached and impenetrable, avoided eye contact, and was withdrawn somewhere into his own world. But he did reply when I asked him questions.

Regardless of the season, I would wipe drops of sweat from my brow at the end of each session with Nir. Yet with time, a hidden sense of contact slowly began to be felt, though in the innermost psychic underground—unseen and inaccessible to any questioning. After nine months, Nir unexpectedly told me his greatest secret. He said that he did not want to commit suicide; he did not wish to die, but the Secret Service was sending people to capture and torture him and then execute him. Therefore, when he saw them coming, he would rather kill himself than be subjected by them to such unbearable suffering.

When Nir finished speaking, I knew he had told me his deepest, most precious secret, the inner sanctum of his psychic reality. At that moment, starkly gripped by feelings of the screaming voice of dread and crucial urgency that filled the room, I found myself saying, "Nir, next time they come, come to me and I'll protect you."

Nir stared at me with a direct, intent look. It was the first time that I had seen his eyes, which were an extraordinarily light blue, almost water-like, as though they had not been designed for seeing. It was hard to know what he was thinking.

After a long pause, he asked, "Will you?" "Yes," I replied. Then he asked, "And if you're with another patient?" "Then knock on my door, and I'll come out to protect you," I replied. "All right," he said.

Nir never attempted another suicide. The hospital staff was overwhelmed. I continued to work with him for years; this great change allowed him to leave the hospital and live with his parents.

Writing now in current terms that I did not know back then, I think that this vignette illustrates my *becoming at-one* with the dread of the patient's psychic reality. I had completely *been-with* his dread and profound need to be rescued, and this enabled him to risk accepting my promise to protect him without questioning just how a young female psychologist (a slender, rather pale, and delicate-looking one) would be able to protect him from a terrifying gang of Secret Service assassins. I might also point out that he did not ask how I would protect him if they showed up at the hospital at 3:00 a.m.—the time he usually made his suicide attempts—while I was at home. He asked only that I make myself totally available to him when he called me, and that I not leave him to battle all alone through a "dark night of the soul."

I have recounted what being *in-tu-it,* within the patient's innermost, mad psychic reality, enabled me to see and be in the case of Nir. As Eigen (2004) expressed it: "It [became] . . . clear to me that no amount of defensive imposition on deep madness would win the day. Something had to happen on the level of the madness itself" (p. 171).

In the many years that have passed since I treated Nir, I have come to realize that transformation in the most cut-off, blocked, deadening, empty, desperate, and despairing psychic zones—zones of psychic breakdown, madness, annihilation, and catastrophe—may become possible

only when the analyst/therapist is willing and able to *be-within* (and *with-in*) the patient's experiential world and within the grip of the analytic process, with the ensuing patient-analyst deep-level interconnectedness or "witnessing" psyche-with-psyche (Eshel 2004, 2005, 2006, 2010, 2012, 2013a, 2016a, 2016b). This interconnectedness, which becomes at-one-ement when the analyst puts him-/herself entirely within the patient's emotional reality, is difficult and demanding, an unyielding, ongoing struggle with the underlying catastrophe to reach a new and formative, deep experiencing, beyond epistemological exploration-K. "The analyst apprehends that reality because he has *become it in the depth of his being,*" write Symington and Symington (1996, p. 166, italics added).

CONCLUDING THOUGHTS: READING LATE BION AND WINNICOTT INTO "QUANTUM PSYCHOANALYSIS"

Having reviewed the principal radical clinical ideas in late Bion and in Winnicott and presented some clinical illustrations, I would now like to offer my own rendering of these ideas and the meaning and implications of the psychoanalytic revolutionary change that they introduced.

Toward this aim, I will first return to Vermote's (2013) integrative model of psychic functioning for dealing with the unknown—which identifies three distinct zones or modes of psychic functioning, each with varying degrees of differentiation, different psychoanalytic models, and clinical implications for the analyst—to describe the scope of psychoanalytic work: reason (Freud, Klein); transformation in Knowledge (Bion, Marty, de M'Uzan, Bollas, Botella and Botella, Ogden, Ferro); and transformation in O, when dealing with the most unthought, unknown, undifferentiated mode of psychic functioning (Winnicott, Milner, late Bion, late Lacan). I argued earlier, using Kuhnian terminology, that Vermote's mode 2, *transformation in Knowledge,* constitutes an extension of the existing psychoanalytic paradigm, while mode 3, *transformation in O,* introduces a revolutionary shift.

I would add here that the shift in psychoanalysis over the past decades has been primarily from a classical one-person psychology (mode 1) to the intersubjective domain and the theories of the analytic field

generated between the subjectivities of patient and analyst (mode 2). But Winnicott's and late Bion's revolutionary ideas enable us to go further, beyond intersubjectivity and analytic field theories, to a more radical *patient-analyst being-in-oneness*. While the shift from an intrapsychic to an intersubjective model has required a leap away from the assumptions of a one-person psychology, I am suggesting that we leap again—this time away from a model in which the field is limited to what is generated dyadically (Eshel 2016a, 2016c; Tennes 2007) and into a mode of at-one-ment and be(com)ing-in-oneness that is fundamentally inseparable into its two participants (Grotstein 2010)—an analytic oneness at a primordial point of origin that transcends the duality of patient and analyst. The shift, then, is from getting to know the reality of the patient's experience (K) to becoming at-one with the psychic reality of the patient (O) as the crucial starting point.

Continuing with this framework, I wish to suggest a further categorization of varying states of the unknown or unthought:

> Unconscious-conscious: mode 1, consisting of psychic material that could have been repressed.
>
> The unrepressed unknown: modes 2 and 3, ranging from traumatically dissociative processes (mode 2) to primordial, unknown, and unknowable unrepresented processes (mode 3)—neither of which could be repressed (Bergstein 2014, *the unrepressed unconscious;* Levine, Reed, and Scarfone 2013, *unrepresented states*).

The strength of the words *unthinkable states of affairs* of early breakdown (Winnicott) and *catastrophic emotional explosion* (Bion) captures the difference in intensity between mode 2 and mode 3. This intensity is related to the extent of the traumatization and of the failure of not being held and contained at the time, as well as to how early it occurred, since early trauma breaks the personality that forms at the beginning of an individual's life. According to Winnicott (1967), the varieties of experience of "unthinkable" or "psychotic" anxiety can be classified "in terms of the amount of integration that survived the disaster" of early environmental failures (p. 198).

Thus, mode 2 is the mode of the "traumatic" unknown that remains at the level of representations or that can be transformed by analytic representations (Vermote 2013), while mode 3 is the mode of the primordial unknowable and unthinkable realm of experience—in particular, the great unknown of mental catastrophe, early breakdown, and madness. In Bion, this mode is the *domain of the non-existent* (Bion 1970), a *nameless dread* (Bion 1962), "a breakdown of dream-work-a" (Bion 1992, p. 59), and the *dark night of/to the soul,* which is the "'dark night' to K" in analytic work (Bion 1965b, p. 159); "it is off the ends of the spectrum" (Bion 2013, p. 63).

In Winnicott, this mode is the agonizing, unthinkable early breakdown or madness that has already happened but could not be experienced (Winnicott 1965, 1974) and therefore is "unlived" (Ogden 2014) and "undreamt" (Ogden 2005a, 2005c); it is x+y+z degree of mother deprivation in which the baby has experienced a break in life's continuity (Winnicott 1971), an annihilation before the person even existed (Little 1985). It is also *a-void*—to avoid the void of Bion's *domain of the nonexistent,* or nothingness (Emanuel 2001). Also relevant here is Lopez-Corvo's (2014) description of "early or preconceptual traumas" that represent "living fossils" (pp. xxvii, 44) left in the mind by psychic traumas that took place at a time when a mind capable of digesting and containing the impact of such psychic facts did not exist—and also, and very significantly, when the mother's alpha function had also failed.

It is interesting to note that Winnicott and Bion use similar words to describe this unrepresented, unknown zone of early breakdown and catastrophe. Winnicott writes:

> The patient needs to "remember" this but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to. [1974, p. 105]

Bion describes "something that is unconscious and unknown because it has not happened" (1970, p. 35).

Rather than an epistemological exploration for recovering repressed material (mode 1) and the need for the analyst's reverie, dream-thought, and containing capacity for further epistemological exploration and

transformation of the unbearable traumatic unknown (TK, mode 2), the depths of the unknown and unknowable mode 3, which is unrepresented, unthinkable, and unexperienced, are beyond the limits of the level of representations and analytic thinking. *The unthinkable cannot be thought, but only relived and gone through with the analyst.*

Thus, "real psychic change" happens in mode 3 (Vermote 2013) at the level of the radical ontological experience of patient-and-analyst's being-in-oneness at a primordial point of origin: for Bion, it is the primacy of the analyst becoming at-one with the patient's unknown and unknowable, ultimate reality-O. For Winnicott, patient and analyst become merged in primary relatedness within deep therapeutic regression, akin to the early two-in-one of mother–baby; this offers a crucially new opportunity for correcting past experiences and for forward emotional development (Winnicott 1954a), which is life-giving (Vermote 2013). It is therefore essential to the practical work of psychoanalysis. For only the great intensity of be(com)ing at-one with the patient's unknown and unknowable ultimate emotional reality can reach these innermost *annihilated-annihilating states of ultimate trauma and create a new experience* within the depths of core catastrophe, unthinkable breakdown, and madness.

I believe that this radical and profound importance of essential *being* is conveyed in Bion's much-criticized mystical statement that O is "represented by terms such as ultimate reality, absolute truth, the godhead, the infinite, the thing in-itself . . . . It can be 'become,' but it cannot be 'known'" (Bion 1970, p. 26). The most criticized of these daring terms, "godhead" (which Grotstein [2007] suggests reading as *godhood*), becomes much more understandable if we consider the closeness of the association between unknown infinite, ultimate *being*, and the biblical Hebrew name for God (Exodus, 3:14). This name for God is derived from a verb that means *to be, to become,* and is most commonly translated as "I AM THAT I AM" or "I shall be what I shall be." (In Hellenistic Greek Jewish literature, this phrase was rendered in Greek as *ego eimi ho on*—"I am the BEING.") It is God's response when Moses asks for his name. And it appears in a chapter that is impregnated with a call for being, with Moses answering God's call out of the midst of the burning bush: "Here am I" (3:4); and God promising him: "Certainly I will be

with thee" (3:12). "Thus shalt thou say unto the children of Israel: I AM hath sent me unto you" (3:14).

Winnicott similarly refers to this essential state of being in his paper "*Sum*, I AM" (1986). With regard to the early Hebrew name for God, he writes:

> Monotheism seems to be closely linked to the name I AM. I am that I am. (*Cogito, ergo sum* is different: *sum* here means I have a sense of existing as a person, that in my mind I feel my existence has been proved. But we are concerned here with an unselfconscious state of being, apart from intellectual exercises in self-awareness.) [p. 57]

I would now like to elaborate further on the meaning of my contention that late Bion's and Winnicott's radical clinical ideas introduce a revolutionary approach in traditional clinical psychoanalysis. The essential being and at-one-ment at the heart of these revolutionary contributions regarding the patient's primordial unknown and unknowable psychic reality summon to my mind the quantum mechanics revolution in 20th-century physics; for with this revolution, we move into a probabilistic, entangled realm of unity rather than division, of profound interconnectedness rather than separateness, that operates at deep, invisible levels. This is underscored by Grotstein's (2007) radical choice of words when he states that late Bion, in his concept of O,

> . . . turned to Heisenberg's concept of uncertainty.[11] . . . His psychoanalytic precision changed to a stoic acceptance of uncertainty, the ultimate result being his psychoanalytic metatheory, arguably the most far-reaching paradigm shift in psychoanalytic history and the most suitable one to date to anticipate the newer era of relativism, probabilism, and uncertainty. [p. 16]

Furthermore, Grotstein states that "Bion's metapsychological revolution . . . perforated the flat world of Freud's and Klein's positivism (the instinctual drives as first cause) and introduced inner and outer cosmic uncertainty, infinity, relativism, and numinousness as its successor" (2007, p. 114). This view is in sharp contrast to Blass's concern (2011, 2012)

[11] I recently learned that in the 1970s, Bion frequently talked about the uncertainty principle (Reiner 2015).

over whether late Bion's and especially Winnicott's clinical innovations can actually coexist with traditional concepts and practices in psychoanalysis, or whether they go "beyond the limits of psychoanalysis" (Blass 2012, p. 1441). But are there limits to psychoanalysis and to its quest to reach the suffering human psyche? Should clinical psychoanalysis shy away from following the more radical possibilities that the revolutionary ideas of Winnicott and late Bion provide?

In modern physics, different paradigms—classical physics and quantum mechanics—do coexist (Kuhn 1962). Whereas classical physics is based on assumptions of linear causality, determinism, and a sharp separation between observer and observed, quantum mechanics introduced into scientific thinking enigmatic principles of uncertainty and inseparability of observer and observed, the crucial formative effect of the process of observation, and the fundamental organization of unbroken wholeness that underlies our perceived world of separateness at the particle level (Bohm 1980; Botella and Botella 2005; Eshel 2002, 2005, 2006, 2010, 2013a, 2013b; Field 1996; Godwin 1991; Kulka 1997; Mayer 1996; Sucharov 1992; Suchet 2017).

Physicist David Bohm (1980) describes the *quantum interconnectedness of distant systems* and the *implicate order* (or *enfolded* order) as a deeper and more fundamental order of reality, in contrast to the "explicate or unfolded" order that humans normally perceive. I believe that the fundamental claim of quantum physics finds its quantum-like psychoanalytic counterpart in the revolutionary ideas of late Bion and Winnicott, and the elemental, unified counterpart in psychoanalysis that they conceptualized may be described as the implicate order of psychoanalysis.

Thus, I would propose that the profound change introduced by late Bion's and Winnicott's revolutionary theoretical and clinical-technical thinking, and especially their revision of the foundations of clinical psychoanalysis, is to classical psychoanalysis what quantum physics is to classical physics.[12] Hence, I would term their thinking *quantum psychoanalysis* (and more specifically, Winnicott's theoretical and clinical thinking—*nano-psychoanalysis*—with its quantum effects [Eshel 2013b]),

[12] For an explanation of what I view as the quantum-like psychoanalytic counterpart, see Eshel (2002, 2010).

and it may coexist with classical psychoanalysis in the same way that classical physics coexists with quantum physics.

FINAL NOTES ON "QUANTUM PSYCHOANALYSIS"

In the context of the quantum revolution in physics, it is interesting to note the *practical meaning* of the assimilation of quantum theory into the older paradigm of classical physics. Kuhn (1962) recounts that after Heisenberg's paper on matrix mechanics pointed the way to a new quantum theory, Wolfgang Pauli wrote, "Heisenberg's type of mechanics has again given me hope and joy in life. To be sure, it does not supply the solution to the riddle, but I believe it is again possible to march forward" (Pauli quoted by Kuhn 1962, p. 84).

However, when Kuhn (1962) addresses the practical aspect of the assimilation of quantum theory into classical physics, it is in a far more pragmatic way than when he relates to the emergence of a new theory:

> The transition from Newtonian to quantum mechanics evoked many debates about both the nature and the standards of physics, some of which continue . . . .
>
> How can a change of paradigm ever affect only a small subgroup? . . .
>
> Consider, for a single example, the quite large and diverse community constituted by all physical scientists. Each member of that group is taught the laws of quantum mechanics, and most of them employ these laws at some point in their research or teaching. But they do not all learn the same applications of these laws, and they are not therefore all affected in the same way by changes in quantum-mechanical practice . . . . What quantum mechanics means to each of them depends upon what courses he has had, what texts he had read, and which journals he studies. It follows that, though a change in quantum-mechanical law will be revolutionary for all these groups, a change that reflects only on one or another of the paradigm applications of quantum mechanics need be revolutionary only for the members of a particular professional subspecialty. [1962, pp. 48-50]

I believe that it is the same with the new paradigm applications of "quantum psychoanalysis" (Gargiulo 2016; Suchet 2017).

For me, the revolutionary ideas of late Bion and of Winnicott are profoundly important, both theoretically and practically; they constitute a rainbow's edge where patient–analyst "quantum interconnectedness" or at-one-ment comes into being to provide a formative matrix and a mode of transformation that relationships cannot offer at deeper levels of disturbance. This *ontological experience*, suspended, even if momentarily, from epistemological and relational discourse, becomes an experience and language of new possibility, especially within states of breakdown, devastation, core deadness, and emptiness. It is, in my view, the place wherein lies the very core of psychoanalysis and, I would add, its wonder.

REFERENCES

Abram, J. (2007). *The Language of Winnicott: A Dictionary of Winnicott's Use of Words*. London: Karnac.

——— (2008). Donald Woods Winnicott (1896–1971): a brief introduction. *Int. J. Psychoanal.*, 89:1189-1217.

——— (2013). DWW's notes for the Vienna Congress, 1971. In *Donald Winnicott Today*. London/New York: Routledge, pp. 1-25; 302-330.

Balint, M. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. London: Tavistock/Routledge.

Bergstein, A. (2014). Beyond the spectrum: fear of breakdown, catastrophic change and the unrepressed unconscious. *Rivista di Psicoanalisi*, 30:4.

Bernat, I. (unpublished). Negation as a method for psychoanalytic discoveries: Bion's turning-point in "Notes on Memory and Desire" and beyond. Paper presented at the Israel Psychoanalytic Society, December 2016.

Bion, W. R. (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.

——— (1962). *Learning from Experience*. London: Maresfield Library/Karnac.

——— (1963). *Elements of Psycho-Analysis*. London: Maresfield Library/Karnac.

——— (1965a). Memory and desire. In *The Complete Works of W. R. Bion*, ed. C. Mawson. London: Karnac, 2014.

——— (1965b). *Transformations: Change from Learning to Growth*. London: Tavistock.

——— (1967a). Notes on memory and desire. *Psychoanal. Forum*, 2:272-273; 279-280.

——— (1967b). *Second Thoughts: Selected Papers on Psycho-Analysis*. London: Karnac, 1984.

——— (1970). *Attention and Interpretation*. London: Maresfield Library/Karnac.

——— (1982). *The Long Week-End, 1897–1919: Part of a Life*. Abingdon, UK: Fleetwood Press.

——— (1991). *A Memoir of the Future.* London: Karnac.
——— (1992). *Cogitations.* London: Karnac.
——— (2005). *The Tavistock Seminars.* London: Karnac.
——— (2013). *Los Angeles Seminars and Supervisions,* ed. J. Aguayo & B. Malin. London: Karnac.
Blass, R. B. (2011). Introduction to "On the Value of 'Late Bion' to Analytic Theory and Practice." *Int. J. Psychoanal.*, 92:1081-1088.
——— (2012). "On Winnicott's Clinical Innovations in the Analysis of Adults": introduction to a controversy. *Int. J. Psychoanal.*, 92:1439-1448.
Bohm, D. (1980). *Wholeness and the Implicate Order.* London: Routledge/Kegan Paul.
Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability: Mental States without Representation.* Hove, UK/New York: Brunner-Routledge.
Britton, R. (1998). *Belief and Imagination: Explorations in Psychoanalysis.* London/New York: Routledge.
Brown, L. J. (2012). Bion's discovery of alpha function: thinking under fire on the battlefield and in the consulting room. *Int. J. Psychoanal.,* 93:1191-1214.
——— (2013). Bion at a threshold: discussion of papers by Britton, Cassorla, Ferro and Foresti, and Zimmer. *Psychoanal. Q.,* 82:413-433.
Caldwell, L. & Joyce, A., eds. (2011). *Reading Winnicott.* London/New York: Routledge.
Dethiville, L. (2014). *Donald W. Winnicott: A New Approach,* trans. S. G. Levy. London: Karnac.
Dias, E. O. (2016). *Winnicott's Theory of the Maturational Processes.* London: Karnac.
Eigen, M. (1981). The area of faith in Winnicott, Lacan, and Bion. *Int. J. Psychoanal.*, 62:413-433.
——— (2004). *The Sensitive Self.* Middletown, CT: Wesleyan Univ. Press.
——— (2009). *Flames from the Unconscious: Trauma, Madness, and Faith.* London: Karnac.
——— (2012). *Kabbalah and Psychoanalysis.* London: Karnac.
——— (2014). *Faith.* London: Karnac.
Emanuel, R. (2001). A-void—an exploration of defences against sensing nothingness. *Int. J. Psychoanal.*, 82:1069-1084.
Eshel, O. (2002). My use of concepts from modern physics in psychoanalysis. In *Between Sessions and beyond the Couch,* ed. J. Raphael-Left. Colchester, UK: CPS Psychoanal. Publications, pp. 173-176.
——— (2004). Let it be and become me: notes on containing, identification, and the possibility of being. *Contemp. Psychoanal.*, 40:323-351.
——— (2005). Pentheus rather than Oedipus: on perversion, survival and analytic "presencing." *Int. J. Psychoanal.*, 86:1071-1097.
——— (2006). Where are you, my beloved? On absence, loss, and the enigma of telepathic dreams. *Int. J. Psychoanal.*, 87:1603-1627.

——— (2010). Patient–analyst interconnectedness: personal notes on close encounters of a new dimension. *Psychoanal. Inquiry*, 30:146-154.

——— (2012). A beam of "chimeric" darkness: presence, interconnectedness and transformation in the psychoanalytic treatment of a patient convicted of sex offences. *Psychoanal. Rev.,* 99:149-178.

——— (2013a). Patient–analyst "withness": on analytic "presencing," passion, and compassion in states of breakdown, despair, and deadness. *Psychoanal. Q.,* 82:925-963.

——— (2013b). Reading Winnicott into nano-psychoanalysis: "there's plenty of room at the bottom." *Psychoanal. Inquiry*, 33:36-49.

——— (2016a). Into the depths of a "black hole" and deadness. In *Of Things Invisible to Mortal Sight: Celebrating the Work of James S. Grotstein*, ed. A. Reiner. London: Karnac, pp. 39-68.

——— (2016b). The "voice" of breakdown: on facing the unbearable traumatic experience in psychoanalytic work. *Contemp. Psychoanal.*, 52:76-110.

——— (2016c). In search of the absent analyst: commentary on Janine de Peyer's uncanny communication. *Psychoanal. Dialogues*, 26:185-197.

Feynman, R. (1959). There's plenty of room at the bottom—an invitation to enter a new field in physics. Lecture given at meeting of the American Physical Society, Calif. Inst. of Technology, Pasadena, CA, Dec. 29.

Field, N. (1996). *Breakdown and Breakthrough: Psychotherapy in a New Dimension*. London/New York: Routledge.

French, T. M. (1967). Discussant: notes on memory and desire. *Psychoanal. Forum*, 2:274.

Fulgencio, L. (2007). Winnicott's rejection of the basic concepts of Freud's metapsychology. *Int. J. Psychoanal.*, 88:443-461.

Gargiulo, G. J. (2016). *Quantum Psychoanalysis: Essays on Physics, Mind, and Analysis Today*. New York: IP Books.

Girard, M. (2010). Winnicott's foundation for the basic concepts of Freud's metapsychology? *Int. J. Psychoanal.*, 91:305-324.

Godwin, R. W. (1991). Wilfred Bion and David Bohm: toward a quantum metapsychology. *Psychoanal. Contemp. Thought,* 14:625-654.

Goldman, D. (2012). Vital sparks and the form of things unknown. In *Donald Winnicott Today*, ed. J. Abram. London/New York: Routledge, 2013, pp. 331-357.

Govrin, A. (2016). *Conservative and Radical Perspectives on Psychoanalytic Knowledge: The Fascinated and the Disenchanted*. London/New York: Routledge.

Green, A. (1973). On negative capability—a critical review of W. R. Bion's *Attention and Interpretation. Int. J. Psychoanal.*, 54:115-119.

Grotstein, J. S. (2007). *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis*. London: Karnac.

——— (2010). "Orphans of O": the negative therapeutic reaction and the longing for the childhood that never was. In *Primitive Mental States,* ed. J. V. Buren & S. Alhanati. London/New York: Routledge, pp. 8-30.

——— (2013). Foreword. In *Wilfred Bion: Los Angeles Seminars and Supervisions*, ed. J. Aguayo & B. Malin. London: Karnac.

Herskovitz, H. H. (1967). Discussant: notes on memory and desire. *Psychoanal. Forum*, 2:278-279.

Hinshelwood, R. D. (2010). Making sense: Bion's nomadic journey. Paper presented at Bion Conference, Los Angeles.

——— (2013). Endorsement. In *Wilfred Bion: Los Angeles Seminars and Supervisions*, ed. J. Aguayo & B. Malin. London: Karnac.

Home, H. J. (1966). The concept of mind. *Int. J. Psychoanal.*, 47:42-49.

Hughes, J. M. (1989). *Reshaping the Psychoanalytic Domain: The Work of Melanie Klein, W. R. D. Fairbairn, and D. W. Winnicott*. Berkeley, CA: Univ. of California Press.

Kuhn, T. S. (1962). *The Structure of Scientific Revolutions*. Chicago, IL/London: Univ. of Chicago Press.

Kulka, R. (1997). Quantum selfhood: commentary on paper by Beebe, Lachmann, and Jaffe. *Psychoanal. Dialogues,* 7:183-187.

Levenson, E. (1972). *The Fallacy of Understanding*. Hillsdale, NJ: Analytic Press, 2005.

Levine, H. B., Reed, G. S. & Scarfone, D., eds. (2013). *Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contribution*. London: Karnac.

Lifton, R. J. (1976). From analysis to formation: towards a shift in psychological paradigm. *J. Amer. Acad. Psychoanal.*, 4:63-94.

Lindon, J. A. (1967). Discussant: notes on memory and desire. *Psychoanal. Forum*, 2:274-275.

Little, M. (1985). Winnicott working in areas where psychotic anxieties predominate: a personal record. *Free Association*, 3:9-42.

Loparic, Z. (2002). Winnicott's paradigm outlined. http://www.centrowinnicott.com.br.

——— (2010). From Freud to Winnicott: aspects of a paradigm change. In *Donald Winnicott Today*, ed. J. Abram. London/New York: Routledge, 2013, pp. 113-156.

Lopez-Corvo, R. E. (2014). *Traumatised and Non-Traumatised States of the Personality: A Clinical Understanding Using Bion's Approach*. London: Karnac.

Mayer, E. L. (1996). Changes in science and changing ideas about knowledge and authority in psychoanalysis. *Psychoanal. Q.,* 65:158-200.

McDougall, J. (1995). *The Many Faces of Eros*. London: Free Association Books.

Minhot, L. (2015). Over the shoulders of a giant. Paper presented at Intl. Winnicott Assn. conference, São Paulo, Brazil, May 15.

Mitchell, S. A. (1993). *Hope and Dread in Psychoanalysis*. New York: Basic Books.

Modell, A. H. (1986). *Psychoanalysis in a New Context*. New York: Int. Univ. Press.

——— (1993). *The Private Self*. Cambridge, MA/London: Harvard Univ. Press.

Nacht, S. (1963). The non-verbal relationship in psycho-analysis treatment. *Int. J. Psychoanal.,* 44:333-339.

Nacht, S. & Viderman, S. (1960). The pre-object universe in the transference situation. *Int. J. Psychoanal.,* 41:385-388.

Ogden, T. H. (1986). *The Matrix of the Mind.* Northvale, NJ/London: Jason Aronson.

——— (2001). Reading Winnicott. *Psychoanal. Q.*, 70:299-323.

——— (2005a). On holding and containing, being and dreaming. In *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries.* London/New York: Routledge, pp. 93-108.

——— (2005b). Reading Bion. In *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries.* London/New York: Routledge, pp. 77-92.

——— (2005c). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. In *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries.* London/New York: Routledge, pp. 1-18.

——— (2014). Fear of breakdown and the unlived life. *Int. J. Psychoanal.*, 95:205-223.

Phillips, A. (1988). *Winnicott.* London: Fontana Press.

Pontalis, J. B. (2003). *Windows,* trans. A. Quinney. Lincoln, NB: Univ. of Nebraska Press.

Reiner, A. (2012). *Bion and Being: Passion and the Creative Mind.* London: Karnac.

——— (2015). Personal communication.

Sandler, J. (1988). The concept of projective identification. In *Projection, Identification, Projective Identification*, ed. J. Sandler. London: Karnac, pp. 13-26.

Searles, H. F. (1961). Phases of patient–therapist interaction in the psychotherapy of chronic schizophrenia. In *Collected Papers on Schizophrenia and Related Subjects.* New York: Int. Univ. Press, 1986, pp. 521-559.

——— (1986). Introduction. In *Collected Papers on Schizophrenia and Related Subjects.* New York: Int. Univ. Press, 1986, pp. 19-38.

Segal, H. (2006). Reflections on truth, tradition, and the psychoanalytic tradition of truth. *Amer. Imago*, 63:283-292.

Smith, S. (1957). Not waving but drowning. In *Not Waving But Drowning.* London: André Deutsch, 1958.

Souter, K. M. (2009). The war memoirs: some origins of the thought of W. R. Bion. *Int. J. Psychoanal.*, 90:795-808.

Spelman, M. B. (2013). *The Evolution of Winnicott's Thinking: Examining the Growth of Psychoanalytic Thought over Three Generations.* London: Karnac.

Spelman, M. B. & Thomson-Salo, F., eds. (2015). *The Winnicott Tradition: Lines of Development—Evolution of Theory and Practice over the Decades.* London: Karnac.

Spillius, E. B. (1988). Introduction: projective identification. In *Melanie Klein Today. Vol. 1: Mainly Theory*, ed. E. B. Spillius. London/New York: Tavistock/Routledge, pp. 81-86.

——— (1992). Clinical experiences of projective identification. In *Clinical Lectures on Klein and Bion*, ed. R. Anderson. London/New York: Tavistock/Routledge, pp. 59-73.

Spurling, L. S. (2008). Is there still a place for the concept of "therapeutic regression" in psychoanalysis? *Int. J. Psychoanal.*, 89:523-540.

Sucharov, M. S. (1992). Quantum physics and self psychology: towards a new epistemology. *Progress Self Psychol.*, 8:199-211.

Suchet, M. (2017). Surrender, transformation, and transcendence. *Psychoanal. Dialogues,* 26:747-760.

Symington, J. & Symington, N. (1996). *The Clinical Thinking of Wilfred Bion.* London/New York: Routledge.

Symington, N. (2016). Personal communication.

Szykierski, D. (2010). The traumatic roots of containment: the evolution of Bion's metapsychology. *Psychoanal. Q.*, 79:935-968.

Tennes, M. (2007). Beyond intersubjectivity: the transpersonal dimension of the psychoanalytic encounter. *Contemp. Psychoanal.,* 43:505-525.

Tyson, P. & Tyson, R. L. (1990). *Psychoanalytic Theories of Development: An Integration.* New Haven, CT: Yale Univ. Press.

Vermote, R. (2011). On the value of "late Bion" to analytic theory and practice. *Int. J. Psychoanal.*, 92:1089-1092.

——— (2013). The undifferentiated zone of psychic functioning: an integrative approach and clinical implications. Paper presented at the European Psychoanalytical Federation (EPF) Conference, Basel, Switzerland, March 24.

Williams, M. H. (1985). The tiger and "O": a reading of Bion's *Memoir of the Future. Free Associations,* 1:33-56.

Winnicott, D. W. (1949a). Birth memories, birth trauma and anxiety. In *Through Paediatrics to Psycho-Analysis.* London: Karnac, 1992, pp. 174-193.

——— (1949b). Mind and its relation to the psyche-soma. In *Through Paediatrics to Psycho-Analysis.* London: Karnac, 1992, pp. 243-254.

——— (1954a). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. In *Through Paediatrics to Psycho-Analysis.* London: Karnac, 1992, pp. 278-294.

——— (1954b). Withdrawal and regression. In *Through Paediatrics to Psycho-Analysis.* London: Karnac, 1992, pp. 255-261.

——— (1955–1956). Clinical varieties of transference. In *Through Paediatrics to Psycho-Analysis.* London: Karnac, 1992, pp. 259-299.

——— (1959–1964). Classification: is there a psycho-analytic contribution to psychiatric classification? In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1979, pp. 124-139.

——— (1963). Dependence in infant-care, in child-care, and in the psycho-analytic setting. In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1979, pp. 249-259.

——— (1964). The importance of the setting in meeting regression in psychoanalysis. In *Psycho-Analytic Explorations*, ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989, pp. 96-102.
——— (1965). The psychology of madness: a contribution from psychoanalysis. In *Psycho-Analytic Explorations,* ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989, pp. 119-129.
——— (1967). The concept of clinical regression compared with that of defence organization. In *Psycho-Analytic Explorations,* ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989, pp. 193-199.
——— (1969). The use of an object in the context of Moses and monotheism. In *Psycho-Analytic Explorations,* ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989, pp. 240-246.
——— (1971). *Playing and Reality.* London/New York: Routledge, 1982.
——— (1974). Fear of breakdown. *Int. Rev. Psychoanal.,* 1:103-107.
——— (1986). *Sum,* I am. In *Home Is Where We Start From*, ed. C. Winnicott, R. Shepherd & M. Davis. New York/London: Norton, pp. 55-64.
——— (1988a). *Babies and Their Mothers.* London: Free Association Press, 1986.
——— (1988b). *Human Nature,* ed. C. Bollas, M. Davis & R. Shepherd. London: Free Association Press.
——— (1989). *The Family and Individual Development.* London/New York: Routledge.

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TRANSFERENCE *BEFORE* TRANSFERENCE

BY VINCENZO BONAMINIO

This paper is predominantly a clinical presentation that describes the transmigration of one patient's transference to another, with the analyst functioning as a sort of transponder. It involves an apparently accidental episode in which there was an unconscious intersection between two patients. The author's aim is to show how transference from one case may affect transference in another, a phenomenon the author calls transference before transference. *The author believes that this idea may serve as a tool for understanding the unconscious work that takes place in the clinical situation. In a clinical example, the analyst finds himself caught up in an enactment involving two patients in which he becomes the medium of what happens in session.*

Keywords: Transference, countertransference, analytic process, sibling rivalry, unconscious communication, transition between patients, enactment, analytic listening, dreaming, mirroring, analytic relationship, analytic stance.

PROLOGUE

This paper is predominantly a clinical presentation. It involves an apparently accidental episode in which there was an unconscious intersection between two patients whom I treated. My aim will be to show how trans-

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ference from one case may affect transference in another, a phenomenon that I call *transference before transference.*

My hope is that this idea will serve as a tool for understanding the unconscious work that takes place in the clinical situation. In my clinical example, I found himself caught up in an enactment involving two patients in which I became the medium of what happened. What was an unexpected, unpredictable event found meaning through *Nachträglichkeit,* allowing me to regain my analytic position, now with additional understanding of the mutual relationship between the two cases and of my own way of relating to them—in other words, my countertransference.

This presentation addresses a general topic that, in my view, is underestimated in psychoanalytic literature: i.e., the transition from one patient to another and what lies in between.[1] What happens in the analyst when he says goodbye to one patient and awaits the next one? How might one session affect the next? What is carried over by the analyst—consciously and unconsciously—from one patient to the next? Perhaps we should question the view that the analyst is influenced only by his relationship with the patient who is currently on the couch.

The case I shall present was chosen for its exceptional characteristic of unconscious communication between two patients—communication through the analyst who seemed to function as a sort of transponder. This unconscious communication disorganized the analyst, who had to invest extra psychic effort in order to reestablish his analytic stance.

ACT I, SCENE 1

We are in an analytic consulting room. It is a Tuesday just before Easter, in the late afternoon.

Paola arrives on time as usual. It is the first session of her analytic week. She is thirty-eight years old, a teacher in a middle school. She is an only daughter with a brother some years older. She has recently

[1] Of course, there are analytic authors who have addressed this topic, the most relevant being Racker (1960). Although I regret that I cannot cite all the other analytic contributors whose work has stimulated my interest in this subject, they include the following: Celenza (2005); Chused (1991); Gabbard (1995); Greenberg (1991, 2001); Jacobs (1986, 1991); McLaughlin (1991); Poland (1984, 2001); Renik (1993a; 1993b); and Smith (1993a, 1993b).

separated on a trial basis from her boyfriend, with whom she had a son, Luca, who is eighteen months old. She feels that she is "immature," an inadequate mother, and the child is cared for mostly by her parents.

She begins to speak softly of "a most important thing" that happened to her and that has bothered her over the weekend. She had finally been able to spend some time with Luca, but while they were together, she said, "He moved into the background. It was as though he didn't exist. I behaved as though I were in a trance . . . . Only now and then did I feel I was a little bit present."

Then she speaks of having felt great discomfort about Luigi, a colleague at the school where she works with whom she seems to be able, as she says, "to construct a love story." To her surprise, the principal of the school chose her to accompany the students to a one-week camp in Northern Italy. "By the way," she adds hurriedly and as though it were obvious, "next week I won't be here for at least three sessions—unless," she continues, "you might be kind enough to move my session from Friday to Saturday."

She felt bad about the principal's decision, she says, because Luigi would have been the obvious choice to attend the camp, given that he is a man and the physical education teacher, and without a doubt he is preferable in the eyes of the male students. But the principal, "in one of her whims," seems to have thought it was better for Paola to spend the days, and especially the nights, in the hotel with both the girls and the boys. She says: "You know how parents are. Maybe something might happen and we'd be in the middle of it . . . . A woman is more attentive to certain things . . . . And then with these stories of molestations . . . . It is better to cover your— At any rate, the principal will have thought of that."

But it is not this that has tormented Paola. It is the look that Luigi fixed on her—amazed, waiting for her to say that it was his turn to go to the camp, and that in any case he was more suited to going. Instead she had remained silent, trying to avoid his gaze. She had just nodded to the principal, like a schoolgirl, but inside she was happy—happy to be free for a week, free of Luigi—who, despite her feelings about being able to construct a love story with him, had become "a bit of a bore." And she

would be free of her parents and of Luca, too. All in all, "I can't take it any more!" she exclaimed.

But in retrospect, Paola felt like a worm for having "stolen" Luigi's place, for having remained silent, for having rejoiced inside at the principal's words. She had also felt guilty in relation to me because of the missed sessions, but then she thought that it was not really so serious, that of course I would understand her needs.

In the countertransference, I find myself irritated by Paola's presentation of herself as the "guilty but blameless" woman while doing nothing to resolve the situation. As I listen to Paola, many themes and many "characters" (Bollas 1995; Ferro 1999) present themselves in my mind and jostle for space: the principal, the students and parents, adolescent sexuality, molestations, phallic competition with Luigi, and the need to be alone (a withdrawal in the transference, perhaps). Inevitably, I must be selective and focus on what I feel to be most meaningful in the moment.

I cautiously begin to formulate an initial comment: "I think you are using the analyst, assuming he is on your side, in order to mitigate your sense of guilt, because you think he understands your needs. Of course, this is what you like to think . . . in order to keep him on your side, anally . . . ."

ACT I, SCENE 2

In the same session just described, Paola and I are suddenly interrupted by a loud, persistent ringing of the office buzzer.

Immediately, I think to myself:

> That certainly doesn't concern me! It must be a mistake, or my colleague's patient arriving late for his session. It must be the janitor [I reassure myself]. That janitor—that creep who has his mind on his upcoming Easter trip! Instead of leaving my parcels with the office assistant in the morning as he is supposed to, he brings them in the afternoon, when he knows I will definitely be in the office with patients—just because that way he thinks he'll pocket a more generous tip. He thinks he's clever, he does. Yes, that's what he's got in mind. But he's a pain—I'll reduce his tip rather than increasing it, then he'll get the point!

These were my internal thoughts, my free associations. We call them *countertransference thought*s and are comforted by the illusion that they are always focused on the patient—but I have to admit that these thoughts of mine involved not just the actual janitor, but also my "internal janitorial function," as I struggle to process all this psychic material, both from the patient and from the annoying and unexpected doorbell buzzing. This internal janitor corresponds to a character of the *unconscious script* that is being staged; the "janitor who doesn't do his duty" represents a deficit, a failure in my capacity to contain and give meaning to Paola's story.

While this cascade of thoughts engulfs me, the famed *evenly hovering attention*—the exalted reverie of the analyst—is, needless to say, shot to hell. As Smith (2000) points out, *listening* (like every other psychic formation) inevitably involves a compromise formation. The analyst's listening cannot escape from the inexorable logic of the work of the unconscious; and at times the compromise is more in the analyst's favor than the patient's!

Emotionally, in the moment I am describing, I am a thousand miles away from my patient. I think to myself: "Oh, no—now I've lost track of her story. But luckily, I've only missed a few details—we are still with her sense of guilt." Finally, I get back onto Paola's wavelength, and I say: "It's difficult to tolerate the feeling of having taken something away from Luigi."

Just as I am concluding my comment—which is partly an initial engagement with the patient's narrative, partly an attempt to get myself back on the rails of her discourse (Schwaber 2007)—there is a second and then a third loud ringing of the doorbell. I now become seriously irritated. "Who the hell is it?" I think. "Can't he understand? If someone doesn't answer a bell, they're not in, right? It's not rocket science." Then it occurs to me that it could be the priest intending to bless the building for the coming Easter festivities; he carries on with his duties, but it can be a pain in the neck for people who are working . . . . Anyway, he can think what he likes and he can ring for as long as he wants—I am not going to open the door.

All this goes through my mind while my irritation increases, together with my inevitable distancing from Paola's narrative. This ringing per-

tains to me, and I am feeling attacked. The sound becomes insistent, penetrating, as if it is perforating my brain. Although I am aware of having a somewhat exaggerated reaction, in my mind, I *almost delusionally* see a finger pressed with force on the intercom bell, as if to break it.

Paola is astonished and speechless. In only a few seconds, the atmosphere of the session has completely changed, and we are in another dimension.

"Maybe it's someone who wants you," ventures Paola. "I wonder—a messenger, the janitor—maybe something has happened to your children."

"She wants to reassure me and instead she's making me more anxious," I think to myself.

"Maybe it's a mistake," she continues, "maybe you forgot an appointment. Do go and answer it—don't worry about me."

Irritated by her intrusive words, I find myself wondering how caring she actually is in this moment. With an unconvincing calm, I answer: "There's no need—it must be an error, nothing to worry about; it will stop in a minute." But then a moment later, and with the bell continuing to ring, I contradict myself. I become disorganized, just as Paola's narration is getting increasingly disorganized. Standing up from my chair, I say: "I'm very sorry; perhaps you are right. It's better to answer it—otherwise we risk having our eardrums blasted! It must be an error; I had better to go and see."

I get up, go to the intercom, lift the receiver, and say, "Ye-e-ees!" Even though I try to control my tone in a gentlemanly way, I am clearly very irritated. From the other end of the line, a deep, very loud, masculine voice almost shouts: "I am Stampeder Massimo Stampeder,[2] and I have an appointment with Dr. Bonaminio at 6:30. Excuse me, Doctor, I couldn't find the correct building in this complex, which seems like a maze—will you let me in? Shall I come up? What floor are you on?"

The rapid sequence of words feels immediate and incessant, almost like the ringing of the bell; I imagine finding this man outside my office door in the blink of an eye. "No, no!" I reply, rather chaotically. "The ap-

[2] The name I use here is obviously a fictitious one, like the others in this narrative, and was chosen to evoke the feelings induced by his real name.

pointment is for 6:30, and yes, I am Dr. Bonaminio—but it is for 6:30 *tomorrow,* Wednesday. Wednesday at 6:30, as I told you, do you remember? *Wednesday* at 6:30, *Wed-nes-day!"* Suddenly I feel pedantic, like a boring old professor or a clerk at a public office.

Before I have even finished my sentence, I am imagining that Stampeder—whose face I have never seen, but whose intrusive and peremptory attitude has now gotten firmly under my skin—has already gone away. Perhaps he has left with his tail between his legs, full of shame, or perhaps he is furious with me, his most intimate self-respect wounded at having been sent away, refused, not welcomed.

Rather shaken, I sit down and say a few words to resume my interrupted conversation with Paola, excusing myself for what happened. Paola comments that I am irritated, even though I am trying not to let it show. She tries to console me: "These things happen; it's not a big deal—mistakes can be made. Anyway, it didn't bother me; don't worry about it." She speaks in an almost manic, repetitive way, as though she were responsible for the event and is placating the furious father. Then she adds—and here she really infuriates me, internally: "Poor guy, he felt excluded. Who knows how bad he feels about it? I had nothing to do with it, I know; this is my hour—but I feel guilty, as though I had taken his place. This is my session, and still I'm thinking I've done something bad to him! I'm being weird, aren't I?"

I think to myself: "Look at you, worrying so much about this guy after you've just told me that you treated that other poor fellow, Luigi, like an old rag. And you don't even notice it—you, the 'very sensitive one'. . . ."

At this point, real contact with my patient has been recovered, but through my "hate in the countertransference" (Winnicott 1947)—which I recognize as "objective." It is a feeling I have about Paola, but it is also directed toward the unknown one, the ineffable "stampeder."

A few minutes pass before the strong emotions agitating within me have quieted and I can again speak to her in a tone that sounds coherent and calm. I say:

> Well, it is as though this person were Luigi from whom you felt you had stolen a place. Being happy about profiting from a situ-

> ation that was to Luigi's disadvantage made you feel guilty . . . . just as now, when you feel guilty about the person you imagine pacing around furiously downstairs, like a beaten wolf.[3] It is your hour, certainly; this has nothing to do with you, as you said—just as the principal's decision had nothing to do with you. But it's difficult for you to tolerate being the privileged one, the chosen one—and who among us would not like to be that chosen one without also feeling the weight of guilt for having taken away that place from someone else—a brother, perhaps?

It seems that something mysterious is happening: out of all the possible interpretations I could make to Paola, I find myself choosing precisely the one that concerns sibling rivalry, something that had not yet overtly appeared in her history or in her relationship with me. I allude to rivalry with a brother, of whom I knew nothing until that moment. And I construct this interpretation not yet knowing something that I will learn later from Massimo's story: that his crucial problem is one of competition with his sister. He will describe having been rejected, having lost his mother's attention and her narcissistic investment, and these themes will be presented all too powerfully in the transference.

THOUGHTS FROM BEHIND THE SCENES AFTER THE FIRST ACT'S CURTAIN

Why have I selected this specific element from Massimo's enactment? It seems that his traumatic intrusion alerted me to draw from Paola's narrative precisely that single factor—sibling rivalry—because it was as if he had tried to steal her place in therapy, as if he were acting out his rivalry with his sister, which I would learn about only much later. It was as if the analyst's unconscious acted as a bridge between two patients who were unknown to one another: *transference before transference.*

The idea that countertransference may precede, preorganize, and structure the transference is a notion that first appeared some time ago in the psychoanalytic literature (Racker 1960; Winnicott 1947). How-

[3] *Beaten dog* is an idiomatic Italian expression used to convey the feelings of a frustrated, humiliated person who is unable to react. In this case, for reasons that will be clarified, I made a slip of the tongue and said *wolf* instead. Unbeknownst to me at the time, could this slip have been a precursor to the second patient's transference?

ever, what I am suggesting here is more extreme: that a patient's transference can be driven by the analyst's countertransference feelings toward *another* patient—in this case, one whom he has not yet even begun to treat. Going even further: could this shared experience, including the analyst's countertransference when he is disturbed in his relationship with a given patient, shape another patient's transference—ahead of time and without the analyst knowing it?

As analysts, we sometimes talk about receiving the patient's transference. This is a particularly apt expression because it shifts the emphasis away from the patient's projections and onto the analyst's capacity to take in something that he must act on if it is to be seen and understood. The traditional view that countertransference is a "reply" to the patient's transference is, we might say, a useful fiction for psychoanalytic work. On the epistemological level, however, I maintain that *it is not ontologically true that transference always precedes countertransference.* This is because, once the psychoanalytic process is set in motion, the receptive quality of the countertransference becomes, in effect, a way of welcoming and modeling what the patient brings to the transference.

We owe to the British Independent tradition in particular (Heimann 1949; Little 1951; Winnicott 1947)—and, before that, to Racker's (1960) pioneering work—the view that identification of the analyst's countertransference is a priority, and that countertransference can represent a primal position that precedes transference. Gabbard (2001; Gabbard and Ogden 2009) has emphasized this. From a different but similar perspective, Jacobs (1991) wrote of countertransferential communication in the analytic situation. Bolognini (2008) described raw psychic content—emotions, feelings—that seek representation through unconscious *secret passages* within the analytic dyad.

I am suggesting that my unexpected interpretation to Paola about sibling rivalry was perhaps driven by an *unconscious attractor.* (This idea relates to Bollas's [1995] description of the meeting of the *psychic intensities* of two unconsciouses—those of patient and analyst—within an incessant process of *cracking up,* or fragmentation.) This unconscious attracted or anticipates, as an *avant-coup,* a theme that appeared much later in Massimo Stampeder's narrative. I am speaking of that unpredictable and unavoidable emergence from within us of the unconscious in

intersubjective communication (Bonaminio 2004, 2008, 2011), of the emergence of *it* (the id), which Freud described in all its multifaceted appearances.

It is this direct communication *from one unconscious to another*, described many times by Freud, that lies at the foundation of psychoanalytic work. Without a doubt, this type of unconscious communication also relates to the conceptions of projective and introjective identification rooted in the theory of object relations (Bollas 1995). Many psychoanalytic writers have related this state of mind in the analyst to the dreaming state, perhaps reinvesting the dream with the centrality originally assigned to it by Freud (Phillips 1993).[4] Bollas (1995) describes this complex psychic movement as a sort of countertransference dreaming, and Ferro (1996), in an original and personal development of Bion's thought, elaborates the conception of *oneiric* activity in the waking state of analysand and analyst. Ogden (2005) and Grotstein (2007) describe the crucial function of the analyst's *dreaming the patient.*

All these authors emphasize and explore this type of dreaming communication. Bollas (1995), in particular, captures the process in evocative words:

> Freud's unconscious receiver, the dream set of countertransference, processes the patient's unconscious communications on its own terms: from one dreamer to another. Dreaming the analyst and during the hour, bringing the patient to another place, transformed into other persons, events, and places, the analyst *unconsciously* deconstructs—displaces, condenses, substitutes the patient. [p. 12, italics in original]

As Freud wrote, "the *Ucs.* is alive and capable of development" and "accessible to the impressions of life" (1915, p. 190). And continuing with Bollas's argument, which seems to me particularly enlightening, the patient "senses that he contributes to the analyst's dreaming, affecting the analyst's unconscious but not reaching his consciousness as such—so privacy is assured" (Bollas 1995, p. 15). Bollas suggests that analyst and patient, plus all the other characters who are brought into play—

[4] See also Winnicott's (1954–1967) *unending dreaming*, Bion's (1962) *reverie*, and Khan's (1962) description of the analyst's disposition as *a dreaming ego.*

those present and those to come, those who intrude and those who are evoked—"are in fact *developing the unconscious,* creating a theater for its enactment, providing a safe place for its staging, and thereby increasing the effectiveness of the therapeutic process" (p. 16, italics in original). This is the case because the communication that takes place between unconscious minds mobilizes the capacity for mutual knowing.

The mirror function described by Lacan (1949), Winnicott (1967), Kohut (1971), and Wright (1991) is another crucial form of unconscious communication. As Resnik (2006) observes, Winnicott's mirror is a "mirror that speaks, as in fairy tales. In a certain way, Bion's idea of reverie is already present in Winnicott" (1967, p. 28).[5] Through the act of mirroring, the unconscious puts itself into contact with the other before it creates a relation to the other. It is transference of the unconscious, which happens *before* the transference of an object relationship takes place.

As mentioned, in speaking with Paola, I referred to Massimo as a beaten *wolf* instead of the more common Italian expression, a beaten *dog*. It is striking that an adjective and a noun that I found myself putting together in an unusual way, disarticulating the logic of semantics, appeared to forecast something as-yet unknown. In fact, I was to discover as Massimo's analysis progressed that he frequently acted as aggressively as a wolf. He even had a habit of dangling his head like a wolf in a cage. And what is even more striking is that my understanding of this came to me through Paola's communications—she pitied poor Massimo, left outside like a beaten animal. At that point, Massimo was merely the demanding one, the one who felt excluded, expelled, rejected—an anticipation of his core problem, in a traumatized way, outside and *before* the transference.

Obviously, every patient has thoughts and feelings about the analyst well before the first contact takes place. However, I prefer to think of these as transference *fantasies* rather than as transference proper, as I believe that the realization of the transference can only begin to develop once a rudimentary relationship with a real object (the real analyst) is established. And of course, the same applies to the analyst's initial fan-

[5] This is my translation from the original French.

tasies about the patient and the subsequent realization of his real countertransference.

What I found clinically striking in this case is that Paola, with her reaction to Massimo's intrusion, somehow anticipated in her transference what would emerge in my therapeutic relationship with Massimo. It was as though I, who was already involved in a clinical relationship with Paola but only on the verge of establishing one with Massimo, functioned as the partially unconscious mediator/transponder between the two patients. Massimo's transference *in statu nascendi* was somehow expressed in my already-solid analytic relationship with Paola, both in her transference and in my countertransference. I describe this phenomenon as an unconscious *transmigration,* with Paola's developed transference expressing in advance some of the condensed elements of Massimo's.

My unconscious then chose to represent Massimo as a wolf—a figure that came to me directly through the transference. This is another clear eruption of the unconscious. This beaten wolf, who appeared so suddenly, would be represented many times in the communications that Massimo brought to analysis. Conveying his bitter, resentful, conflictual feelings about me, he once complained, "I can't take it any more—I can't take always being slapped in the face by everyone, being beaten."

This scene from Paola's analysis can be understood as a sort of "Annunciation scene." Rather like the Angel Gabriel, it arrives as a *presentation* of the unconscious that will only later be represented in the course of Massimo Stampeder's analysis, in the multiple forms that his transference will take.

Is Massimo's transference brought into my presence with that first eruption and then subsequently represented in the transference of our psychoanalytic relationship? Or, alternatively, is the unfolding of the transference already predetermined by my initial response to the patient's violently erupting transference? Is it a sort of Bionian *preconception,* present from the beginning, that subsequently finds its realization—its *actualization,* I would prefer to say—in the transference?

The unconscious thus presents itself via an eruption and is represented in the transference through displacement and condensation. In fact, both possibilities are forms of transferring, of transporting. One form chooses the short path—erupting in a highly irrational way, with

disorganizing and traumatogenic effects, while the other takes the path of an object relationship—of concealment of innermost meanings, of displacement and condensation. But it seems that there *is* transference *before the transference*, which precedes it and probably gives it form, even if the first iteration is shapeless and unformulated—indeed, unformulatable.

CONCLUDING REMARKS

I am suggesting that if he succeeds in remaining in touch, the analyst can be a sort of "healthy carrier" of transference that, as the days, months, and years roll on, flows over him like a meandering river. The analyst offers support; he is the riverbank, finding in each patient the particular specificity of an individual's internal world, and finding ways to respond to it.

Freud (1925) posed a revolutionary question that changed the theory and technique of psychoanalysis, perhaps more radically than we realize. He asked: how is it possible that the ego, not yet formed, may *register* the experiences that it is not capable of registering because the appropriate apparatus to register them has itself not yet formed? These experiences *deform* the ego, which is yet to be shaped, but nonetheless give it an *imprinting*, an unmistakable modeling.

In considering my story of Paola and Massimo, I believe we find ourselves in the same sphere of phenomena that Freud was describing in intrapsychic terms. We are dealing with relationships between psychic demands that influence each other before they can shape themselves, and as a consequence are "deformed." Many of the contemporary generation of psychoanalysts, following in the tradition of Ferenczi, Winnicott, Balint, Loewald, Bion, and Bollas, speak of such paradoxical phenomena in intersubjective, interpersonal terms.

"Psyche is extended; knows nothing about it"—this is one of Freud's (1938, p. 300) very last and most mysterious statements. I consider this formulation to be one way of describing what happened in the clinical fragment that is the subject of this paper. The two patients and the analyst shared a common psychic space in which it was impossible to state in advance what belonged to Paola, to Massimo, and/or to the analyst.

The concept of the unconscious—the laws of its operation within the individual and in relation with the other—survives, is alive and thriving. It continues to be the supporting axis that distinguishes psychoanalysis from every other way of theorizing human behavior.

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REFERENCES

Bion, W. R. (1962). Learning from experience. In *The Complete Works of Bion, Vol. IV,* ed. C. Mawson. London: Karnac, 2014.

Bollas, C. (1995). *Cracking Up: The Work of Unconscious Experience.* New York: Hill & Wang.

Bolognini, S. (2008). *Secret Passages: The Theory and Technique of Interpsychic Relations,* trans. G. Atkinson. London: Routledge, 2011.

Bonaminio,V. (2004). La persona dell'analista. In *Forme dell'interpretare. Nuove prospettive nella teoria e nella clinica psicoanalitica* [*Forms of Interpreting: New Perspectives in Psychoanalytic Theory and Clinical Practice*], ed. P. Fabozzi. Milano: Angeli.

——— (2008). The person of the analyst: interpreting, not interpreting, and countertransference. *Psychoanal. Q.,* 77:1105-1146.

——— (2011). *Nas margentes de mundos infinitos . . . : A presença do analista e do analisando no espaço transicional em uma perspectiva contemporânea do pensamento de Winnicott,* ed. A. R. N. Pontes. Rio de Janeiro, Brazil: Imago.

Celenza, A. (2005). Vis-à-vis the couch: where is psychoanalysis? *Int. J. Psychoanal.,* 86:1645-1659.

Chused, J. F. (1991). The evocative power of enactments. *J. Amer. Psychoanal. Assn.,* 39:615-639.

Ferro, A. (1996). *In the Analyst's Consulting Room,* trans. P. Slotkin. London: Routledge, 2002.

——— (1999). *Psychoanalysis as Therapy and Storytelling.* London: Routledge, 2006.

Freud, S. (1915). The unconscious. *S. E.,* 14.

——— (1925). Inhibitions, symptoms, and anxiety. *S. E.*, 20.

——— (1938). Findings, ideas, problems. *S. E.,* 22.

Gabbard, G. O. (1995). Countertransference: the emerging common ground. *Int. J. Psychoanal.,* 76:475-485.

——— (2001). A contemporary psychoanalytic model of countertransference. *J. Clin. Psychol.,* 57:983-91.

Gabbard, G. O. & Ogden, T. H. (2009). On becoming a psychoanalyst. *Int. J. Psychoanal.,* 90:311-327.

GREENBERG, J. (1991). Countertransference and reality. *Psychoanal. Dialogues,* 1:52-73.

——— (2001). The analyst's participation: a new look. *J. Amer. Psychoanal. Assn.,* 49:359-381.

GROTSTEIN, J. S. (2007). *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis*. London: Karnac.

HEIMANN, P. (1949). On countertransference. In *About Children and Children No Longer*. London: Routledge, 1989.

JACOBS, T. J. (1986). *On Countertransference Enactments*. New York: Int. Univ. Press.

——— (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation*. New York: Int. Univ. Press.

KHAN, M. M. R. (1962). Dream psychology and the evolution of the psychoanalytic situation. In *The Privacy of the Self*. London: Hogarth/Inst. of Psychoanal., 1974.

KOHUT, H. (1971). *The Analysis of the Self*. Chicago, IL: Univ. of Chicago Press.

LACAN, J. (1949). The mirror stage as formative of the function of the I as revealed in psychoanalytic experience. In *Écrits: A Selection*, trans. A. Sheridan. New York: Norton, 1977.

LITTLE, M. (1951). Countertransference and the patient's response to it. *Int. J. Psychoanal.*, 32:32-40.

MCLAUGHLIN, J. T. (1991). Clinical and theoretical aspects of enactment. *J. Amer. Psychoanal. Assn.*, 39:595-614.

OGDEN, T. H. (2005). *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries*. London: Routledge.

PHILLIPS, A. (1993). *On Kissing, Tickling, and Being Bored: Psychoanalytic Essays on the Unexamined Life*. Cambridge, MA: Harvard Univ. Press.

POLAND, W. S. (1984). The analyst's words: empathy and countertransference. *Psychoanal. Q.,* 53:421-424.

——— (2001). Controversial discussions. *J. Amer. Psychoanal. Assn.*, 49:347-354.

RACKER, H. (1960). *Transference and Countertransference*. London: Hogarth/Inst. of Psychoanal., 1968.

RENIK, O. (1993a). Countertransference enactment and the psychoanalytic process. In *Psychic Structure and Psychic Change*, ed. M. Horowitz, O. Kernberg & E. Weinshel. Madison, CT: Int. Univ. Press, pp. 135-158.

——— (1993b). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.,* 62:553-571.

RESNIK, S. (2006). *Biographies del'Inconscient*. Paris: Dunod.

SCHWABER, E. A. (2007). The unending struggle to listen: locating oneself within the other. In *Listening to Others: Developmental and Clinical Aspects of Empathy and Attunement,* ed. S. Akhtar. Lanham, NJ: Jason Aronson.

SMITH, H. F. (1993a). Engagements in the analytic work. *Psychoanal. Inquiry,* 13:425-454.

——— (1993b). The analytic surface and the discovery of enactment. *Ann. Psychoanal.*, 21:243-255.

——— (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.

Winnicott, D. W. (1947). Hate in the countertransference. In *Collected Papers: Through Paediatrics to Psycho-Analysis*. London: Karnac, 1992.

——— (1954–1967). *Human Nature*. London: Free Associations Books, 1988.

——— (1967). Mirror role of the mother and family in child development. In *Playing and Reality*. London: Tavistock, 1971.

Wright, K. (1991). *Vision and Separation: Between Mother and Baby*. New York: Jason Aronson.

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THE STORIED ANALYST: DESIRE AND PERSUASION IN THE CLINICAL VIGNETTE

BY DHIPTHI MULLIGAN

Beginning with the quintessentially psychoanalytic tales of Freud, the case history has held a privileged position in the history and practice of psychoanalysis. Psychoanalysts grow up with, grow into, and grow out of these narratives as clinical practitioners. Alongside the representational aspects of these case histories, there is a rhetorical or persuasive force that significantly influences us. The author contends that the theory of narrative and rhetoric can inform the how, the why, and the "so what?" of our relationship to these stories of psychoanalysis.

Keywords: Clinical vignette, narrative, analytic writing, epistemology, rhetoric, plot, characters, metaphor, masterplot, poetics.

The clinical narrative holds a privileged position in the history and practice of psychoanalysis. Both the renowned psychoanalytic tales of Freud and the everyday clinical vignette are presented to the psychoanalyst reader as epistemological nuggets by virtue of being literary representations of psychoanalytic moments. Paul Ricoeur points to this phenomenon when he writes, "The analytic situation selects from a subject's experience what is capable of entering into a story or narrative. In this sense, 'case histories' as histories constitute primary texts of psychoanalysis" (1977, p. 843).

As psychoanalysts, we select from the infinitely numbered moments of an analysis and weave a narrative. Then we offer up that narrative for the purposes of illustrating, educating, and persuading (Blass 2013;

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Boesky 2013). The reaction of "I don't follow; give me a case example" is eagerly met with a narrative, and in fact the persuasive and pedagogical force of a paper often hinges on the narrative truth it conveys to the reader (Hunter 1986). We enter into a hermeneutic circle in this process of making a narration of our experiences in treatment and then illuminating psychoanalytic ideas with our narratives (Iversen 2014). By way of this circular process, we grow up and grow into ourselves as psychoanalysts. Yet we *create* our psychoanalytic narratives and are in danger of forgetting that what we construct is, as Ricoeur writes, a "saying-true rather than a being-true" (1977, p. 858).

I propose that alongside the representational aspects of clinical narratives, there exists a rhetorical or persuasive force to which we sway (Phelan and Rabinowitz 2002). How the narrative is written and how we read the narrative coalesce to create a tide of influence from which we as analysts shape ourselves. I argue that this is a dialogic interaction of the representational and the rhetorical. We encounter this inescapable, dialogic relationship between representation and rhetoric in the clinical narrative because the elements that constitute narrative and give it its *narrativity* are inevitably both illustrative and persuasive. When we say, "This is my point; let me illustrate with a vignette," we cannot avoid implying and hoping, "You should be persuaded of my point based on my illustrative vignette." Elements of narrative, such as plot, character, and metaphor, inevitably allow us to use the richness of language to represent moments in psychoanalytic treatment. Simultaneously, they tug at us with different valences because of their inherent rhetorical force.

THEORETICAL CONTEXT

Narratives were previously thought of as belonging only to the aesthetic realm. Here I am referring to classical, Aristotelian notions of poetics that had traditionally been considered separate from rhetoric. Poetics and rhetoric have since moved closer to each other and away from this classical viewpoint (Toye 2013). There is a dialogic rather than a dialectic interaction—of which we must be aware—between these multiple and simultaneous functions of the narrative. Emphasis must be placed on the distinction between *dialogic* and *dialectic*. The representational

and rhetorical do not come together to synthesize a new understanding as would be expected in Hegelian dialectic; rather, the reader must contend with one aspect jostling with and informing the other. The element that evokes an aesthetic response in the psychoanalyst reader may very well also persuade the reader of a particular understanding.

Jonathan Culler, a literary theorist, calls attention to this dialogic interaction:

> More generally, it is important to stress that if we want to understand the nature of literature and our adventures in language, we will have to recognize that the "openness" and "ambiguity" of literary works result not from vagueness nor from each reader's desire to project himself into the work, but from the potential reversibility of every figure. Any figure can be read referentially or rhetorically. "My love is a red, red rose" tells us, referentially, of desirable qualities that the beloved possesses. Read rhetorically, in its figurality, it indicates a desire to see her as she is not: as a rose. [1981, p. 78]

Notice that the representation of the beloved intrinsically harnesses rhetorical strategies. The sentence uses the power of metaphor both to represent the speaker's experience and to rhetorically convince us of this particular truth. The immediacy as denoted by the lack of space between the words *love* and *is* rhetorically hurries us to the speaker's pressing experiential truth. This is one way in which metaphor works rhetorically. The phrase "My love reminds me of a red rose" would represent the same experience but carry far less rhetorical power because of its more leisurely pace (an effect created by the fact that there are several more words between *my love* and *red rose* in this alternative representation). The repetition of *red* and the alliteration in *red, red rose* are common rhetorical strategies that both illustrate the quality of the feeling (one so intense that it bears repetition: *red, red*) and persuade the reader of the truth in this particular feeling by invoking the affective pleasure inherent in repetition and alliteration.

These two interpretations, the referential and the rhetorical, do not come together to form a synthetic and unifying third interpretation, as we would expect in dialectic. Rather, they are simultaneous and always

reversible. We can attend to the desirable qualities of our beloved or attend to the desire to persuade others to see the beloved in this way. Regardless of which view we choose to attend to first, the language always points to the existence of the other view, even if we are not immediately cognizant of this fact. We must be aware of this dialogic and reversible stance because it is the vehicle through which we story ourselves and consequently create our psychoanalytic identities or understand our analytic work.

To more richly understand the aesthetic elements of narrative, one must recognize that narrative constructions are an activity of the human mind. Theory of narrative begins with the distinction between *story* and *discourse* (Culler 2011). Contrary to common use, *story* refers to events as they happened in reality and *discourse* to the organization and narration of events in the shape of a narrative. Creating discourse is a mental activity consisting of selecting and ordering events of a story.

For psychoanalysts, this could be translated into verbatim transcripts of an analytic session as the story and the weaving of verbatim records into a vignette as the discourse. To move from story to discourse, as we do in clinical narratives, we must inevitably create poetic configurations of plot, character, and metaphor. In this activity of the mind, in this poetic creation, we move into representation and rhetoric. How we construct the discourse (narrative) using these poetic configurations as analytic writers, and how we imbue these discursive elements with meaning and force as analytic readers, greatly shape the nature of the knowledge we can derive from our narratives. Ricoeur (1977) describes this as "desire coming to discourse" (p. 858), and we, as psychoanalyst readers, would do well to know our desires.

NARRATIVE AS RHETORIC

Before delving into the aesthetic elements of narrative (plot, character, and metaphor) that rhetorically persuade us of knowledge, we must first briefly look at how we might be persuaded. H. Porter Abbott, a literary theorist, summarizes the rhetorical function of narratives as working in three main ways. He contends that narratives, through their rhetorical function, persuade us of causation, create a feeling of normalization,

and emphasize the connection with our deepest values, wishes, and fears through the vehicle of the "masterplot" (2008, p. 41). I consider these elements of causation, normalization, and connection via the masterplot to be fundamental means by which we are persuaded of our knowledge of psychoanalysis.

To put it more poetically, consider novelist Thomas Wolfe's counsel: "Fiction is not fact, but fiction is fact selected and understood, fiction is fact arranged and charged with purpose" (1957, p. xxix). Although Wolfe is referring to his fictional narrative, I believe that his advice holds true for the reader of the nonfictional psychoanalytic narrative as well. Our clinical narratives are not fact, but they are fundamentally psychoanalytic facts "arranged and charged with purpose" based on our desires. The purpose might be to denote an understanding of causation in the work of psychoanalysis, to lend a sense of normalcy to an experience that is simultaneously intimate and isolating, or to connect us as analysts to what we value, wish, and fear in doing the work of psychoanalysis.

I will demonstrate how the aesthetic and narrative elements of plot, character, and metaphor are "charged with purpose"—specifically, the purposes just mentioned—and how they serve both the representational and rhetorical functions of conveying the experience of a psychoanalytic moment and persuading us of the psychoanalytic knowledge the moment contains.

THE PLOT THICKENS

The first and perhaps most central element of narrative to consider is that of plot. Narratives must have plots, even if they are simple and short. One event happens, then the second event happens, and then the third event happens. If these three events are linked up with some semblance of conflict, crisis, resolution, and epiphany, we have a narrative (Verghese 2001). Plot harnesses desire within the structure of the narrative and delivers it to the reader (Barthes 1975). A fairy tale, for example, evokes, binds, and delivers our desire for adventure, triumph, and knowledge partly through familiarities and repetitions in the plot. "Once upon a time" locates us in a familiar plot and stokes our desires for a journey and an ending we know very well. Happiness is followed by

death, disability, and/or villainy that are then followed by adventure and triumph. We can also reliably expect that our fairy tale hero or heroine will undergo repetitive journeys or tasks and will learn something before the ultimate triumph (Propp 1968). The narrative and its end construct and allow for the fulfillment of our desire.

Psychoanalytic tales also have familiar plots. Analyst and analysand meet in the consulting room. A crisis of treatment occurs in the form of enactments, impasses, or interruptions. There is an analytic epiphany that then gets the treatment back on track.

In his commentary on the clinical narrative, Wilson (2016) compares the analytic vignette to a fictional narrative and writes:

> *It is a dark and stormy night: the protagonist is in some kind of trouble.*
>
> There's a problem: the patient is difficult, or the analyst is confused.
>
> *Then something happens in which the character acts blindly and the stakes are raised.*
>
> There's an enactment, a mutually created resistance, an impasse. This part usually lasts a while.
>
> *Finally, a veil is lifted as our hero gets new information, experiences an illumination, often of the painful variety.*
>
> After much hand wringing and internal struggle (a key feature of the aforementioned analytic humility), the analyst understands something hitherto not seen, not understood.
>
> [pp. 857-858, italics in original]

Wilson continues on to inquire:

> Maybe, for example, the short story configuration I have described is a formal requirement of the human mind—a necessity of cognition to make sense, to see shapes and dynamics within a narrative. Perhaps it is a search, in other words, for the delta: the perceptible change from State A to State B. And the perceived change, we aver, is caused by specific actions on the part of the analyst. [2016, p. 859]

Wilson is alluding to our desire as analytic writers and readers to find the delta, and noting that the plot both represents a psychoanalytic moment and functions rhetorically to fulfill this desire for change and causation.

As an example, I will use one of Ogden's (2004) vignettes in an abbreviated form. The plot goes like this:

> A few days after Mr. A and I had set a time to meet for an initial consultation, his secretary called to cancel the meeting for vague reasons having to do with Mr. A's business commitments. He called me several weeks later to apologize for the cancellation and to ask to arrange another meeting. In our first session, Mr. A, a man in his mid-forties, told me that he had wanted to begin analysis for some time (his wife was currently in analysis), but he had kept putting it off. [pp. 868-869]

Ogden's clinical narrative follows the common plot schematic of problem, impasse, struggle, and illumination. The plot is such that we as psychoanalytic readers can experience it as a representation and a re-creation of this analyst's work with this analysand. Ogden writes of this in another paper when he references the opening sentence above and says:

> Moving that (the opening sentence) from the third paragraph of the original version to the position of opening sentence allowed it to take on more dramatic force—thus creating in the writing something of the emotional impact that Mr. A had on me at the very beginning of his analysis. Only after making this sentence the opening sentence of the story did I recognize that it contained in germinal form the entirety of the story that would follow. [2005, p. 18]

Ogden's introductory clause, "A few days after Mr. A and I had set a time to meet for an initial consultation," is interrupted to make way for the subject of the sentence: the secretary, doing Mr. A's bidding and breaking a commitment. We have a miniplot that re-creates the analyst's professional experience of conducting this treatment and the analysand's life experiences of broken promises. In the full version of this clinical narrative, we learn that the analysand attempts to interrupt treatment, which the analyst deftly interprets—having learned from his many

previous experiences of broken promises with this patient. Ogden also informs us that the analysand's history of broken commitments includes the "betrayal of the trust of his younger sister while they were 'playing doctor'; betrayal of himself by not facing up to what he had done to his sister; and his mother's breaking of an implicit promise that she would genuinely be his mother" (2005, p. 18). This opening miniplot with its introductory clause, interruption, speaking through proxy (the secretary), and absence (the first session that never was) artfully represents a psychoanalytic moment.

Now, to consider the rhetorical function of plot, let us look again at Ogden's (2004) rendition of this treatment. The plot goes like this:

> Toward the end of the second year of analysis, I became aware of something that may have been going on for some time, but it was only then that it became available to me for conscious psychological work. The rhythm of Mr. A's speech was marked by brief, hardly noticeable pauses after almost every sentence, as if preparing himself not to be surprised by me. I said to Mr. A that I thought that he was having trouble knowing what to make of me. "It may be that I'm not at all what I seem to be." . . .
>
> A few weeks after I made this interpretation, it was clear one day when I met Mr. A in the waiting room that he was in great distress. He began by saying that, until very recently, he had not really known why he had come to analysis. He had thought it was to please his wife, who had been pressuring him to get into analysis . . . . Rather, it seemed [to me] that he was, at least in part, responding to my having interpreted his feeling that he had no idea who I was or what I was up to. He had apparently heard and been able to make use of the unstated aspect of the interpretation, that is, that he felt that he had no idea who he was and what he was up to . . . .
>
> In the months that followed, Mr. A began to develop a slight edge of self-awareness that first appeared in the form of a capacity for irony. [2004, pp. 868-869]

The plot here is linear and evokes a sense of causality. Mr. A has a rhythm to his speech that likely means something. The analyst interprets this rhythm and change occurs; however, that change takes place several weeks to several months later. The linearity of the plot on a larger scale is

that of interpretation occurring before change, and the causality Ogden evokes when he says, "A few weeks after I made this interpretation, it was clear one day . . ." can harness our desire via its rhetorical, persuasive power to story ourselves as psychoanalysts capable of causing change with our interpretations. We read that Ogden's interpretation occurred before Mr. A's change, and we can believe that the interpretation caused the change, even though it occurred several weeks later.

Imagine, though, if Ogden had written this portion of the plot as follows:

> One day when I met Mr. A in the waiting room, he was in great distress. He began by saying that, until very recently, he had not really known why he had come to analysis. He had thought it was to please his wife, who had been pressuring him to get into analysis. I puzzled over this change and distress. I thought perhaps he was, at least in part, responding to my having interpreted several weeks earlier his feeling that he had no idea who I was or what I was.

The story is the same in that all the events of this analysis are the same. But the discourse is different because we read of the change before we read of a possible cause. This version of the plot would sway us to story ourselves as psychoanalysts who inhabit a state of not knowing and who only retrospectively infer the manner in which our interventions work. Depending on our particular desires, psychoanalytic writers and readers may favor one version over the other. Consequently, the knowledge we glean from this narrative, in its respective versions, ranges from clear causality on the one end to retrospective inference on the other. This is an important distinction that we often fail to discern.

This example from Ogden's published narrative and his subsequent paper discussing the writing of this case serve as illustrations of how the structure of a narrative—the plot—both represents and persuades. The interrupted opening sentence foreshadows and re-creates the experience of broken promises in the treatment; it is an intentional, aesthetic choice by Ogden designed to evoke a specific dramatic effect. The overall plot of the narrative represents the course of the analysis. When we imagine alternative ways of rendering the events of this analysis, though, we can see the varied effects the account creates.

A chronologically linear plot with interpretation preceding change conjures a feeling of causality, whereas a plot that has its chronology reversed conjures a feeling of inference. Both versions would be true to the story—the events as they actually happened—but they would clearly persuade us of different understandings of psychoanalytic work by way of the rhetoric in the discourse.

THE CLOAK OF CHARACTER

Moving from the foundational element of plot to character, I will demonstrate that characters inhabiting our psychoanalytic narratives also serve to aesthetically represent the psychoanalytic moment while simultaneously performing a persuasive function. The characters of the psychoanalytic vignette evoke the normalization that Abbott (2008) enumerates as one of three main rhetorical functions of narrative. We story ourselves by identifying with or differentiating ourselves from the characters of clinical vignettes.

In his reflections on psychoanalytic writing, Ogden (2005) states:

> The characters in the story depend for their lives on the real people (the patient and the analyst); and bringing to life what happened between these people in the analytic setting depends on the vitality and three-dimensionality of the characters created in the story. The writer's keeping alive his connection with both his lived experience with the patient and his experience with the characters in the story entails a delicate balancing act. [p. 17]

Ogden refers here to another aspect of narrative theory. *The author Ogden* is not the same person as *the character Ogden*. *The real patient Mr. A* is not the same as *the character Mr. A*. What does the psychoanalyst reader make of this? When we as readers do not differentiate between the psychoanalyst author and the psychoanalyst character, we more readily experience the representational and rhetorical functions of the narrative as one. In order to see how characters normalize and thereby persuade us of psychoanalytic knowledge, we must peel the author analyst and the character analyst apart and look at what lies in the gap. I return to Ogden's opening paragraph from the same vignette:

> In our first session, Mr. A, a man in his mid-forties, told me that he had wanted to begin analysis for some time (his wife was currently in analysis), but he had kept putting it off. He quickly added (as if responding to the expectable "therapeutic" questions), "I don't know why I was afraid of analysis." He went on, "Although my life looks very good from the outside—I'm successful at my work, I have a very good marriage and three children whom I dearly love—I feel almost all the time that something is terribly wrong." [Mr. A's use of the phrases "afraid of analysis," "dearly love," and "terribly wrong" felt to me like anxious unconscious efforts to feign candor while, in fact, telling me almost nothing.] I said to Mr. A that his having asked his secretary to speak for him made me think that he may feel that his own voice and his own words somehow fail him. Mr. A looked at me as if I were crazy and said, "No, my cell phone wasn't working and, rather than pay the outrageous amounts that hotels charge for phone calls, I e-mailed my secretary telling her to call you." [2004, p. 868, bracketed portion in original]

In this excerpt, we have the characters of the analyst, Ogden, and the analysand, Mr. A. We learn that *the character Ogden* is perceptive of unconscious factors from the beginning. He observes that the secretary provides "vague reasons" and Mr. A "feigns candor." He is able to make an interpretation in the very first session and states that he thinks the patient feels his own voice and words are failing him. Our astute character analyst is certainly one to be identified with if we are reading to learn about conducting a psychoanalysis.

The author Ogden writes about this narrative in a later article:

> In an early draft, the story began with my meeting Mr. A in the waiting room where he addressed me by my first name. As disquieting as that event had been, I deleted it from the story because I felt that the effect created by the sentence I have been discussing was more richly layered (and hence more interesting). [2005, p. 18]

In this rare instance, we have the ability to see how the author psychoanalyst makes decisions about the character psychoanalyst in creating clinical narratives. Had *the author Ogden* included the information of

being disquieted by the patient using his first name in the waiting room, we as psychoanalytic readers would have a different sense of *the character Ogden*. Our character would then be one who could in fact be disquieted by an analysand's early familiarity. He is not only an analyst who astutely observes the nuances of the analysand's utterances; he is also one who can be made uneasy.

I highlight this in the hope that considering the character psychoanalyst and the author psychoanalyst as distinct entities will highlight the persuasive and normalizing effect that characters in our vignettes have on us. Because the character and the author share the name *Ogden,* we may read this vignette only as a representation of the psychoanalyst Ogden in a particular psychoanalytic moment. We may deduce that good psychoanalytic work comes from early identification of unconscious influences, enactments, and the early use of interpretations.

If we forget that the author Ogden has created the characters in the written story, we lose sight of the rhetorical force while still being swayed. We temporarily forget the many moments of uneasiness we experience in our work. Characters, when skillfully rendered, persuade us to enter the world of the narrative. They persuade us to identify with or differentiate from them. When we do this as psychoanalytic readers, we story ourselves either by normalizing our experiences because they are similar, idealizing the character analyst, or by differentiating from the experiences of the character psychoanalyst. Ultimately, however, this outcome of reading is a function of the rhetorical choices embedded in the narrative by the author or inferred from the narrative by the reader.

REPRESENTATIONAL AND RHETORICAL METAPHOR

The ubiquitous nature of metaphor in spoken and written language can lull us into forgetting that it even influences us. Yet metaphor is an aesthetic aspect of narrative that also carries rhetorical power (Booth 1978). Ogden (2004) employs dream as metaphor both outside and inside the narrative of Mr. A. He writes early in the paper:

> A person consults a psychoanalyst because he is in emotional pain, which, unbeknownst to him, he is either unable to dream

> (i.e., unable to do unconscious psychological work) or is so disturbed by what he is dreaming that his dreaming is disrupted. To the extent that he is unable to dream his emotional experience, the individual is unable to change, or to grow, or to become anything other than who he has been. [p. 858]

We can read this literally as referring to the activity of dreaming and its role in psychoanalytic treatment. Mr. A does not present with a literal inability to dream. Therefore, we can also read this as a metaphorical representation of difficulties in *living* because of some unconscious disturbance. When Ogden writes, "to the extent that he is unable to dream his emotional experience," he is metaphorically referring to the incapacity to live one's emotional experience and to the incapacity to change or grow when that becomes problematic. The metaphor of the *undreamt dream* represents a life plagued by the incapacity to live aspects of emotional experience or to harness the power of unconscious psychological work that is required to do so. This metaphor is an accurate representation of Mr. A's struggle.

The analysand's life, too, carries absence alongside presence. Mr. A says, "Although my life looks very good from the outside . . . I feel almost all the time that something is terribly wrong" (Ogden 2004, p. 868). His undreamt dream is the unlived—terribly wrong—elements of his life.

The metaphor of the dream also functions rhetorically in this narrative because it persuades us of the usefulness of working with reveries and dreams to promote growth. Literary critic Wayne C. Booth highlights the rhetorical strategies in metaphor that enhance persuasiveness, such as its ability to animate or lend energy, conciseness, and appropriateness to "whatever is less energetic or more abstract" (1978, pp. 56-58). Much of the momentum and change in this analysis, as Ogden describes it, occurs when he is able to integrate Mr. A's dreams and his own reveries into his interpretations. Having set the stage with the metaphor of the undreamt dream in the title and thesis, and then having provided examples of work with Mr. A's dreams and his own reveries, Ogden concludes his narrative by saying, "In the weeks and months that followed, as different facets of this constellation of internal object relationships came to life in the transference-countertransference, Mr. A and I thought and spoke and dreamt these emotional experiences" (2004, p. 874).

The metaphor of the dream links up the problem in the beginning with the interventions in the middle and the resolution at the end. It animates the more abstract concept of living life fully. In doing so, the metaphor carries us affectively through the narrative, evoking pleasure, recognition, and a sense of causation. The metaphorical undreamt dream is a problem to be solved, and it is resolved by the time the narrative concludes. Once Ogden interprets Mr. A's dreams and integrates his reverie experiences into the treatment, Mr. A and Ogden are able to think, speak, and dream.

MASTERPLOTS

The third means of rhetorical functioning belonging to narratives that Abbott (2008) mentions is the use of the masterplot. The masterplot is an archetype that we have come to expect as psychoanalysts. Wilson (2016) comments that the archetype is that of a short story. To go further, I would argue that psychoanalytic narratives are often detective stories or epics with a psychoanalytic mystery to be solved or a psychoanalytic journey to be undertaken by the character *psychoanalyst* with varying levels of involvement by the character *analysand*.

In Ogden's (2004) narrative, when Mr. A expresses the wish to interrupt treatment, our character analyst interprets what is happening with the adeptness of a detective. He skillfully uses clues from his reveries and Mr. A's dreams, arrives at the critical phrase *face the music,* and poignantly utilizes this phrase to make his interpretation and break open the case. He reveals to Mr. A what all the clues have been pointing to in this interpretation when he says:

> I won't try to talk you out of what you have in mind to do . . . . What I will do is what you and I always do and that is to put into words what's going on . . . . It seems to me that I have a responsibility both to you, the person with whom I am talking, and to you, the person who originally came to see me, the person who, without knowing it, was asking me for my help in facing the music. I am responsible to both aspects of you despite the fact that for the moment, one of them is mute and I must do the talking for that aspect of you. [pp. 873-874]

Then we have a change to the epic masterplot. Ogden goes on to report, "In the weeks and months that followed, as different facets of this constellation of internal object relationships came to life in the transference-countertransference, Mr. A and I thought and spoke and dreamt these emotional experiences" (2004, p. 874). Now analyst and analysand are on a journey in which they endure the coming to life of the transference-countertransference.

What do we gain from the rhetoric of masterplots or archetypes? Abbott (2008) describes our investment in masterplots in this way:

> We seem to connect our thinking about life, and particularly about our own lives, to a number of masterplots that we may or may not be fully aware of. To the extent that our values and identity are linked to a masterplot, that masterplot can have a strong rhetorical impact. We tend to give credibility to narratives that are structured by it. [p. 46]

The psychoanalytic writer, by virtue of being a psychoanalytic practitioner, is plugged into this desire and affinity for masterplots. He writes the narrative he desires. The psychoanalytic reader may read the narrative as though it were a new illustration or representation of some theoretical point while simultaneously deriving satisfaction from the masterplot's affirmation of his a priori values.

Culler (1981) articulates this:

> On the one hand, the responses of readers are not random but are significantly determined by the constituents of texts, yet on the other hand the interpretive orientation of a response is what gives certain elements significance within a work. [p. 59]

Culler is saying here that the responses of readers are evoked by preexisting elements of significance within the text, but the reader is also simultaneously choosing the elements of the text that have significance (Rosenblatt 1981, 1988). In Ogden's (2004) narrative, we pay attention to the "dark and stormy night" (Wilson 2016, p. 857) of the treatment in the opening statement. Ogden writes that this sentence contained the "germinal form" of the entire treatment. Prior to recognizing this, he anticipates that this sentence contains "more dramatic force" (2005, p.

218). I argue that Ogden's sensing of the dramatic force in the sentence is a sensing of the rhetorical power of detective and epic masterplots. In this way we get the narrative we desire: a detective story and an epic that confirm our storied versions of ourselves as analyst-detectives solving the mysteries of the unconscious and as analyst-heroes journeying through the transference-countertransference.

I have described thus far how narrative elements of plot, character, and metaphor create representations of psychoanalytic moments while also functioning as vehicles of rhetorical persuasion in three major ways. Plot structures the psychoanalytic work in a way that is comprehensible and highlights salient events from the infinite number of events that occur in a psychoanalytic treatment. Plot also creates a sense of causation and can be employed by the psychoanalyst writer to persuade us of a particular truth. It can be read by the psychoanalyst reader to story our experiences either as following the rules of cause and effect or as thwarting them. Character, particularly the character of the analyst, recreates our internal experience and external interventions in the clinical vignette. The vignette is also a means of normalizing, idealizing, or differentiating from aspects of our experiences as psychoanalysts; as readers, we can wrap ourselves in the character of a psychoanalyst to normalize our experiences, or we can shed the cloak of the character to distinguish our own experience from that of the psychoanalyst character in the narrative.

Metaphor artfully represents the heart of the narrative while also persuading the reader by energizing and emphasizing a truth that the narrative seeks to convey. Plot, character, and metaphor come together to create the masterplot. While it is epistemologically helpful to share our anecdotal knowledge in a reproducible and familiar form, the psychoanalyst writer following the masterplot also wields rhetorical power and engages in an epistemological circle. The writer writes using the familiar masterplot. The reader reads for the familiar masterplot. Though this can be construed as an illustration of a psychoanalytic point, it can also be a reification of what we desire to know.

I will now turn to my own written clinical narratives as another example of the dialogic relationship between representational and rhetorical functions. First, let us consider plot as a re-creation of the analysis

and how it persuades us of our knowledge of causation. In an unpublished document, I described the beginning of a treatment in this way:

> Henry, a 28-year-old, arrived in my office with crippling anxiety that he described as a cooling sensation passing through his body that subsequently precipitated generalized worry about his physical well-being . . . . His mother's long absences and problematic presences had punctuated his life, and Henry readily linked this fact with his current troubles. His parents separated when he was three years old . . . . He had intermittent visitation with his mother as a young boy, only to lose contact with her for several years during his adolescence. He described her as preferentially seeking his affection when she was present in his life and felt that she derived a selfish gratification from his adoration and defense of her as a good mother in the face of complaints from his father and stepmother . . . .
>
> Henry spent a year and a half living in another state after he graduated high school in a conscious effort to separate from his overbearing father and stepmother. He returned home because of his financial limitations and began to work for his mother's new husband. This meant more contact with his mother and marked the beginning of his anxiety attacks.

Read as a representation of the analytic work, this excerpt closely follows my (the analyst's) primary understanding of Henry's anxiety as in some way tied to his mother. The plot starts with Henry's arrival in the consulting room and the evocation of a mystery to be solved: his presenting symptom, anxiety. The plot goes on to compress years of childhood experiences and lays the groundwork for the reader's understanding of the treatment.

Psychoanalysis is a developmental psychology, and here we have a commonly encountered condensed plot of development. Rhetorically speaking, however, the order of events in the plot is that of a detective story; first we have the presentation of the mystery—anxiety—that the psychoanalyst must solve. I write that the increased contact with his mother coincided with the appearance of his anxiety. In doing so, I invite the reader to be persuaded that the mother does indeed have something to do with Henry's anxiety; this is not an unusual hypothesis in psychoanalysis.

The sense of causation created via this sequence of events primes the reader to look for further evidence to support a narrative with which we are intimately familiar. Imagine, though, that I had instead written the following:

> Henry, a 28-year-old, arrived in my office with crippling anxiety that he described as a cooling sensation passing through his body that subsequently precipitated generalized worry about his physical well-being . . . . He continued to fill the early psychotherapy hours with his obsessive ruminations about anxiety, often stating a wish that we could meet for two hours at a time because he felt that we had just started when it was time to end the session. I suggested to him that we deepen the treatment by way of psychoanalysis in light of his experience of our twice-weekly psychotherapy sessions as not enough time to understand how his early experiences with his family contributed to his anxiety. He reacted strongly to the idea as it emerged from me initially, worrying that psychoanalysis meant he was "psycho." After some discussion of this idiosyncratic association, he continued his psychotherapy sessions without mention of my recommendation of psychoanalysis for several more weeks. However, I inferred at the time that he was continuing to express a wish for more time through action.
>
> Henry presented for an appointment while I was away on vacation in spite of having verified before my departure that we were not meeting the following week. He called in between sessions to verify the time of our appointment . . . . My personal reflections about his seeking behavior, coupled with his inhibition about starting psychoanalysis, brought up the possibility that he was concerned about affording treatment but did in fact want more time. I brought up analytic treatment again and included mention of the possibility of financial concerns. He readily admitted to concerns about money and expressed a wish to increase the frequency of sessions so that he could understand his anxiety.

This version of the beginning of Henry's treatment is also accurate. However, it evokes the feeling of an epic journey to be undertaken. The reader is likely to wonder what lies underneath Henry's tendency to act

out his ambivalence about frequency of treatment. What will he and his analyst endure together in order to come out at the other end of this odyssey? In this version, however, there is not enough included in the plot to create a causal link involving Henry, anxiety, and his mother. Rather, the plot as written here highlights the transference-countertransference matrix.

Both versions report events that actually happened in the analysis. They are structured, or plotted, differently and thus persuade the reader of different truths about the treatment. Depending on my desire as the author of this narrative and the desire of the reader, each version of the beginning of treatment will have different levels of persuasive force, although they both have the same representational rigor.

I will now turn to a narrative from a different treatment to further explore the workings of character as a rhetorical element in narratives. I describe my experiences during various phases of the treatment of Amy in this way:

> The intensity of the patient's negative transferential perceptions of me was perplexing, given the early point in treatment and her continuation of sessions in spite of perceptions of my feelings and intentions as sadistic . . . . During the first year of analysis, Amy and I had many sessions in which she evoked a challenging stance that mirrored the feared lack of psychic separation and the conflict between her and her mother. Amy's effusive and often negative affects provoked my withdrawal or silence, which was then experienced in the transference in the way that she had experienced her mother. This then caused me to feel remorseful and controlled in a way that was suggestive of Amy's need to control her objects . . . .
>
> I reflected on my own ambivalence about increasing the frequency of her sessions. With some aversion, I imagined the strong likelihood that she would evoke confrontation in order to disrupt the development of intimacy in the analytic process.

These statements flesh out the internal experience of a *character* psychoanalyst who alternates among feeling perplexed, withdrawn, silent, remorseful, controlled, and ambivalent. I created depth to this character analyst in my narrative through the use of dialogue when I wrote:

> I commented to Amy, "It occurs to me that because of your worry that I will minimize your resolve, it feels like there can be only one point of view and that we should both subscribe to it." She noted that she did want me to "go along" with her. Inquiry into this comment revealed that she imagined an enraged or resentful response from me with cessation of all treatment, including her medication. Though she was aware that this was not truly the case, she continued to have the feeling that I would retaliate.
>
> We spent several weeks addressing Amy's wish to decrease the frequency of sessions and her inability to make such a decision unless I weighed in with my approval. She expressed the belief that I had needs that she masochistically had to fulfill by coming to her sessions, saying directly, "You have needs that I have to meet. I am not a human being on my own."
>
> I responded, "You have had that feeling time and again. Is it possible that the converse is also true—that I am not a person in your mind?" This question was based on my private reflections that, while Amy kept insisting that I did not see her as a person, she maintained a position of avoiding, as she put it, "being burdened by imagining" me as a person.

Again, let us peel apart the *author* psychoanalyst from the *character* psychoanalyst to examine the representational and rhetorical forces at play here. The perplexing beginning of this treatment as narrated is relevant and realistic. It also creates a character psychoanalyst who swims in the turbulent waters of the patient's transference and the analyst's countertransference. Referring back to my excerpt from this treatment, notice my use of words such as *evoke*, *provoke*, *cause*, *disrupt*, *aversion*. The reader is invited to read this as an example of the use of our inner experiences as analysts to inform our work and our struggle to chart a course in a relational matrix.

Like Ogden in my earlier example and like other author analysts, I left out certain pieces of the story from the discourse. This was one of my very first psychoanalytic cases. Had I included this fact in my description, the character psychoanalyst would take on a wholly different flavor. Inexperience as it impacts the treatment would be more likely to enter the reader's mind. How I, as author analyst, created my character

analyst rhetorically persuades the reader to identify with the emotional turbulence of psychoanalytic work, while it also represents the feeling of turbulence in the work through my choice of words. My choice to highlight turbulence without confounding the picture by including that this was one of my first cases was a sound one, rhetorically speaking, but also clearly reveals my desire to convey certain aspects of the experience for pedagogical and epistemological reasons.

My use of metaphor in the narratives about both these patients creates a representation of salient aspects of the treatments. With Henry, I write that his mother's "problematic presences punctuated" his life and that he "readily linked" this with his anxiety. Literal punctuation creates pauses, endings, disruptions, and links within and between sentences. Punctuation as a metaphor, in this narrative, effectively represents the psychological effects that I believe Henry's mother had had on him as both an external reality and an internal object; she has disrupted his thinking and linked him up with anxiety.

In the case of Amy, my metaphors of "mirrored" and "weighed in" represent the highly contingent nature of our relationship. I am seen, in my rendition of what happens in this treatment, as so much the same that I may well be a reflection. The danger inherent in my not being a weightless reflection is that I would burden Amy with the weight of being my own person.

My choice of these metaphors reveals my rhetorical strategies—sometimes conscious and sometimes unconscious—to convince my reader of certain truths that I wish to convey via these narratives. The metaphor of punctuation energizes an otherwise old story of oedipal anxieties revolving around the patient's mother; by energizing this aspect of the narrative, I (hopefully) sway my reader to go along with my take on the first treatment described. The metaphors of the mirror and weight emphasize the contingent context of the second treatment; for example, I write that the patient wanted me to "weigh in" before I write that she claims she would be "burdened," and in this way, I rhetorically use metaphor to link and persuade the reader of my point.

I have revisited the narrative elements of plot, character, and metaphor in my own clinical writing to highlight how they both represent psychoanalytic moments and function rhetorically. Plot, character, and

metaphor come together in these examples to create the masterplot. My first case starts as a detective story in which the psychoanalyst detective is faced with the mystery of anxiety and must present the clues at hand to solve the puzzle. The second case presents a character analyst who sails in the turbulent and uncharted waters of transference and countertransference much as an epic hero would. These masterplots speak to our desires as psychoanalyst readers to see ourselves as detective heroes who can use our minds to solve mysteries and as epic heroes who use our hearts to survive turbulent journeys. We story ourselves in this way by creating narratives of our work that follow particular conventions to fill the inevitable gaps with our desires. We use rhetoric to satisfy our desires.

Paying attention to this dialogic interaction between representation and rhetoric means paying attention to the way our narratives both recreate what we experience in our work and persuade us of knowledge of how our treatment works. This requires us to read narratives with awareness of our desire. Let me return to my earlier assertions that the reaction "I don't follow; give me a case example" is eagerly met with a story, and that the persuasive and pedagogical force in a paper often hinges on the narrative. Why is this so? We make sense of ourselves and of the world through narratives and how they are told. We also create comfort for ourselves through familiar narratives. At a certain point, the ritual of storytelling becomes as important as or more important than the narrative itself. In our field of work, a great deal of our knowledge is created, tested, and passed along through narratives. Since we inhabit this hermeneutic circle of creating narratives to illustrate what has happened and explaining how treatment works with the narratives we create, we must be alert to the inevitability that we infuse this process with our desires for familiarity, for the chance to work through difficult aspects of our vocation, and for intimacy in an isolating profession—as much as we infuse it with our desire for knowledge. We must not forget that we story ourselves as everyday, working psychoanalysts by way of writing, reading, and desiring these narratives.

REFERENCES

Abbott, H. P. (2008). *The Cambridge Introduction to Narrative*. Cambridge, UK: Cambridge Univ. Press.

Barthes, R. (1975). An introduction to the structural analysis of narrative. *New Literary History,* 6:237-272.

Blass, R. B. (2013). What does the presentation of case material tell us about what actually happened in an analysis and how does it do this? *Int. J. Psychoanal.,* 94:1129-1134.

Boesky, D. (2013). What does the presentation of case material tell us about what actually happened in an analysis and how does it do this? *Int. J. Psychoanal.,* 94:1135-1143.

Booth, W. C. (1978). Metaphor as rhetoric: the problem of evaluation. *Critical Inquiry,* 5:49-72.

Culler, J. (1981). *The Pursuit of Signs.* Ithaca, NY: Cornell Univ. Press.

——— (2011). *Literary Theory: A Very Short Introduction.* New York: Oxford Univ. Press.

Hunter, K. M. (1986). There was this one guy . . . anecdotes in medicine. *Perspectives Biol. & Med.,* 29:619-630.

Iversen, S. (2014). Narratives in rhetorical discourse. *Living Handbook of Narratology,* January 31, 575-587.

Ogden, T. H. (2004). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.,* 85:857-877.

——— (2005). On psychoanalytic writing. *Int. J. Psychoanal.,* 85:15-29.

Phelan, J. & Rabinowitz, P. (2002). Narrative as rhetoric. In *Narrative Theory: Core Concepts and Critical Debates,* ed. D. Herman, J. Phelan, P. Rabinowitz, B. Richardson & R. Warhol. Columbus, OH: Ohio State Univ. Press, pp. 3-8.

Propp, V. (1968). *Morphology of the Folktale.* Austin, TX: Univ. of Texas Press.

Ricoeur, P. (1977). The question of proof in Freud's psychoanalytic writings. *J. Amer. Psychoanal. Assn.,* 25:835-871.

Rosenblatt, L. (1981). On the aesthetic as the basic model of the reading process. *Bucknell Rev.,* 26:17-32.

——— (1988). Readers, texts, authors. *Transactions of C. S. Peirce Soc.,* 24:885-921.

Toye, R. (2013). *Rhetoric: A Very Short Introduction.* Oxford, UK: Oxford Univ. Press.

Verghese, A. (2001). The physician as storyteller. *Annals Int. Med.,* 135:1012-1017.

Wilson, M. (2016). The desire for therapeutic gain: commentary on Chused's "An Analyst's Uncertainty and Fear." *Psychoanal. Q.,* 85:857-865.

Wolfe, T. (1957). *Look Homeward, Angel.* New York: Scribner.

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MICHEL DE M'UZAN AND ORIGINS OF IDENTITY

BY RICHARD B. SIMPSON

Michel de M'Uzan describes a way to think about identity in which two distinct sources of our sense of identity must be considered. His innovation is the concept of the vital-identital, *which he suggests is equally foundational with the sense of identity derived from the early human environment. The term* endogenous identity *is used to unify under one heading the ideas that de M'Uzan employs to build his concept of* vital-identital. *The author summarizes de M'Uzan's earlier work, elaborates on his more recent ideas, and illustrates the use of de M'Uzan's ideas with a cultural and a clinical example.*

Keywords: Michel de M'Uzan, identity, French psychoanalysis, psychosomatics, psychic energy, perversion, neurosis, depersonalization, auto-conservation, *vital-identital,* permanent disquiet, Freud, drive theory.

INTRODUCTION TO MICHEL DE M'UZAN

Michel de M'Uzan is one of the last remaining French psychoanalysts who significantly marked the history of 20th-century psychoanalysis. At the age of ninety-four, he published what he calls his "last book," *L'inquiétude permanente* (de M'Uzan 2015). The main purpose of this paper is to bring Anglophone readers up to date on de M'Uzan's recent work; however, since de M'Uzan's ideas and style of writing remain largely unfamiliar to Anglophone readers, let us begin with an overview of his work.

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The following gives an overall flavor of de M'Uzan's sense of psychoanalysis:

> My approach is more literary . . . and seeks an unveiling little by little. Psychoanalysis according to the criteria of Claude Bernard cannot be considered scientific—but look at *Beyond the Pleasure Principle*, which is a form of meta-biological daydreaming. There is art in psychoanalysis. [de M'Uzan 2002][1]

Born in 1921, Michel de M'Uzan did his doctorate on the work of Franz Kafka and wrote books of fiction before the start of his psychiatric and psychoanalytic career. Part of his early work in psychosomatics involved treating very ill patients in hospital settings where new theories about the mechanisms of certain kinds of somatic pathology were developed. Along with Pierre Marty, Michel Fain, and Christian David, he founded what became known as the "Paris School" of psychoanalytic psychosomatics. Scarfone (2007) has described these early theories:

> Marty and de M'Uzan (1963) were notably the first to describe a particular mental state they called *pensée opératoire* or, more generally, état opératoire. There is no satisfactory English translation for *pensée (état) opératoire*, and one must certainly beware of the false friends frequently encountered in English: "operative" thinking (or state) and "operational" thinking (or state). These English adjectives, indeed, qualify a positive state of affairs, a readiness for effective work, whereas *pensée opératoire* is meant to describe an impoverished and rather dysfunctional state of the mind, a state leaning toward concreteness, lack of fantasy life, poor dream life, little or no usage of metaphorical expressions or of analogy—a state often heralding serious physical illness. In spite of its resemblance, concrete thinking does not accurately render the idea either, as it usually refers to a feature of schizophrenic thought processes. Some of the elements of an *état opératoire* were independently described on this side of the Atlantic a few years after Marty and de M'Uzan, by Nemiah and Sifneos (1970), under the name of *alexithymia*—i.e., literally, the incapacity to recognize or to name (*a-lexi*) one's moods or feelings (*thymia*). But this term is also unsatisfactory because, by

[1] All quotations from de M'Uzan in this paper have been translated by me.

centering on the affective side, it highlights but one major feature of the mental structure (as Nemiah and Sifneos were well aware). [pp. 1200-1201]

One might summarize de M'Uzan's contributions as falling into three interrelated areas that lead over the years to a final synthesis of his thought in his recent book. These areas are:

1. The question of the fate of psychic energy in the psychic economy. Here the conception of the drive in Freud is critical. If the drive is a phenomenon related to work that the mind must do in relation to its connection with the body, then it is evident that the mind must function to essentially give some kind of psychic "quality" to the quantity of energy within the body. De M'Uzan's paper "Slaves of Quantity" (2003) presents an understanding of the economic aspect of perversion as a problem of the quantity of energy that cannot be "qualified" mentally and leads to a form of destructive acting out.

2. The difference in Freudian thinking between the "actual" neuroses and the psychoneuroses. Looked at in terms of the nature of the symptoms in these two classes of psychopathology, the "actual" neuroses exhibit symptoms where there is no psychic content that is related to the symptom and thus no way for the patient to elaborate meaning from the symptom. There is an underlying correspondence in "actual" neuroses with energy that is discharged in symptoms such as pure anxiety—as opposed to a psychoneurotic symptom where energy becomes "qualified" in a psychic elaboration as anxiety "about something."

3. Disturbances in one's sense of identity. De M'Uzan began with the clinical phenomenon of depersonalization as his point of departure in theorizing about identity. His thinking led him back to Freud's original theorizing about self-preservative instincts as opposed to sexual drives. I will go into more detail later in this paper about de M'Uzan's ideas on *auto-conservation*—which is the French translation of what Strachey translated as "self-preservation" in Freud's *Standard Edition*—and how these lead to his ultimate conception of

> a separate line of endogenous identity formation called the *vital-identital*. De M'Uzan sees a certain pliability or flexibility of identity as healthy and part of the goal of analysis. In fact, he said that so-called borderline patients can do better in analysis than those whose strongly defended neurotic ego structures are very rigid.

De M'Uzan's analytic work with terminally ill patients gives a good sense of his clinical style. Scarfone (2007) describes this as follows:

> His less tragic [than Freud's] view of the forces at work in the mind rests upon, among other things, his experience with patients affected by terminal illness. In a number of papers and a book . . . (de M'Uzan 1977, 1994, 2005), he recounts his unique experience with terminally ill patients who came to him for psychoanalytic work. In those articles, de M'Uzan suggests that one should consider the so-called death instinct (or death drive) as part of the life program that is implemented in various shades in every organism from its inception—a program that more or less fixes the limits of one's biological existence. He therefore considers the forces leading to death as much a part of living human beings as the other—self-preservative and sexual—drives. [p. 1197]
>
> De M'Uzan, indeed, always situates his work within the logic of what still remains for the patient to live, rather than focusing on impending death. And while this may seem an attitude appropriate only for work with the terminally ill, de M'Uzan actually applies it to all his work and thinking. [p. 1198]

DE M'UZAN'S MOST RECENT WORK: *L'INQUIÉTUDE PERMANENTE*

L'inquiétude permanente (2015), the title of the book whose subject matter is the main concern of this paper, refers to de M'Uzan's view that a prime goal of analysis is to help people have a less fixed sense of their "identity," one in which "permanent disquiet" accompanies the expansion of possibilities of their sense of identity. I have translated *inquietude* as *disquiet* whereas Scarfone translates it as *permanent concern*.

Each translation highlights a valence of the original French. *Disquiet* gives a sense of being unsettled with an opening onto something unknown. *Concern* gives a sense of an interested or anxious regard about something.

In addition, an important resonance in French of *l'inquiétude permanente* is *l'inquiétante étrangeté,* which is the French translation of *the uncanny,* Freud's *unheimlich.* De M'Uzan (2009) seems to have derived his idea of *l'inquiétude permanente* in relation to the idea of the uncanny. And what is uncanny is the strange and unfamiliar within the context of the familiar. The uncanny points to a way of seeing ourselves as humans in which we do not have a simple, fixed self-identical relation to our sense of identity.

Part of the problem I have with the use of the word *self* in psychoanalysis is that it is often used as if "the self" were an understandable object—completely solid, visible, and familiar. By contrast, the term *identity* is more pliable and allows for the kind of paradox that de M'Uzan is pointing to with the clinical phenomenon of depersonalization. The proposition is that our identity has a core of strangeness within its familiarity.

When poet Arthur Rimbaud (1871), in a letter to Paul Demeny, exclaims, "*Je est un autre,*" he is speaking about his experience of writing poetry. In the following translation, this phrase is rendered as "I is someone else," but it could also be translated as "I is an-other":

> For I is someone else. If brass wakes up a trumpet, it is not its fault. This is obvious to me: I am present at this birth of my thought: I watch it and listen to it: I draw a stroke of the bow: the symphony makes its stir in the depths, or comes onto the stage in a leap.

Creative possibilities, as well as fear of terrifying regressions, are part of uncanny experience. We do not necessarily like to be faced with this kind of *wavering of identity,* as de M'Uzan has referred to it, because it is certainly unsettling. However, for those who seek analytic treatment, it may well be that an all-too-solid notion of the sense of self is part of the problem; for example, in the case of a patient whose constant refrain is "I'm a loser," it may be the sense of self as a "loser" that is the difficulty.

Included in de M'Uzan's 2015 book is a very helpful glossary of his terms, written by Murielle Gagnebin, which defines and cross-references these ideas. Gagnebin describes *l'inquiétude permanente* as follows:

> Usually, psychoanalytic treatment offers a mastering of the drives in accordance with the maximum satisfaction compatible with reality. According to de M'Uzan, psychoanalytic treatment in particular has another essential responsibility. When one has in view the most authentic aspect of being and the freeing of what is innermost, it is a matter of assuring to the subject the possibility of reaching "*l'inquiétude permanente*": a return to that point where the random and uncertain nature that is a fundamental given of being must appear. "I" must be able to recognize itself as an "other." [de M'Uzan 2015, p. 151]

There is an echo of Rimbaud's "I is an-other" here.

Permanent disquiet as an aim of psychoanalysis involves accepting that change in analysis means movement toward the "random and uncertain nature" (de M'Uzan 2015, p. 151) of the core of our being.

In an attempt to highlight some implications of de M'Uzan's theorizing about identity formation, I have used a word to describe an aspect of identity formation that de M'Uzan does not use but that I think is justifiable to give a "big-picture" view of the line of identity development that is the core of de M'Uzan's thinking. This is the idea of an *endogenous* tributary to the origin of identity. To explain why I am using *endogenous,* let us try a thought experiment. Can we imagine something essential about ourselves, activated in our childhood, that would be present in some way no matter who are parents were? Imagining a something in us that would not vary according to the human environment around us from birth is the idea behind the term *endogenous* as a particular stream of identity.

With the other aspect of identity, *environmental*, I am talking about the way in which the child is invested with the parents' interest in the child—interest both for the child as an individual (object investment) and the child as a repository of the parents' narcissism. Clearly, the manner in which the parents are able or not able to invest in the child as a separate individual, as opposed to a narcissistic extension of themselves, profoundly affects the child's identity or sense of self.

AUTO-CONSERVATION

Before further elaborating de M'Uzan's thoughts about identity, we must look at his position on *auto-conservation* and the death instinct because this is where he distinguishes himself from Freud and other authors who accept some version of the death instinct. In addition, his way of conceptualizing *auto-conservation* is one of the roots of his thinking about endogenous identity. A cornerstone of de M'Uzan's thinking regarding the earliest levels of psychic life is his work on Freud's concept of *Selbsterhaltungstriebe*, which Strachey translated as *instincts of self-preservation* and Laplanche and Pontalis (1967) as *pulsions d'auto-conservation*. Here we can notice differences in the translation of both parts of the German word. *Triebe* is translated by Strachey as *instincts* and by Laplanche and Pontalis as *pulsions*—in today's English, often *drives*. For our purposes, in French psychoanalysis, *drive* has come to mean more specifically the psychic representative of somatic phenomena, whereas *instinct* tends to confuse the ideas of somatic phenomena and its psychic representative.

Selbsterhaltungstriebe is a conceptual "term by which Freud designates all needs associated with bodily functions necessary for the preservation of the individual: hunger provides the model of such investments" (Laplanche and Pontalis 1967, p. 220). There is an issue about terminology here that I must address. The reader needs, on the one hand, to stay connected with the familiar term in Strachey, *self-preservative instincts*, but on the other, to appreciate its subtle difference from the French *auto-conservation*. The French term gives more of a sense of something that works on its own. Because of potential confusion about the word *self* in psychoanalysis today, I have decided that when de M'Uzan uses the term *auto-conservation,* I will treat it as a French word and keep it in italics.

Freud struggled to theorize the conflicts he saw in himself and his patients in various ways over time. The early epoch of this theory of conflict was dominated by an opposition between sexuality/pleasure on one side and ego/reality on the other. The ego was seen as having its own kind of energy and being the part of the mind that dealt with reality on its most basic level. For instance, the forces of the ego would be enlisted

in the service of hunger to find nourishment. In the human nursing situation, hunger, the ego drive for self-preservation (*auto-conservation*), is the basis on which the stimulation and pleasure of contact and sucking at the breast develop in what becomes a sexual erogenous zone. Thus, *auto-conservation* refers to a radically individual level of somatic phenomena that "needs" to be able to sustain life in whatever libidinal environment the child is born into. For example, if the mother is frustrated and resentful about breast-feeding, the child has to eat to survive even if it is a very uncomfortable emotional situation for all.

Auto-conversation is the cornerstone on which de M'Uzan builds much of his other theory. He starts, as did Freud, with the quintessentially clinical phenomenon of the repetition compulsion. This is something every psychoanalytic practitioner sees over and over, with greater or lesser severity. Two quotations from Freud give us a further sense of why *auto-conservation* is so critical for de M'Uzan and why he split so definitively from Freud at the point where Freud decided to explain the repetition compulsion as based on a death instinct.

First, we see Freud (1920) emphasizing the repetition compulsion as foundational in humans: "Enough is left unexplained to justify the hypothesis of a compulsion to repeat—something that seems more primitive, more elementary, more instinctual than the pleasure principle which it overrides" (p. 23). Coming at it in another way a decade later, Freud (1930) again emphasizes the depth of this phenomenon, which he now calls the *death instinct:*

> The name "libido" can once more be used to denote the manifestations of the power of Eros in order to distinguish them from the energy of the death instinct. It must be confessed that we have much greater difficulty in grasping that instinct; we can only suspect it, as it were, as something in the background behind Eros, and it escapes detection unless its presence is betrayed by its being alloyed with Eros. [p. 121]

Thus, from a clinical point of view, Freud tried to explain the repetition compulsion by moving into speculative regions and inventing the death drive. De M'Uzan certainly accepts that there is "something in the

background behind Eros," but he underlines for us the importance of an alternative that Freud decided not to follow. There was a time when Freud wanted to place the forces of *auto-conservation* on the side of the death instinct. However, he changed his mind and put them on the side of the life drives. Here is the relevant quotation from Freud (1920):

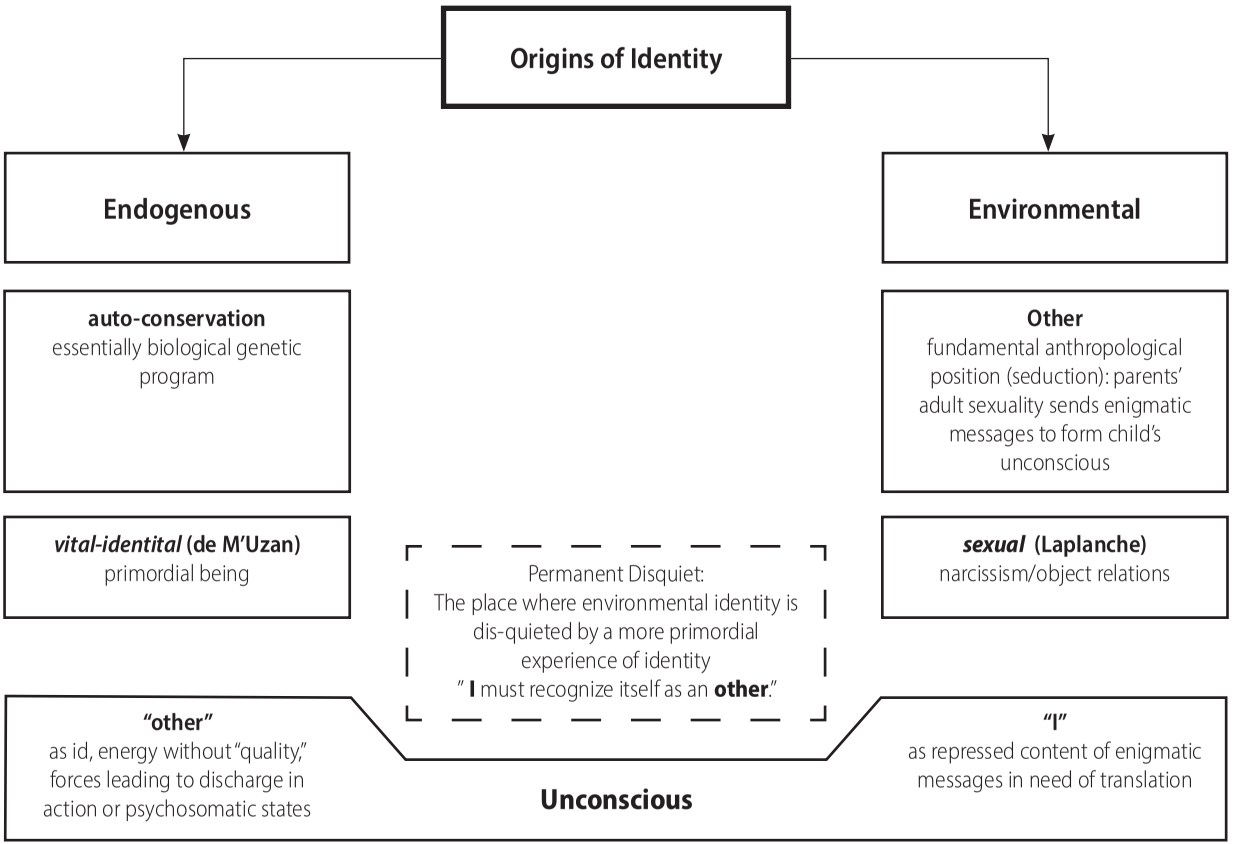
> Our argument had as its point of departure a sharp distinction between ego instincts, which we equated with death instincts, and sexual instincts, which we equated with life instincts. (We were prepared at one stage to include the so-called self-preservative instincts of the ego among the death instincts; but we subsequently corrected ourselves on this point and withdrew it.) Our views have from the very first been dualistic, and to-day they are even more definitely dualistic than before—now that we describe the opposition as being not between ego instincts and sexual instincts, but between life instincts and death instincts. [pp. 52-53]

De M'Uzan has returned to this fork in the road where Freud turned in one direction—repetition compulsion becomes synonymous with the death drive—and de M'Uzan takes the other direction, where the repetition compulsion is a form of *auto-conservation* in opposition to the pleasure principle and Eros. Thus it is *auto-conservation* that is "beyond the pleasure principle" for de M'Uzan, who preserves an original dualism between the forces of *auto-conservation* and the psychosexual instincts.

I attempt to give a visual orientation to the dualism between the forces of *auto-conservation* and the psychosexual in the diagram on p. 844.

VITAL-IDENTITAL

De M'Uzan sticks rigorously to the original definition that the drive is a property of the mind insofar as it does work demanded by the body–mind interconnection in creating forms that are representation-energy-invested, linking phenomena at the border crossing between mind and body. He also agrees with and uses Laplanche's (2011) notions of the development of the child in relation to an other, usually the mother (the fundamental anthropological position), where the sexual drive (libido)


Origins of Identity
Endogenous
Environmental
auto-conservation
essentially biological genetic program
Other
fundamental anthropological position (seduction): parents' adult sexuality sends enigmatic messages to form child's unconscious
vital-identital (de M'Uzan)
primordial being
Permanent Disquiet:
The place where environmental identity is dis-quieted by a more primordial experience of identity
" I must recognize itself as an other."
sexual (Laplanche)
narcissism/object relations
"other"
as id, energy without "quality," forces leading to discharge in action or psychosomatic states
"I"
as repressed content of enigmatic messages in need of translation
Unconscious

arises in the interaction with the other. Laplanche's line of thinking adopts the view that the unconscious is formed in relation to "enigmatic messages" transmitted (implanted) by the unconscious of adults in the child's human surround, in which infantile sexuality is a kind of plastic receptivity of the child to stimulations from the other.

One might say that Laplanche (2011) summarized much of his work by coining a new word in French, namely *sexual,* for infantile sexuality. Thus, *sexual* stands for infantile sexuality—whereas for instinctual sexuality, which arises in the changes at puberty, Laplanche uses the word *sexuel*, the ordinary word in French for the adjectival form of *sex*. At the same time, Laplanche is distinguishing what has to do with *drive* as *sexual* and what has to do with *instinct* as *sexuel*. Although a full discussion is beyond the scope of this paper, Laplanche suggests that there is in fact a form of perpetual conflict between infantile sexuality and instinctual sexuality.

In the area of endogenous identity, de M'Uzan (2015) has invented the term *vital-identital* to correspond in the domain of *auto-conservation* to what Laplanche refers to with *sexual* in the domain of the psychosexual of infantile sexuality. (The word *identital* was coined by de M'Uzan to correspond with the word *sexual* coined by Laplanche.) Another correspondence between the domain of endogenous identity (the *vital-identital*) is to Freud's concept of the actual neuroses as opposed to the psychoneuroses. As discussed earlier, "actual" refers to a neurosis in which symptoms show a poverty of psychic content. De M'Uzan connects this poverty of representational capacity (with little fantasy or dream experience) with the *vital-identital*, where energy is seen as being without "quality." In contrast, in the psychosexual domain, energy takes on qualities as it is formed by the mind in the realm of the drive, meaning that libidinal forces psychically experienced as mental content can lead to fantasy formation.

Another term used by de M'Uzan in the territory of endogenous identity is *l'être organique*, which is the French translation of the German *das organische Wesen*. This term appears specifically in de M'Uzan's text about a bullfight, which appears later in this paper. Freud (1920)

used the German term; it was translated by Strachey as the *organism*. De M'Uzan elaborates on Freud's *l'être organique*, creating his own term *l'être primordial* (the primordial being). In Gagnebin's glossary contained in de M'Uzan (2015), we find the following description:

> I call [it] *primordial being*, a being which is the base of the very first moments of life . . . . This is an entity that evades distinct perception and which takes things in globally. It is a "that" which one is apt to speak of as a space; the "where" prevails over the "who"; a place crossed by huge quantities of outflowing energy that follow only the principle of discharge, a real chaos . . . . Its fate would be incompatible with the continuation of life if it were not acted upon by investment from the object. [de M'Uzan 2015, p. 146]

The primordial being is de M'Uzan's conception of the very start of human experience as some form of *being* that is more a place traversed by energetic discharge than an identity. Nevertheless, the primordial being evolves into the *vital-identital* in the realm of *auto-conservation* and is the forebear of *actual* experience. All these terms refer to a hypothesized foundational human level of existence that is not visible as such but may be conceptualized using the metaphor of a horizon. As an aid to clinical thinking, one could imagine this horizon arising as we look backward in life toward the primordial being or look deeper in the unconscious toward a region where the essence of the person resides, but as a primordial place where the potentials of the person fluctuate in the *vital-identital*.

The primordial being is where we theoretically start before we experience contact with the psychosexual. In French psychoanalysis, *psychosexual* refers not only to the world of the other but also to our own narcissism, since narcissism is formed in relation to the degree and manner in which we are regarded and valued in the early human environment. *Psychosexual* refers to all the ways in which Freud's concept of the sexual drive manifests itself as it ricochets back and forth between object representations and self representations, and a subject endowed with narcissism arises.

CULTURAL EXAMPLE: WRITING AND PSYCHOANALYSIS

The part of de M'Uzan's book about artistic creativity and writing, subtitled "The Artist and His Hell" (2015, pp. 13-33), contains an interview of de M'Uzan conducted by Pontalis around 1977 about the role of writing for analysts. Their respective views are highly contrasting. De M'Uzan, who started as a writer of fiction before working as a psychiatrist and psychoanalyst, argues that analytic work is fundamentally antithetical to fictional writing. To him, the work of analysis is a progressive search for the simple, bare-bones quality of unconscious struggles in the patient, whereas he views fiction as an elaboration, layer upon layer, of sophisticated thinking, with each level of prose acting to keep us at an aesthetic distance from an essential, skeletal narrative structure.

Pontalis disagrees with de M'Uzan and believes that doing work as a psychoanalyst need not impede one's capacity to do literary work. Pontalis proved his point in his own life by writing works of fiction as he got older. In fact, he has had a kind of second life as a major French literary figure.

In spite of de M'Uzan's emphasis on the psychoanalyst's difficulty working in a literary mode, I was struck by his literary skill in a short text called "The Bullfight . . . and Below" (2015, p. 50). My translation of this work follows. It shows how de M'Uzan's literary sensibility can provide a psychoanalytic mode of observation and describe a cultural example of identity diffusion. A reader of an early version of this paper found this story "truly disturbing," which speaks to de M'Uzan's ability not simply to describe but also to evoke the experience of the uncanny.

The Bullfight . . . and Below

> Barcelona in June of 1962 organizes the 23rd Congress of Psychoanalysts of the Romance Languages. The city welcomes psychoanalysts escaping Europe's cities to encounter it and its noble severity. To celebrate the event, the city offers something more to its guests, the spectacle of a bullfight.

Encouraged by my friends and fighting a deep hesitation, I accept the invitation to meet a thing which I imagine carries a complicated determinism.

I know that what I am about to describe will inevitably offend a number of my colleagues, including close friends from now and from before, *aficionados*, as they say. Consequently, I must describe what I saw unfold as dryly as possible.

There was the ground, a sandy area, very bright. It was encircled by stands which ascended, multicolored. There was the sky above, so beautiful on that day.

I imagine a wait; I imagine a silence. And then the memory is forced on me. The doors of the bullpen open to blinding light and reveal a somber being whose momentum hurls it to the center of the arena. The beast comes to a halt: the bull. With a nervous hoof, the animal scrapes the earth, raises his head and turns himself round once, twice. He raises his head in the direction of the sky. Finally, his attentive eye discovers a still empty vastness. And the great animal waits, keeps waiting, perhaps without understanding until a gaudily dressed entity comes up to meet him. The one we call *torero:* a man, the small of his back silhouetted in a light-radiating costume that closely envelops his thighs and buttocks; on his chest, even more gold.

A piece of red flannel held by a short stick, a lure, calls to him who perhaps imagines a game. A game until a little later when the points of the first *banderilla* are driven into his withers.

Left foot forward, the man steps back, escaping a first blind charge. There will be more: on the right, on the left and still others when the *muleta* comes as close as possible to the moist snout. A muffled scratching, as if from a time faraway, rises from the stands accompanying the sweeping movements of the crimson fabric, absorbed in its excitement. It is a grumbling the crowd emits, intensifying the silences anchored to time. The scenario is tightly drawn.

The bull hurls his power against the caparison of the picador who, hemmed into a narrow space close to the fences, is wrenched up from the ground, just about to fall over. The man, still high atop his mount, arms a pike that is soon doing its work smashing into the ligaments of the beast's shoulder.

The clocks go mad, infected by the beating of hearts; they take on power as if governing the adding of *banderillas* thrust into and hanging from the body of a being who has lost his capacity to say no and is not any longer at all himself.

The scene has imperceptibly shifted. A few steps from each other, the man and the beast will come to a halt. They will be facing each other, as if waiting for a new sign. And then, with his perhaps lost pride adding to his fatigue, the handsome bull will give up fighting even to try keeping his head high enough, one more time. His head will finally bend, exposing his spine to the aim of the long motionless blade of the matador. A new silence will briefly reign. And all of a sudden, the furious absolute gesture will arrive, driving the fraught plunging sword and thrusting it into his flesh. The great animal will first fall upon his knees and then, carried along, his dark mass will slowly follow stretching out, fulfilling the destiny waiting for his flesh since he arrived on earth. At that moment, it remained only for the sky to be reflected in his wide-open eye.

Thus, with a display of solemnity, the story should have closed. Thus is it intended that the demanding ceremony should end. Thus is one life asked to bear witness for all lives. And, on this day, in the month of June 1962, in Barcelona the severe, an event was about to demolish this story by revealing a profound, unexpected truth . . . yet conveyed through the arrival of a child spitting on the dark corpse, a mass of dead meat pulled outside the arena. A child spitting on that being who, shortly before, had hurled himself into the light.

But we must absolutely return to the arena in order to close the story once and for all. In that month of June 1962,

the matador, the field of his consciousness likely widened, lets the hideous shadow of doubt that invades him be seen. He is extremely pale; his hand now becomes unsure. But an unyielding ritual takes over and binds his being. What remains of him is hurled, as if blind, thrusting his sword no-matter-where into flesh. A strong gush of blood spurts from the nostrils of the beast who, laid to waste, still struggles. Then, coming from all the stands, booing explodes and continues. It descends upon the man who, backing his way out, starts to feel extreme humiliation. It is the humiliation of someone who, without knowing it, is bound to make heard a message coming from history.

From here on, it will be this message that concerns us. A message carried by the image of a crowd flowing slowly like lava from the arena. Almost absent beings—I believe I can make them out—walking slowly, tight one against the other, a huge being, a thick substance nervously directed by guards on horseback. The image is dreadful, one would rather hide from it. But compelling memories intrude, like those times in the psychoanalyst's office, a thought or an image returns charged with an incontestable density.

I recall 1934 in a German city. July 1934, Hitler becomes the new undisputed master of the country. In the cities, huge rallies are organized with spectacular rigor. In spite of the years that have passed, time vanishes: the form of these images hardens. Taken aback, I recognize in the short anticipated breaks in the speeches of those days the same deep bellowing, emanating more from belly than throat, that rises today from the stands of an arena and follows the rounded movements of a piece of red fabric.

Emden 1934. Barcelona 1962. Making a connection between gatherings in these cities is most certainly untenable. But when the drift of thoughts and a cruel memory force it, then the connection certainly belongs to another order.

> An order situated below even the unconscious, however ferocious. In thinking about this unconscious, Groddeck said, "In the depths of man, it (*cela*) (*id*)," though his expression was at first meant to deal with a state of being. It dealt with "the organic being," Freud's "*das organische Wesen*"—a being that, lacking definite borders but armed with a biological blade, goes about cutting everything apart and within its own flesh until, confronted by sex, by its emergence, it betrays in order to exist.
>
> [de M'Uzan 2015, pp. 50-53]

The ending of this story takes its own enigmatic turn. My interpretation of this personal recollection by de M'Uzan is that the organic being is not something that is visible as such, but as a hypothesis, it may allow us to see similarities in different primordial phenomena. The image of "a being that, lacking definite borders but armed with a biological blade, goes about cutting everything apart and within its own flesh until, confronted by sex, by its emergence, it betrays in order to exist" suggests that we carry within us something essential and biological, which can only continue to exist in the context of a human surround ("confronted by sex"). However, there are instances when certain circumstances push us to regress to more primitive states where the qualities of this "organic being" or "primordial being" become evident—namely, a diffusion of boundaries and a disintegration of one's experience as an individual.

One important aspect of the lack of definitive borders is that energy tends to be unbound (uncathected) and to seek immediate discharge. The group phenomenon that happens when there is loss of distinction among individuals, and people are led to flow together as a mass under the influence of a demagogue, is illustrated in de M'Uzan's story of the bullfight with its connection to Hitler's rallies. The sound of the crowd is the link in de M'Uzan's mind between the two scenes—a sound of the human mass bellowing, animal-like, in unison. Even though this story was written about events far in the past, recent happenings in United States politics and the tendency toward authoritarian governments around the world have led many to comment that the 1930s feel much closer to us now than we might have thought possible a few years ago.

These fluctuations in our own experience of time underline the sense that the "organic being" lurks eternally beneath the surface.[2]

IDENTITY, TRANSFERENCE, AND THE *VITAL-IDENTITAL*

A similarity between the regressive group phenomenon described in de M'Uzan's story and regressive points in an analytic process is that a sense of personal identity is at stake in each case. In an analytic process, the fixity of an individual's personality structure and identifications comes under pressure.

Generally speaking, in the framework of French psychoanalytic thought, transference is seen as being in the realm of the psychosexual rather than the *vital-identital*. At the level of transference phenomena, we can try to imagine what happens in an analytic process in terms of how the level of the *vital-identital* might be encountered. If the analyst can gradually perceive outlines of the transference and take it into account by his or her responses to the patient, then a distinction may arise between how things happen with the analyst and the patient's expectations of a repetition of what has "always" happened to him or her. The experience of this distinction creates a pressure on the patient's identifications, which are in a certain correspondence with the transference.

For the purposes of my argument in this paper, what I call *interpretation of the transference* is not simply the analyst's verbal statements. There is, rather, a deployment of forces of experience via the analyst's spoken words, but there are also nonverbal interactive aspects of the patient's experience of being-with-the-analyst that need to be consonant with the analyst's words. This way of thinking about "interpretation" recognizes the importance of what we call *transference* becoming more visible as a repetition of something from the past, now seen in the context of the treatment situation.

The nature of this visibility of the transference might be said to be in the same territory as Loewald's (1960) famous idea that analysis changes

[2] I have used some of de M'Uzan's ideas in an audiovisual project about David Bowie and the strangeness of identity. The presentation focuses on Bowie's creativity in his last works as he confronted his terminal illness. This presentation is available via the following link: https://sway.com/d4JnuQuHmfCjorrf?ref=Link.

the patient's ghosts into ancestors. By way of interactions with the analyst, something that was a barely palpable haunting force, a ghost, becomes a visible and symbolizable historical entity, an ancestor. What de M'Uzan's work adds to Loewald's here is an emphasis on the consequences for the patient's identity of this visibility of the transference as ghostly.

The visibility of the transference disrupts the field of subject–object identity that includes any narcissistic issues involved. If we go back to the major distinction that de M'Uzan made between two different strands of identity—one emerging from the *vital-identital* and the other emerging from the psychosexual (as the internalization of traces of the encounter with parents or other caretakers)—then the visibility of the transference and the consequent disruption of psychosexual identifications can lead to a place in the analysis where an opening for the identity potential of the *vital-identital* comes into play. The central idea here is that if the patient senses that the analyst is not acting like the transference figure whom the patient expects, a disturbance occurs in what could be called the *identity field* between analyst and patient. The patient's reaction might be described by the feeling that "if this guy is not who I thought he was, then maybe *I* am not who *I* thought I was."

Thus, although it is important that the analyst map out the shape of the patient's transference, the essential factor is the next stage, where the visibility of the transference leads to a disturbance in the patient's sense of identity. Within this field, the analyst's task is to keep an eye out for the patient's own emerging possibilities in the area of the *vital-identital,* where there may be a new pliability of identity. And we also need to keep in mind that when "new" aspects of the patient come to light, they can be first of all experienced as "foreign"—a feeling of "that's not like me" or "I am not feeling myself."

De M'Uzan suggests that when in the region of the *vital-identital,* we focus on the way the patient is perceiving things and participate with the patient at that level of perception, rather than giving interpretations at the level of decoding meaning. He gives an example of his advice to a male analyst colleague who told him about a situation with a female patient. On the way out the door at the end of a session, the patient abruptly embraced the colleague, who suggested that they sit and talk about this; he told her that anyone could be overcome with emotion

in such a situation. De M'Uzan told his colleague that it made sense to sit with the patient for a moment, but that the attempt to reduce the patient's guilt was misdirected and could simply increase her regression. He pointed out the affective and erotic "touch" aspect of the situation and suggested that these perceptions in fact correspond directly to a time that is fundamental to the setting up of the psychic mechanism itself. He suggested saying to the patient: "In front of the door, both of us found ourselves standing up." De M'Uzan was thus hoping to participate in the preliminary construction of a foundational layer of the patient's identity by seeing where the patient might go from there.

My clinical example that follows focuses on a patient's perception of a physical sensation in her body at the level of what might be called a *primary perception.*

A CLINICAL EXAMPLE OF THE APPLICATION OF DE M'UZAN'S IDEAS

For reasons of confidentiality, I will describe this clinical situation in general terms and focus on only a few details of one aspect of a very complicated personal history that included being born in Europe and growing up both in Europe and in North America.

On the patient's mother's side, there was family pride in being extremely positive and active all the time, no matter what the circumstance. I originally saw the patient about a complicated mourning she was experiencing following the death of her elderly mother. As well, she had phobic symptoms that had accumulated over the years, including a fear of choking when swallowing and a fear of being in enclosed spaces, especially elevators.

About a year and a half after starting psychotherapy with me, the patient, Claire, ran into extreme stress in her life from three different directions at once. Two background stresses had been building related to her work and her sense that she had to do the maximum for her clients even when it meant exhausting herself. However, the major stress was from her daughter, who, although an adult and to all appearances functioning very well in the world, made continual demands on her mother to tell her what she should do in her life and thus be responsible for the

daughter's decisions. The daughter always had to look perfect to those around her; at the same time, she depended on her mother as if she were a small helpless child.

At the time of the clinical vignette I will relate, there had just been a huge crisis when Claire's daughter suffered a major narcissistic wound and demanded that her mother find a way to fix it or her life would not be worth living. In this context, following encounters with her daughter, Claire appeared for her session in the worst condition that I had ever seen her. She was pale and distraught and had a new, very distressing symptom: a feeling of coldness inside her chest, with an inner trembling and her abdominal wall feeling very rigid. This coldness was something she had never felt before; no matter how many blankets she wrapped around herself, she could not feel any warmer.

This symptom became the core of an evolving situation over the next several weeks. In this session, after Claire told me about her stresses, I said it was possible that the feeling of coldness was some kind of physiological reaction to these stresses. However, it was not a symptom I had seen in my thirty-five years of practicing medicine and psychiatry. I suggested that she take small doses of an anxiolytic, as needed, but that if the symptom changed or got worse, she should go to an emergency department and be examined immediately.

My suggestion that she take the anxiolytic in a dose and at a timing where she could respond to her own reading of her level of anxiety was important. I was trying to get a feedback loop going from within Claire—namely, a feedback loop connecting the panicked anxiety she felt, the realization that she needed to take care of herself (not just others), my statement that the medication was a legitimate temporary means to help the crisis, and, I hoped, her experiencing a reduction in anxiety. The creation of this feedback loop was important because the taking of medication was subject to some kind of transference where her own need or her own volition was excluded, and it became a matter of doing what the doctor ordered rather than being the agent who used her own feelings as a signal for the use of the medication.

That she was feeling ashamed of herself about being in such distress and very guilty about taking medication was part of Claire's conflict. The origins of this shame and guilt became evident only much later. She also

said during this session that she could not continue always taking care of others; now she wanted someone to take care of her. The irony here was that my taking care of her was about finding a way in which she could take herself into account in a different way.

Amid many complex and stressful situations that followed, the symptom of coldness inside Claire's chest diminished over a period of several days. Some time later, a series of memories came to light in the treatment that indicated that this symptom was connected with a particular traumatic event with her father. Her father had typically not taken the patient's realistic fears seriously and had tended to make fun of her about her fears; they were nothing compared to what he had been through. The particularly traumatic memory that came to light was that her father had once played what he might have thought was a joke on her about being afraid. He suddenly made her go inside a cold enclosed container, a kind of walk-in freezer. This was clearly terrifying for her but became repressed under an idealized view of her father and of herself as her father's favorite daughter.

With the emergence of this memory, it became clearer to Claire and to me that from her childhood on, she had been trapped. On the one hand, she was able to experience what amounted to signal anxiety, in the Freudian sense—to make realistic judgments about the danger to her of a given situation—but on the other hand, she felt ashamed of herself for being frightened, and this shame blunted her capacity to use her anxiety to protect herself. This was part of the mechanism that created a sense of identity in which she "should" see things from other people's points of view and should virtually always disregard her own anxiety as a legitimate signal of any real danger to herself.

I will discuss my treatment of this patient in terms of how de M'Uzan's ideas helped me navigate the crisis. Undoubtedly, one could understand what happened clinically from within many different theoretical frameworks (Greenberg 2015). My argument is not that there is a unique truth to the way de M'Uzan's ideas work here; my point is that these ideas were useful to me in a specific clinical situation.

To begin with, the whole field of psychosomatic medicine was expanded by de M'Uzan and the other members the Paris School of psychoanalytic psychosomatics (de M'Uzan 2013). This expansion helped

us realize that physical symptoms can be many things. They can be conversion symptoms, in the sense that the symptom is a coded part of a message that contains an underlying story that the patient is trying to express. Equally, emotional upset and stress that cannot be metabolized psychically can produce actual physiological disruption that can lead to tissue damage and organic pathology, which need to be attended to medically as well as psychologically.

In the case of Claire's symptom of coldness in the chest, I was struck by the fact that it was a physical symptom I had never encountered. I suspected that it was psychophysiological, but I was concerned that it could indicate some kind of organic cardiovascular disease that was either primary or mediated by the severe emotional distress that the patient was experiencing. My stance with Claire was that I was not at all certain about the nature of the symptom, and that it should be taken quite seriously. I did not know consciously at the time that this stance ran counter to a silent paternal transference in which the patient expected me to doubt the seriousness of her fears. She herself, up until this crisis, had tended to dismiss her concerns in a manner that mimicked her father's laughing off her fears.

My taking Claire's symptom very seriously opened up a difference between her experience of me and her transference to her father, which at the time had not yet become visible. Her identity was as someone who had to dismiss her own emotional distress in the service of maintaining a connection with her father, who needed her to be unafraid for his own reasons. However, with the stresses currently coming at her, maintaining this posture of the "bionic woman," as both she and her daughter referred to herself, came under siege.

A counterpart to Claire's distress was her feeling that things did not "make sense" to her any more. This, I think, is collateral evidence of a shifting of identity in which the sense of the world has to do with what Loewald (1960) called *ego-reality integration*. As the ego's sense of identity is distressed, the world loses its sense for the person. And at the same time, from de M'Uzan's point of view, endogenous, primordial identity possibilities were pressured to come forth in the kind of vacuum opened up by the falling away of a previous pillar of the patient's identity.

One could say that this patient had reached a point at which the line of identity formation (which came from both parents) as someone who had to dismiss her own suffering for the sake of others' stability had reached a functional limit. On a deeper and more obscure level, the physical symptom of coldness inside her chest was such a profound and uncanny aspect of distress that, ultimately, Claire could not dismiss it. I experienced her being in this state as quite anxiety provoking for me as well—particularly the strangeness of her symptom of coldness. It was only much later, when the memory of being enclosed in a cold place by her father came to light, that one could see the symptom of coldness inside her chest as a possible *primary perception,* here a perception in the form of a bodily sensation of cold.

And so this early perception of cold had somehow gone into the makeup of the patient's psychic existence. She developed an adaptive identity structure that required her to maximally function for others, with the threat of psychic collapse hidden in the background. But at the time that she experienced the symptom of coldness inside her chest, it had to be taken seriously on the level of self-perception.

Although the role that anxiety played in this patient was quite complex, I think a part of my anxiety and Claire's was about our being at the level of the *vital-identital*, where the patient's sense of identity was in crisis. Her own creative artistic interests had been profoundly inhibited by her need to always function in the service of others. Before the crisis described in this paper, my patient said that she experienced her artistic pursuits as contingent and ephemeral. After she had gone through the agony of these recent experiences, her artistic pursuits became more of a need for her. When someone asked her to do something, Claire started to be able to say that she felt "too stressed" to comply with their wishes. This was new for her and meant she was using her own feeling of being "too stressed" to be able to say no to certain requests. She said that feeling this way meant that she was "less adaptive" to others.

I said that perhaps she was getting more "adaptive" to herself now—or, in other words, she had a new capacity to better sense where she stood and where her limits lay. Also, perhaps, "too stressed" is a form of *permanent disquiet,* an indication that our identity needs a certain kind of restlessness, some room to maneuver.

CONCLUSION

The objective of this paper has been to give an overview of the important developments in Michel de M'Uzan's latest work about what I have called *endogenous identity,* as opposed to the line of identity we develop in relation to our environment. I have described the terms that de M'Uzan has developed for this area of human experience—*primordial being, vital-identital,* and *permanent disquiet.* These ideas have been illustrated by reference to a story written by de M'Uzan about a bullfight and his associations to seeing one of Hitler's mass rallies and by a discussion of a clinical example from my own practice. I have also suggested a way of thinking about the manner in which the analyst works with transference that destabilizes the repetitive identity field between analyst and patient, leading to an opening for new proto-identity experiences in the patient from the region of the *vital-identital.* Last, one might say that the price we pay for keeping a healthy flexibility in our identity is an ongoing "disquiet" about the fluidity of yet-unformed parts of ourselves.

REFERENCES

De M'Uzan, M. (1977). *De l'art à la mort* [*From Art to Death*]. Paris: Gallimard.

——— (1994). *La bouche de l'inconscient* [*The Mouth of the Unconscious*]. Paris: Gallimard.

——— (2002). Personal communication.

——— (2003). Slaves of quantity. *Psychoanal. Q.*, 72:711-725.

——— (2005). *Aux confins de l'identité.* Paris: Gallimard.

——— (2009). *L'inquiétante étrangeté ou "Je ne suis pas celle que vous croyez."* Paris: Presses Universitaire de France.

——— (2013). *Death and Identity: Being and the Psycho-Sexual Drama,* trans. A. Weller. London: Karnac.

——— (2015). *L'inquiétude permanente.* Paris: Gallimard.

Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18.

——— (1930). *Civilization and Its Discontents. S. E.*, 21.

Greenberg, J. (2015). Therapeutic action and the analyst's responsibility. *J. Amer. Psychoanal. Assn.*, 63:15-32.

Laplanche, J. (2011). *Freud and the Sexual.* New York: Unconscious in Translation.

Laplanche, J. & Pontalis, J.-B. (1967). *The Language of Psycho-Analysis,* trans. D. Nicholson-Smith. New York: Norton, 1973.

Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33.

Marty, P. & de M'Uzan, M. (1963). La pensée opératoire. *Revue Française de Psychanalyse*, 6:197-207.

Nemiah, J. C. & Sifneos, P. E. (1970). Psychosomatic illness: a problem in communication. *Psychother. Psychosom.*, 18(1-6):154-160.

Rimbaud, A. (1871). https://rimbaudanalysis.wordpress.com/letters/.

Scarfone, D. (2007). Introduction to "The Same and the Identical," by Michel de M'Uzan. *Psychoanal. Q.*, 76:1195-1204.

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THE MISSING FATHER FUNCTION IN PSYCHOANALYTIC THEORY AND TECHNIQUE: THE ANALYST'S INTERNAL COUPLE AND MATURING INTIMACY

BY MICHAEL J. DIAMOND

This paper argues that recovering the "missing" paternal function in analytic space is essential for the patient's achievement of mature object relations. Emerging from the helpless infant's contact with primary caregivers, mature intimacy *rests on establishing healthy triadic functioning based on an infant-with-mother-and-father. Despite a maternocentric bias in contemporary clinical theory, the emergence of triangularity and the inclusion of the paternal third as a separating element is vital in the analytic dyad. Effective technique requires the analyst's balanced interplay between the* paternal, *investigative and the* maternal, *maximally receptive modes of functioning—the good enough* analytic couple within the analyst*—to serve as the separating element that procreatively fertilizes the capacity for intimacy with a differentiated other. A clinical example illustrates how treatment is limited when the paternal function is minimized within more collusive, unconsciously symbiotic dyads.*

Keywords: Paternal function, paternal third, symbolic father, actual father, triangular space, triadic functioning, maternocentric bias, fusional dyad, Freud, Lacan, paternal and maternal analyzing modes, analytic couple within the analyst.

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INTRODUCTION[1]

In order to return the "missing" father, primarily in the form of the paternal function, to its rightful place in the analytic dyad—alongside the mother and the maternal function—I will argue that the former is essential for the patient's capacity to achieve mature object relations that rest on both triangularity and successful navigation of the oedipal. Thirdness always exists psychically, and even the absent or deceased father is an ever-present third in the mother's unconscious mind. In contrast, however, the intimacy within the analytic encounter most often tends to manifest as a dyadic experience, analogized in terms of the mother-with-infant bond and characterized by the bodily-psychic experience of being deeply held, supported, and nurtured. Analogies pertaining to *holding* and *containing* maternal functions (Bion 1962; Winnicott 1956, 1958) are consistent both with the traditional claim that the classical analytic situation unconsciously corresponds to the mother–infant relationship (Stone 1961) and with contemporary field theory and Bionian-based ideas pertaining to the analytic setting's bipersonal, symbiotic-fusional domain "characteristic of intrauterine life . . . in a formless and undifferentiated *basal* background of experience" (Civitarese 2013, p. 21; see also Bion 1977).[2]

MATERNITY, INTIMACY, AND THE ANALYTIC DYAD

Emerging from the *primordial* aspect or the *protointimacy* of the helpless infant's deep contact with the embodied mother, *mature intimacy* is a developmental achievement that rests on the establishment of healthy

[1] This paper is one of a series of three that I have recently authored on the father and paternal function.

[2] Bion's (1970) theory of the container has primarily been taken up in terms of a more restrictive maternal containment model that provides both understanding and relief. Caper (2017) extends the theory to include paternal containment that helps to enable thinking without necessarily providing understanding or relief. Thus, through this paternal mode, the lack of relief becomes more bearable, and self-containment, described as "the capacity to bear one's own experiences without understanding them" (p. 17), can develop.

triadic functioning, which paves the way for dealing with oedipal issues and is essential for symbolic thinking. In short, this depends on an infant-with-mother-and-father (though as I will explicate, not necessarily in actuality, but rather in terms of an unconscious triad in the mother or her surrogate's mind). Moreover, while this triadic experience does not depend on the gendered presence of a father, I will argue that healthy triangular functioning becomes the essential avenue for achieving the capacity for mature intimacy, which entails reckoning honestly with one's own vulnerability in relation to a differentiated *other* (i.e., whole-object relating).

In contrast, fathers have largely "disappeared from preoedipal . . . interaction schemes" (Reis 2010, p. 151), primarily due to the maternocentric bias in postclassical developmental theory. This makes it difficult "to break the *dyadic cast* . . . [emphasizing] the primacy of the mother–infant dyad" (p. 152, italics added); perhaps to vindicate the mother, theory "has transformed the father into . . . [an] appendage of the mother" (Kohon 1984, p. 78).

We might note that the study of mothering over the past eighty years was initially set in motion by Klein's (1932) focus on the pregenital mother–infant couple. When this theme was further developed by Winnicott (1956) and Bion (1970), along with methodological advances and increasing clinical work with patients suffering from early disturbances, the focus shifted to the *actual* mother–child interaction. The emphasis, then, particularly over the last half century, has been on maternocentric (sometimes referred to as *mammocentric*) conflicts having to do with symbiosis, separation, and the need for nurturance, particularly in the form of the relief and understanding provided by attunement, mirroring, containment, metabolization, and mentalization.

In fully appreciating our patients' internal worlds and in formulating clinical technique that promotes mature forms of psychic development, it is insufficient to focus exclusively on the mother–child dyad, even though this dyad is certainly necessary for establishing a secure developmental foundation. Moreover, while recent theorizing has sought to recover the missing, lost father (Diamond 2017; Green 2009; Perelberg 2009), there has been a developmental lag in clinical theory, so that addressing the issue of the *symbolic father* as distinct from the *actual*

father, as well as the respective impact on psychic development, is often omitted in clinical settings. This paper attempts to speak to this omission prevalent in both clinical discussion and theorizing, while specifying that paternal functioning is implicit in every analysis.

RECOVERING THE MISSING FATHER IN PSYCHOANALYTIC DEVELOPMENTAL THEORY

As I will expand upon in discussing the history of the *Father* concept, fathering is conceptualized in classical theory as predominantly phylogenetically transmitted, in that *primary, primordial identification* with the father occurs in every individual's prehistory prior to any environmental history or conflict. This vital, primary identification is subsequently transformed and organized around the *symbolic father* in the unconscious oedipal situation that involves a secondary identification with the castrating father.

This symbolic father must be distinguished from the *actual father's* ongoing and active developmental contribution throughout the child's life. Actual, flesh-and-blood fathers themselves have seldom been portrayed as real people, and their tangible impact has most often been studied only when there was paternal absence, neglect, abuse, or other overtly negative dynamics. Over the last half century, the impact of both the *flesh-and-blood father* and the *symbolic father,* as well as of the *paternal function* itself, has more likely been missing or lost (Diamond 1998, 2017; Perelberg 2015).

The idea of recovering the missing, abolished, and lost father, including his symbolic authority, has taken hold during more recent theorizing. Most children turn to their fathers (or surrogates) in order to separate from intense wishes and fears of fusional dependence on their mothers, often through fantasies of incorporating the father's phallic strength (Lacan 1993; McDougall 1989; Roiphe and Galenson 1981). Thus, the father as the necessary third—typically, but not always—protects the child, in both *actual* and *symbolic* functioning, from the perils arising from the absolute power held by the mother over the young child. At least, this is so in the child's unconscious perception that the mother's

desires pose an existential threat, described as a narcissistic collapse into an "abyssal opening beneath castration anxiety" (Kristeva 2014, p. 80). As well, the child may feel sucked into the powerful mother's "deadly embrace . . . towards [indistinct] non-being" (Civitarese 2013, p. 125).

Freud (1900, 1921, 1930), however, never lost sight of the importance of the *actual* father's impact on the child's sense of reality (or, implicitly, of the *maturing intimacy* of the genital stage). After having noted that the father's death is "the most important event . . . [and] poignant loss of a man's life" (Freud 1900, p. xxvi), he later stated, "I cannot think of any need in childhood as strong as the need for a father's protection" (1930, p. 72).

Psychoanalysts today fully realize a father's influence on his child's reality-based ego functioning and object relations, both in dyadic (pre-oedipal) and triadic (oedipal) paternal countenance (Diamond 2007, 2015). Moreover, the core structure of human relatedness is triangular (Aisenstein 2015), and it is "the fate of the human psyche to have always two objects and never one alone" (Green 1986, p. 146). Thus, in appreciating the ever-present role of the father in the mother's unconscious mind, it seems apt to paraphrase Winnicott's (1960) iconic adage and declare that there is no mother without a father, nor any baby without *both* mother and father. Moreover, there can be *no father without the mother's—as well as the child's own (unconscious)—relationship to him.*

Thirdness is always psychically present, and the father is inscribed as a *figure of absence* for the child since the father exists in the mother's mind, whereas the child can never be fully included in their dyadic relationship (Green 2009). The father, regardless of his actual presence, is regarded as an ever-present third in the form of unconscious triangular mother–child and father–child linkages, which can be easily disturbed by latent conflicts in the parental partnership (Klitzing, Simoni, and Bürgin 1999).[3] The *primacy of* triadic interactions, grounded in the fundamental nursing triad wherein the father emotionally holds the mother while she is holding the baby (Casement 1985), is subsequently manifest

[3] This phenomenon was suggested by Swiss researchers who demonstrated that an infant engaged with either parent spontaneously looks at the other parent in order to bring him or her into the encounter (Fivaz-Depeursinge and Corboz-Warnevy 1999; Fivaz-Depeursinge, Lavanchy-Scaiola, and Favez 2010).

in the infant's *triangular competence*. Rather than an internalization of the father as the object, an internalization of a *state of absence of the object* serves as the mind's framing structure (Eizirik 2015; Green 1986). Consequently, regardless of actual life experience, fathers as the intervening third, the second other, the separator of mother–child, and as representation of the paternal function (i.e., Lacan's Law of the Father) help dislodge the child's center of gravity from within the mother to within the self. By coming between mother and child and in assuming the paternal function, the father facilitates the child's subjectivity, ability to symbolize, and even the capacity for thinking itself—all part of the child's separate, individuating self. Serving as an obstacle to the fulfillment of the child's wishes through the paternal function's inhibitory dimension, illusion tied to narcissistic fusion wanes, triadic reality emerges, and the reality principle takes hold (Aisenstein 2015; Eizirik 2015). In short, the paternal function becomes psychically represented as "the conflict between limitless will and a natural limit" (Aisenstein 2015, p. 354), resulting in the legitimization of conflict and anxiety while intimate connection with an "other" (than nurturing mother) becomes possible.

It is increasingly evident, particularly given the changes in present-day parenting arrangements, that the paternal third is *not* necessarily the male-sexed father and that triangularity in no way depends on the gendered presence of a father. Indeed, females, including the mother herself, often carry the paternal function. For instance, single mothers can introduce the Law as a third element (Aisenstein 2015) since "there are multiple third dimensions that cannot be reduced to the empirical presence of the 'father'" (Perelberg 2013, p. 581). Fiorini (2013) suggests using a nongendered term such as *symbolic* or *third party function* to denote the task of separating the child from the mother, thereby permitting entry into a symbolic universe.

Lacan (1966, 2005) noted that the symbolic order is primary in the form of the Name of the Father, the paternal metaphor or figure of Law that institutes the essential experience of (alienation and) separation from the maternal realm. The father blocks his child from living in the wished-for (and feared) merger with the mother—an imaginary world of omnipotent fantasy entailing ecstatic release without hindrance (*jou-*

issance). The idea of the father (i.e., the paternal function) imposes a Symbolic order that opens up three-dimensional space in which thought replaces action, which requires inhibition, loss, limits, and mourning.

THEORIZING THE FATHER IN PSYCHOANALYSIS: A HISTORICAL PERSPECTIVE

Before considering the specific role of the father and paternal function within psychoanalytic treatment, I will briefly review the evolution of the *Father* as a concept throughout three historical waves within psychoanalytic theorizing that have led to a more nuanced understanding, beginning with Freud's seminal writings (see Diamond 2017 for a more comprehensive discussion). In short, these historical contributions demonstrate the significance of the father's actual and symbolic functioning within triadic reality and the familial context—including the mother's vital role in establishing and maintaining the paternal function. Moreover, although the developmental implications are beyond the scope of the present paper, the successful transmission of the father function requires the father's capacity to uphold the symbolic Law of the Father by penetrating the narcissistic mother–child fusional dyad, so that adult sexuality and intimacy are protected. The father subsequently remains able to carry himself as the symbolic father in accordance with both the child's and his own stage of life.

Let us next consider the three conceptual waves. In the first wave of theorizing the father in psychoanalysis, Freud was concerned with the father's role in launching the passage from nature to culture. In a comprehensive text, Perelberg (2015) notes that in analyzing his own dreams, Freud (1900) discovered the significance of unconscious fantasies and ambivalence toward the father. Later, he differentiated the "murdered," *narcissistic father* of prehistory—the all-powerful, tyrannical and dominating narcissistic father existing before the institution of the law forbidding killing that is murder in actuality—from the "dead," *symbolic father* who is metaphorically killed internally (Freud 1912–1913). With the father's conversion into a totemic ancestor, the law of the *dead*,

symbolic father was established, and the paternal function at the foundation of culture was recognized (Eizirik 2015; Perelberg 2013, 2015).[4]

Freud (1928) believed that parricide, the "primal crime of humanity" (p. 183), was a source of guilt, and that as a psychic reality, it organizes psychic life through binding one for life to the symbolic father. Hence, in theorizing the resolution of the Oedipus complex, Freud (1924) gave prominence to the boy's murder of the father, enabling him to take over the role of the renounced father through secondary identifications, which by establishing the "dead father" permit the idealized father of primary identification to be succeeded. Neo-Freudians (e.g., Loewald 1951) furthered this view, encouraging the child's separateness by focusing on the impossibility of growing up without unconsciously killing off the parents. A momentous step in the formation of the individual psyche occurs through the child's severance of the symbiotic, regressive tie to the mother by turning to the father; and in representing the reality principle, the "dead" or symbolic father function instills cultural inhibitions (i.e., the law) against incest and primal fusion, while inaugurating exogamy (Chasseguet-Smirgel 1984a; Eizirik 2015; Perelberg 2009). As an alternative to madness, the symbolic Father "insofar as he signifies this Law, is truly *the dead Father*" (Lacan, 1966, p. 557, italics added).

Of particular significance, Freud (1939) contended that the symbolic father function is hidden and is not reducible to the embodied, sensual realm. However, Lacan (1966, 2005) subsequently extended first-wave theorizing by noting that the symbolic order is rendered primary through the actual father's exercise of a particular function, the Name of the Father (*Nom-du-Père*), evident in the father's "no" (*Non-du-Père*). The father, as the object of the mother's desire, consequently intervenes in the narcissistic mother–baby relationship and through being represented as the third element that breaks apart the collusion between mother and child. The paternal function—serving as a sort of symbolic castration—thus introduces the child to the world of language and sym-

[4] The notion of the more abstract *paternal function*, including primary identification with the primordial father of personal prehistory (Freud 1921), as well as secondary identification with the castrating functioning of the oedipal father, was developed in Freud's structural theorizing (1923), wherein the primordial father identification was linked with the ego ideal and subsequently furthered in *Moses and Monotheism* (1939).

bols, achieving what Freud (1939) termed "a victory of *intellectuality over sensuality*" (p. 113, italics added).

The symbolic father, then, is conceptualized in the child's mind not only as a castrating source of threat and intimidation, but given the phylogenetic roots of the paternal function, it also represents a liberating force (i.e., a "knight in shining armor")—one who takes the child out of maternal symbiosis. Nonetheless, the embodied and sensual person of the actual father tends to remain wanting, with only the mother considered an embodied, sensual other.

Second-wave theorizing, advancing what Freud and Lacan did not fully articulate, emerged primarily in North America beginning in the 1970s and early '80s. This newfound, developmentally oriented step focused on the actual, embodied father as *person-with-child*—namely, the dyadic father–child interaction and attachment, occurring even before the triadic father's separation and castration functions take effect (e.g., Abelin 1971; Blos 1985; Campbell 1995; Diamond 1998; Herzog 2009).

Fathers, recognized as significant, real, and embodied caregivers playing unique developmental roles, foster more positive representations of father–child relations that tend to favor erotic longings over rivalry, while including the importance of reciprocal father–child identifications throughout the life span. In short, the father's *attracting function,* which establishes him as both an object of desire (the "father of desire") and as a stand-in for the "nonmother space," promotes the child's "exploration of reality" (Abelin 1971, p. 246) and thereby helps him fulfill his *separating function.* Consequently, the embodied father's nurturance and intimacy counter the exaltation of his symbolic power. Moreover, the rivalrous, sadistic, and phallic sexual elements in oedipal configurations are balanced by an emphasis on the vital importance of reciprocal erotic longings.

In today's third-wave theorizing—reflective of a creative synthesis of classical and object relations theory, intersubjective, field, and attachment perspectives, as well as the thinking of contemporary British and French analysts—the father is understood to signify a complex interaction between his *actual presence*, *symbolic functioning*, and *internal representation* in the minds of both mother and child. The father, coexisting

with mother and child, is both a symbolic figure and a real person, and thus is less likely to be eclipsed by the mother's omnipresence.

This advance directly establishes the impact of both maternal and paternal subjectivity. Going beyond both the abstract, primordial and the actual, historical father, several Lacanian-influenced French analysts (Green 2009; Laplanche 1997; McDougall 1989) sought to counter the overemphasis on the pregenital mother–child couple by addressing the essential *presence of the father as third in the mother's mind,* even prior to conception and regardless of whether the actual father is alive or deceased. In deeming the triadic matrix an archaic, preexisting structure into which the child is inserted, this perspective casts the core structure of relatedness as triangular (Aisenstein 2015), which in principle challenges attachment-oriented, North American thinking by calling the dyadic concept into question (Greenberg 2015). As I have noted, the father as third is also represented as a "figure of absence" who is always present in the mother's mind—a figure to which she internally relates and even depends upon, yet in a way that does not fully include the child (Green 2009; see also Lacan 1966, 2005).

The question of how the father's actual involvement impacts both his symbolic function and the paternal representation remains unanswered; this has become a source of considerable controversy (Diamond 2017). Moreover, given that the roles of fathers and mothers are in flux, new challenges arise in the context of increased paternal involvement and modified familial (and economic) structures, including single- and same-sex parenting systems.

Indicative of this controversy regarding the father's symbolic function and paternal representation is, for example, Perelberg's (2015) statement that the symbolic father and paternal function refer to founding myths of psychoanalysis and culture; and in reflecting a more abstract level of conceptualization, symbolic functioning *cannot* be impacted by the father's actual presence, she argues. In contrast, however, clinical findings discussed by second-wave as well as third-wave theorists indicate that the father's actual presence or absence (as well as the mother's approbation of the father) influence both the development and maintenance of symbolic and paternal functions. Although the paternal function or principle is a structural given, the clinical example that I will

present later in this paper suggests that historical factors play a major role in the function's accessibility and impact on psychic functioning. Nonetheless, the complex relationship between the actual and symbolic father functions remains unclear.

In general, however, third-wave theorists essentially agree that the father today is a vital organizer of mental life by dint of serving as a significant figure in his child's development—as both a dyadic and a triadic object; as a fundamental internal object or intrapsychic representation (the *internal father*); and as a central figure in the mind's basic triadic and oedipal structure. It is only in each unique patient's clinical analysis that the complex processes involved in differentiating the father as function from the person of the flesh-and-blood, biological, or historical father, can be ferreted out (Diamond 2017).

THE FATHER AS THIRD IN PSYCHOANALYTIC TREATMENT

Whereas failed fathering is frequently evident in the lives of our patients, analytic treatment itself often collapses or is severely hindered when the father function is omitted or even minimized. Bion's (1961) group experiences led to his proposal that the psychoanalytic dyad be considered a work group "likely to stimulate the basic assumption of pairing" (p. 176) in which the analytic couple produces a saving idea or curative fantasy such as "a Messiah" (p. 152). Such "omnipotent illusions" (Symington 1983), in which neither member of the analytic pair can think about what is occurring unconsciously between them nor work psychologically with the experience, often result when the emotional experience occurring within the interpsychic field is of a "subjugating nature" (Ogden 1994). For instance, the analyst's mind becomes centered *only* on the patient's experience, which often results in the analyst's devotion to relieving the patient's sufferings. In other words, the happenings within the field consume the analyst's mind, frequently producing "the nonthinking analyst" (Schoenhals 1996), who is unable to differentiate from the dyadic fusion in order to think analytically and thereby become aware of the inherent gap between their two minds.

Furthermore, because the analytic pair is asymmetrical, particularly in its tilt toward dyadic transferences—often intensified by the materno-

centric emphasis on the maternal–infant unit typically signified in the here-and-now relationship—the father's presence in this equation can too easily be neglected (Perelberg 2013, 2015). However, as I will explicate, given the father's unconscious presence and influence, despite the failings of the actual father, a benign and sustaining relationship to the father and paternal function can emerge or become "reactivated *through the analytic relationship*" (Eizirik 2015, p. 344, italics added).

The "maternocentric bias" (McWilliams 1991, p. 529), nevertheless, skews treatment toward overestimating the mother's preoedipal role and underestimating the father's. Grunberger (1980) suggests that history's pendular movement creates "antioedipal analyses," which, he adds, seems to "favor the *matrilineal tendency,* with the narcissistic regression . . . supported by the primal mother imago" (p. 624, italics added). Thus, triadic reality becomes difficult to conceptualize when interpretations and constructions tend to remain within a dyadic (i.e., mostly maternal) focus, with the *third* remaining unconscious and obscured for both patient and analyst. Indeed, even with a female analyst, and despite the actual father's absence or major failings, material frequently emerges that indicates a "sustaining relationship to a father" (Greenberg 2015, p. 333; see also Eizirik 2015).

The *otherness* (i.e., other than "motherness") within the analytic encounter, which is required for the creation of triangular space as well as for maturing forms of intimacy, can too easily be obliterated when the paternal third is lacking, thereby weakening the importance of the penis as a symbolic phallic object (McDougall 1974). Sexually perverse, psychosomatic, and hysterical patients often evidence a diminished role of the father wherein the phallic symbol remains embedded in the mother and thereby linked with her castrating function (Bion 1961; Bollas 2000). By excluding the father (i.e., the third), rendering him useless, and avoiding the Oedipus, a *perverse duo* is formed (Grunberger 1980). The impact of this is illustrated in the clinical example that follows. In this respect, including the paternal function as third breaks the dyadic envelope and enriches analytic treatment, particularly since thirdness is always unconsciously present in the analytic relationship, though often poorly established or rigidly defended against (Diamond 2017; McWilliams 1991; Schoenhals 1996).

A CLINICAL EXAMPLE: CHARLES

Much like a number of male patients portrayed by Bollas (2000), and particularly like one whom I described in an earlier paper (Diamond 2017), Charles, a 44-year-old married man, indicated that he had grown up collusively entangled with his mother. As an only child, he felt greatly adored by his mother, who had consistently demeaned his father, a depressed man who had been hospitalized subsequent to a breakdown when Charles was about four years old. Soon thereafter, the father left the marriage and abandoned Charles until making contact during his son's teenage years. Charles's parents eventually divorced and his mother never remarried or even dated.

Given his mother's adoration, her contempt for his disturbed father (which Charles collusively embraced), and her attack on the paternal function itself, the role of a needed paternal figure in both symbolic and actual functioning was largely missing in Charles's life. Partly as a result of what might be considered *father murder,* Charles was severely impaired in his ability to integrate his tender and sensuous impulses toward his loved object, while struggling mightily with his aggression and destructiveness. Consequently, he remained impotent with his wife and addicted to Internet pornography. Lacking a father able to fulfill the paternal function of helping his son separate from his mother, Charles became impaired in his ability to regulate his own erotic desires and aggression.

Thus, while remaining poorly differentiated from his engulfing and "omnipresent" mother, Charles, in his hysterical countenance, experienced himself as "stuck and unable to become a grown man." Not surprisingly, he had developed a ruthlessly punitive superego, which interfered with his ability to experience desire or pleasure when having sex with his wife, whom he described as "dominating yet very loving" (i.e., as the purified albeit engulfing mother).

Through experiences in the transference-countertransference, I came to understand that in addition to the missing actual father, who had left in a traumatizing abandonment, Charles's access to the symbolic father to separate him from the unconscious dangers of mother merger was severely restricted. He remained blocked in his development while

continuing to garner satisfactions derived from his narcissistic fusion with his mother, often through an identification with her narcissistic omnipotence as the "phallic" mother. Simultaneously, however, as a result of his projected reactive and primitive aggression, he greatly feared her vengeful power. Due to this preoedipal fixation, Charles remained incapable of integrating his aggression, and thus only when fantasizing about being with other women could he dare to engage the carnal, aggressive features of his male sexuality.[5]

This became clearer in the transference, wherein Charles attempted to remain in what he would call "a safe bubble" in which I, as his analyst, needed to be "completely attuned" to him (while Charles simultaneously sought to conform to what he thought I wanted from him). During these periods, he would often speak about feeling safely enveloped in a "womblike cloud," reminiscing about how, throughout his childhood, he would often lie on his mother's lap as she stroked his hair and soothed him until he peacefully drifted off. Meanwhile, within our dyad, however, any unwelcome silences, breathing, coughing, or sneezing sounds, and/or perceived moments of distraction on my part, were felt to impinge upon this bubble and disrupt his felt safety. Since any such occurrences seemed to reveal my lack of interest, empathy, or care, he would subtlety berate me as "breaking into" his world and leaving him utterly alone in an unbearable state.

In response, I would feel useless in my (fusional) effort to relieve his suffering yet unable to understand what was happening. My mind would frequently shut down, and it increasingly became very challenging to accept Charles's projections and experience myself as an inner object who could capably think sufficiently to pull both of us out of the fusional projective identification in order to shed light on a situation that encompassed gaps between our minds.

For long periods of time during these mutual enactments, Charles would often become withdrawn and (spitefully) silent. However, once I

[5] Freud (1910) described this as a splitting of the (maternal) object wherein the mother's "unimpeachable moral purity" (p. 169) is contrasted with a prostitute's. Typically portrayed as the *Madonna-whore complex,* this manifested in Charles's case in his being blocked from desire and orgasm with his wife and his consequent reliance on sadomasochistic pornography in order to achieve orgasm.

could recover my analytic mind largely by rediscovering the oedipal dimension in my experience with him, particularly when I could consider the meaning of my disturbing experience while bearing the disruptive gaps between us without fully understanding them, I became better able to find the *third* within me in order to detach from what was occurring between us. Consequently, I could interpret the absence inside him that made his experience of my being engaged in something that did not include him feel so disruptive. At such moments, Charles could begin to take in this understanding and, perhaps indicative of launching a mourning process, soon replied with considerable emotion in describing his feeling "dropped and very unsafe."

The significance of a persistent attack on the paternal function that would have upheld the task of separating the child from the maternal orbit (and that could be carried either within the mother and/or assumed by the father's presence, depending on the individual situation) is illustrated by a session with Charles in which the following exchange took place. Sensing my thoughtful reflection about his description of his wife's angry reproaches concerning his lack of sexual interest in her, Charles blurted out, spontaneously and rather uncharacteristically, "I hate your damn thinking—stop it, I'm sick of it, just tell me how to satisfy her!"[6]

Understanding that my "thinking" disrupted his dyadic merger with me, I said that my thinking, and even my unwelcome breathing or coughing at times, broke into the bubble that he felt we existed in together—a bubble like the one he had created with his mother.

Charles quickly pointed out that he could not feel "safe" with me if I was not "empathic" with him. Now that I could more easily see how triangular space in the analytic situation threatened Charles by causing him to experience himself as located too separately outside my internal world, I replied: "It seems quite dangerous to you if I enter from outside 'the bubble'—making you feel left completely alone and uncared

[6] Britton (1989) reports on a similar case, though with a more psychotic, female patient, who told him to "stop that fucking thinking" (p. 88). Along the lines of my own understanding, Britton conceptualized his patient as detecting and responding to the analyst's efforts to "consult [his] analytic self" as a form of internal parental intercourse that threatened the patient's very existence.

for, with no one, especially me, to turn to." I then added, "If I seem to be 'thinking,' you realize at some level that I could be in dialogue with some part of me that is not accessible to you—as if the 'mother-me' is engaged with someone else, and that leaves you out."

As Charles's anger subsided, he became tearful, and we soon began to discuss his lack of a father who could be present and differentiated from his mother and her disparaging stories about him. I added, "You needed that anger to manage the anxiety of being without a father when you emerged from the 'bubbly world' with mother." "Yeah, I know this is true," he said, then added in a worried voice, "But I'm feeling really uncomfortable talking about this." Charles then quite anxiously began to recall the trauma of his father's actual abandonment, along with his painful hunger for a father; consequently, his traumatizing abandonment increasingly became interpretable, as did his defensive use of the maternal merger in a collusive effort to abolish the paternal function.

Months later, when the missing paternal third had become a more active, less resisted-against element in the analytic dyad, Charles seemed quite sad and yet less anxious. Entering further into the depressive position (taken up by Klein [1935] as the primitive oedipal situation), he began to speak in mourning tones of the lost illusion of his bubble—the all-embracing, eternally protective mother who would protect him from the slings and arrows of life, including his father's traumatizing abandonment. Triangular space in the analytic situation was opening up through the activation of the paternal function within the analytic relationship, and Charles wondered aloud if he really needed pornography to "avoid being more open" with his wife.

MAKING ROOM FOR THE BANISHED FATHER

It is interesting to consider that the frequent neglect of the triad in theory and technique may reflect the presence of the impulse *for father murder*—not only in patient and analyst, but in the analytic theorist as well (Herzog 2009; see also Green 2009; Heenen-Wolff 2007; Perelberg 2009). This "murdered father" reflects an omnipotent, narcissistic fantasy occupying an imaginary dyadic world in which the essential maturational task of matriculating into the symbolic order with its institution

of the law (namely, the dead father) is impaired (Perelberg 2015). Perhaps the impulse to get rid of the paternal function (and its concomitant Oedipus principle with its structuring of reality) may also result from a culturally based confusion between the rejection of the more dominant, authoritarian (in contrast to authoritative) patriarchal figure and the need for the father principle itself (Eizirik 2015).

Arguably, paradigmatic shifts ushered in by postmodern thought, with its disdain for universal psychic truths and for any form of essentialism—while necessary to address gaps in analytic understanding—have led to modifications in analytic protocol whereby symbolic law and the Freudian Oedipus have been replaced by a focus on "processes of interaction and communication between 'thinking apparatuses' in the here and now" (Heenen-Wolff 2007, p. 75). The frame that was originally founded on expressing and confronting primal guilt and symbolic law as reflected in paternal prohibition has recently become "a protective space, allowing new emotional experiences and the development of the mental capacities of the analytic couple" (p. 84). Consequently, the focus on process often replaces rather than supplements the significance of unconscious content, and "the 'here and now'. . . can collapse into a 'you and me' while the actual analytic relationship takes up the stage of 'real life' without any *otherness*" (Birksted-Breen 2016, p. 27, italics added). Analytic treatment risks being rendered a form of malignant hysteria when triangular space (Britton 1989) is lacking or collapses in the analytic encounter through what Bollas (2000) calls the "denial of the phallus" (p. 77).

Conversely, however, in addition to creating a secure *maternal foundation* for patients, clinical work requires accessing the paternal function in the analytic space, including the ways in which he is constructed, present, lost or missing, absent, abolished, murdered, or dead. This is an inherent requirement of every successful analysis, including the working through of "the dead father complex" (Perelberg 2009, p. 730), because progressing beyond protointimacy demands the renunciation of dyadic, maternal fusion dominated by imaginary identification. Under these circumstances, in Lacanian terms, full passage into the Symbolic order can endure, representation becomes sufficiently established, and omnipotence can be relinquished.

The capacity to think in the face of instinctual feelings, i.e., the ongoing ability to formulate the "Real" in words, requires separation from one's objects of desire through experiencing oneself as an individual subject and thereby entering into the human order and culture. Both patient and analyst participate in this sacrifice and renunciation of the Imaginary, whereas sensory apprehension and creation through imagination had previously dominated the analytic relationship.

Accordingly, Lacan (1953) described psychoanalysts as "practitioners of the symbolic function" (p. 235), which entails both dialectical thinking and tolerance of contradiction in order to reconstruct the primal scene and address the unconscious oedipal situation (Lacan's *big Other*) within analytic process (Heenen-Wolff 2007). Because triangular space is the essential foundation for symbolic thinking, symbolism can be viewed as a "three-term relation" (Segal 1957, p. 393) between the subject and its objects—in short, the symbol, the symbolized, and the mentalizing subject.

Moreover, while arguing that the theory of technique has become overly maternocentric, I nonetheless believe that the paternal function remains intrinsic to analytic practice and indispensable to the therapeutic action of psychoanalysis. Because the asymmetry of the analytic situation provides a renewed confrontation with the enigma of the other (Perelberg 2013)—partially through unconsciously recapitulating the primordial identification with the father of prehistory—the analytic process itself, by definition, accesses the ever-present paternal function (Eizirik 2015; Green 2009; Perelberg 2013).[7] In addition, however, technique is greatly enriched with both children and adults when a space for thirdness and the father function is actively created, "when the father is not banned, when the dyadic becomes triadic . . . and when . . . triadic reality is approximated" (Herzog 2009, p. 142).

Consequently, with many patients, the analyst must be persistent in bringing in the banished father—the third as well as triangular structure as a separating element that opens up three-dimensional analytic space. Both the patient's and the analyst's resistance, often signifying the avoid-

[7] The enigmatic confrontation was gracefully conveyed by Levinas (1985) when he wrote, "paternity is a relationship with a stranger who, while being entirely other, is me" (p. 71).

ance of the depressive position with its oedipal elements (with the necessity of bearing the otherwise unbearable lack), can render it difficult for the analyst to move away from a two-way dimension in her/his object relating to establish an analytic triangle.

Extrapolating from developmental findings, and noting that infants require varied forms of stimulation and comfort, differentiation and integration, arousal and tension reduction, effective technique analogously requires both motherly and fatherly types of responsiveness, with the optimal balance being determined according to the severity of the patient's psychopathology. More successful analysts, perhaps like good fathers (as well as good mothers), have access to both their "femininity" and their "masculinity" in the form of so-called maternal and paternal analytic functions (the "analytic couple" within); thus, the analyst is better able to intervene in maternal and paternal ways without compromising his/her sense of gender identity (Chasseguet-Smirgel 1984b; Hanly 1996; McWilliams 1991).

As I have noted, whereas the paternal function is often omitted in clinical theory, it is always present though active to varying degrees in every analysis. By serving as the guardian of the analytic setting's time frame and meeting the patient in a particular guise in the transference, the analyst represents the attracting paternal function, while s/he also occupies both the separating and castrating dimensions of the paternal function (implicitly separating the patient from the mother/analyst). In serving as a competent authority who represents the paternal, the analyst as third ensures that space is maintained within the frame's dyadic mode (Stone 1961). Moreover, the phrasing, tone, and manner in which interpretations are made—regardless of their content—convey either a *maternal message* in the form of a "devotedness" experienced by the patient as "a soothing kind of maternal joining" (McWilliams 1991, p. 525) or a *paternal message* embodying an attitude of "integrity," which is experienced as "a stimulating kind of paternal separateness" (p. 525).[8]

[8] Paternal and maternal are used here in traditionally symbolic ways—a gendered, dichotomous symbolism that persists in the analytic literature. Though beyond the scope of this paper to question this dichotomy, doing so certainly merits further consideration, particularly since such qualities as "integrity" and "devotedness," as well as other described paternal and maternal attributes, are neither exclusively such nor in fact necessarily gender-based.

In making the paternal function more explicit in practice, however, the analyst, like the father with the mother–child duo, needs to actively penetrate the unconscious analytic field and the constructed narrative in a timely fashion. The analyst does this primarily in two ways: first, by making interpretations that revivify the lost father and the paternal function in the triad; and second, by making implicit, mainly non-interpretive interventions that access and elaborate the missing third, so that incest with the mother/analyst is unconsciously banished (Faimberg 2013, 2014)—as evidenced in Charles's case by his noting the impact of the analyst's "thinking," as well as by the analyst's coughing, sneezing, silences, and the like that convey separateness.

When making more penetrating interpretations, the analyst shoulders the *phallic father function* (Diamond 2009), operating analogously to the father as "law"—the bringer of limitation, inhibition, and reality (i.e., as separator). Thus, the analyst must be neither too fragile nor too narcissistic to bear the patient's reproaches. Interpretations can be understood as "expressions of love" (Limentani 1977, p. 173) because they indicate separation of the minds of patient and analyst while calling upon the patient to engage in imaginative work, thereby requiring the analyst to function as the paternal third, which often entails disruption, "necessary" violence (Aulagnier 1975), and/or surprise (Reik 1937; Smith 1995).

A similar point was made by Perelberg (2015) regarding the progression from an exclusively dyadic relationship with the mother/analyst, which she discusses in terms of the unconsciously murdered father, to a position that entails finding a place within triadic structure (i.e., the dead father of the symbolic order), wherein concrete representation can progress into symbolic functioning. Moreover, as noted (see footnote 1), Caper (2017) proposes a binocular, Bionian perspective on containment wherein the paternal aspect goes beyond making contact with the patient's state of mind (i.e., maternal containment) to establish a barrier that is strong enough to withstand the pressure to act on what may be unbearable in what has been made contact with.

More implicit, non-interpretive interventions—such as silences, moments of emotional disengagement (by analyst or patient), aspects of

the analytic setting's structuring function (including, at times, neutrality itself), the analyst's theory and way of formulating interpretations (independent of their content) as well as the ability to utilize acute enactments (Cassorla 2001), and the analyst's way of relating to his/her mind as the internal setting (Britton 1989; Civitarese 2013; Diamond 2014; Parsons 2007; Zweibel 2004)—can likewise function as the necessary paternal third, pulling patient and analyst out of their unconscious symbiosis to open triangular space. Indeed, just as the child cannot directly participate in the parents' intimate relationship, the patient cannot be in the mind of the analyst who is in dialogue with him-/herself (Schoenhals 1996).

Consequently, by opening space for symbolic functioning, the Law of the Father within analytic space is established (Lacan 1966, 2005), and the paternal third supplements and complements the unconscious early mother–child pair by containing the oedipal triangle and facilitating symbolic experience (Britton 1989). This requires the analyst to be capable of more developed symbolic thinking, as well as of observing without understanding; the analyst must have well-established capacities for triangulation (Zweibel 2004) and the self-containment necessary to bear his/her own experiences without understanding them (Caper 2017). In short, one must be able to skillfully employ one's analytic mind to transform weakly symbolized material into interpretable or simply bearable form (Diamond 2014). Thus, the analyst's integrative, representational, meaning-making, and self-containing operations convey this paternal quality, in contrast to his (or her) more receptive, less integrated, and relaxed symbolic capabilities that represent maternal containment.

INTIMACY IN THE ANALYTIC ENCOUNTER

A deeper, more meaningful connection between patient and analyst requires that they be "touched" by one another's otherness in an analytic way. This more intimate contact can only proceed when the paternal order supplements the maternal order rooted in the early mother–child dyad (Bollas 2000, 2011). Maturing intimacy in the analytic dyad depends on the creation of an *analytic couple,* represented by the analyst's

capacity to hold both maternal and paternal states of mind that together fertilize the patient's developing capacity for intimate relationships. I think of this as the fertile procreativity of good analytic work; it might also be thought of as the phallic breast. In this respect, the analyst's binocular or "bi-ocular" mode of attentiveness, which maintains an interplay between the maternal and the paternal by "holding the immediate and something other" (Birksted-Breen 2016, p. 36), establishes the necessary triangulation for "engendering new thoughts" (p. 31).

Specifically, the analyst's maternal mode of orienting him-/herself toward the patient conveys a "soothing kind . . . of . . . joining" (McWilliams 1991, p. 525) that entails the function of taking in and holding inside—a "maximally receptive state" to unconscious communication, wherein the analyst listens in order to "hear meaning" (Parsons 2007) that emerges primarily from the analyst's state of reverie (Bion 1962).[9] Such receptivity enables the analyst to experience unintegrated and disintegrated states that allow for *being* and *becoming* (rather than knowledge and insight per se). Within this maternal order, the psychic functions of reception, gestation, delivery, and holding, as well as nonverbal forms of communication, are predominant (Bollas 2000).

In contrast, as I have indicated, the paternal orientation involves the analyst's assumption of the third position that separates both through the analyzing function itself and the grace-under-fire, paternal mode of containment (Caper 2017). This is typically facilitated by the analyst's inner dialogue. Within this paternal order, the psychic functions of penetration, insemination, guardianship, law-making, and enforcement prevail (Bollas 2000). In short, an investigative attitude and a focused mind—enabling the analyst to listen to abstract meaning (Parsons 2007), as well as to integrate, represent, and make meaning—help the analyst "dismantle and investigate" (Birksted-Breen 2016, p. 30) as well as withstand the pressure to act. The analytic position, then, is a third position at its very core, one that comprises both a "personal," maternal dimension and a "technical," paternal one, grounded in both mutuality and asymmetry, respectively (Zweibel 2004).

[9] Reverie as a more passive and receptive orientation offering the space for something to develop is understood as an expression of the mother's love (Birksted-Breen 2016; Cegile 2013).

BRIEF SUMMARY AND CONCLUSION

By recovering and integrating the paternal function that accompanies and supplements the maternal, the competent analyst—like the good enough parental couple (i.e., the combined parental object)—fosters and maintains the interplay between the maternal, maximally receptive and paternal, analyzing modes of functioning. When the analyst creates and maintains a space for thirdness while capably holding these two oscillating, disjunctive orientations, symbolization and triangular space increase within the dyad, and deeper analytic contact, as well as the possibility of more mature object relations, becomes more likely. In sum, I have argued that recovering the missing or banished paternal function, particularly in clinical theory though often in practice as well, is essential in order to establish and maintain the necessary balance between the maternal and the paternal (and implicitly, the preoedipal and oedipal)—the good enough couple within the analyst. Doing so facilitates the fertile procreativity that is necessary for maturing intimacy to develop both within and beyond the analytic encounter.

REFERENCES

Abelin, E. L. (1971). The role of the father in the separation-individuation process. In *Separation-Individuation,* ed. J. B. McDevitt & C. F. Settlage. New York: Int. Univ. Press, pp. 229-252.

Aisenstein, M. (2015). The question of the father in 2015. *Psychoanal. Q.,* 84:351-362.

Aulagnier, P. (1975). *The Violence of Interpretation: From Pictogram to Statement.* Hove, UK: Brunner-Routledge, 2001.

Bion, W. R. (1961). *Experiences in Groups and Other Papers.* New York: Basic Books.

——— (1962). The psycho-analytic study of thinking. *Int. J. Psychoanal.,* 43:306-310.

——— (1970). Container and contained. In *Attention and Interpretation.* London: Karnac, pp. 72-82.

——— (1977). Caesura. In *Two Papers: The Grid and Caesura.* London: Karnac, 1989, pp. 35-56.

Birksted-Breen, D. (2016). Bi-ocularity, the functioning mind of the psychoanalyst. *Int. J. Psychoanal.,* 97:25-40.

Blos, P. (1985). *Son and Father: Before and Beyond the Oedipus Complex.* New York: Free Press.

Bollas, C. (2000). *Hysteria.* London: Routledge.

——— (2011). *The Christopher Bollas Reader.* New York: Routledge.

Britton, R. (1989). The missing link: parental sexuality in the Oedipus complex. In *The Oedipus Complex Today,* ed. J. Steiner. London: Karnac, pp. 83-101.

Campbell, D. (1995). The role of the father in a pre-suicide state. *Int. J. Psychoanal.,* 76:315-323.

Caper, R. (2017). Containment, self-containment and psychological growth: a contribution to Wilfred Bion's theory of the container. Paper presented at 50th Congress of International Psychoanalytical Association, Buenos Aires, Argentina.

Casement, P. (1985). *On Learning from the Patient.* London: Tavistock.

Cassorla, R. M. S. (2001). Acute enactment as a "resource" in disclosing collusion between the analytical dyad. *Int. J. Psychoanal.,* 82:1155-1170.

Cegile, G. R. D. (2013). Orientation, containment, and the emergence of symbolic thinking. *Int. J. Psychoanal.,* 94:1077-1091.

Chasseguet-Smirgel, J. (1984a). *Creativity and Perversion.* London: W. W. Norton.

——— (1984b). The femininity of the analyst in professional practice. *Int. J. Psychoanal.,* 65:169-178.

Civitarese, G. (2013). *The Violence of Emotions: Bion and Post-Bionian Psychoanalysis.* London: Routledge.

Diamond, M. J. (1998). Fathers with sons: psychoanalytic perspectives on "good enough" fathering throughout the life cycle. *Gender & Psychoanal.,* 3:243-299.

——— (2007). *My Father Before Me: How Fathers and Sons Influence Each Other Throughout Their Lives.* New York: W. W. Norton.

——— (2009). Masculinity and its discontents: making room for the "mother" inside the male—an essential achievement for healthy male gender identity. In *Heterosexual Masculinities,* ed. B. Reis & R. Grossmark. New York: Analytic Press, pp. 23-53.

——— (2014). Analytic mind use and interpsychic communication: driving force in analytic technique, pathway to unconscious mental life. *Psychoanal. Q.,* 83:525-563.

——— (2015). The elusiveness of masculinity: primordial vulnerability, lack, and the challenges of male development. *Psychoanal. Q.,* 84:47-102.

——— (2017). Recovering the father in mind and flesh: history, triadic functioning, and developmental implications. *Psychoanal. Q.,* 86:297-334.

Eizirik, C. L. (2015). The father, the father function, the father principle: some contemporary psychoanalytic developments. *Psychoanal. Q.,* 84:335-350.

Faimberg, H. (2013). The "as-yet" situation in Winnicott's "Fragment of an Analysis": your father "never did you the honor" . . . yet. *Psychoanal. Q.,* 82:849-875.

——— (2014). The paternal function in Winnicott: the psychoanalytical frame. *Int. J. Psychoanal.,* 95:629-640.

Fiorini, L. G. (2013). Deconstruyendo el concepto de función paterna. Un paradigma interpelado [Deconstructing the concept of paternal function]. *Revista de Psicoanálisis*, 70:671-682.

Fivaz-Depeursinge, E. & Corboz-Warnevy, A. (1999). *The Primary Triangle: A Developmental Systems View of Mothers, Fathers, and Infants.* New York: Basic Books.

Fivaz-Depeursinge, E., Lavanchy-Scaiola, C. & Favez, N. (2010). The young infant's triangular communication in the family: access to threesome intersubjectivity? Conceptual considerations and case illustrations. *Psychoanal. Dialogues,* 20:125-140.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

——— (1910). A special type of choice of object made by men (contributions to the psychology of love I). *S. E.,* 11.

——— (1912–1913). *Totem and Taboo: Some Points of Agreement Between the Mental Lives of Savages and Neurotics. S. E.,* 13.

——— (1921). *Group Psychology and the Analysis of the Ego. S. E.,* 18.

——— (1923). *The Ego and the Id. S. E.,* 19.

——— (1924). The dissolution of the Oedipus complex. *S. E.,* 19.

——— (1928). Dostoevsky and parricide. *S. E.,* 21.

——— (1930). *Civilization and Its Discontents. S. E.,* 21.

——— (1939). *Moses and Monotheism. S. E.,* 23.

Green, A. (1986). The dead mother. In *On Private Madness.* New York: Int. Univ. Press, pp. 142-173.

——— (2009). The construction of the lost father. In *The Dead Father: A Psychoanalytic Inquiry,* ed. L. Kalinich & S. Taylor. London: Routledge, pp. 23-46.

Greenberg, J. (2015). The paternal principle: editor's introduction. *Psychoanal. Q.,* 84:331-334.

Grunberger, B. (1980). The oedipal conflict of the analyst. *Psychoanal. Q.,* 49:606-630.

Hanly, C. M. (1996). Reflections on feminine and masculine authority: a developmental perspective. *Psychoanal. Q.,* 65:84-101.

Heenen-Wolff, S. (2007). From symbolic law to narrative capacity: a paradigm shift in psychoanalysis? *Int. J. Psychoanal.,* 88:75-90.

Herzog, J. M. (2009). Constructing and deconstructing the conglomerate: thoughts about the father in life, in death, and in theory. In *The Dead Father: A Psychoanalytic Inquiry,* ed. L. Kalinich & S. Taylor. London: Routledge, pp. 133-143.

Klein, M. (1932). *The Psychoanalysis of Children.* London: Hogarth.

——— (1935). A contribution to the psychogenesis of manic-depressive states. In *Love, Guilt, and Reparation: The Writings of Melanie Klein, Vol. 1.* London: Hogarth, pp. 236-289.

Klitzing, K. V., Simoni, H. & Bürgin, D. (1999). Infant development and early triadic family relationships. *Int. J. Psychoanal.,* 80:71-89.

Kohon, G. (1984). Reflections on Dora: the case of hysteria. *Int. J. Psychoanal.,* 65:73-84.

Kristeva, J. (2014). Reliance, or maternal eroticism. *J. Amer. Psychoanal. Assn.,* 62:69-85.

Lacan, J. (1953). The function of and field of speech and language in psychoanalysis. In *Écrits: The First Complete Edition in English,* trans. B. Fink. New York: Norton, 2006, pp. 197-268.

——— (1966). *Écrits: The First Complete Edition in English,* trans. B. Fink. New York: Norton, 2006.

——— (1993). *The Seminar of Jacques Lacan, Book 3: The Psychoses, 1955–1956,* ed. J.-A. Miller, trans. J. Forrester. New York: Norton.

——— (2005). *Des noms-du-père* [*The Names of the Father*]. Paris: Seuil.

Laplanche, J. (1997). The theory of seduction and the problem of the other. *Int. J. Psychoanal.,* 78:653-666.

Levinas, E. (1985). *Ethics and Infinity: Conversations with Philippe Nemo*, trans. R. A. Cohen. Pittsburgh, PA: Duquesne Univ. Press.

Limentani, A. (1977). Affects and the psychoanalytic situation. *Int. J. Psychoanal.,* 58:171-182.

Loewald, H. W. (1951). The waning of the Oedipus complex. *J. Amer. Psychoanal. Assn.,* 27:751-775.

McDougall, J. (1974). The psychosoma and the psychoanalytic process. *Int. Rev. Psychoanal.,* 1:437-459.

——— (1989). The dead father: on early psychic trauma and its relation to disturbance in sexual identity and creative activity. *Int. J. Psychoanal.,* 70:205-219.

McWilliams, N. (1991). Mothering and fathering processes in the psychoanalytic art. *Psychoanal. Rev.,* 78:525-545.

Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoanal.,* 75:3-19.

Parsons, M. (2007). Raiding the inarticulate: the internal analytic setting and listening beyond countertransference. *Int. J. Psychoanal.,* 88:1441-1456.

Perelberg, R. J. (2009). Murdered father; dead father: revisiting the Oedipus complex. *Int. J. Psychoanal.,* 90:713-732.

——— (2013). Paternal function and thirdness in psychoanalysis and legend: has the future been foretold? *Psychoanal. Q.,* 89:557-585.

——— (2015). *Murdered Father, Dead Father: Revisiting the Oedipus Complex.* London: Routledge.

Reik, T. (1937). *Surprise and the Psychoanalyst.* New York: E. P. Dutton & Co.

Reis, B. (2010). A human family: commentary on paper by Elisabeth Fivaz-Depeursinge, Chloé Lavanchy-Scaiola, and Nicolas Fivez. *Psychoanal. Dialogues,* 20:151-157.

Roiphe, H. & Galenson, E. (1981). *Infantile Origins of Sexual Identity.* New York: Int. Univ. Press.

Schoenhals, H. (1996). Triangular space and symbolization. *Psychoanal. Inquiry,* 16:167-183.

Segal, H. (1957). Notes on symbol formation. *Int. J. Psychoanal.,* 38:391-397.

Smith, H. F. (1995). Analytic listening and the experience of surprise. *Int. J. Psychoanal.,* 76:67-78.

Stone, L. (1961). *The Psychoanalytic Situation.* New York: Int. Univ. Press.

Symington, N. (1983). The analyst's act of freedom as agent of therapeutic change. *Int. Rev. Psychoanal.,* 10:283-291.

Winnicott, D. W. (1956). Primary maternal preoccupation. In *Collected Papers: Through Paediatrics to Psycho-Analysis.* London: Hogarth, 1958, pp. 300-305.

——— (1958). The capacity to be alone. *Int. J. Psychoanal.,* 39:416-420.

——— (1960). The theory of the parent–infant relationship. *Int. J. Psychoanal.,* 41:585-595.

Zweibel, R. (2004). The third position: reflections about the internal analytic working process. *Psychoanal. Q.,* 73:215-265.

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ON BECOMING ABLE TO PLAY: INDIVIDUAL CHILD PSYCHOANALYTIC PSYCHODRAMA AND THE DEVELOPMENT OF SYMBOLIZATION

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In this paper, the authors analyze the relevance and transformative potential of individual psychoanalytic psychodrama in the treatment of children with severe impairments in symbolization. Central features of this modality, including promoting the representation of early traumatic experiences, are presented and discussed. Specific features include double-envelope containment of the co-therapists' group and play leader, consequent diffraction of the transference-determining portrayal, gradual integration, and initial figuration of coexisting split-off fragments. Drawing on in-depth clinical material, the authors show how psychodrama tempers the potentially traumatic effects of the encounter with the object, allowing these patients to access the transitional area of play.

Keywords: Individual child psychoanalytic psychodrama, symbolization, unrepresented mental areas, child analysis, diluted transference, primitive mental functioning, bodily countertransference, psychic figuration, early traumatic experiences, transitionality.

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INTRODUCTION

Encounters with severely traumatized children are increasingly more common in contemporary clinical practice, and the need to be able to reach and tune in to these primitive mental states has become a priority for clinicians. These patients, who have an impaired capacity for symbolization consequent to the state of the ego's relationships, confront therapists with many unrepresented mental areas—namely, voids and *psychic holes* (Green 1983)—that witness and bear the intensity and violence of the failure of the original encounter with the object.

Indeed, the infant's capacity to represent intense emotional experiences depends on the internalization of the mother's capacity to receive, tolerate, transform, and eventually give back projected anxieties in a tolerable form. Thought and representation stem from and bear the seal of the deep, intimate emotional experience of the mother–infant encounter and interplay. Given the infant's absolute dependence (Winnicott 1960), the environmental mother holds the child both physically and mentally in the sense that her body, the sound of her voice, and her movements attune with the baby's body and mirror its newborn sensuous-affective-motor experiences, thereby leading the baby toward symbolization. However, this delicate process of attunement can fail at any stage, thus preventing the child from constructing and accessing the intermediate area of transitional phenomena where emotions can be dreamt.

When the original encounter with the object fails, this painful experience violently undermines the sense of self-continuity and remains inscribed in negative in the baby's mind as psychic nuclei that are either too full of excitement or devoid of representation. These are unfathomable and unbearable experiences (Bergstein 2016) that cannot be verbally expressed or dreamt because of the object's failure to contain and transform them. These unrepresented experiences determine a split in the ego in Klein's sense and, in order for the individual to survive psychically, these experiences are relegated to bodily states and actions that retain their communicative potential, though in nonverbal modes. Along these lines, we can imagine different levels and forms of unrepresented mental states, ranging from frankly unrepresented ones to weakly

represented ones that are inscribed in the mind as bodily experiences (Busch 2017; Busch and Sandberg 2014).

Moreover, the experiences belonging to this spectrum are usually isolated in split-off nuclei and coexist in the mind juxtaposed to other modes of functioning that have better representational capacities. Indeed, the impairment in symbolization is usually focal rather than global. Obviously, more mature ways of mental functioning are more easily accessed during treatment, although the extent of unrepresented areas—and consequently their effect on the rest of the psyche—varies according to the extent of the violence endured during the original traumatic experience. Only through careful work at the primal level of symbolization can therapists make contact with and promote the coming forward of these split-off nuclei during treatment. First and foremost, this implies the construction of a container capable of holding the patient's unrepresented mental areas; otherwise, interpretations focused on conflicting desires or linking repressed or displaced areas of the personality would fail to reach these patients in a way that favors psychic change.

Therapists must ensure that the setting provides a space that is *safe to be* (Little 1985)—one in which traumatic experiences can emerge, be (re)experienced in the transference, and be contained to achieve initial representation. In the transference, the therapeutic encounter supports and activates the nameless dread and threats of the original encounter with the object, and therefore therapists must be able to remain in the caesura (Bion 1977), where their mental functioning and the patient's can meet. This is a challenging and often painful experience for both therapist and patient, who are confronted with raging rivers of emotions in a place where both catastrophic change and catastrophe itself can take place. The capacity to dwell in the caesura and listen carefully to transference-countertransference dynamics allows an early process of containment to take place that facilitates the bridging of seemingly unbridgeable states of mind. Importantly, much of the work with unrepresented mental areas is carried out through nonverbal modes of communication in which the patient's true emotional experience takes shape and is communicated to the therapist "beyond words" (O'Shaughnessy 1982, p. 142; Solano and Quagelli 2015).

Since these patients have never achieved the capacity to differentiate inside from outside or self from other, the therapist must work as the patient's "double" by moving away from verbal expression and object representation and toward nonverbal experiences via an almost hallucinatory kind of perception in which the therapist reflects and shapes the patient's inner world (Botella and Botella 2005). Should the therapist not be able to recognize these nonverbal communications, which can be conveyed through bodily countertransference, and instead continues to interpret on more verbal levels, the deep anxieties of helplessness and powerlessness that characterized the patient's early trauma will not be contained and can lead to catastrophe.

Interestingly, French psychoanalysts have developed a form of individual psychoanalytic psychodrama that permits some form of play at the level of thought and affects, which has proved useful in treating these highly traumatized patients with severe impairments in the symbolizing function, weak cathexis in the internal world, and absence of an effective transitional space; these patients are consequently unable to develop a transference neurosis and utilize it. Individual psychoanalytic psychodrama has significant relevance in the treatment of these patients because it fosters the unfolding early representation of very primitive, confused, and ill-differentiated affects and emotions within a complex structure that simultaneously allows the emergence, tolerance, and staging of multifaceted transference-countertransference dynamics through the creation and use of the imaginary group. This favors an articulated working-through process of the patient's complex and violent transferential dynamics, which are often handled only with difficulty, yet entail *in nuce* the capacity to play and dream.

In this paper, we will first describe the modality of individual psychoanalytic psychodrama and then present and discuss the challenges of this kind of treatment, drawing on clinical material from the individual psychoanalytic psychodrama of a severely traumatized nine-year-old child, J. In particular, we focus on the complex interplay of the transference-countertransference dynamics facilitated by psychoanalytic psychodrama that characterized the beginning of J's treatment, in order to more closely examine the effect of the analytic process on the primary sym-

bolization that reflects the very earliest psychic traces, which are closely intertwined with the body's sensorimotor functions.

NOTES ON INDIVIDUAL PSYCHOANALYTIC PSYCHODRAMA

Individual psychoanalytic psychodrama was introduced in France at the end of the 1950s, principally by child psychoanalysts Lebovici, Diatkine, and Kestemberg (1952) and Anzieu (1956) in the wake of the psychodramatic technique developed and practiced by Moreno (1946) in the United States. However, their psychoanalytic psychodrama differed from Moreno's psychodrama in its more analytic element, which decreased the emphasis on catharsis central to Moreno's style of treatment and introduced instead an analytic structure and technique.

Individual psychoanalytic psychodrama is a kind of group therapy in which the patient works with four to six co-therapists of both sexes and a play leader who occupies the classical position of the analyst. The play leader states the rules, safeguards the setting, and provides the interpretive function (Corcos et al. 2012). Patients are usually seen once a week for thirty minutes in a room that is neither too small, as that could hinder the possibilities of action and movement, nor too large, because that could potentially foster inhibition and splitting. The room is divided into one space with chairs for the co-therapists and another space where the play leader interacts with the patient between scenes, which is also where play takes place.

The Three Parts of the Session

Psychodrama sessions usually have three parts that are continuously repeated. First, the patient discusses the game that he would like to play with the play leader and assigns roles to the co-therapists and himself. (Obviously, some co-therapists may not be included in a particular game.)

According to the fundamental rule that "everything can be played in psychodrama," even the patient's lack of ideas, when nothing seems to come to his mind, can be played. For instance, when the patient ar-

rives with no specific ideas, the game can be developed with an opening scene of a group of co-therapists/people who discuss having no thoughts in their minds—e.g., some co-therapists can play the role of "ideas" and others of "emptiness." Then the game can develop in different ways according to the patient's kinds of inner relationships—e.g., the lack of ideas could stem from neurotic inhibitions, schizoparanoid anxieties (such as "the play leader could steal my ideas if I tell them to him"), or narcissistic voids in which the patient feels that he is falling. Noticeably, these aspects—the inability to communicate among themselves or through the body—coexist in complex and condensed entanglements in psychotic patients.

Psychodrama, unlike other analytic treatments, allows an initial figuration and embodiment of coexisting but preambivalently juxtaposed aspects in the game scene through the different co-therapists at the same time. Moreover, through this complex modality, the transference is diluted (Anzieu 1956) in the sense that it is more spatial than temporal: the co-therapists may find themselves the addressees of different aspects of the transference without being specifically "selected" for it. Therefore, "instead of following one another in succession on the basis of the same analyst, the stages [of the transference, in their different kinds and levels] can simultaneously relate to several psychodramatists" (Anzieu 1956, p. 146).

During the second part of the session, the play leader, who does not take part in the game, reinforces his retreat from the active, drive-related pole, thereby supporting his position as a representative of superego agencies that in this way can be more easily "humanized" and relaxed. Therefore, he is the guarantor of the patient's narcissism as well as of the continuity and meaning of the psychotherapeutic process under way, since he provides the "verbal" interpretive function.

The play leader stops the game when he deems it necessary, and this marks the third part of the session. The co-therapists sit down and the patient resumes a dual relationship with the play leader, albeit in the presence of the co-therapists. This is when the play leader suggests an interpretation, underlines a word or an emerging emotion, or simply remains silent when he perceives that insight can develop. After this pe-

riod of working through the game, the patient is encouraged to suggest another game, and the session continues for thirty minutes.

CLINICAL INDICATIONS OF PSYCHODRAMA AND ITS SPECIFICITIES

The contribution to psychodrama by Lebovici, Diatkine, and Kestemberg (1952) is fundamental. These authors suggest that this modality is indicated for patients who cannot access other kinds of verbal psychotherapies; for instance, patients who cannot free-associate and are characterized by concrete thinking and emotional avoidance may benefit from psychodrama (Jeammet and Kestemberg 1987). Various subsequent contributions have analyzed the indications for psychodrama and agreed on its efficacy in the treatment of non-neurotic mental functioning characterized by massive splitting and projective identification (Salem 2013).

Characteristics of the Transference in Psychodrama

Patients referred to psychodrama usually cannot develop a neurotic transference, and the analyst working in a more traditional setting would have to manage massive narcissistic transferential dynamics—such as by containing unsymbolized, raging erotic and destructive projections that cannot access thing-presentation or word-presentation. Through cathecting the play dimension, the modality of psychodrama allows easier containment and taming of these violent emotions and facilitates an initial linking process and figuration.

Moreover, the group dimension favors a process of "dilution" of the transference (Anzieu 1956) in which intense emotions become small bits of excitement (Freud 1900) that can be more easily symbolized. Through this fragmentation and diffraction of the transference, the various transferential aspects are not forcefully directed at the person of the analyst alone but at the system of the co-therapists, who can receive a much larger dimension of the transference than what is expressed in relation to the play leader. Thus, positive aspects of the transference can be expressed at the same time as negative ones via different co-therapists, allowing a beginning integration "on stage" of the distinctive and

complex transferential features that characterize severely traumatized patients.

Consistent with this understanding, Dupeu (2005) suggested the notion of *decondensation* as one of psychodrama's main features and suggested that transference can be expressed in and through play and consequently through bodies, movements, and gestures, not only through speech and latent content. This, together with the co-therapists' countertransference and interventions that actively address what is being played out, allows the possibility of making contact with the patient on various levels of symbolization through different communicative modes.

To a certain extent, this resembles the technique of child analysis in which interpretations can be formulated both "*within* the game" and "*at a distance*" (Gomberoff 2013, p. 68, italics in original), in that the co-therapists are in charge of the former and the play leader of the latter. Consequently, the transference directed at the group can be distinguished and experienced as a displacement of the transference directed to the play leader in a diffracted, decondensed, and diluted form.

The choices made (or not) by the patient concerning the allocation of different roles to one or another co-therapist very often reflect how these transferential aspects come to be disseminated. Similarly, specific aspects or representations can quickly be summoned by one or more of the co-therapists—even those not actively playing in that scene—who experience them through contact with the patient in a way that cannot be shared by the other co-therapists (Blanc and Boutinaud 2017). Thus, psychodrama enables the patient to operate a more complex diffraction of the transference than that possible in individual psychoanalytic treatment in which, with severely disturbed patients, transferential aspects and impulses are likely to be projected into the setting and inanimate objects of the consulting room.

In contrast, psychodrama provides the presence of human recipients for the patient's projections—sensitive ones, it is hoped—not inanimate ones, who can provide early containment. However, care must be taken to avoid the group becoming persecutory if projections are not properly recognized or blocked from enactment. Notably, this does not exclude the possibility of transferential aspects being projected into the setting in psychodrama given the severity of patients' pathology.

The potential to analyze, integrate, and use the countertransferential experience of each member of the group of therapists, including the play leader, together with their complex interplay is fundamental for the therapeutic process, and failing to do so would endanger the treatment. Therefore, we disagree with views that have defined the co-therapists as buttresses of projections coming from the patient (Blanc and Boutinaud 2017). Rather, in our experience, the co-therapists provide early containment of the patient's protoemotions, leading to an initial process of symbolization through their being put on stage and experienced for the first time. We believe that this can be a transformative experience in itself (Quagelli and Solano 2016) because of the capacity for symbolization that takes place through a register beyond words.

The logic of group analysis allows us to considerably deepen our understanding of what is played out for the patient and how it can be reappropriated by the patient later in treatment. Moreover, a threefold psychic envelope with which to contain the unfolding dynamics is provided: those of the co-therapists, the play leader, and the group (Barrer and Gimenez 2011). To this end, different periods of exchange, discussion, and supervision are organized after each session and can be considered a fundamental component of psychodrama sessions.

The Process of Symbolization

Verbal symbolization, i.e., secondary symbolization processes, can develop only when the process of primary symbolization has taken place "in the presence" of the object (Roussillon 1995, 1999). For instance, primitive narcissism, with its sensuous, perceptive, and protoaffective elements, must be transformed and signified, reaching representation during the encounter with the object that is, first of all, an environmental mother. Classical psychoanalytic treatment takes for granted this first step of the symbolization process and leaves out the motor register that must be translated into language (Green 1984).

When the primitive encounter with the object fails, consequent traumatic experiences cannot achieve representation, and as a result cannot be expressed through verbal modes of communication. Rather, these traumatic experiences remain inscribed in bodily sensations and percep-

tions; they can emerge in treatment only through nonverbal registers. As Gibeault (2005) writes:

> The paradox of psychoanalytic psychodrama [compared with classical analysis or vis-à-vis psychotherapy] is that it systematically prescribes, in the form of play, something that is otherwise regarded as an obstacle to the development of the analytic process—in particular, the lateralization of the transference and motor or verbal action . . . . Both the mainspring of the process in psychodrama—namely, the transference—and its aim are those of classical psychoanalytic treatment; it is the setting that differs. [p. 166]

Thus, psychodrama not only includes but also "prescribes" those communicative modes through which primal ways of symbolization can come forward.

The Nature of Interpretation

As mentioned, both play leader and co-therapists retain an interpretive function. The former provides more classical interpretations while the latter are in charge of the interpretive experience provided by the game and offer brief comments. Interpretive interventions must be carefully timed in order not to stir up the patient's painful feelings of intrusion and persecution. Therefore, lateral transference is not usually interpreted, and the co-therapists function as containers of the patient's split-off, projected aspects that are received and contained and eventually given back through the play setting. Thus, patients can witness and take part in the juxtaposition and early figuration of complex emotional scenarios without feeling compelled to introject them too early.

For instance, if the patient suggests a scene that echoes the primal scene, the drive can be explored, or *played,* at the same time as the defenses. One co-therapist could play the role of "the wish to know what happens between the parents" in interaction with other co-therapists who play the role of defenses such as "it's disgusting," "I don't want to have anything to do with it," "I'm not interested in it," and so forth. At the beginning of treatment, the play leader rarely provides transference interpretations in order to promote both diffraction and dilution pro-

cesses, as well as the game's interpretive function that would otherwise risk being spoiled and lead the patient to evacuate, through projection, the potential for affect mobilization and representation of the game. Therefore, the transferential relationship is represented by and interpreted through the game.

Although psychodrama was originally developed to treat children during latency, a large body of literature emphasizes the metapsychological relevance of this modality and its potential for symbolization in the treatment of psychotic adolescents and adults as well. Discussions of the setting in psychodrama compare it with that of classical adult psychoanalysis. Whereas in child psychoanalysis, the setting receives and contains motor and more primitive kinds of communicative modes, psychodrama offers a complex diffraction of the transference and the representation and interplay of different ways of mental functioning, fostering their gradual integration.

Moreover, psychodrama is more easily accepted than individual psychotherapies by families characterized by symbiotic, undifferentiated mother–infant relationships and those with difficult-to-verbalize issues because it is less apt to trigger parents' jealousy and destructive envy (Chaine 2009; De Lanlay 2013). Both children and adolescents depend not only emotionally but also physically on their parents, but parents may hinder or provoke premature interruptions of the treatment, thus repeating and reinforcing the experience of traumatic breaks in the child's mind. Therefore, the family's capacity to tolerate and support the chosen treatment should be evaluated along with the patient's mental functioning.

To conclude, multiple sessions per week—rarely provided by public treatment settings—are required in the analytic treatment of psychotic and borderline patients in order to provide a safe enough space in which to foster regression to dependence. Therefore, the diffraction of the transference and the double-envelope containment offered by psychodrama are of particular relevance in the treatment of these patients.

The clinical material that we present here is from the treatment of a severely disturbed child who was referred to individual psychoanalytic psychodrama because of serious impediments to psychic play, massive inhibitions about relatedness, and phobia about her psychic life, with

a predominance of bodily and acting-out behaviors. Our discussion includes an in-depth exploration of the countertransference of the co-therapist who was chosen by the patient, J, to embody her own character in the play. Our aim is to shed light not only on the delicate dynamics that unfold through a diffracted transference, but also on the complex dialectics that take place between the co-therapist's countertransference and group dynamics in treating a patient with significant unrepresented mental areas.

Moreover, because of J's severe impairment in symbolization, the psychic content that characterized the early stages of her treatment, including primary symbolization and communication, took place mainly through nonverbal modes. Thus, the case material illustrates how representation can arise and meaning can be constructed when attention is paid to the intertwinement of complex transference-countertransference dynamics highlighted by the modality of psychoanalytic psychodrama.

CLINICAL MATERIAL

J and the Parachute

J was a nine-year-old girl whom I (L. Q.) had in treatment for many years at a medical psychopedagogical center in Paris in weekly individual psychoanalytic psychodrama. The therapeutic group was composed of four co-therapists (of which I was one) and a play leader: two males and two females, all trained in psychology, who had completed or were completing their personal analyses. J had been referred to this center by her teachers, who noticed her marked delay in learning and significant impairment in relating with her peers.

The first time I met J, she had been in treatment for two months, and it was one month before her first two-week holiday break. When J came into the room, she was very confused and anxious; soon we understood that this was because she could not remember how many sessions were left before the holiday. She tried to count them but could not do so even when using her fingers. The play leader tried to help her think, but in vain. J desperately needed concrete support, and she asked for a calendar that she could hold on to in order to find shelter from the fragmenting anxieties that threatened her integrity.

J's anxiety meant that she could not collect her thoughts to suggest a game with which to begin the session. Restlessly shaking her legs and playing with a small plastic ball, she said, "Today we came here by a different road. There were so many cars that we could hardly move forward." The play leader said to her, "You faced something new that was completely unknown to you to get here. Maybe you were afraid of being late for the session, as happened a few weeks ago." J looked somehow relieved by this comment, and after a pause, this allowed her to suggest a game setting: "The aquatic park! I went there some years ago with Mom and Dad. My friend, A, came with her mom, too."

J could develop some thoughts and tried to recover some pieces of what looked like a good memory. However, something broke through and halted her thought processes. A strong and violent psychic force, whose origin we could not understand, suddenly changed her train of thought. She suggested a completely different scenario where she and her parents were not present (i.e., nobody would play the role of J herself in the game). J decided that there had to be a lady who was the director of the aquatic park and four young girls—played by some of us (co-therapists)—who went there to have fun.

Then the game began. At once, J said, "I'm the lady-director! You girls, what do you want to do here?" Eventually, the co-therapists/girls and J decided to go kayaking. J said, "These are our kayaks, but they only have two seats each." After a brief pause in which she realized that someone would then have to be alone in a kayak, she changed her mind and said, "There are only kayaks with five seats left!"—meaning that she, too, as the director, would have to come with the girls in the same kayak.

At the beginning, the water was still and we could paddle safely, but then J said, "There's a little bump . . . no, it's a big bump . . . a hole, a void!" Her voice became more and more terrified as she screamed, "We are falling down!" We (co-therapists/girls) tried to suggest different ways to avoid the catastrophe: "We can use the brakes to slow down!" "We can use the oars!" "We can get out and swim to the shore." But in that moment, nothing helped; J could not "use" any of these ideas. The brakes were broken; the current was too strong for us to row or to swim ashore. J screamed, "We need a parachute! Ours is broken—we cannot use it." We could only fall.

The play leader stopped the scene and tactfully said, "Apparently, there is nothing that can help, no way to find shelter." J was anxious and scared. She did not want to/could not listen to the play leader's words and, while he was still speaking, she exclaimed, "Let's play the Zelig game. In Zelig, you just laugh!"

J then chose to be a clown, together with some co-therapists, and she picked others to be members of the public who formed an audience. This time, J decided to make herself a character in the game, saying, "Mr. Q will play my role, sitting there and watching the clowns." So I found myself playing her character, seated among the audience.

To begin the game, J walked into the middle of the scene and started a monologue intended to be funny, but she soon lost the thread of it and the whole situation became grotesque. I felt alienated, flooded by cold despair. There was a clown who was unable to make the others laugh but who, at the same time, refused the help of other clowns/co-therapists who tried to support her. I felt as if time had slowed down or frozen, and after a period that I perceived to be very long—though it was actually quite brief—J began to bodily express a great deal of anxiety. Her speech became confused and her voice somehow changed, sounding metallic and artificial and reminding me of the voice of cartoon characters or robots. This unnatural voice made me shiver, and I began to be annoyed by it. After just a few seconds, I felt overwhelmed by a violent sense of confusion, paralyzed in an alien land and unable to find any words to say. A sense of disarming helplessness ensued, which stemmed from the sight of J's "paradoxical clown" that evoked overflowing sadness and sorrow and an immediate maniacal defensive movement aimed at denying it.

One of the co-therapists/spectators said, "I wonder what this show is, a show that doesn't make anyone laugh?" He continued, "Maybe the clown doesn't feel well and needs someone to help him." At that moment, J began to let herself fall to the ground. One of the co-therapists/clowns tried to give some meaning to the situation by miming that he had thrown a banana peel at her feet, which she had slipped on, but J could not "use" (in Winnicott's sense) this suggestion. J kept on letting herself fall to the ground without relinquishing her artificial, metallic voice. For some moments, I had the feeling that she had lost her sense of space. Similarly to what had happened some minutes before in the

aquatic park game, any attempt to soften or prevent the falling—and, ultimately, any possibility of her accepting the help of an object capable of providing holding—failed.

This was my first session with J, and I felt her to be very touching and unreachable at the same time. At the beginning of the session, J needed a concrete support to be able to think about the approaching break, which implied a separation and a great deal of anxiety that did not allow her to move forward but disorganized her fragile symbolizing function. This was a recurring aspect in her treatment. In fact, despite J being sometimes able to use rather mature and complex language—which could easily mislead people about her real representative capacity—whenever she had to deal with intense emotions and feelings, her thinking became disorganized and fragmented. For instance, my colleagues told me that earlier on, a few sessions before the one reported here, J had been able, with the play leader's help, to count the sessions left before the break and to identify the days of the remaining ones. However, when confronted with the risk of an actual separation, she lost this capacity for symbolization.

In the two games, J repeated the experience of falling (the small bump that became falling into a hole/void in the first game and the bodily experience of falling in the second one), together with the impossibility of finding a relationship that could protect her from falling, one in which a bond could be formed. Everything failed. Apparently, there was no internal object that J could hold on to when in danger, and she could only turn to manic defenses in an extreme attempt to deny anxiety and mental pain. But at what a price! Her body shivered, her voice altered, and space blurred.

During J's games, there was sometimes a sidereal psychic distance between J and us. However, at the same time, through powerful projective identification, she made me—as the one playing her character in the game—experience the hollow sadness and narcissistic emptiness that she could not get in touch with. In this way, J deposited and communicated her despair and the paralyzing fear of psychic catastrophe and falling apart, which she could not directly get in touch with because it was perceived as too dangerous to her psyche.

In the following sessions, despite our efforts to transform J's material, she often repeated the Zelig game, each time reproducing in us painful feelings of anxiety, alienation, inadequacy, and helplessness, stirred up by the presence of this clown who not only was unable to make others laugh, but also could not let himself be helped by others. Caught in what looked like a psychic swamp where any sense of time was annihilated through relentless repetition, we found that all our efforts were focused on the attempt at survival, at keeping ourselves psychically alive and in touch with the basic feeling of existence fostered by the group setting.

However, in the following months, the possibility of surviving these psychic pains gradually emerged and briefly allowed some lively moments to break through the paralyzing repetition. This enabled us to start talking about how that clown felt and about J's need (J's character whom I played) to be the spectator at a comedy show.

At the end of the first year of treatment, J—who continued to play the clown role—brought back the experience of falling, but this time one of the therapists suggested that we could all build a huge parachute that would enable her to land smoothly. J accepted this suggestion and was thus capable of being helped. This represented a turning point in her treatment. In the following session, J suggested a new game that took place in a clay workshop. J was a potter, and she had an assistant and some apprentices who came to her workshop every week to learn to make pottery. Among the apprentices was J herself, whose character I was chosen to play, and the others were good friends who had lived near J before she moved to another home and whom she now rarely saw.

J had a leading role in this game but accepted having an assistant—a presence who would always remain in her scenarios and to whom she gradually began to turn when in difficulty. Moreover, in her role of potter, J began to experience herself as someone capable of giving something within a relationship. J's rigid need to always play the lead (whether as director of the aquatic park, the potter, or the clown) hints at a massive reversal mechanism from passive to active in a desperate attempt to master the threatening anxieties of psychic catastrophe. In addition to being a response to the passivity brought about in her by the play leader (who was in charge of the setting and never took part in

games), this movement seemed to represent a mechanism that allowed J to survive over the course of her psychic development.

Furthermore, this particular scenario—in which J met with her friends regularly—permitted us not only to start working on the transference, but also to introduce the concept of *absence* into the game, together with the parental imago. Gradually, this development facilitated the primitive representation and historicization of the disorganizing anxieties that characterized the beginning of treatment. In fact, the potter progressively became someone who knew J and was somehow the guardian of her family history. Through this character—played by J—I (as the one playing the character of J) could start to recall her anxieties and concern for an alcoholic father who appeared to get involved in detoxification programs but repeatedly relapsed. Midway through her second year of treatment, some depressive feelings gradually began to emerge during the sessions in a precarious and complex manner.

Henceforth, J started the sessions by talking about what she did on weekends, which she usually spent in a special center during the day, staying home in the evenings. In the games, I—playing J's character—somehow felt bound to this reality, unable to move from it. Whenever I tried to take some steps away from it by introducing new scenarios, J got extremely anxious; she could not tolerate this yet. I had to stick to what she had said at the beginning of the session. I think this allowed us to understand her deep suffering and the extent to which her symbolizing function had been affected. J had to stick to reality and sought concreteness in order to avoid the anxieties triggered by the imaginary dimension and its demand to work through discrepancies between reality and its representation.

However, I could verbalize some of the great sensitivity that we believed she had developed to the slightest change in her father's health and her need to be in control at home in order to prevent him from drinking and then feeling responsible for it. In any case, manic defenses were always ready to pop up when sadness and anxiety became more apparent; for instance, in the game of the clay workshop, J would scream, "Stop talking! Our clients are waiting for their orders and we are late"—thus violently obliterating any contact with depressive feelings.

At other times, J abruptly decided that she—being the potter—had to go alone to repair some machinery "in another room," hence building a sort of imaginary psychic dividing wall between herself and the co-therapists. In these situations, the assistant/co-therapist went back and forth between J and the apprentices/co-therapists in order to prevent her from being completely isolated, as had happened with the clown, thereby embodying the binding function. When the holidays were approaching, manic dynamics often increased and J's voice altered, though to a lesser extent every time. Similarly, any change—even a small one—aroused violent anxiety that disorganized her thinking.

At the end of the second year of treatment, a depressive movement could firmly be established, which we welcomed with much relief and involvement. In a particularly significant session, J—playing her character of potter—said to her assistant/co-therapist and to the apprentices/co-therapists, "We need to take care of J because she is in a very difficult situation and needs help." I—playing J's character, as usual—felt deeply touched and moved. This movement of identification was so intense that it nearly made me cry (later, some colleagues told me that they thought I was going to weep). Henceforth I felt freer to talk about J's sadness and anxieties, as well as her feelings of not being looked after or cared for by anyone, instead being the one in charge of her father's health.

Up to that moment, I had felt uncertain and a bit scared about verbalizing these feelings, not being sure that J's fragile narcissistic structure could tolerate what I perceived as a heavy emotional load. It is not easy to describe the inner process of transformation in my psychic and bodily emotions that at that point led me to feel safe enough to put them into words and give them back to her, detoxified and transformed. I think that it had to do with a very primitive identification that can take place and be communicated through the bodily register, beyond words. In her character of potter, J connected by saying, "When J was a baby, the milk in her bottle was always cold." I felt my thoughts becoming interwoven in my mind, and overwhelming confusion resulted. My body began to shiver as if it were collapsing; I was cold. I felt the need of a chair to sit on, or better still a mattress to lie down on, where I could be given warm milk that would fill up my void. It is hard to translate these bodily feelings into words, but they appeared to be the only way to get in

touch with J's true self without being lured and trapped by the brilliant language she was sometimes able to display, even though she remained emotionally and affectively dissociated.

After this session, J began to get in touch not only with her sadness, but also with her rage toward her father and, later on, toward her mother, whose figure started to appear in the sessions. However, the rage toward her mother was usually displaced onto "a mother," and the figure of a phallic, omnipotent mother began to appear, one who looked after a sick husband and who, to a certain extent, needed to sustain his illness in order to avoid depression. During the following sessions, it became more and more clear that J was deeply involved with and caught up in a fantasied incestuous couple—a family dynamic in which the child was dominated by her mother's destructive narcissism.

J's treatment continued for several years, during which her struggle to construct the meaning of her emotional experience gradually became less intense, but for the purposes of this paper, we will stop here and focus on the movements that characterized the beginning of her treatment.

DISCUSSION OF THE CLINICAL MATERIAL

J's complex inner world derived from the intertwinement of various modes of mental functioning; that is, developmental dynamics pertaining to childhood were woven together with more mature mental functioning. Through the particular features of the transference in individual psychodrama, it was possible to achieve an initial cross-sectional representation of how the different modes of functioning—projected at certain moments into different co-therapists—coexisted and intermingled in J's mind, as well as to appreciate their gradual longitudinal development through the elaboration of the three games. Similarly to what is seen in more traditional psychoanalytic treatment, psychoanalytic psychodrama allows representation of the continuous swings between more mature and more primitive mental functioning—i.e., relinquishments and relapses in the use of archaic defensive mechanisms, moments of disorganization and stagnation, along with hidden processes of working through that often become recognizable only in the après-coup.

In the treatment of patients like J, the group setting may stir up both excitement and a sense of persecution, so that both a *first envelope,* represented by the group, and a *second envelope,* provided by the play leader, are needed to contain the patient's anxieties. These containing envelopes, akin to primary containment, are woven together by the continuous, back-and-forth emotional interchange that takes place in the group, in the dual dimension, and at their junction. The modality of psychodrama simultaneously allowed the therapeutic group to receive the complex intertwinement of the different types of mental functioning that coexisted in J's psyche and to experience these levels both subjectively and in the group dynamics, providing an initial level of integration.

For instance, thanks to the process of decondensation of the transference, J could project not only different emotions, but also different modes of functioning in a dynamic way, as we saw in the aquatic park game. Massive projective identification was often employed to communicate unsymbolized emotions through a bodily countertransference to one or more of the co-therapists, and other therapists could be involved on other levels at the same time. Therefore, psychodrama allowed J to establish a sort of unconscious-to-unconscious, tonic-emotional dialogue (Boutinaud 2011) in motion that favored integration and simultaneously prevented J from the need to reunite the different projected fragments too rapidly.

The aquatic park game brought forward a complex scenario that echoed both the impending separation—the approaching break in treatment—with feelings of exclusion and abandonment and J's attempt to avoid them (as with the two-seat kayaks that became five-seat ones in order not to leave anyone behind) and the deeper story of unavoidable catastrophic falling, with J's complete inability to use the co-therapists' interventions. However, different registers coexisted in this scenario in which J's fragile capacity for symbolization—she could suggest games and play them briefly—could not be held for long and was soon replaced by black holes where thought could not take place. The difficulties in preserving and fostering J's symbolizing function (albeit present only in small pockets), together with J's intrapsychic dynamics, were expressed in the different games that when staged communicated the violence of J's early trauma.

At the beginning of one session, J suggested the aquatic park game out of a sense of confusion, despair, and fear brought about by the approaching separation that paralyzed her in a state in which she "could hardly move forward" and desperately looked for a concrete support beyond the plastic ball she was clinging to and playing with. Her clutching the ball was an attempt to mediate and find shelter both from the threats of the therapeutic encounter and from the impending separation of which she was emotionally aware, though in a fragmented and persecuting way. In this sense, the ball was used as a sort of autosensuous object to which she clung because it was meant to obviate the awareness of the *not-me* that she perceived as unbearably threatening.

Nevertheless, after the first few minutes, J began to try to count the remaining sessions on her fingers and to play with the plastic ball, restlessly shaking her legs. Thus, she could move from perceiving the ball as *totally me* to perceiving it more in its *not-me-ness,* hence moving from a symbiotic to a more transitional dimension, though these were often merged (Tustin 1972). Consistent with this merged mental functioning, J could be reached and touched by the play leader's comment that tactfully put her emotions into words and restored her weak associative capacity. So J could use the play leader's suggestion and propose the first game, the aquatic park game, in which togetherness and abandonment, connectedness and disconnectedness, being held and falling forever were presented and re-presented over and over again in the story.

In this game, while J and the co-therapists/her girlfriends were paddling safely, suddenly there was "a little bump . . . no . . . it's a big bump . . . a hole . . . a void"—a break in J's symbolizing function. The co-therapists/friends reacted by suggesting different ways, even quite bizarre ones, to avoid the catastrophe, but J could use none of them. No brakes or oars could slow down or change the direction of the kayak that at the same time could not be abandoned. Helplessness, dread, and despair for the lack of "functioning parachutes" rapidly filled the scene. No matter how hard J's more mature areas, projected into and embodied by the co-therapists/friends, struggled, the hole could not be avoided. J's mind was taken aback, overpowered and unable to cope with the fragmenting violence of trauma. The play leader, providing a second envelope that takes place in a dual relationship, stopped the game and tried to put

what was going on into words. Again, J was touched by the play leader's comments but could not bear emotional contact and reacted maniacally, thereby temporarily restoring her fragile symbolizing function that allowed her to suggest an alternative, the Zelig game.

At the beginning of the Zelig game, J divided the co-therapists into two groups: clowns and spectators. Interestingly, J chose the newest co-therapist (L. Q.) to play her character. Her choice may have expressed her new need to have someone be herself and experience her emotions, possibly in an attempt to find a mind able to receive and contain them. Moreover, J put the co-therapist/J among the public, in an observing position, apparently far from the manic scene that lasted just a few minutes. As in the aquatic park game, the scene was soon interrupted, and J began to lose the thread of her monologue that was intended to be funny but became grotesque. Again, the suggestions of other co-therapists/clowns could not be used, and powerful splitting dynamics began to take place, until J's symbolizing function was shattered and her character had become a sort of paradoxical clown.

Splitting was present in the main scene, where J's manic reaction had collapsed into a void, a helpless dimension, and its emotional contents had been powerfully projected into the co-therapist/J, akin to what had happened in the falling scene during the aquatic park game, where her projections were addressed to the therapeutic group in a more generalized way. Through these intense projective movements, which had to be carefully analyzed in the co-therapist's/J's countertransference, J started to communicate her emotions and deep anxieties that could be conveyed only through nonverbal registers in the co-therapist's bodily countertransference. For instance, the co-therapist's psyche-soma had to symbolize for J what she could not represent on her own. Akin to clay in child analysis, the co-therapist/J had to let himself be shaped by J's projections of raw proto-emotions and resonate *at-one-ment* with them so that J could witness the birth of representation and, subsequently, internalize it.

The sensorial dimension in which the unconscious-to-unconscious dialogue took place was well portrayed by the co-therapist's/J's working through of his bodily countertransference; the co-therapist felt "alienated, flooded by cold despair . . . as if time had slowed down or frozen,"

and he noted that J's voice had somehow changed, sounding metallic and artificial, which reminded him of the voices of cartoon characters or robots. Her complex but disembodied and disaffected language "sounded more like an opaque screen than a link enabling [verbal] communication," according to the co-therapist; indeed, the "noises of the words being uttered" provoked annoyance in the co-therapist's/J's countertransference (Bion 1979a).

J's altered voice resulted from a dismantling process (Meltzer 1975) in which the metallic sound became an encompassing sensory experience of herself that she latched onto in the omnipotent attempt to survive. However, the split-off, dehumanized, and de-emotionalized dimension (Lombardi 2010) that was created in the attempt to avoid contact with catastrophic emotions was paralleled by their appearance in the therapeutic scene through the co-therapist's/J's countertransference, which allowed their unfolding and an initial working-through process via his reverie.

This led to a break in the all-or-nothing way of experiencing emotions, one in which J could be either aloof and detached or overwhelmed by a *dark and formless infinite* (Bion 1970) of unrecognizable anxieties. Moreover, the co-therapist's/J's capacity to experience, bear, and tolerate J's emotional storms, without stepping back from them, allowed her—for the first time—to find a space within someone else's mind in which to place her fear of breakdown and falling forever. The capacity of staying in the synaptic gap, in the caesura (Bion 1979b), where both catastrophic change and catastrophe can occur, without clinging defensively to preconceptions or preformed certainties, enabled the co-therapist/J to experience first alienation, paralysis, cold despair, helplessness, and violent confusion, and then a momentary loss of the co-therapist's capacity to think and find words. Suddenly, the co-therapist/J "shivered," thus restoring the third position through a nonverbal register, and he resumed the capacity for thinking and feeling that led him to a sense of annoyance that became helplessness, after which sadness emerged.

The appearance of more depressive feelings first produced a manic reaction, and when co-therapists/spectators tried to underline J's need for help, thereby resuming contact with a more depressive and less triumphant dimension, J could not bear it and repeatedly dropped to the

ground. J simply could not make use of the co-therapists' suggestions; instead, emotional contact with their interventions stimulated her narcissistic rage, preventing her from getting out of the destructive loop she was caught in, where she was identified with her cruel and incestuous maternal object. However, her fragile capacity for symbolization soon collapsed.

J's unstable internal world, where the experience of falling was repeated over and over, was concretely brought into the group dimension through the two games in which her relationship with her precarious, destructive, and unreliable internal objects—a father who repeatedly relapsed into alcoholism and an omnipotent, destructive narcissistic mother who, to some extent, could not allow her husband's parachute to function—was staged again and again. Moreover, the co-therapist's/J's experience of sitting in public and looking at J's "paradoxical clown," who appeared to be a clown but acted quite the opposite, allowed J's experience of relating to an ambiguous, enigmatic omnipotent maternal object—who apparently looked after her father but actually took advantage of his illness—to emerge and be lived within the treatment. This allowed J's rage to surface for the first time as the co-therapist's/J's countertransferential annoyance—together with J's experience of loneliness due to the impossibility of using any other object (represented by the other co-therapists/clowns and spectators)—mediated this painful encounter.

Thus, the modality of psychodrama lets us analyze the dynamics in the group of co-therapists, which mirror the parts of J's mind and how they interact (Hinshelwood 2016). For instance, the co-therapist/J felt alienated, detached from the rest of the co-therapists/spectators and clowns who could retain their capacity for thinking and were involved on different levels, hence representing for the first time J's deep inner split and impaired linking function.

The complex interplay that took place in the group envelope and was repeated in the following months through endless repetition of the same games allowed a gradual process of integration and working through of the split-off fragments, together with the possibility of tolerating, containing, and surviving J's flooding anxieties. The therapeutic group could keep psychically alive and preserve the basic feeling of ex-

isting outside J's destructiveness (which often took the form of endless repetition) thanks to a thorough working through of both individual and group countertransference performed during regular supervisory sessions and discussions (the final part of each psychodrama session). Owing to this intensive work, J experienced the repeated juxtaposition and figuration of her inner split-off parts during the sessions without being forced to enact premature and still-intolerable introjections. Eventually, J internalized this experience, and she built a "huge parachute" with the therapeutic group.

This experience allowed J to relinquish the repetition of the previous games and suggest a new one, the clay workshop game, in which she could work with a co-therapist/"aide" and other co-therapists/apprentices to create "pottery," which is still fragile, out of ill-differentiated clay. J's suggestion of this game testifies to her acquired capacity for orientation (Di Ceglie 2013) that let her to be more receptive to the containment provided by the therapeutic group, together with the possibility of being more openly engaged in the treatment. Old friends whom she now rarely saw could be brought back, akin to old, dissociated nuclei that could be more easily contacted, experienced, and put into relation with the rest of her personality in a cooperative way.

As in the Zelig game, J's role had to be played by a co-therapist, L. Q., while J had to keep the role of potter for herself, unable to relinquish the lead position. By maintaining strict control, she aimed to avoid the threatening experience of psychic catastrophe in an attempt to regulate her enigmatic and destructive inner object and the intense emotions connected to it. Thus, during the clay workshop game, J/the potter began telling her story and making contact with her painful feelings while keeping the slightly detached, and therefore safer, position of potter who acted as the guardian of her family history. Again, the co-therapist/J had to receive J's intense projections and could gradually start to talk about J's story and depressive feelings. However, J could barely tolerate contact with these emotions and would find shelter by adhering to concreteness, so that the co-therapist/J had to stick to what she had said at the beginning of the session.

J's need to keep her emerging depressive feelings at bay through denial and manic defenses became more and more frequent in the fol-

lowing months as her awareness of this split-off dimension increased. The co-therapists/apprentices started talking about it despite J's need to cut herself off and seek shelter through the construction of a psychic dividing wall between the co-therapists and herself. However, unlike what happened in the Zelig game, the linking function—the co-therapist/aide—was preserved, and no experience of falling took place.

J's need to maintain a split-off dimension where intolerable emotions had to be confined and were apparently covered by the "normal" activity of the workshop, together with the co-therapist/J's countertransferential experience of having to bear in mind and be responsible for her deep anxieties lying under the surface, echoed J's need to keep a watchful eye on her father's health, as it could abruptly change with his relapse into alcoholism.

At the end of the second year of treatment, J's more mature areas, that is, the co-therapists/apprentices, continued working together in the clay workshop and were connected in a work group (Bion 1961) that allowed her to say to her co-therapist/assistant that they "needed to take care of J because she was in a difficult situation and needed help." This paved the way for the beginning of a gradual process of introjection in which the co-therapist/J tactfully started verbalizing J's sadness and her feelings of not having a mind to contain her emotions. This required careful working through of the co-therapist/J's bodily countertransference because the co-therapist, like J, was afraid and uncertain of J's capacity to bear her painful reality and truth. The possibility of being in touch with and beginning to introject these grievous emotions allowed J/the potter to verbalize that when she was a baby, "the milk in my bottle was always cold." Thus, J could communicate both verbally and emotionally—albeit through intense sensuous projections—the absence of a warm nipple to soothe and contain her anxieties because it had been replaced by a bottle, which gave her only cold, emotionally freezing milk, causing her body to shiver and collapse into a void.

In her role of potter, J could see from a safe distance an initial figuration of this excruciating experience that could be represented and put into words only through the painful working through of the co-therapist/J's countertransference, in which J's unsymbolizable experience of receiving only "cold milk" was contained for the first time.

Thanks to psychodrama, J made contact and gradually introjected these emotions that could be contained in the play dimension—i.e., in the group envelope—for as long as she needed. J's capacity to tolerate and to begin to represent these emotional experiences favored the emergence of complex transferential dynamics in which her violent rage toward her father—and especially toward her mother—could more clearly appear, together with her entangled object relations.

CONCLUSION

Nowadays, clinical encounters with patients like J, whose pain is largely contained and expressed by wide, heterogeneous, and heteromorphic unrepresented areas, are becoming more and more common in clinical practice. Consequently, we believe that finding ways that allow therapists to make contact with, understand, and transform these extreme forms of psychic pain is one of the most cogent and urgent challenges for contemporary and future psychoanalysis. In this paper, we have presented and discussed the potential of individual psychoanalytic psychodrama to treat severely traumatized patients, delving into particular features of its structure that promote symbolization. The interplay of double-envelope containment and various transferential dimensions leads to the possibility of activating early emotional experiences in the transference-countertransference, where a complex process of working through can take place, one that leads to integration and eventually to representation.

We have explored how the particular transferential features of the modality of psychodrama enable the staging and representation of different modes of functioning that coexist simultaneously, albeit in a fragmented way, in the minds of patients such as J, together with the delicate process of integration provided by psychodrama. Finally, we have tried to show the relevance of multiple instances of unconscious-to-unconscious communication stimulated by the treatment in allowing patients to gradually access the transitional area of play, leading to the possibility of mending, at least to some extent, primitive psychic holes that might not be reached in more classical analytic settings.

Further studies on the modality of psychodrama, as well as on the quality and kinds of emotional experience of unconscious-to-unconscious

communication and intrapsychic dynamics in patients with primitive mental functioning, should be carried out in order to improve current understanding of the phenomena and to develop effective techniques with which to foster contact and transformation.

REFERENCES

Anzieu, D. (1956). *Le psychodrame analytique chez l'enfant et l'adolescent.* Paris: Presses Universitaires de France.

Barrer, L. & Gimenez, G. (2011). Quelle place pour le corps . . . dans le psychodrame psychanalytique avec les enfants autistes? *Revue de Psychothérapie Psychanalytique de Groupe,* 2:35-45.

Bergstein, A. (2016). Obsessionality: modulating the encounter with emotional truth and the aesthetic object. *J. Amer. Psychoanal. Assn.,* 64:959-982.

Bion, W. R. (1961). *Experiences in Groups and Other Papers.* London: Tavistock.

——— (1970). *Attention and Interpretation.* London: Tavistock.

——— (1977). *The Grid and Caesura.* London: Karnac.

——— (1979a). *A Memory of the Future: The Dawn of Oblivion.* London: Karnac.

——— (1979b). Caesura. In *Two Papers: "The Grid" and "Caesura."* London: Karnac.

Blanc, A. & Boutinaud, J. (2017). Psychoanalytic psychodrama in France and group elaboration of countertransference: therapeutic operators in play therapy. *Int. J. Psychoanal.,* 98:683-707.

Botella, C. & Botella, S. (2005). *The Work of Psychic Figurability.* London: Routledge.

Boutinaud, J. (2011). L'éprouvé corporel aux sources du contre-transfert en psychodrame psychanalytique individuel avec l'adolescent. *Revue de Psychothérapie Psychanalytique de Groupe,* 2:135-142.

Busch, F. N. (2017). A model for integrating actual neurotic or unrepresented mental states and symbolized aspects of intrapsychic conflicts. *Psychoanal. Q.,* 86:75-108.

Busch, F. N. & Sandberg, L. S. (2014). Unmentalized aspects of panic and anxiety disorders. *Psychodyn. Psychiat.,* 42:175-195.

Chaine, F. (2009). Indications de psychodrame: le point de vue d'un consultant. In *Psychodrame: la magie du jeu,* ed. M. Garboua & M.-L. Leandri. Paris: Presses Universitaires de France, pp. 79-85.

Corcos, M., Morel, A., Jeammet, P., Chabert, C. & De Lara, A. C. (2012). Current development in the practice of individual psychoanalytic psychodrama in France. *Int. J. Psychoanal.,* 93:561-584.

De Lanlay, F. (2013). Le psychodrame psychanalytique chez l'enfant et l'adolescent. In *Vues nouvelles sur le psychodrame psychanalytique,* ed. I. Salem. Paris: EKD, pp. 91-112.

Di Ceglie, G. (2013). Orientation, containment, and the emergence of symbolic thinking. *Int. J. Psychoanal.,* 94:1077-1091.

Dupeu, J. M. (2005). *L'intérêt du psychodrama analytique.* Paris: Presses Universitaires de France.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

Gibeault, A. (2005). Mr. A's creative adventure. *Psychoanal. Q.,* 74:157-186.

Gomberoff, E. (2013). Playing the game the child allots. *Int. J. Psychoanal.,* 94:67-81.

Green, A. (1983). *Life Narcissism, Death Narcissism.* London: Karnac, 2001.

——— (1984). Le langage dans la psychanalyse. In *Langages,* ed. A. Green, R. Diatkine, E. Jabès, M. Fain & I. Fonagy. Paris: Les Belles Lettres, pp. 179-206.

Hinshelwood, R. D. (2016). Institutional containers: part objects or identity. Paper presented at the "Identity, Mind, and Body" conference, University College of London, May.

Jeammet, P. & Kestemberg, E. (1987). *Le psychodrame psychanalytique.* Paris: Presses Universitaires de France.

Lebovici, S., Diatkine, R. & Kestemberg, E. (1952). Bilan de dix ans de thérapeutique par le psychodrame chez l'enfant et l'adolescent. *Psychiatrie de L'Enfant,* 1:63-179.

Little, M. I. (1985). Winnicott working in areas where psychotic anxieties predominate. *Free Associations,* 1:9-42.

Lombardi, R. (2010). The body emerging from the "Neverland" of nothingness. *Psychoanal. Q.,* 59:879-909.

Meltzer, D. (1975). *Explorations in Autism.* London: Karnac.

Moreno, J. L. (1946). *Psychodrama, Vol. 1.* Beacon, NY: Beacon House.

O'Shaughnessy, E. (1982). Words and working through. In *Melanie Klein Today, Vol. 2,* ed. E. B. Spillius. London: Routledge, pp. 138-151.

Quagelli, L. & Solano, P. (2016). On interpretative experiences: unconscious-to-unconscious communication through reverie, language, and the setting. *Psychoanal. Rev.,* 103:169-198.

Roussillon, R. (1995). La métapsychologie des processus et la transitionnalité. *Revue Française de Psychanalyse,* 59:1374-1519.

——— (1999). *Agonie, clivage, symbolization.* Paris: Presses Universitaires de France.

Salem, I. (2013). Histoire, indications et spécificité du psychodrame analytique. In *Vues nouvelles sur le psychodrame psychanalytique,* ed. I. Salem. Paris: EKD, pp. 13-31.

Solano, P. & Quagelli, L. (2015). On "free associative activities." *Psychoanal. Rev.,* 102:237-264.

Tustin, F. (1972). *Autism and Childhood Psychosis.* London: Hogarth.

Winnicott, D. W. (1960). The theory of the parent–infant relationship. In *The Maturational Processes and the Facilitating Environment.* London: Karnac, pp. 37-56.

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ON THE BIRTH AND DEVELOPMENT OF PSYCHOANALYTIC FIELD THEORY, PART 2

BY MARTIN A. SILVERMAN

Advances in Contemporary Psychoanalytic Field Theory: Concept and Further Development. Edited by S. Montana Katz, Roosevelt Cassorla, and Giuseppe Civitarese. London/New York: Routledge, 2017. 212 pp.

Keywords: Field theory, history of analysis, Antonino Ferro, Giuseppe Civitarese, analytic interaction, analytic listening, fantasy, second look, enactment, Harry Stack Sullivan, dreaming, analytic theory.

In part 1 of this essay, which appeared in the *Psychoanalytic Quarterly* issue immediately previous to this one, I reviewed the gradual emergence of psychoanalytic field theory from tiny seeds embedded in Sigmund Freud's early writings about object relations and transference-countertransference interaction and its subsequent halting but progressive growth. Certainly, psychoanalytic field theory received acceleration from the contributions of Donald W. Winnicott and Wilfred R. Bion; in this regard and in many other respects, these two giants in the field left a lasting imprint on clinical and theoretical psychoanalysis as we know it today. I discussed their contributions in particular in the first part of this two-part essay in my discussion of an outstanding overview of the field today, *Defining Psychoanalysis: Achieving a Vernacular Expression* (Miller 2016).

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In the decades after Winnicott and Bion rose to psychoanalytic prominence, field theory burst into flower under the skillful horticultural attention of Willy and Madeleine Baranger (1961–1962, 2008) in Argentina and later of Antonino Ferro and Giuseppe Civitarese in Italy (e.g., Civitarese 2008; Ferro 1992; Ferro and Basile 2009). In my review of South American and Italian contributions to psychoanalysis in part 1 of this essay, I discussed two books in depth: *The Pioneers of Psychoanalysis in South America: An Essential Guide* (Lisman-Pieczanski and Pieczanski 2015) and *Reading Italian Psychoanalysis* (Borgogno, Luchetti, and Coe 2016).

Psychoanalytic field theory has continued to evolve and develop in more recent years. It has been attracting increasing attention as a concept that can enhance, expand, and fruitfully contribute to the clinical practice of psychoanalysts of all theoretical persuasions. In this second part of my two-part essay, I will explore the fourth of my four target books: *Advances in Contemporary Psychoanalytic Field Theory: Concept and Further Development*, edited by S. Montana Katz, Roosevelt Cassorla, and Giuseppe Civitarese. Aptly illustrating the keen interest that field theory has attracted within the psychoanalytic community, this volume contains papers presented and discussed at the first meeting of the International Field Theory Association on July 21, 2015, in Cambridge, Massachusetts.

CURRENT INTEREST IN AND FURTHER ELABORATION OF PSYCHOANALYTIC FIELD THEORY

In the first paper in the volume, "The Field Evolves," Antonino Ferro describes the field of interaction in which psychoanalytic work takes place as "the site of all the patient's and analyst's potential identities" (p. 5). Within it analysand and analyst dance together, fence with one another, join in shared reveries, and periodically flounder together in bewilderment and confusion. They join forces in utilizing their respective primitive and higher-order capacities to both experience and make sense of what is developing between them as they interact with one another. What is happening tends to be muddled more often than clear but, periodically, something emerges that provides a measure of useful

understanding about something that has been troubling the analysand. When this occurs frequently enough, the two participants are able to effect salutary transformation of the patient's perception of and command over his or her internal attitudes, struggles, and personal myths.

Along the way, perturbations and realignments within the field open up other fields for the two members of the dyad to enter. Then, via ongoing, mythopoetic cocreation, in which the analyst's alpha function joins with the analysand's increasing alpha function, the joint activity within the analytic field effects progressive, albeit episodic, movement toward more realistic perception of self and others and facilitation of more effective functioning in relation to others—both the others in the patient's internal world and those in his or her external reality.

Ferro provides a vignette of the treatment of a librarian who obsessively spent enormous amounts of time repairing holes dug in his lawn by animals (destruction and reconstruction). The patient begins one day by speaking, with great emotion, about his interest in hunting and killing prey and about his grandfather's family having been blown up by a bomb during World War II. During the session, the analyst fails to realize that the anxiety generated in him by this enraged, vengeful animal killer has galvanized a self-protective bastion that then united with the patient's intellectualizing bastion. The result is a blockage of both the patient's and the analyst's awareness of what is taking place between them within the analytic field of operation. It is only after the session ends with both of them still alive that the analyst, via a *second look* during the following session, is able to consciously recognize what took place during the previous session.

In the draft of the paper that Ferro submitted to the other participants in the meeting, he included a second vignette that, sadly, was omitted from the book because of space limitations. It describes an instance in which the analyst jumps in with an intervention immediately after his patient has begun a session by reporting something she experienced that the analyst *eventually* realizes was disturbing to him as well as to her. The patient thinks of an advertisement for a "Smart Car" (an allusion to a "smart Alec"?) in which a person tries to kill another person from the backseat. She says: "It's better not to have somebody right behind you! It seems like anti-publicity for analysis!" She then thinks of the

film *The Shining,* in which the murdering maniac's wife "knew he was mad." The analyst thinks about another film and then about a theater production he has attended, but does not say anything.

The analysand then tells him that an image has formed in her mind about a stone or a marble egg that "falls and makes a mark on a wooden step—as a sign that what happened was true." It is evident that something inside the analyst has combined with something coming from the patient, leading him to interrupt the flow of the patient's expression—about which the patient is angrily complaining. In this instance, again, a second look makes the interchange between analysand and analyst much more understandable. It is then possible to recognize, as I understand Ferro to be indicating, that what the analyst said early in the session fell onto the patient like a ton of bricks, and the "stone egg" he laid produced neither a live chick nor something that could be made into an omelet. Following this realization, the analyst is able to contribute effectively. It is refreshing when psychoanalysts write about problems and struggles experienced in their work, rather than presenting themselves as ever-brilliant and always on target.

Toward the end of the book, Donnel Stern, in a paper on "Emergent Properties of the Interpersonal Field," reflects on a kind of emergence that is somewhat different from what Ferro addresses. Stern writes about the importance of periodic emergence of magma from the subterranean cauldron that operates beneath the field's more superficial and generally prevalent level of verbal and behavioral interaction between analysand and analyst—producing tephra that carry true depth of meaning and depth of emotional significance. He describes his great excitement when this appears to him to be happening during a session.

Stern offers an interesting clinical vignette that, as it reads to me, is much like the ones Ferro recounted, although the defensive collaboration this time is more long-lasting. The vignette illustrates the joining together of a defensive bastion in the analyst with one in the analysand in order to cocreate a shared fantasy within the analytic field that adumbrates something of central importance that is experienced as threatening to both of them. A man in his mid-seventies, apparently terrified of death, returns to analysis many years after a previous analytic experience. The mortal fear he harbors remains out of awareness as the analyst joins with him "'in the cellar,' over and over again" (p. 184), in which

he had spent time during his earlier analysis. In this dimly lit cellar, the patient endlessly attempts to confront a faceless man (the personification of death?) who, he thinks, *possibly* abused him when he was four or five years old. Neither analysand nor analyst appears to be aware that locating the self early in childhood, far from the end of life and with time standing still, serves to protect against the fear of death that is so enormously threatening to everyone—not only patients, but their analysts as well (Razinsky 2013; Silverman, in press).

James L. Fosshage, near the beginning of *Advances in Contemporary Field Theory*, and both Juan Tubert-Oklander and Joseph Lichtenberg, at the very end, provide cogent papers that serve as bookends for what lies between them. Each of them concludes that there is no single psychoanalytic field theory, and that multiple theoretical schools of thought exist to which the concept of field theory can be usefully applied. Which school a particular analyst embraces both determines and derives from the way in which he or she listens to patients (and to him- or herself)—that is, it accords with whatever theoretical point of view from which he or she approaches and therefore practices analysis. What all analysts should appreciate, these authors believe, is the importance of the extent to which analytic work involves two people co-mingling their minds and souls in a process of mental and emotional cocreation in the joint pursuit of understanding and psychic truth.

Fosshage stresses the need to recognize—as Kurt Lewin, Harry Stack Sullivan, Heinz Kohut, and others have emphasized—that psychotherapeutic action always takes place within the relational field of interaction in which we live and work. He focuses in particular on the topic of analytic listening, about which he has been writing for some time. The main point he makes is that an analyst necessarily oscillates among empathic listening, other-centered listening, and self-listening.

In between these bookend contributions are a number of papers by authors who attempt to define psychoanalytic field theory as an epistemological concept and as a practical approach to applying psychoanalytic principles to help patients obtain relief from pain and suffering. Elsa Rappoport de Aisemberg of Argentina contributes a terse but scholarly review of the contributions of Bion, Winnicott, the Barangers, Ferro, Civitarese, César and Sara Botella, René Roussillon, Marcel de M'Uzan,

André Green, Thomas Ogden, Stefano Bolognini, and others to the emergence and evolution of psychoanalytic field theory. She focuses in particular on the intersubjective dimension of psychoanalytic work, including unconscious-to-unconscious communication, bodily countertransference, and the complexities of effecting constructive transformation in the patient's capacity for figurability, symbolization, and verbal construction to order and control her or his primitive emotional states. She provides two brief clinical vignettes that dramatically illustrate the phenomenon of nonverbal, physical resonance, outside of conscious awareness, as a means of effecting psychosomatic communication and coordination between therapist and patient—a topic of considerable interest to her.

Several contributors endorse Ferro's view of psychoanalytic field theory as an approach constructed around the centrality of equidistant attention to the internal and external worlds of each of the participants in the treatment process and around the analyst's willingness to cocreatively join in the patient's mental activity, within a co-mingled dream space, and that it does not constitute a separate theory intended to replace any established psychoanalytic theory. In the chapter of *Advances in Contemporary Psychoanalytic Field Theory* that I authored, for example, after reviewing in some depth the psychoanalytic field theory approach elaborated by the Barangers and the post-Bionian one developed by Ferro and Civitarese, I link these approaches with Green's and Ogden's ideas about the analytic third. I embrace psychoanalytic field theory as representing a potentially valuable contribution for *all* psychoanalysts, of whatever theoretical persuasion. In this regard, I question whether it is accurate or useful to designate relational psychoanalysis—a relatively broad domain within which views and opinions differ—as a discrete form of psychoanalytic field theory, despite the emphasis it places on active interplay within a field of to-and-fro interaction.

I describe psychoanalytic field theory as fundamentally an examination of and further elaboration on the centrality of transference-countertransference interaction, which has dominated psychoanalysis from the time of Freud onward. Marco Conci (an Italian analyst who has been working in Germany for many years), in his contribution to the volume, likewise points out that an implicit field theory concept is discernible

in Freud's writings about transference and countertransference as early as 1912, and that awareness of a field of operation is to be found to a greater or lesser extent in the ideas promulgated by many psychoanalytic writers since that time.

In her contribution to *Advances in Contemporary Psychoanalytic Field Theory,* one of the coeditors, S. Montana Katz—along with Stern and Conci but unlike several other contributors in this volume, myself among them—argues in favor of recognizing relational psychoanalysis as an American form of psychoanalytic field theory, which she feels is related to but different from the two forms that emerged in South America and in Italy. Katz refers to the theoretical approaches of the Barangers and of Ferro and Civitarese, respectively, as *mythopoetic* and *oneiric.* She coins the term *plasmic* for relational psychoanalysis, with its emphasis on the here-and-now, moment-to-moment, back-and-forth, ambient relationship between analysand and analyst as a vehicle for effecting desirable change.

In Conci's review of field concepts over time and around the globe—which has been very much truncated and condensed in the form that ultimately appears in *Advances in Contemporary Psychoanalytic Field Theory*—he valorizes the work of Harry Stack Sullivan and Stephen Mitchell in the United States, Gaetano Benedetti in Italy, and Hermann Argelander and Werner Bohleber in Germany, noting the importance of these contributors to our growing understanding of what takes place within the field of operation of psychoanalytic treatment. At the 2015 Cambridge meeting, Conci gave a richly detailed account of the work of Sullivan and of the obstacles to his gaining wider recognition in psychoanalysis, but this presentation had to be omitted from the volume due to space limitations.

A number of the book's contributors address individual facets of psychoanalytic field theory. Beatriz de León de Bernardi of Uruguay takes up transferential expression within the analytic field. Drawing on "Bleger's ideas about the situational, dramatic, and dialectic character of psychoanalysis and Pichon-Rivière's idea of 'dialectical spiral'" (p. 40), she examines those non-interpretative moments "when transference becomes explicit [through the] . . . metaphoric language used by either the analyst or the patient, or co-constructed by the dyad, [because

of] . . . the situational, dramatic, and dialectic nature of psychoanalysis" (p. 31). She provides two brief but thought-provoking clinical vignettes to illustrate her thesis.

Brazilian analyst Roosevelt Cassorla, another of the coeditors of *Advances in Contemporary Psychoanalytic Field Theory,* addresses the evolution from the battlefield and chess game models that Freud at first employed—in which the analyst is depicted as engaging in a struggle with the analysand to get at buried mental contents defensively kept out of awareness—to an increasingly rich and multifaceted, intersubjective approach in which discovery of the old and problematic is intertwined with cocreation of something new and currently valuable. Closely following Bion, Cassorla focuses in particular on the act of dreaming, in which analyst and analysand interactively work together to promote an increasing capacity for symbolization and verbal shaping with which to give meaning to personal experience.

The psychoanalytic field, Cassorla emphasizes, is spatial, temporal, and mental. It becomes inhabited by everything pertaining to the worlds—both internal and external—in which each participant in the psychoanalytic venture exists. The analyst, he indicates, must be able to dream the patient's dreams and non-dreams, as well as his or her own dreams and the dreams cocreated by the two of them. He points to the multiple roles played by the analyst, who must serve as an observer-participant in the analytic field, as a willing object of the patient's fantasies, and as a real person with a separate existence. Cassorla advocates making use of a theater model in which the analyst allows him- or herself to be character, spectator, coauthor, director, theater critic, and lighting and sound technician in the dreaming process.

Cassorla provides a fascinating, relatively detailed clinical vignette to illustrate his points, describing what he eventually came to understand as a "dual collusion in mutual idealization" (p. 100). For a considerable length of time, this collusion created a joint enactment of something other than the productive analytic pursuit of understanding. It was only after he helped his patient—a woman in her mid-forties—to develop "a broadening of her capacity to dream" (p. 101) and tuned into his own inner self via dreamlike reverie that the two of them became able to understand an interesting phenomenon: that is, that they had been

unwittingly enacting something very important together as they walked into the consulting room from the waiting room at each session. Their "collusion, consisting of non-dreams [that] could not be dreamed," as Cassorla puts it (p. 101), then came to an end, enabling them to work out the meaning of the patient's recurrent nightmare (containing action and emotional reaction—walking through places and becoming terrified that something was about to crush her—but *no words*), which she had been having for many years, but which until then she and her analyst could never explore and come to understand *in words*. It became evident to Cassorla that his own unconscious inclination to defend against fear of narcissistic injury had joined with his patient's powerful need to defend against awareness of the impact on her of intense, competitive, triangular experiences early in her life, which had crushed her sense of self-worth and had filled her with narcissistic rage. This clinical vignette wonderfully illustrates how useful the psychoanalytic field theory approach can be to psychoanalytic practice.

In his contribution, Civitarese, the third of the three coeditors of *Advances in Contemporary Psychoanalytic Field Theory,* clarifies the concept of *dreaming with the patient* by addressing the post-Bionian field theory idea of *transformation in hallucinosis*. This idea represents an expansion of our understanding of the phenomenon of the analyst or supervisor who experiences a parapraxis in the course of his or her work. In Civitarese's use of the term, which originated with Bion, he is referring to

> . . . the more or less lasting analyst's "errors" in thinking and perceiving, close to "hallucinations" and "delusion," from which eventually he/she may wake up and so see them as a field phenomenon or dream . . . . The analyst considers the error as a co-created dream, or, in other words, as a kind of poetry of the mind that serves to make personal sense of an experience—something that is generated by the field set up by the communication between the unconscious mind of both parties. This dream gives virtual information about the emotional quality of the relationship and is thus invaluable in giving proof that the analyst is in unison with the patient. [pp. 58-59]

Drawing on interactions with both patients and supervisees, Civitarese provides four brief vignettes in illustration of his thesis. His main

point is that his misreading or mishearing of what is expressed to him constitutes a message from his subconscious that casts a conscious beam of light into an unconscious area of darkness. It is a message from and about the field of mental operation that exists within the patient and within the analyst, as well as from and about the field of therapeutic interaction that exists between the two of them.

Claudio Neri shares ideas that he feels resonate with those of Conci, Katz, and Stern, and that draw heavily on the contributions of Sullivan about the analyst as a "significant other" whom the patient uses to serve "as an instrument through which to get to know himself" (p. 165). Neri also discusses the patient's use of the analyst as a "modal operator" who interacts with the patient in the present tense, highlighting "what is going on around here?" (Edgar Levenson's emphatically here-and-now question, as Katz points out) as a means of getting at what goes on inside the patient.

Neri emphasizes that the analyst's ability to facilitate, together with the patient, the development of a psychoanalytically operational field derives significantly from the asymmetry of the relationship. The patient's perception of the analyst as possessing knowledge and skill that allows him or her to assist the patient in effecting necessary and useful change leads to a perception of the analyst as a significant other with whom it is safe enough and promising enough to become emotionally involved. He also addresses the meaningfulness to both participants in the analytic enterprise of developing awareness that something is happening between them within a shared field—when that realization does emerge. Neri indicates that, in his experience, the field of interplay tends to reside in an unobserved background, much as does the gravitational field of the earth, rather than becoming directly apparent in the form of the periodic epiphanies that Stern describes in his contribution.

Neri presents a brief clinical example in which he examines a dramatic shift in the way that a patient works in the analysis after he has applied for training as an analyst. The author uses this vignette to demonstrate his view of the analytic field as something within which other fields exist. He stresses the importance of recognizing that the patient brings other fields of interaction within which he or she functions into the structure of the psychoanalytic field. While I am not certain that I

grasp the point of the vignette, it seems to me that Neri is calling attention to the way in which other fields of interactional involvement can and do intrude into the psychoanalytic field of operation. This is certainly an important dimension of psychoanalytic work, one about which we must always be aware.

Mexican analyst Juan Tubert-Oklander provides an exciting paper in which, like José Bleger, he views the Barangers as having underestimated the powerful impact of the culture surrounding an analysis—including the town where it takes place, that particular part of the town, the country, and in fact the total surround beyond the analyst's consulting room, including the historical and sociopolitical context in which the analysis is conducted. I find his formulation accurate and useful. Tubert-Oklander advocates employing a model that views analysis in terms of the existence of an immediate psychoanalytic field within which patient and analyst interact, but with the recognition that the two of them also interact with the larger cultural surround. I agree with him that the cultural aspect of our existence as bio-psycho-social creatures has not yet been given nearly enough consideration in psychoanalysis.

Expanding and further developing the ideas of Enrique Pichon-Rivière about psychoanalytic treatment proceeding in a forward-moving, dialectical spiral in which both participants become swept up in a self-generating analytic process that transcends their individual contributions, Tubert-Oklander constructs a "*holistic process theory*" (p. 196, italics in original) as an addition to and extension of the psychoanalytic field theory expounded by the Barangers. In the latter model, in keeping with the authors' Kleinian roots, the analyst's interpretive activity is viewed as powering the momentum of the analysis.

Tubert-Oklander proposes expanding the Barangers' field theory model to include the analytic process as itself exerting an important dynamic impact that moves things forward. He views the process as one that "necessarily includes an *affective* and a *conative* (interactional) evolution of the analytic relationship" (p. 197, italics in original). He clarifies that: "*A process is an evolution in time that has an organization, a direction, and an intentionality of its own*" (p. 197, italics added). (Of course, this can only take place smoothly in ideal circumstances; no analysis proceeds in an unbroken, steady, upwardly sloping spiral.) These ideas are challenging and thought-provoking indeed.

CONCLUDING OBSERVATIONS

As is evident from the range and scope of the contributions made to the initial meeting of the International Psychoanalytic Field Theory Association in 2015, in which a spirited interchange took place among participants who brought excitement and thoughtfulness in gathering together to exchange ideas, psychoanalytic field theory is a vibrant area of current interest, and one that is still expanding and evolving. However the participants may differ in their views about its proper role in psychoanalytic theory and practice, and even about its very identity in definitional terms, there are important areas of consensus. All agree that we have come a long way from the earliest view of psychoanalysis as consisting of a one-person psychological treatment approach in which a psychoanalyst, a seemingly omniscient authority, tackles the problems of a struggling analysand who is blind to what is taking place inside him-/herself and needs to be meekly led to insightful truths by an all-knowing savant.

We have come to recognize that effective psychoanalytic work involves two people engaging emotionally and cognitively with one another in such a way that they permit the full range of their psychological beings to touch, to overlap, and in important ways to intermingle—for a long time—both in the pursuit of understanding and in the effort to effect salubrious change that can both restore and create emotional health. The arena in which this complex, challenging, interpersonal, and intersubjective activity takes place, we have come to realize, is a multifactorial field of interactional operation that contains concentric and laterally projecting and impinging, internal and external fields of existing and functioning in the world—past, present, and future. We have also come to appreciate that all this applies to the analysand, the analyst, and (cocreatively) to the two of them in concert.

A note of caution is in order, however. Psychoanalytic field theory, both as a concept and as an application to psychoanalytic work, is far from simple. As with psychoanalysis as a whole, deep immersion in its underlying principles and in the details of its application to analytic practice is required if it is to be properly prepared, cooked, ingested, digested, absorbed, metabolized, and turned into effectively operational

therapeutic muscle (to extend one of Ferro's favorite metaphors—that is, the culinary one). The four books into which I have immersed myself as source material for this two-part essay can well serve in that regard and I recommend them enthusiastically, but they are only a start.

Freud never suggested that analysts should be cold, distant, impassive, unemotional, or silent. Smiley Blanton (1971), who underwent analytic treatment with Freud during the summers of 1935 and 1937, shared how frustrating it was to him that the Professor was silent for up to *ten minutes* at a time. Nevertheless, the ideas Freud promulgated about neutrality, about not gratifying neurotic desires, and about transference and countertransference were misconstrued by some to justify the avoidance of the analyst's emotional involvement in the analytic process.

In a series of lectures that she delivered to candidates in 1936 and 1946, Klein (see Steiner 2017) expressed dismay that some analysts used her writings to justify the practices of ignoring the importance of impingements from the outside world; making premature and/or grossly inappropriate, deep interpretations about hypothetically formulated infantile fantasies; focusing exclusively on aggressive inclinations; and failing to recognize that love underlies hate. She emphasized that she did not advocate focusing exclusively or even largely on unconscious, infantile, aggressive, or destructive fantasies. Bion, similarly, expressed distress that too many people tended to view his hypotheses as facts rather than merely as ideas, often as a result of possessing only limited acquaintance with what he wrote and taught (Heath 2008).

I will close by citing a well-known observation by Alexander Pope (1711) a little more than 300 years ago:

> A little Learning is a dang'rous Thing;
> Drink deep, or taste not the Pierian Spring:
> There shallow Draughts intoxicate the Brain,
> And drinking largely sobers us again.

REFERENCES

Baranger, M. & Baranger, W. (1961–1962). La situación analítica como campo dinámico. *Revista Uruguaya de Psicoanálisis,* 4:3-54.

——— (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.,* 89:795-826.

Blanton, S. (1971). *Diary of My Analysis with Sigmund Freud.* New York: Hawthorne Books.

Borgogno, F., Luchetti, A. & Coe, L. M., eds. (2016). *Reading Italian Psychoanalysis.* London/New York: Routledge.

Civitarese, G. (2008). *The Intimate Room: Theory and Technique of the Analytic Field.* London: Routledge, 2010.

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

Ferro, A. & Basile, B.. eds. (2009). *The Analytical Field: A Clinical Concept.* London: Karnac.

Heath, S. (2008). Personal communication.

Lisman-Pieczanski, N. & Pieczanski, A., eds. (2015). *The Pioneers of Psychoanalysis in South America: An Essential Guide.* London/New York: Routledge.

Miller, I. (2016). *Defining Psychoanalysis: Achieving a Vernacular Expression.* London: Karnac.

Pope, A. (1711). *An Essay on Criticism, with Introductory and Explanatory Notes.* http://poetry.eserver.org/essay-on-criticism.html (2016).

Razinsky, L. (2013). *Freud, Psychoanalysis, and Death.* New York: Cambridge Univ. Press.

Silverman, M. A. (in press). Death as the ultimate castration. *Psychoanal. Inquiry.*

Steiner, J., ed. (2017). *Lectures on Technique by Melanie Klein.* London/New York: Routledge.

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BOOK REVIEWS

PSYCHOANALYTIC COUPLE THERAPY: FOUNDATIONS OF THEORY AND PRACTICE. Edited by David E. Scharff and Jill Savege Scharff. London: Karnac Books, 2014. 400 pp.

Psychoanalytic Couple Therapy: Foundations of Theory and Practice is an edited book aimed at couple therapists interested in familiarizing themselves with a psychoanalytic approach to couple therapy. David E. Scharff and Jill Savege Scharff are well known for their many books that have expanded therapists' understanding of important though difficult-to-grasp concepts from the object relations school of thought, in particular; they have expounded on some concepts more pointedly—for example, projective identification—in separate books.[1] They are well positioned to edit this compendium of articles designed to familiarize clinicians working with couples on the basic thinking and practice of analytic couple therapy.

Working closely with therapists from the Tavistock Center for Couple Relationships (TCCR), once called the Institute of Marital Studies (and where they themselves trained), the Scharffs weave in the thinking of the originators of psychodynamic couple therapy, Enid Balint and Henry Dicks among them, who were the first to write about couple therapy more than sixty-five years ago. The book also incorporates new understandings that are necessarily and easily integratable with psychoanalytic thinking and practice, such as affect regulation and attachment theory.

This book enters the scene at an important time in the field of couple therapy coinciding with the current zeitgeist of every answer seemingly appearing at our fingertips, without there being much space to let things unfold or for us to be informed and guided by feelings and sensations in considering issues, particularly in relationships. People are marrying at

[1] See, for example: (1) Scharff, J. S. & Scharff, D. E. (1992). *The Primer of Object Relations*. Lanham, MD: Jason Aronson, 2005; and (2) Scharff, J. S. (1992). *Projective and Introjective Identification and the Use of the Therapist's Self*. Lanham, MD: Jason Aronson.

later ages and after shorter courting periods and have more access to a variety of prospective mates than ever before. In a consumeristic society in which we are constantly the targets of marketing campaigns, there is a potential for fantasy to take hold, and therapy is no exception to this phenomenon. There has been an explosion of technique-oriented therapies created and promoted to help people get to the root of a problem more quickly, in an effort to more quickly gain relief from painful feelings and experiences. Many of these therapies work from basic assumptions about what healthy relationships should be, should look like, and should feel like. This way of doing couple therapy can too easily shape the couple dynamic into what the therapist believes it should be, instead of working with what the couple imagine for themselves.

Some of the new ways of doing couple therapy have contributed meaningful insights about how the therapist can contain and navigate the emotionally rocky terrain of sitting with a couple, but they seem to neglect an important component that analytic therapy continues to offer: an understanding of oneself that provides the foundation from which to get one's needs met and to meet the needs of the significant other. This book seeks to provide readers with an experience-near understanding of how psychoanalytic approaches to couple therapy work to increase patients' capacities to guide themselves and each other in their relationships.

Psychoanalytic therapists, for the most part, believe that people are healed and changed by and through relationships, which obviously requires being in relationships. Couple therapists practicing a more analytic approach are aware of the importance of the therapist's being with a couple in an experience-near way in order to facilitate change. In other words, the therapist is required to be a part of the system before he or she can effect change on the system. As the Scharffs put it:

> Psychodynamic couple therapists relate in depth and get firsthand exposure to couples' defenses and anxieties, which they interpret to foster change. The most complete version of psychodynamic therapy is object relations couple therapy, based on the use of transference and countertransference as central guidance mechanisms. Then the couple therapist is interpreting on the basis of emotional connection and not from a purely intellectual stance. [p. 3]

The Scharffs explain the importance of the couple therapist knowing and being known by the couple—*feeling* the couple by experiencing being with them. This does not happen quickly, though it is also not a slow process. What is required is space to feel what one is thinking and to think about what one is feeling in the moment. Adhering to a particular technique, which requires an intellectual stance, may very well short-circuit this process, leaving emotional gaps in the couple's relationship that may never be addressed, worked through, or woven back into their dynamic.

This book captures the many and varied ways in which couples communicate their feelings, needs, and desires to each other, as well as how analytically oriented couple therapists work with them and their own experience of them to organize all that transpires toward more stability and, ultimately, a true intimacy in which healthy dependency can be achieved and enjoyed. Divided into four parts, the book addresses the topics of "Fundamental Principles of Psychoanalytic Couple Therapy," "Assessment and Treatment," and "Understanding and Treating Sexual Issues," while the fourth and final part is entitled "Special Topics."

Beginning with their first chapter, "An Overview of Psychodynamic Couple Therapy," the Scharffs acquaint the reader with the most poignant and rich concepts of psychoanalytic theorizing applicable to understanding intimate relational dynamics. As perhaps only these two knowledgeable and astute editors/authors can successfully do, they condense the chapter down to the requisite components of couple therapy that must be adhered to. Creating a safe environment is paramount. Couples reaching out for assistance with their relationship are in a particularly precarious position as each individual is being asked to share his or her experience of being loved—or, in most cases, not being loved well—by the very person with whom s/he has experienced hurt. Defenses are on high alert, and the need to feel safe with the therapist will be the first criterion in assessing whether or not to continue.

This chapter provides the necessary ingredients with which to create a safe environment, and it draws heavily on concepts that are near and dear to analytic practitioners. Here the Scharffs concisely describe the contents that go along with mapping the various stages of couple therapy and the general issues that often present from establishment of the

frame through to termination. The overview of object relations theory—especially the information about Fairbairn, Klein, Winnicott, Bion, and Bowlby—provides a basic grounding in theory that will help the reader understand the book's subsequent chapters. Full of rich descriptions and accompanied by graphics, this chapter more than adequately conveys the various psychoanalytic conceptualizations of what makes couple therapy healing. Object relations couple therapy, in particular, they argue,

> . . . enables psychodynamic therapists to join with couples at the level of resonating unconscious processes to provide emotional holding and containment, with which the couple identifies. In this way they enhance the therapeutic potential of the couple. From inside shared experience, the object relations couple therapist interprets anxiety that has previously overwhelmed the couple and so unblocks partners' capacity for generative coupling. [p. 67]

One of the things that the book does best is communicate just what psychoanalytic couple therapy is. Like any good analytic therapy, it shows, rather than tells, what an analytic process is and could be, which is no easy feat. As a primer on analytic couple therapy, this book delves into complex processes in mostly succinct chapters. The longest chapter in the book is the first, at twenty-four pages, while the others are each between three to five pages. This has some benefits, one being that the reader gets a taste of various therapists' thinking and working styles; a disadvantage is that, for the most part, none of the subtopics gets full treatment. But the book succeeds in giving the reader an experience of what analytic therapists attend to in treating couples.

As has been said before, there comes a time in every analyst's career when s/he throws away the book. This is not to say that theory is no longer applied, but rather that after having learned so much from voluminous reading, one's own analysis, and supervision, theory is simply integrated into one's way of being while working. This book seems to confirm this. A reader unfamiliar with analytic theory may not entirely understand where some of the therapists are coming from; in fact, one chapter uses no theory. I happened to enjoy that chapter in particular, but someone who has not read much analytic theory might have been

lost as to what the therapist was paying attention to in making interventions.

Part 1 of the book, "Fundamental Principles of Psychoanalytic Couple Therapy," is particularly rich, and as its title suggests, it presents the foundational thinking for working analytically with couples. Here the authors address a broad range of topics, such as the difference between *fantasy* and *phantasy,* aggression, dreams, intimacy, working with same-sex couples, and other more specific subjects that therapists often think about but in general have not written much about. For example, the chapter entitled "Why Can Being a Creative Couple Be So Difficult to Achieve?" discusses the impact of early anxieties on interpersonal relating.

As David Hewson writes in his chapter on phantasy versus fantasy, "As analytic therapists, we are not interested in helping couples become happier, more productive, better parents; we are interested only in their way of unconscious relating" (p. 29). In keeping with the tenets of the founding father of psychoanalysis, the belief is that if we bring to awareness and make space for our patients' feelings, sensations, beliefs, and individual experiences, psychic growth will inevitably occur as they begin to take responsibility for what goes on inside and to learn how to take care of themselves and ask for what they need. When one is present with and accepting of oneself, intimate relationships become more fulfilling. There is space to love and be loved once fears, worries, and ambivalences are metabolized.

This section also delves into concepts integral to analytic work, such as projective identification, transference and countertransference, the concept of the *selfdyad*, the depressive position, and the more recently explored contributions of neuropsychology, affect regulation, mentalization, the concept of rupture and repair, and the importance of procedural learning and implicit communication.

Christopher Clulow's chapter on "Attachment, Affect Regulation, and Couples Psychotherapy," in which he quotes Alan Schore in suggesting that it may be time to rename the process of psychoanalysis the *communication cure* instead of the *talking cure,* captures the essence of attachment theory as applied to couple therapy. Drawing on the work

of Winnicott, Bowlby, Beebe and Lachmann, Hesse, Holmes, and Ainsworth, as well as of Schore and Clulow himself, this chapter explores the developmental markers for the development of a securely functioning individual versus an insecure one, linking this to the processes that therapists can facilitate between partners as they learn to regulate both themselves and each other, affectively and effectively.

Ultimately, what individual members of couples who desire an intimate and satisfying relationship need and want from the other is to be seen, held, understood, valued, and given individual space in which to change and grow. Clulow describes this process in discussing Winnicott's concept of "motherese":

> From Winnicott's perspective, what the mother does, in the best of all worlds, is to read accurately the cues of her baby and to respond in ways that are in tune with the baby's internal state, but not in ways that replicate it. When her responses are in tune with the infant's gestures they have been described as "contingent," but what she also does is to "mark" (differentiate) her responses, so that a distinction is drawn between what belongs to her and what belongs to her baby . . . . Her success or otherwise in accurately reading and appropriately bounding that experience has been associated with different patterns of attachment. Secure attachment is associated with contingent and appropriately marked responses; insecure dismissing attachment with marked (differentiated) responses that lack contingency; insecure preoccupied attachment with contingent but unmarked (undifferentiated) responses. [p. 50]

Clulow goes on to describe a case example in which he demonstrates his thinking along the way, while describing the markers of how to identify and intervene in this process. At the end of the chapter, he specifies the conditions that must be present to effect change in the couple's ability to regulate themselves and each other; he notes that the therapist must function as the following: a safe haven and secure base, the repairer of affective ruptures, a mirror, a *corpus callosum* (which is a connective pathway in the brain), a decoder, a narrative builder, and, finally, as the environmental surround. In addition, the couple together must be seen as the therapist's patient, according to Clulow.

The most basic psychoanalytic concepts are pulled together in a chapter devoted to a case presentation that makes no reference to theory. The therapist-author, writing in tandem with Jill Savege Scharff, describes her experience of treating a couple whose main complaint is the loss of a sense of joy in their relationship. She begins by noting the various ways in which the two are present with each other and with her. She notices a bruise on the wife's face and tucks this information away, not knowing whether it is the result of physical trauma or merely a skin pigmentation. She listens to the couple's description of their experiences with each other and weaves in history taking as she inquires about their feelings, thoughts, and beliefs about what keeps them from enjoying each other and parenting their children together.

It has not been clear to this couple why they have not been able to take care of each other in ways that they both wish for. Slowly, they share their experiences of having been taken care of by their own parents and the subtle and not-so-subtle aspects of trust, safety, understanding, and warmth that have been compromised due to the parents' unmetabolized and complicated relationships with each other and with them. We begin to see that both members of the couple, harboring disappointment, sadness, and fear from those experiences, have been protecting themselves from further hurt by refraining from sharing how they are experiencing their relationship and asking for what they need and want. Furthermore, these earlier experiences have shaped and formed their reactions to each other's erected defenses, which have chipped away at the more positive feelings that once united them.

The recognition of these elements occurred through various mechanisms: enactments in and out of sessions; the therapist's use of her own feelings and experiences in relating to the couple; and the couple's growing awareness not only of what they were communicating to themselves and each other, but also of *how* they were communicating. And the origin of the facial mark eventually surfaces, flowing in part from the therapist's internal reveries. It is a rich case example, especially in not making recourse to theory. This chapter pulls together the benefits that can result from analytic couple therapy, including the couple's chance to make sense of their experiences with each other, as well as of each person's individual psychology.

This is an excellent book, made more so by the chapter on gender and related subjects. This chapter details the confluence of masculine and feminine theories supporting various identifications and orientations and how these theories are evidenced in intimate relationships between men and women as well as in same-sex couples. As is often the case with individual patients, many couples enter therapy with an inner mandate not to look inward but simply to ameliorate surface issues—that is, to improve the relationship, in the case of the couple. Most are not therapy customers, so to speak, and require a slightly different style of working—perhaps one that is more educative about the significance of process and about how and why feelings matter.

SANDRA A. SINICROPI (MONTCLAIR, NJ)

THE FUTURE OF PSYCHOANALYSIS: THE DEBATE ABOUT THE TRAINING ANALYST SYSTEM. Edited by Peter Zagermann. London: Karnac Books, 2016. 384 pp.

This volume is not the first to incorporate *The Future of Psychoanalysis* into its title, nor will it be the last. (See, for example, an excellent book edited by distinguished German analyst Johannes Cremerius, most of which addresses the declining interest in psychoanalysis.[1]) There have also been symposia and countless papers with similar titles; one might say that writing about the future of the field has become almost a cottage industry.

The editor of the book under review here, however, Peter Zagermann, limits his exploration of the future of psychoanalysis to the training analyst system. He provides the reader with fourteen contributions that appear here in their original publications, with the exception of a chapter by Robert Michels and Otto Kernberg.[2] There is considerable overlap among the contributions since all the authors address the same subject, and many refer to the history of the training analyst system that began at the Berlin Institute following the Eitingon model.

[1] Cremerius, J., ed. (1999). *The Future of Psychoanalysis.* London: Open Gate Press.

[2] Kernberg, O. F. & Michels, R. (2016). Thoughts on the present and future of psychoanalytic education. *J. Amer. Psychoanal. Assn.,* 64:477-493.

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To briefly review, Max Eitingon underwent the first "training analysis" with Freud for a period of five weeks, although it was probably a walking analysis. After serving in the Austrian army, Eitingon settled in Berlin and financed the psychoanalytic institute there with his great wealth obtained from the Russian fur trade. He was a member of Freud's secret committee and later moved to Palestine in 1933, where he founded the Palestine Psychoanalytic Institute. In a famous photograph of the secret committee, he is the small man with glasses and a moustache to the right of Sándor Ferenczi.

A most interesting and instructive chapter in *The Future of Psychoanalysis: The Debate about the Training Analyst System* is the one by Emanuel Berman, an Israeli psychoanalyst who trained in two institutes, the first being the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. There he became a representative to the program senate and a partner in decisions about faculty appointments and curriculum, despite his status as a beginner.

The NYU program has graduated more than 600 analysts to date. It allows candidates to choose their own training analysts, courses, and supervisors, with the only required course being one on ethics; it is the most democratic and antiauthoritarian among all the psychoanalytic training programs available today. Regrettably, many applicants to this program are turned away due to high tuition costs.

After his training at NYU, Berman returned to Israel and undertook a second training at the Israeli Psychoanalytic Institute. Reading between the lines of his chapter, I would say that he felt he was treated as a nonperson at the beginning of this second training.

In a few institutes, there have been attempts at more liberal psychoanalytic training, such as those following the French and Uruguayan models. Some institutes sanctioned by the International Psychoanalytical Association allow candidates varying degrees of freedom in selecting training analysts and supervisors.

The Eitingon model may in time become a relic of a more authoritarian age, as did the practice of reporting on each candidate's progress in analysis, which was given up some time ago. The shortage of candidates for training may play a part in the development of a more liberal training model. Nonetheless, one still hears the comment by analytic

graduates that "I had two analyses, one for the institute and one for me." It is striking that for 320,000,000 Americans, a graduate analyst is acceptable, but a special, super-analyst is needed for analytic candidates.

In his chapter, Kenneth Eisold points to the increasing number of psychotherapy training programs that have minimal requirements and a much greater degree of freedom. It is noteworthy that many American Psychoanalytic Association institutes now offer shorter psychotherapy programs, perhaps in part as a way to attract future analytic candidates. Eisold also notes that some institutes may simply ignore the rules in an effort to attract more candidates. His experience as a consultant to organizations has left him feeling that change is slow and that new initiatives are resisted.

Claudio Laks Eizirik writes in his chapter that patients have changed and a new type of patient with new pathologies is emerging; there is a growing trend for older adults to seek treatment, which should result in the availability of different modes of treatment. Eizirik notes that Freud believed in the benefit of reanalysis every five years and argues that Freud had thus seen the "self-limited nature of all analysis" (p. 79).

Gigliola Fornari Spoto observes that many members of psychoanalytic institutes see a need for more democratic participation in decision-making and participation. She views training analysts as having too much power, noting their much easier access to five-times-per-week candidate-patients.

In an important chapter, César Garza-Guerrero reminds us that training is part-time. Rapaport thought of it as night school, he notes, and Kernberg sees it as ideally taking place at an institution that might be described as ideologically between an art school and a university. Institutes should have a university connection, Garza-Guerrero adds, and should require a full-time commitment. Formerly, the United States had one full-time analytic training program, the Topeka Institute, which no longer exists; great research was done there that still has relevance today, Garza-Guerrero continues.

I find the endless call for more research somewhat disingenuous, however, as there is already a large body of results of serious research that is not being read. Hundreds of doctoral theses have important things to say about psychoanalysis, and some academics continue to de-

vote themselves to serious research, as evidenced by poster displays at meetings of the American Psychoanalytic Association.

The volume's republished paper by Michels and Kernberg is somewhat dated since the Board on Professional Standards of the American Psychoanalytic Association no longer exists. But the authors' comments about a minority elite seeking to raise standards is still applicable, as groups have already formed by self-anointed members to offer credentials outside APsaA's Executive Council.

The idea of the anointed leads to the excellent work of Douglas Kirsner, who has used the term *anointed* to explain training analyst appointments. He compares the training analyst system to the biblical laying-on of hands, describing it as a paranolagenic system that leaves candidates feeling confused and mistreated. Kirsner writes darkly: "In the present day, organized psychoanalysis has fallen to the point where the problem is no longer 'decline' and 'crisis,' but the lack of a future, with imminent death" (p. 163).

In his chapter, Robert Pyles reminds us that almost one half of APsaA-accredited institutes are on life support and in danger of going under. About rules governing the training analysis, he is most clear: "It is anti-analytic, anti-educational and very close to being unethical" (p. 249).

Robert S. Wallerstein, to whose memory this book is dedicated, again argues that, in the future, psychoanalytic training must be anchored in a full-time educational institution. I can think of no one who was more dedicated than Wallerstein to the expansion of psychoanalysis to include those previously excluded from the field.

The final chapter of the book, by Zagermann, is an excellent summary that contains a note of hope. It is a fitting end to a volume in which all the contributions are of high caliber. The training analysis remains the elephant in the room that must be talked about.

I end with a note of levity. When I explained to an old college friend the many steps in my own psychoanalytic training, he—now the chair of classics in a prestigious college—had this instant reaction: "It sounds much like becoming an Oracle at Delphi!"

JOSEPH REPPEN (NEW YORK)

CONSERVATIVE AND RADICAL PERSPECTIVES ON PSYCHOANALYTIC KNOWLEDGE: THE FASCINATED AND THE DISENCHANTED. By Aner Govrin. London: Routledge, 2016. 255 pp.

In this groundbreaking and controversial book, Israeli psychoanalyst Aner Govrin shows us that he is one of the most important psychoanalytic thinkers of our day. In *Conservative and Radical Perspectives on Psychoanalytic Knowledge: The Fascinated and the Disenchanted*, he analyzes practically the entire field of why different schools of psychoanalysis exist, their historical parameters, and how they coalesce and diverge around common assumptions regarding epistemology and group narcissism. He provides an even-handed critique of the developmental progression of psychoanalytic history that leaves no camp untouched by its own psychological motives and biases.

In this sense, he treats the field as if it were an anthropological patient by analyzing the history of psychoanalysis as a psychological being motivated by its own needs to construct a worldview, one that has evolved into a plurality of entities groping for the truth. To be more precise, all the existing schools of psychoanalysis have their own worldviews with regard to knowledge, truth, methodology, and theories of mind and human nature that presuppose certain philosophical assumptions that unconsciously inform a community's outlook on life, ways to therapeutically engage their patients, construct modes of knowledge and inquiry, and in turn relate to coexisting psychoanalytic schools with their own disdain and contempt fashioned by collective, shared identities in competition with others and their opposing points of view. Conceiving of psychoanalytic communities as psychological animals is a novel idea that draws the reader into witnessing the unfolding of a narrative history of our discipline.

One of the central theses of the book is that psychoanalysis represents a social organism that has both fascinated and troubled or disenchanted communities, which contributes to the vitality, dynamism, advancements, mutual tensions, and in-fighting that exist among schools. The key feature that holds communities together is their adherence to theory, which thereby informs method—punctuated by unwavering loyalty on the one hand, and skepticism, criticism, and denunciation on the

other, which forms a tension arc in dialectical relations among different camps. *Fascinated communities* are viewed as those who adopt and are devoted to a central theory or worldview as part of their group identification and judge all matters with respect to that set of epistemological and ontological assumptions about mind, nature, society, and reality, while *troubled communities* cannot buy into the central theories of other groups, which are criticized for their scientific, methodological, and/or philosophical presumptions.

It has often been said that psychoanalysis can be compared to a religion, and each denomination has its own cherished beliefs, practices, and rituals to which it remains loyal, while opposing ideas and points of view that do not conform to the preferred way of thinking and being. This generates fierce loyalty and class interest with regard to how theories about mind, truth, and correspondent reality are perceived and constructed. Fascinated groups are convinced they have cornered the market on how things really are, while disenchanted parties are invested in challenging the status quo and offering their own version of truth and method.

It is not surprising that Govrin traces and compares the historical development of classical psychoanalysis, with its positivist view and correspondence theory of truth, to postclassical movements, beginning with the Melanie Klein–Anna Freud wars and progressing to the emergence of the British object relations school, the interpersonalists, self psychology, the independents, the relational movement, and contemporary empiricists—all of which have their own ideas and perceived images of knowledge. Govrin prefers this term, *images of knowledge,* as a way to describe socially determined views about knowledge that fascinated, scientifically troubled, and philosophically/culturally disenchanted communities maintain toward each other. All psychoanalytic schools have epistemological beliefs that are open to critique, and some, Govrin argues, are much more justified than others.

The professed intent of his book is to critique, but not with a hammer. He is concerned about advancing a critical inquiry of study and understanding and is not polemical, although he does call things as he sees them, which is likely to ruffle some feathers of those overidentified with a particular tradition. But he does so fairly, pointing out shortcom-

ings while also highlighting the best of what each psychoanalytic orientation has to offer. And he covers a lot of ground, more than what I can draw attention to in this adumbrated review.

The author begins by critiquing the imperialist tendency in psychoanalysis to claim to offer a coherently grand theory of everything, but this simply fails. He shows how both factions and splintering shifts among subcultures lead to new communities that have varying allegiances to the old guard and to offshoots that develop their own group identities. He argues that analytic theorists interpret classical texts through the lens of their own worldviews. This is tantamount to saying that political, idealized, ideological, and narcissistic transferences influence the way that an analyst comes to form his or her own identifications and ideas.

Govrin examines the psychodynamics of group identity and argues that psychoanalysis has traditionally favored worldviews that presuppose their scientific object, ignore the epistemological and logical grounds for their theories, and prefer a certain conservatism that becomes rather monolithic in its perceptions and scope. Of course, over time, we may see how certain views have been challenged, modified, and reformed based on changing shifts in emphasis and theoretical models that rest on different philosophical assumptions informing theory and praxis. This is where troubled communities enter the scene, and it does not take much imagination to envision why everything from quibbles to dissent and anarchy falls on the plumbs of the original establishment—one that is struggling to maintain its political stronghold and obsolete existence in a world full of cultural diversity, political and economic uncertainty, and the demands of the public and insurance companies clamoring for evidence-based practice. What used to be the protoscientific view of positivist rationality, taken for granted, is now being challenged by the postmodern turn in psychoanalysis, while at the same time it is disputed by the reactionary return to empiricism in academe and neuroscience. All this rivalry makes for good debate and entertainment and drives the field forward in constructing new paradigms of knowledge.

Not only does Govrin examine the strengths and pitfalls of each psychoanalytic domain; he also brings his critique into dialogue with science; with other competing models in psychology, such as behaviorism,

CBT, and empirical research; the phenomenological and postmodern critique of culture; the epistemological foundation of sources of knowledge and how they play out in each school of thought; the nature of technique and practice; the power of narrative in psychoanalytic writing; and the isolationist and politically foolish tendencies of psychoanalysis to distance itself from academic psychology and to mitigate its image problem in today's society, reflected by a largely no-confidence vote. Such rich discussions are further advanced when Govrin looks at the hero worship, problematic personalities, plagiarism by the masters, and institutional controversies seen in psychoanalytic history books up to the present day. Most key figures in the history of the psychoanalytic movement are covered in this book, as well as contemporary luminaries and movements that are garnering attention today, including infant observation research, attachment theory, neuroscience, and the critics of these.

What Govrin ultimately concludes is nuanced but decisive: he laments the loss of the great system builders and believes that psychoanalysis could be revitalized if it were to return to, cultivate, and improve upon its old worldviews, which largely conform to key tenets of modern philosophy and the rise of the scientific era that value universal and particularized notions of knowledge, truth, and reality. He finds postmodern theories to essentially hamper the progression of psychoanalysis as a discipline; he offers a critique of the relational movement where this particularly applies.

But Govrin is ultimately an integrationist, and in his view, the "inventors, tweakers, and implementers" (p. 207), in their yearning for a new systematic unity, have a chance of keeping the discipline of psychoanalysis alive, vibrant, and relevant in today's cultural landscape. Here he sides with those who consider how old traditions can be subsumed and integrated into a new tolerance that condones pluralism while attempting to broaden the scientific parameters that are necessary for advancing theory, research, and practice. In short, this book is an immensely astute and perspicacious account of the invention, evolution, reformation, and innovation of our profession, one that will remain significantly notable in the annals of psychoanalysis.

JON MILLS (AJAX, ONTARIO, CANADA)

Volume LXXXVI, Number 4

ABSTRACTS

PSICOTERAPIA E SCIENZE UMANE

Translated and Abstracted by Gina Atkinson

The Italian quarterly journal *Psicoterapia e Scienze Umane* ("Psychotherapy and the Human Sciences") reached its fiftieth year of continuous publication in 2016. During this half century, the journal has followed the development of the psychotherapies and of psychoanalysis, taking into account both clinical and theoretical issues as well as professional training. Its mission is to keep readers apprised of innovations and debates within psychoanalysis and psychotherapy and to stimulate critical thinking not biased toward any particular school of thought or institutional affiliation.

The journal was founded in 1967 by Pier Francesco Galli of Bologna. Galli continues as a coeditor of the journal, along with Marianna Bolko and Paolo Migone. The Editorial Board includes several prominent Italian analysts and others based in Zurich and Vienna, as well as some notable American members—among them Morris Eagle, Drew Westen, and a member of *The Psychoanalytic Quarterly's* Board of Directors, Lawrence Friedman.

Founded as a truly interdisciplinary forum, the journal publishes psychoanalytic contributions alongside those of disciplines such as psychology, psychiatry, sociology, anthropology, philosophy, the educational sciences, and history. One of the journal's objectives has long been to serve as a critical stimulus for professional organizations and mental health services, especially those pertaining to the topics of training, technical theory, and the relationship between psychotherapy and the human sciences in debates among colleagues who represent various types of training.

The journal has always been independent of any professional association or institution and has never accepted financial support from any public or private company, whether of an academic, governmental, charitable, or other type. It is financed solely by bookshop sales and subscriptions. The journal's website (www.psicoterapiaescienzeumane.it) is in English as well as Italian. The journal retains membership in the International Council of Editors of Psychoanalytic Journals, which meets annually in the United States, and the Committee on Publication Ethics (COPE). It is indexed in various international databases, including Psychoanalytic Electronic Publishing (PEP-Web) and Web of Science (*Psicoterapia e Scienze Umane* is the only psychotherapy journal in Italy, including psychoanalytic journals, indexed in Web of Science).

Psicoterapia e Scienze Umane publishes original articles, editorials, clinical case write-ups, and book reviews and review essays—as well as abstracts of specific issues of psychoanalytic and other journals, including not only *The Psychoanalytic Quarterly, International Journal of Psychoanalysis,* and *Journal of the American Psychoanalytic Association,* but also psychoanalytically relevant material from such sources as *New England Journal of Medicine* and *Archives of Sexual Behavior.* There is also an interesting section called *Tracce,* or "Traces," which is devoted to materials (published or previously unpublished) that try to reconstruct a sort of history of psychology, psychiatry, and psychotherapy, at times with the emotional impact of anecdotes and personal experiences to convey the "back story."

Since 1982 (and informally a decade earlier), *Psicoterapia e Scienze Umane* has organized an ongoing series of "International Seminars" in Bologna. These comprehensive programs are designed for colleagues who have completed training. The objective is to provide ongoing training in theory and clinical practice in the disciplines of psychotherapy, psychoanalysis, and the human sciences. Experts from Italy and abroad are invited to present at these programs. Typically, about one-half of the speakers are not Italian-speaking, and participants are provided with written materials in translation in advance of the meetings. Small-group discussions are included as part of the program. In the last few years, presenters at these programs have included René Roussillon (Lyon), Bruce Reis (New York), René Kaës (Lyon), Dominique Scarfone

(Montréal), Vittorio Lingiardi (Rome), Otto F. Kernberg (New York), Elisabeth Roudinesco (Paris), and Horst Kächele (Ulm).

Psicoterapia e Scienze Umane celebrated its fiftieth anniversary of publication with its third issue of 2016. For this special issue, sixty-two renowned psychoanalysts from various parts of the world were interviewed and asked a set of questions pertaining to the history and development of psychoanalysis, its theoretical and clinical evolution over the past century, and its aspects that continue to be particularly relevant today.

In what follows, I will briefly summarize some of the comments made in response to these questions by four leading Italian psychoanalysts: Simona Argentieri of Rome, Marco Bacciagaluppi of Milan, Sergio Benvenuto of Rome, and Anna Ferruta of Milan. I will also summarize the replies given to these same questions by *The Psychoanalytic Quarterly's* Editor, Jay Greenberg, and by four members of the *Quarterly's* Board of Directors and Editorial Board: Antonino Ferro, Lawrence Friedman, Robert Michels, Thomas Ogden, and Dominique Scarfone. In addition, I will cite comments by a former *Quarterly* Editorial Board member, Glen Gabbard.

The first question posed to these analysts was an open-ended one:

"Which aspects of psychoanalysis strike you as especially important or as ones that you would like to comment on?"

One respondent, Marco Bacciagaluppi, begins by referencing an early key figure, citing as integral to the field "Ferenczi's legacy, with the importance of childhood trauma and dissociation as a reaction to trauma." Another contributor, Sergio Benvenuto, answers by stating, "It strikes me that psychoanalysis, despite denial by many of today's analysts, remains fundamentally the product of one man, Sigmund Freud." And Lawrence Friedman, too, begins with Freud:

> I think the single most important unique feature of psychoanalysis is the tool Freud discovered for exposing the functioning of the human mind, both in an individual's particulars, and in its fundamental structure. I am referring to the specifics of the psychoanalytic situation . . . . The analytic phenomenon is unique as a non-directive program that precipitates and filters some of

> the reflexive, socialized definition of a person's basic personhood, and weaves past and present, conscious and unconscious together in a more comprehensive mental freedom.

Robert Michels highlights the death of Freud in 1938 in shaping the development of psychoanalysis:

> When Freud was still alive, psychoanalysis was centered in Vienna, and its definition and boundaries were easily determined; they were whatever Freud said they were. At the end of his life, this consensus was beginning to fall apart, e.g., both the death instinct and lay analysis led to discussions in which large numbers of analysts could differ with Freud without being expelled from the profession . . . . Many competing schools developed, usually claiming to be Freud's natural heir.

Dominque Scarfone refers to a central feature of analytic theory and practice in responding to this question: "For my part, I think that the most basic element of psychoanalysis for most of those who practice it is the experience and management of the transference." Glen Gabbard draws attention to another aspect, the notion of resistance; he states, "We know the anxieties that haunt the patient by the way he or she resists the analyst's efforts." He elaborates:

> Psychoanalysis teaches us that we hide out from ourselves to avoid knowing who we are . . . . A message inherent in the psychoanalytic perspective is that we are consciously confused and unconsciously controlled. No one wants to hear that or believe it.

Jay Greenberg identifies the most salient aspect upon which he would like to comment as "our clinical work . . . first and foremost." He comments that:

> Our work keeps us constantly in touch with crucial questions about what it means to be a human being alive in the world, how we understand ourselves in relation to others and to society in general, and how to live lives that are both satisfying and true to ourselves.

Michels also notes that the field faces a number of fundamental dilemmas today. These include the question of whether analysis is primarily about what transpires in the patient's mind or about what happens in the analytic office. Also, should the term *psychoanalysis* be reserved for the classical clinical process, or is the field better served by adopting a broad definition in recognition of there being no clear line to separate psychoanalysis from psychoanalytic or other psychotherapies? "If we address these issues, . . . the discipline will develop and thrive," Michels writes, but: "If we attempt to avoid them and retreat to a safer, less controversial world, we will ensure that this is our last century."

Thomas Ogden responds to the articulated questions by offering his thoughts on the essence of psychoanalysis. "There are three qualities of the analytic experience that, to my mind, are fundamental," he writes, elaborating as follows:

> First and foremost, the analyst must respect the patient's defenses.
>
> Second, the analyst must reinvent psychoanalysis with each patient with whom he works.
>
> A third quality that seems to me to lie at the heart of the analytic experiences involves the importance of the analyst's valuing the alterity, the otherness, of the patient and himself.

"If analysis is to progress," Ogden continues,

> . . . the analyst must always hold within himself two truths: on the one hand, the patient and analyst have together created an unconscious third subject that is both and neither patient and analyst; and at the same time, the patient and the analyst are two separate people with separate subjectivities.

"Is there an author you find particularly important in psychoanalysis today, and if so, why?"

In responding to this question, Greenberg mentions first Wilfred Bion, and, among living authors, Thomas Ogden and Antonino Ferro. Scarfone, on the other hand, after first mentioning Freud, names Jean Laplanche, whom he characterizes as a "great reader and critic of Freud"

who "knew how to distinguish the basic pillars of Freud's work from the weaker points that required consolidation."

For her part, Ferruta first specifies Freud, Klein, Winnicott, and Bion. She also mentions René Kaës, who

> . . . maintains that there is a demand for psychic work, imposed on the subject by the unconscious in its double foundation, biological (the body) and intersubjective. The subject is also inhabited by the group unconscious and is less and less the master in his own home.

English psychoanalyst John Steiner is cited by interviewee Simona Argentieri. A post-Kleinian, Steiner has followed in the footsteps of Herbert Rosenfeld, Argentieri notes, in his examination of clinical work with psychotic and borderline patients and in his analysis of early levels of destructive narcissism.

John Bowlby is proposed by Bacciagaluppi as the field's most important figure. "With attachment theory, Bowlby provided a paradigm that can integrate all the schools of psychoanalysis," according to Bacciagaluppi. Arnold Modell is cited by Friedman, who considers Modell "extremely interesting in the way he integrates psychodynamics, clinical psychoanalysis, hermeneutics, phenomenology, and neurophysiology."

Antonino Ferro puts forth Thomas Ogden in response to this question, citing Ogden's "innovative—I would say revolutionary" approach and the "new horizons that continue to open up" in his contributions, leading to theoretical enrichment. Ferro also praises the courage demonstrated in Ogden's writing.

"What is your attitude toward the proliferation of psychoanalytic 'schools'?"

"I believe that the theoretical pluralism in psychoanalysis today is an inevitable phenomenon," states Ferruta. Nonetheless, she identifies a common factor in noting that "so-called 'contemporary psychoanalysis' is characterized by the importance given to relational aspects"; furthermore, "the relational aspect lies at the origin of psychoanalysis."

In a somewhat similar vein, Bacciagaluppi comments, "Pluralism is useful. In every case, what counts is the quality of the therapeutic relationship." Speaking from a historical perspective, Benvenuto observes

that "the proliferation of psychoanalytic schools had already begun at the beginning of the last century," and in his opinion, "it is a sign of vitality." Ferro, too, expresses the belief that "we can be happy that there are many schools; it would be tragic if there were only one ossified school . . . . It would be nice, however, if the various schools talked with one another."

"The proliferation of psychoanalytic schools reflects the freedom of thought that analysis itself produces," writes Gabbard. Like Ferro, Gabbard "appreciate[s] and value[s] that we are no longer wedded to a rigid and monolithic view of what is and is not psychoanalysis." Also similarly to Ferro, however, he notes that "the heated debate between opposing factions has led to schisms in psychoanalytic institutes and training centers at a time when we need to stand together as a field."

Similarly, Scarfone states that:

> The problem is how to foster an authentic dialogue between the so-called schools. The scandal lies in observing that in this field, analysts demonstrate not wanting to (or not knowing how to) offer their colleagues of rival schools what, in principle, they know how to do best: listening to the other with the premise that no one is in possession of "the truth," and that reciprocal understanding of the other's theory is definitely an incomplete translation.

Greenberg summarizes his view of the situation with the following comments:

> I find this development [the proliferation of analytic "schools"] healthy, even vital for our discipline . . . . It is crucial that we allow different ideas to interrogate each other; we may not change our minds but we will be curious, and that is an essential aspect of an analytic attitude.

"Do you think that some changes in analytic training will be possible? Which changes would you welcome?"

"First of all," Scarfone replies,

> . . . aspiring analysts must be liberated from the obligation to be in a personal analysis with a training analyst, considering all the

> inappropriate influences, and not only institutional ones, that result from this system . . . . Then I think that the supervisor must not himself evaluate the clinical competence of the candidate in supervision. In other words, I would ask for the same extraterritoriality of both the supervision and the personal analysis . . . . The training institute must find a way to verify the candidate's analytic capacity without contaminating the supervisory space, which must remain, like the analysis, a space of listening and of very private words.

Bacciagaluppi's and Ferro's comments about analytic training agree with Scarfone's; Ferro adds that "I would emphasize the importance of very different supervisions, but this is obvious." Also in general agreement with Scarfone, Bacciagaluppi, and Ferro, Benvenuto writes: "The so-called 'didactic analysis' is an absurdity because here the analyst is at the same time the analyst and the requisite evaluator. Besides which, every analysis, done well, is a didactic one."

Friedman adopts a slightly different focus, writing that:

> The most important improvement [in analytic training] has to be in classroom teaching . . . . Analytic theory has been taught too much like anatomy. There are two unfortunate consequences: one is that candidates' *thinking* doesn't get activated. The other is that when graduates become more sophisticated, they feel they have been duped because it isn't like anatomy at all. The answer is to teach in depth, with meaning and implications, identifying questions that were being worked on in terms of the theory, with all its variations, uncertainties, presuppositions, and incompleteness.

While decrying the "hierarchical and authoritarian" tendency of training institutes in the past, in which "creativity and even questioning received wisdom was often not encouraged," Greenberg notes that improvements have been made, though he feels some caution is in order:

> In many parts of the world, at least, we have a "buyers' market" for psychoanalytic training, and this can lead to accommodations that result in training being less rigorous, and in some cases to lowering of standards. I believe strongly that an "analytic attitude" is a fragile thing; it is difficult to develop and perhaps

even more difficult to maintain. In light of this, I think training needs to be quite intensive, even immersive, and I worry that in our attempts to attract students, this intensity is vulnerable to compromise.

"Does the concept of the Oedipus complex still have meaning, and if so, in what way?"

Scarfone has this to say in response:

> The importance of the Oedipus complex relates, on the one hand, to the culture to which one belongs, and on the other, to the translational possibilities available to the child in the context of the family. And so it's possible that not everyone is confronted with the oedipal situation as it was originally understood by Freud . . . . It should not be conceived as a developmental phase, but as a task that involves numerous variations; its function is that of a myth designed to "explain" the differences between the generations and the place of the child within them.

Echoes of Scarfone's closing remark can be found in Argentieri's statement that the oedipal situation may not always be relevant within the familial context, which after all is variable, but that it anticipates an individual's "recognition of the two great differences: that between big and little, and that between masculine and feminine."

Ferruta comments on the relevance of the oedipal situation as follows:

> [It is] the experience that every human subject cannot help but undergo—that of going through the painful emotion of feeling oneself excluded from the intimacy and intensity of a loving unification between two persons, [an experience that] is related . . . to necessary thirdness.

Greenberg, too, sees the concept's emphasis on the developmental transition from duality to thirdness as a valuable element. He writes, "I continue to believe that the triangular structure dictated by the Oedipus complex, in contrast to the emphasis on early dyadic relationships that is currently popular, seems valid and important."

Benvenuto suggests that:

> The oedipal concept, like most of Freudian theory, must be taken as a myth. It is, however, a fruitful myth . . . . One can also not believe in this myth, but it is certainly very powerful . . . . No one has proven it, but how can we understand a great part of the contemporary world without this myth?

Ferro appears less convinced of the usefulness of the oedipal concept, writing that its "greatest meaning today" is "to impede our grasp of all the other myths"; it has "an obstructive meaning in that the hyper-illumination of the Oedipus complex is similar to the sun's brightly shining influence in impeding our view of the stars by day." Nonetheless, in its time, the concept opened up new horizons in a revolutionary way, Ferro adds.

Bacciagaluppi also appears ready to relinquish the concept. He writes: "From the interpersonal point of view, 'oedipal' problems are created by the parents' problems. On the theoretical level, the concept of the Oedipus was surpassed by Erich Fromm's book."[1]

"What do we retain of the Freudian theory of dreams and, more generally, what role do dreams play in the therapeutic process?"

"Dreams are extremely important in analysis as long as they are no longer decodified in the way they once were," responds Ferro. Instead, they should be seen as possible contributors to "the formation of new thoughts and new journeys in the formation of the unconscious, not as decodification of the unconscious," he explains.

Ferruta notes simply that "the most authentic meaning of the dream [in analysis] is the opportunity it provides to expand the capacity to think." The dreamer's subjectivity is continually emerging and being reorganized through the act of dreaming, she continues, making previously unmentalized experiences "literate," so to speak, given that encounters with the not-me object, with the other-than-self, are processed intrapsychically via dreaming.

Like the oedipal concept, the Freudian theory of dreams must be taken as a productive myth, writes Benvenuto. "Freud gambled boldly on

[1] Fromm, E. (1951). *The Forgotten Language: An Introduction to the Understanding of Dreams, Fairy Tales, and Myths.* New York: Rinehart & Co.

the idea—which coincides with common knowledge—that every dream imaginatively realizes a desire," he states. He adds that "for me, dream analysis remains an indispensable tool."

Scarfone writes that Freud considered the manifest dream to be an emerging part of much more extensive psychic processes. The true objects of study in examining the dream are the processes that gave rise to the dream. "The dream is thus not an entity to be interpreted in itself, but a window that opens out onto wider vistas of the psychic panorama," he writes. "The dream that we are concerned with in analysis is a fact of communication; it is addressed, inserted, into the frame of the transference and must therefore be treated strictly on the communicative level, not as a discrete object." Furthermore, Scarfone asks rhetorically, "What better phenomenon than dreams can be invoked as an indicator of the impact of the unconscious on mental and relational life?"

"How do you see the relationship between psychoanalytic theory and outcome and process research? How do you see the recent developments in neurosciences, and in general in neurobiology, vis-à-vis psychoanalysis? And what about the relationship between psychoanalysis and research in psychology and, in general, in other disciplines?"

Ferruta comments:

> Research has had important consequences on psychotherapeutic technique, as demonstrated by studies on brain functioning and on mother–baby interactions . . . . [Nonetheless] the major difficulty is that of identifying basic observational unity that can describe the process of an analytic interaction.

The intent of such research is good, but the methodology is in general imprecise, writes Argentieri, and therefore it "risks becoming fixated in the confirmation of what is already known."

Benvenuto observes:

> Some neuroscientific discoveries and theories are very interesting, but up till now, clinical psychoanalysis hasn't known what to do with them. It is as though a biologist who is an expert in frogs and toads wanted to apply quantum mechanics to his area!

He adds:

> The fact that psychoanalysis has been welcomed with open arms into nonscientific environments seems to me to confirm its nonscientific nature (which does not mean its unimportance) . . . . The disciplines in which psychoanalysis has had the greatest success are actually literary criticism and philosophy.

Ferro's comments regarding process and outcome research are in some ways more direct. He writes: "I have trouble seeing a relationship, if not merely a very general one, between psychoanalytic theory and empirical research. It has its relevance for insurance, reimbursements, etc., but I find it difficult to make connections." Regarding neuroscientific research, he states even more explicitly: "I view developments in the neurosciences and neurobiology as among the most fascinating journeys that the human mind can make, and like astrophysics, they have nothing whatsoever to do with psychoanalysis."

A certain level of skepticism can also be discerned in Greenberg's remarks:

> With respect to outcome and process research, my first concern is always that the findings depend on the questions that are asked, and determining which questions should be asked is not simply a neutral decision. With respect to neuroscience, despite the enormous burgeoning of interesting data, there are still unresolved questions about the compatibility of the discourses of clinical psychoanalysis with things we learn about the brain.

"How do you explain the growing marginalization of psychoanalysis?"

Ferruta raises a few queries of her own in response to this question: "Does the marginalization pertain to human beings' resistance to coming into contact with their own unconscious? Or to the economic power of drug companies . . . ? Or to a society that favors the superficiality of appearances over the internal world . . . ?" "Yes and no," she answers herself, adding that she sees the way in which psychoanalysts may organize their professional associations and ways of practicing in a self-isolating way as another factor in the potential marginalization of the field.

Bacciagaluppi feels that insufficient integration of certain key factors into the field of psychoanalysis has contributed to its marginalization—namely, the concepts of trauma and dissociation, attachment theory, the family dimension, and historical-social factors.

Benvenuto is not certain that there really is a widespread diminution of analysts and analytic patients. "However, it must be said that psychoanalytic listening goes well beyond the analytic setting since many psychiatrists, psychologists, and educators have also been trained in psychoanalysis," he adds. "A certain marginalization of the classical setting —three sessions per week over a period of years—is an effect of the fact that such a commitment can only be fulfilled by a clientele that can manage it, and thus a restricted one," he continues. In the end, Benvenuto concludes, the difference is a socioeconomic one; psychoanalysis holds sway for the elite (culturally and ethically as well as financially), while the masses may opt for a form of psychotherapy—but the psychotherapies are all descendants of psychoanalysis, Benvenuto points out.

Greenberg takes a sociocultural view in reacting to this query:

> I think that the . . . reason is our insistence on the complexity and the ambiguity of human experience. That's not a popular position to take in today's world, with the idealization of certainty. Consider the popularity of therapies that are self-characterized as "evidence based"; the term itself is a claim of efficacy. Questions such as "what is the evidence?"—for instance, over what period of time is outcome tracked, and "evidence of what?"—i.e., what outcomes are investigated—apparently don't warrant exploration.

And finally, here is Ferro's reply to the question of marginalization:

> But are we sure that psychoanalysis is so marginalized? I think that psychoanalysis may be a little like rivers that run partially underground and periodically disappear, only to be regenerated some meters or kilometers farther afield, stronger and richer than ever.

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