

The Genesis of Interpretation Between Subjectivity and Objectivity: Theoretical-clinical Considerations

To link to this article: <https://doi.org/10.1080/00332828.2019.1556036>

 CrossMarkView Crossmark data 

THE GENESIS OF INTERPRETATION BETWEEN SUBJECTIVITY AND OBJECTIVITY: THEORETICAL-CLINICAL CONSIDERATIONS

BY PAOLO FABOZZI

The patient “employs” and “enlists” the analyst in his various transference forms, not so much by attributing a role to him, but by inducing subtle and deep changes in his person. What the patient makes us experience transforms our potential interpretation into words that arise from the emotional “turbulence” established between the patient and the analyst, prompted by the patient's suffering, made “real” by the analyst's temporary suffering. Interpretation can become alive, meaningful, usable by the patient, only if the analyst allows that turbulence to temporarily become his own, not just to understand the patient, but to transform him through a partial transformation of the analyst himself. To realize this, we have to maintain an ongoing dialogue between our objectivity and our temperate and floating subjectivity.

Keywords: Interpretation, transformation, analyst's subjectivity, objectivity, clinical fact, transference-countertransference.

Paolo Fabozzi is a Training and Supervising Analyst and Member of the Italian Psychoanalytic Society (SPI), and an Adjunct Professor at “Sapienza,” University of Rome. Translation by Adriano Bompani.

THE ANALYST'S MIND AND CLINICAL FACTS

The functions that come into play while we act as analysts with the patient are many and complex. Listening, during which the analyst develops a silent “real-time report” in which he internally formulates thoughts, images, intuitions that will later become an expression in words (Heimann 1977). Evenly suspended attention, marked by a quiet perplexity, relaxed and a bit thoughtful, defined by being in relation with the patient and by the state of this relation (Manfredi Turillazzi 1998). Encoding and memory, with their *nachträglich* functioning. Imagination, that is, the capacity to mentally represent an absent object. Trial identification, combined with conditional daydreaming (Fliess 1942). Empathy, aimed at becoming “in tune” with the patient and sharing his feelings (Kohut 1959, 1984). Oscillating between observation and participation (Nissim Momigliano 1974). The alternation between an “esthetic” phase and a “cognitive” phase (Arlow 1974). Formal regression affecting, with *different* modes and intensity, both the patient and the analyst (Botella & Botella 2001).

There is unanimous agreement—I refer to points of view coming from sharply different psychoanalytic models (Ahumada 1994; Caper 1994; Ornstein & Ornstein 1994; Sandler & Sandler 1994)—on the idea according to which we actively perceive the world, organizing what we experience. A complex interaction occurs between what we see, hear and experience while in session with the patient and what we think before, during and after that session: that is, between our observations and the different intervening levels and elements that we use in order to conceptualize and understand clinical facts. Today, no one can naively think that the facts are there, readily available to us, nor that it is enough to merely listen to the patient. In other words, we use a “view from somewhere” (O’Shaughnessy 1994).

We perceive (and organize) observations through the conscious, preconscious, and unconscious, not to mention the superego and the ego ideal that always lurk nearby and are ready to orient our thoughts and our feelings. That is, we use our psyche-soma, employing our normal splitting, repressing those facts that we believe would hamper our understanding of the patient. We use our own “private theories” about

ourselves and the world that surrounds us. We use our internal objects, the connections between them, our relationship with our body and our fantasies about it. We turn to our psychoanalytic theories.

The image according to which the observations we collect strongly depend on the type of “net” we cast—with the unstated hope that these nets will also be modified by the nature of the observations collected, as well as by what we discover we are unable to catch—can be a useful image to try to start representing the complex relationship between clinical practice, theory, and technique presiding over the genesis of interpretation. From the collection of observations to the construction of facts, we strive to revise, update, and modify the latter, in a combinatory game of description and imagination (Gardner 1994). However, what assume clinical relevance among our observations? Selected on the basis of the perception of the exchanges between analyst and patient, of the object relations and emotional states that occur between them, some observations—and not others—will be given relevance by the analyst's personal modes of experiencing what happens in the session. This selection takes place according to the analyst's capacities and limitations in seeing what happens in the session through theory and through his knowledge of the patient. In this context, observation and intuition are the elements that enable the emergence of a clinical fact; elements that have a theoretical background but do not derive directly from theory (Ahumada 1994).

The patient brings his own distinctive uniqueness, his singular individuality, his potential subjectivity. However, how do we see, or rather, how do we envision the patient? As an entrenched enemy, whose resistance we have to overcome (think of the numerous war metaphors used by Freud)? As the stage of overwhelming instinctual forces, of powerful emotions struggling to achieve dominance over his internal world? As our best colleague? As someone who is looking for his true self? In other words, there is an inextricable, albeit somewhat knowable, effect caused by multiple levels of theory on clinical experience. The way in which we prefigure the patient inevitably leads us to frame what he is bringing in a different way. Repressed representations and affects that need to be identified through the application of the logic of suspicion. Deep anxieties that need to be spotted at their point of maximum emergency. Elements with various levels of evolution and transformability.

Experiences and feelings of himself that the patient possesses even though he has not yet thought them. Different visions about what the patient is bringing, but not necessarily strictly alternative, mutually exclusive visions.

On another level: what do we consider to be therapeutic factors? And what should the function of interpretation be? Because it is obvious that the same “fact” brought by the patient will have a different recording, a different nature, a different use on our part, depending on the function that we believe interpretation should have.

With interpretation, we work by means of transference, analyzing the circular movements between the present and the past and the relations that the patient establishes with himself and with the figures of his discourse. We highlight the “selected fact,” which organizes the material that was until then fragmented, providing a greater integration to the dissociated parts (Bion 1962). We discern the dominant affect, the style of communication, the tone, or what is missing in the discourse. We try to avoid a saturated formulation, preferring one that favors searching and transformation. Finally, we acknowledge that a communication took place, we reflect the material back to the patient and we take the opportunity to discern the limits of our understanding (Winnicott 1968).

The patient brings something that possesses its own life, autonomous and independent from us, which, at the same time, undergoes a change in its essence, by being placed in the analytic milieu, between the patient and the analyst. I am not claiming that the mere existence of the analytic situation constitutes, by itself, a therapeutic dimension. I believe that our analytic presence, or rather, the way in which we examine what the patient brings, gradually introduces a change in the phenomenon that we are observing.¹ Before we even attribute or propose a meaning, before we even build or generate within us what will then become the interpretation, the *way* in which we look—not merely the act of looking but the mode by which we look—modifies the object before us. It is not the mere method of measurement that transforms the object being investigated. It is our passions, our theories, our

¹ I am not suggesting a co-constructive or narratological vision. I am not framing the analytic situation within a framework of mere symmetry, and I do not give up on the usefulness of the clinical dimension of neutrality, provided such a neutrality does not transform us into neutral analysts (Heimann 1980; Goretta 2001).

prejudices, our hatreds, the limits that we have reached thanks to our personal analysis, which contribute to shape what the patient brings. Whether we agree on the concept of projective identification or not, think about how radically our image and our experience of the person we are facing can change, if we think that he is evacuating emotions or controlling our mind, compared to the case in which we believe that he is communicating emotions that are intolerable to him: two different people, two radically opposite worlds.

The voices that shape our idioms are many. Different idioms, if we have that capacity, with each different patient and at different times of the analysis of the same patient. Richer, more deeply inflected and polysemic idioms, as years and experience grow. And giving “substance,” so to speak, to such idioms, there are needs that more or less syntonically move the analyst. We will come into contact with the continuous development of our professional identity, in a frequent dialogue, confrontation, and even internal (oedipal) challenge with our analyst and our supervisors. We will give shape to the desire for knowledge that, thanks to the satisfaction of a healthy narcissism, offers us that utterly personal feeling of well-being that derives from the understanding and the support we offer to the patient (rather than from his exploitation). We will find the opportunity to use, in the analytic situation and through interpretation, our sublimated libido (Klauber 1971, 1980), as well as our own carefully weighed aggressiveness (Khan 1972). We will use the opportunity to alleviate our own anxiety and guilt, and to restore our (temporarily damaged) internal objects, trying to restore the patient's internal objects that are now crystallized into a pathological functioning (Money Kyrle 1956). We will try to question, understand and organize our self through the search for and care of our patients' self.

“TEMPERED” SUBJECTIVITY

In the last decades, the possibility of thinking that the patient communicates on various levels, with the various modalities available to him, and with various degrees of unawareness, has taken hold.² This change in

² This theoretical-clinical innovation was also reinforced by reflections on communication and the need not to communicate (Winnicott 1963), on the use of

perspective guides us in an extremely different way towards the patient, since it has changed our position by expanding our potential receptivity. Even before establishing the meaning of what the patient is bringing to us, we are receiving a communication, whatever shape it takes.³

I think, however, that even before being a communication, what the patient brings is an unconscious demand that he makes to the analyst's psyche-soma and person, *an unconscious demand for (analytic) work*. What the patient constitutes with his presence (and of course, to a different degree and in a different way, with his absences, his silences, his flow of words) is a demand for work that takes shape along different ridges, or borders. Between representation and affect; between the need to be recognized and "remembered," i.e. confirmed in one's own identity (or in one's own shreds of identity), and the desire to change; between the need to receive meaning through the analyst's presence and words, and the need to preserve one's private space, one's own states or areas of incommunicability, one's pathological and painful balance.

Border areas, areas at the limit, boundaries to explore. I am talking about what the patient establishes in every session with us. Regardless of our experience or theoretical models, and even independently of what we will do with the thoughts and emotions that were born in the presence (or absence) of the patient, our being there, within the psychoanalytic device that we re-construct and offer to the patient, leads us to feel and acknowledge what he is bringing in terms of an unconscious demand for analytic work. An unconscious demand that the patient conveys thanks to the existence of a (transferential) bond with the analyst, be it potential or already existing. A demand that is constituted thanks

silence and dream as communication (Khan 1963, 1972), on projective identification as communication (Bion 1962), on acting out as a mode of communication. Until the 1960s, the latter was considered a phenomenon whose sole purpose was to attack the setting and the analyst's mental functioning. Thanks above all to the contributions of Grinberg, Limentani, and Khan, thanks to the experience of child psychoanalysis, and through a new understanding of the analytical situation and technique, for several decades we have been treating acting out as a communication that the patient directs at the analyst using action instead of verbal language.

³ On the other hand, it has become necessary to "counterbalance" what has become a sort of fundamental option with the idea that the patient needs "zones" of non-communication that preserve his individuality and his non-communicating central self (Bonaminio 1996; Winnicott 1963).

to the existence of the analyst's libidinal investment on the patient (and on himself as an analyst). The shapes that this work will then take will be determined by a complex network of factors and levels, and will not simply be configured in terms of a construction and attribution of meaning.⁴

Interpretation consists in "guessing," with "tact" and at the "right moment," what lies behind the "distortions" and the "allusions" that constitute the patient's associations (Freud 1926, pp. 219–20). A work of deconstruction of the explicit text, enabling the formulation and the determination of meaning from the methodological rule of the identical dignity of each element brought by the patient, however insignificant and superfluous it might appear (Corrao 1987). A work that, starting from the identification of some traces, will allow us, through unexpected and unpredictable associative chains, to outline the signifier *nodes* that are part of a certain unconscious sequence (Laplanche 1968). A work that uses (objective) rules, but that not necessarily can be based on known logic, since among its goals there is also, if not primarily, the knowledge, however partial, of what is unknown.

From the late 1980s, and thanks to contributions from several theoretical orientations, an important debate took place in the United States that marked a radical critique to the model of the objective and neutral analyst (Bordi 1995; Goldberg 1994; Pine 2001). Within this debate, a theoretical-clinical conception arose, according to which the patient and the analyst contribute to the construction of the analytic process (Gill 1987, 1994; Hoffman 1983, 1991). Lastly, in many contributions the role and clinical importance of the analyst's participation and mental functioning have been shown (Greenberg 2001; Jacobs 1993; Levine 1994; Mitchell 1997; Renik 1993, 1995; Smith 1993, 1997).

Those who maintain the existence of an "irreducible" subjectivity, I believe, run the risk of repeating the same mistake that those analysts who claim to be statically objective make: irreducibly subjective (that is, driven even in session by personal motivations that can be

⁴ The structure and the effectiveness of the meaning that is found will inevitably depend on such a meaning having been produced through a method and its rules (first of all, those of free associations and evenly suspended attention); within a process based on and made possible by a frame that defines the place of the transference and countertransference movements; from the living presence of analyst and patient.

satisfied)⁵ and aseptically neutral and objective are two faces of the same coin. That is to say, they are both characterized by denial and by an attempt to suppress aspects of a rather more complex reality. The “irreducible subjectivists” fail to take into consideration that our psyche, even though it can never defuse its own unconscious or id, is nevertheless able to employ defensive modalities, hopefully flexible ones, that allow the analyst not so much to be aware in each instant of his unconscious motivations, but rather to soften, filter, or at any rate postpone the fulfillment of our pressing unconscious motivations. On the other hand, “cold objectivists” fail to detect the functional complexity of the transference-countertransference exchanges.

Gabbard’s (1997) position seems cogent to me, when he states that the analyst’s “voice” is a mixture of the internal objects projected by the patient and the analyst’s subjectivity, and highlights the need to establish a dialogue between the mono-personal and the bi-personal points of view (see also how this issue is discussed by Green 2000).⁶ Unconscious exchanges and dynamics, ubiquitous in the analytic encounter, transference and countertransference both present in the analyst and in the patient, *in different measures and shapes* permeate and derive from the analyst and the patient. Aron (1996) believes that interpretation is a mutual and intersubjective process of creation of meaning. It communicates to the patient the emotional responsiveness of the analyst’s subjectivity. Such a subjective element is “modulated” within a technical intervention.

In the idea of “temperate” subjectivity that I am supporting, it is appropriate to mention Loewald’s (1986) point of view, according to which even though transference and the movements of past experiences are active in the analyst, the latter is able (by facing problematic difficulties and tensions, I might add) to start a process in which he records their derivatives, trying to constantly monitor his own inner experience.

⁵ “An analyst can aim for maximum awareness of the personal motivations that determine his or her analytic activity without assuming that acting in a way that satisfies personal motivations will necessarily oppose the analytic process.” (Renik 1993, p. 563). For an in-depth critique of Renik’s positions, see Louw, Pitman (2001).

⁶ In the attitude that predominantly emphasizes the subjective experience of patient and analyst, Gabbard (1997) sees the risk of stopping on a phenomenological level, thus losing sight of the unconscious communications of the patient.

That is, he can use his countertransference as a sort of “signal function” that alerts him of the need to distinguish between his own contribution in “provoking” some behavior and the mental state of the patient.⁷

We proceed “assisted” by our duty to maintain an ongoing dialogue between our objectivity and our subjectivity. In this sense, thus, I still find absolutely fruitful the Winnicottian distinction between, on the one hand, identifications and personal tendencies that make our intervention qualitatively unique and different from that of every other analyst, and on the other hand, that which falls within the objectively observable countertransference, that is to say, what which is born “in reaction to the actual personality and behaviour of the patient, based on objective observation” (1947, p. 195). Therefore, can we accept Winnicott’s suggestion to acknowledge our feelings and emotions, and above all to develop the ability to experience and *tolerate* them? Moving in this direction, only the flexibility of the defenses of the analyst’s ego will allow him to maintain a sort of indispensable vulnerability that we will be able to use clinically for our purposes in the analytic relationship.

If we accept this particular theoretical-clinical point of view, technique assumes a symbolic value, since it implies a distance between the patient and the analyst, an intermediate area of experience between that which is subjective and that which is objective. In the cases in which we come into contact with the psychotic part of the patient’s personality, i.e. those cases in which he “gradually breaks through” (Winnicott 1960, p. 164) into the barriers of the analyst’s professional stance, we find ourselves able to *investigate* the analyst’s conscious and unconscious reactions to the patient’s impact on his self and on psychoanalytic technique. Thus, we find ourselves being called upon to make contact with the patient’s deepest needs on a ground that does not belong only to the analyst and does not belong only to the patient: rather, it is the

⁷ According to Loewald (1986), countertransference pertains to the relationship between analyst and patient; it is strongly influenced by the patient’s transference, which the analyst “counters” in his answers; it is influenced by the analyst’s movements (transference repetitions) and by the relationship with the patient. With regard to the transference-countertransference dimension, a similar stance is supported by P. Heimann: “Although a conceptual distinction between transference and countertransference is possible, in the actual experience the two components are *fused*” (1960, p. 156). Finally, we can agree with Pontalis (1977) in saying that analyst and analysand are subjected to the same unconscious processes, but not in the same way.

intermediate place in which a shared experience of change can develop (Giannakoulas 2003).

Thinking back to some of the sweeping theoretical-clinical changes throughout the history of the psychoanalytic discipline, we can say that interpretation can be placed in a place defined, on one end, by the claim that psychoanalysis transmits an oracular knowledge imposing on the patient a strong vision of (external and internal) reality and, on the opposite end, by relativism resulting in the creation of a symmetry between patient and analyst. In the intermediate area that is potentially created between these two extremes, interpretation can become a different and extraneous vision, and therefore a differentiating vision that, as such, reorganizes, to a lesser or greater extent, what the patient brings to the session, and thus attributes a meaning that is different from that constructed by the patient. Above all, interpretation feeds on the patient's contribution, and thus it will have the further task of facilitating the discovery of what is new, of what has been experienced for the first time, of what within countless repetitions is now configured through a new experience between patient and analyst.

When we take care of the patient—and we strive to pursue an “empathic objectivity” (Loewald 1975, p. 360)—we implicitly accept to take care of what in our subjectivity can damage him, can alter the goal of the psychoanalytic enterprise and generate a “confusion of tongues” (Ferenczi 1932). There is a fundamental paradox that characterizes human nature and, even more so, the condition of the psychoanalyst, that is to say, to be both subject and object at the same time, to associate with the patient's associations and to question and analytically reflect on our own associations (Bollas 1989; Ogden 1997). Our subjectivity is, in a certain way, “suspended,” “modulated,” at the patient's service. Paraphrasing Aulagnier, who refers to the analyst's “floating theorisation,” we can hypothesize the presence of a “floating subjectivity.”

HOSTING EXTRANEOUSNESS

One of the debates that has marked the history of psychoanalytic technique for decades is the conflict between the interpretation of transference and an approach based on the reconstruction of the patient's past. The unconscious psychic history of the patient and the junctures, the

weave, the entwining of transference and countertransference, constitute the load-bearing architecture of the analytic relationship. Bion himself characterizes his stance in terms of:

trying to dismiss memory and desire – memory as being a past tense; desire, a future tense. In other words, trying to start a session with as nearly blank a mind as one can get – *which is not altogether very near because one has such an enormous past history between the time that one is born and the present day*. [1976, p. 241, italics added]⁸

On the other hand, an approach based on the reconstruction of the patient's childhood past, if adopted in an exclusive, one-sided way, would result in the loss of a time dimension of crucial importance, namely that circularity in which present, past and future mutually define each other, altering the temporal linearity of daily life.

The dissociation between the interpretation of transference and the awareness that a specific patient is also the result of his history and the history of his experiences—more than the vain desire for reconstruction—would perpetuate the amputation of one of the temporal dimensions and would emphasize the developmental arrest that often characterizes the patients that we are taking under treatment today. Past and present, often going hand in hand, always kept in an ongoing dialogue within the analyst's mind, will provide the patient with the fabric with which to re-contextualize and resignify his memories, while at the same time rooting the experience of transference, so often threatening in its overwhelming presentness, in a temporal context.⁹

For several years now, concepts that have undoubtedly enriched our vision of the analytic situation have been available: relationship, the field (Baranger & Baranger 1990; Ferro 2002), the analytic third (Ogden 1994). Although I keep in my mind these concepts too, I prefer to continue to define the analytic situation in terms of a complex weave of transference and countertransference, a weave that can slow down our

⁸ Nissim Momigliano (1982) highlighted this aspect, as well as the need to differentiate between having to “contain the patient in one's own mind” and the risk of “possessing him, re-educating him, taking care of him.”

⁹ On the importance of the patient's history, see Heimann (1977) and Rosenfeld (1987).

work, can conceal and dull the analyst's attention. A weave that can activate almost insurmountable bastions and collusions, and that at the same time is the indispensable foundation for the cure to have a beginning, a development and an end, whatever form the weave will take.

Whether it is erotic, negative, or even violently aggressive, whether it is tender, or has an autistic quality, to the analyst transference, even in its mildest and most imperceptible forms, is potentially a "stranger in the house" (Gribinski 1994). While the Other probably always has a quality of extraneousness too (what else do our defenses do but try to neutralize and make extraneousness acceptable?), the psychoanalytic device enhances and amplifies the projectively shocking intensity of the patient's words and silences. Moreover, there will inevitably be a personal mode of response of the analyst to that particular patient, as well as a specific reaction to that patient, independently of the use that the analyst will make of this reaction.

This extraneousness forces us to find an intermediate (interpretative) language in which and through which we can meet the patient. Something that is doubly extraneous: for the patient and for us, because we too, in Grinberg's (1997) words, experience the patient's transference as a "potentially dangerous burden." Grinberg wondered whether (and how much) we analysts fear transference, a burden against which we risk defending ourselves through theoretical and technical rationalization. We activate our listening function (in its many nuances and complexities), we get ready to "host" what the patient brings us, we try to tolerate what has no shape, what is confused, what has not been thought. If we can remember and realize we are in an almost impossible position with the patient (that is, consisting in maintaining our ordinary humanity while at the same time using a point of view that can be disturbing, precarious, dangerous or suspicious to him), then we let what is extraneous enter our office and our psyche-soma. By doing this, we create a space in which to recognize and accept, in what is apparently familiar, a quality that is also intensely uncanny, something that can threaten and disintegrate balance.

Even though I share Green's (1997, 2000) diffidence regarding the term "interaction" when applied to the analytic situation, since it would increase the risk of an undue *shift* of the psychoanalytic object and practice, I find the rigid contraposition between action and speech to be

inadequate (Greenberg 1996).¹⁰ Speaking is more than just claiming something (be it true or false) about the world: there is a series of utterances (called performative by Austin) “whose salient feature is that they *transform the other* through the fact of their utterance” (Forrester 1990, p. 152; italic added).¹¹ A linguistic act, although we can not entirely superimpose it on the concept of action, is still something that deeply modifies the person “receiving” the message, as well as the one emitting it.

After all, we analysts already know this and we rediscover it every day: “Language is not merely a means of reporting action, it is itself action; ... narrative tends to bring the original action to life again for the narrator and to conjure up the listener’s similar or comparable memories, thoughts, fantasies” (Loewald 1975, pp. 365–366). Language tends to acquire a very special intensity and experiential resonance in the analytic situation. Nothing mechanical, magical, or ineffable: a complex but trackable movement from patient to analyst of the so-called “memories in feelings” (Klein 1957). In addition to the modifications induced by projective identifications (also through linguistic modalities, see Goretti 1998), think of the degree to which we are changed in our body, in our emotions, in our mood, in our attention and capacity for thought, in short, in our own person, by the use of prosodic elements of the patient’s language, by pauses, by speed, by rhythm, by the music of speech, by allusions and omissions, as well as by the gestures and movements of his body.¹² It is precisely in this sense that we can say that the patient “employs” us, “enlists” us in his various transference forms, not so much by attributing a role to us, but by inducing subtle changes in our person. I am not just referring to the feelings that the patient directs toward us, but also to the multiple levels of reality (spatial and temporal)

¹⁰ Freud himself, who had first suggested such a contraposition, already largely moved past it when he realized the dual nature of transference that leads one to remember and *repeat* what was removed.

¹¹ Among the examples reported by Forrester, there are “the words ‘I do’, uttered in the marriage ceremony, words which constitute the act of getting married; the word ‘Done!’, which is the conclusion of a wager accepted; the words, ‘I name this ship Mister Stalin’—which is the naming of the ship, and not the description of the ship” (1990, p. 150).

¹² On analytic listening as a function that is also aimed to pre-verbal and non-symbolic elements, and able to anticipate, on a sensory and auditory level, psychic states that have not been verbally expressed yet, see Di Benedetto (2001).

that he presents to us, exhorts us and forces us to share, a plurality that contributes to enhance the effect of uncanny extraneousness of transference.¹³

When we do not reject his extraneous “thing” through the stiffness of our defenses, when we do not lose it because we are terrified facing the charge of being orthodox, persecutory, and a bit moody, when we do not crush it to death under the weight of our theories, only then can a process begin that transforms us—and that we are about to re-transform—a process in which the uncanny extraneousness gradually acquires traits of thinkability (Tagliacozzo 1980) and representability (Green 1990). However, the extraneousness that is conveyed to us by our patient’s transference is sometimes so hard to think that we recall what Bion said in 1978: “These things we call interpretations are really ‘imaginative conjectures’ about the missing pages” (p. 179). We do not know if those are pages that have been repressed, dissociated, destroyed, overwritten by ego-alien factors, known but not thought or, more tragically, if they have never been written. After all, it is now accepted that interpretations convey more than a mere unveiling of what is repressed and hidden: Freud himself, while reflecting on the therapeutic influence exerted by the analyst, intuited not only the functions of “supporting” and “protecting,” but also the one that consists in performing, in the direst situations, psychic acts that the patient is unable to perform. That is, the act to think and feel what the patient did not think but only confusedly perceived and yet is, in some way, present in him (Goretti 2002).

“We can only say: ‘So muss denn doch die Hexe dran!’ [‘We must call the Witch to our help after all!’—the Witch Meta-psychology,” Freud (1937, p. 225) would say, referring to those situations in which the help of pre-existing theory is failing us, the analyst is forced to proceed by making “speculation and theorizing—I had almost said ‘phantasying’” (1937, p. 225). If the Freudian *phantasieren*¹⁴ has mainly theoretical

¹³ In a work from the seventies, devoted to how interpretations are born in the psychoanalyst, Nissim Momigliano described the need for the analyst to speak to the patient after taking him in, greeting and metabolizing his anxieties, without denying the awareness of the process that is happening inside the analyst too (1974).

¹⁴ During May 1895, which saw him feverishly compose the *Project*, Freud described himself as spending the hours of the night “with such fantasizing, interpreting, and guessing” (letter to Fliess, May 25, 1895). The same triad returns, almost unchanged, 40

applications (assuming it is even possible to separate theory from clinical practice), then we can trace its mainly clinical counterpart in the *erraten*: this term is found across the whole Freudian work, strongly characterizing the mental processes of the analyst towards a vision of knowledge based on guesswork, conjecture, intuition (Gribinski 1994; Vassalli 2001).

At this point, we see the intertwine of different functions that the analyst is called upon to perform. Functions that do not entirely coincide, perhaps still waiting for a reciprocal organization: persevering in uncertainty, in mysteries and in doubts (Bion's negative capability [1970]); primary maternal preoccupation and holding (with their fundamental connections to identification, imagination and the body, as well as to the idea that there is a process of growth and change; Winnicott 1956, 1962); the analyst as the patient's supplementary ego (Heimann 1956); reverie, that Green (1990) associates with wandering, raving and rambling (in the two meanings of "to stray" and "to talk nonsense." A feeble toolset at our disposal, in theory and practice, to give shape to the guesswork and intuition mentioned above, intuition that can not be transformed into naive impulsiveness, but rather must be accompanied by a spontaneous and calm naturalness (Heimann 1980), and by a "authentic responsiveness" (Loewald 1975, p. 361). Intuition that rests on a fruitful mingling between primary process and secondary process, rather than on their rigid separation and juxtaposition: a lively mixture (imagined by many authors with the Oneiric paradigm of mental functioning)¹⁵ that lets the analyst's mental activity be rooted in abstract thought and at the same time in bodily and emotional concreteness (Loewald 1978).

This composite "arrangement" of intuition, however, fulfills a further and equally crucial task, this time for the analyst. From the states of momentary and fruitful undifferentiation between analyst and patient, or between parts of the analyst and parts of the patient (Milner 1957),

years later, as evidence of the presence in Freud's thought of a dialectic between an imaginative-speculative style and a critical-rational style, that crosses through his whole work (Fabozzi 1996).

¹⁵ Think of Bion, Winnicott, Khan, and Ogden. Bollas in particular states that the analyst "makes the patient's material into his own, not only containing it, but by distorting, displacing, substituting, and condensing it" (1992, p. 103).

the analyst re-surfaces also thanks to the formulation of interpretation, which has separative effects on both the patient (Boschan 1989) and the analyst. And it is from the situation that I described above, in which the analyst hosts parts and/or fragments of the patient, that a need arises in the analyst to bring forth a “being alive, being well, being awake” (Winnicott 1962). This need answers not so much to separative needs as to the need to restore life to one’s own psyche, temporarily “inhabited” by the deadly, fragmenting and anxiety-inducing values that it has hosted and deeply come into contact with. Thus the objectalising function (Green 1993) and the function of binding, of attributing sense and meaning to the patient’s material, reverberates on both the patient and the analyst. For the latter, interpretation can be lived as the experience of not irreversibly becoming the pathological split form projected by the patient. I think that interpretation is also the proof, for the analyst, of his being alive, being awake, being well, when he reaches (in the instances in which this happens) such an intuitive dimension, when he achieves a creative position that, while respecting the patient’s self, also feeds the analyst’s self.

TRANSFORMATIONS OF THE ANALYST

While listening, the analyst goes through a period of hesitation during which he tolerates living with the contents projected by the patient: he hosts them, shares them, and metabolizes them before giving them back to the patient through interpretation. He becomes a kind of sentient and thinking sponge (*nachträglich*). It is this being a sophisticated sentient, thinking “sponge” gifted with emotions, or rather is the willingness to be it—a willingness that perhaps we can not have in each moment of our clinical work—that allows us to transform our knowledge into something alive and “felt.”

This hosting the patient’s “things” has a double value. Through the “countertransference work” (an unconscious phenomenon of which we can only grasp the derivatives, Green 1997), which gives us *the possibility to hypothesize and to know* “parts” of the patient’s mental life, we can achieve a *cognitive dimension*. Moreover, hosting “parts” of the patient gives us the opportunity to use this tool in a *transformative sense*, both in the direction of what the patient makes us experience and that he “asks”

us, in a certain sense, to digest and purify for him, and in the direction of making our abstract thought “alive.”

What the patient made us experience passed through us, it more or less temporarily changed us, and above all it transformed our potential words, both in their content and in their essence. It transformed them into words that arise from the emotional “turbulence” established between the patient and the analyst, prompted by the patient’s suffering, made “real,” meaningful and alive by the analyst’s temporary suffering. We put at the patient’s disposal our temporary “mimicry,” our transient feeling something that is connected to the history of his object relations and to the layers of his mental states.

In order for them to be alive (and not be dogmas, slogans, or anything else at the service of the analyst’s mind), the words directed at the patient must, in a certain sense, take life from the analyst. The clinical “fact,” that is, stands before us; it enters us, “disturbs” us, alters us; we can repress it, split it, project it, rationalize it, and so on. We can, however, also transform it by using what we have felt. Interpretation can become alive, meaningful, usable by the patient, only if the analyst allows that fact to *temporarily* become his own, not just to understand the patient, but *to transform him through a partial transformation of the analyst himself* (Bion 1965). The task of restoring the reversibility of this process will, therefore, depend on our ability to change the *distance* to the patient and to our countertransference emotions and fantasies.¹⁶

If with the recognition of transference the demands imposed upon the analyst by his clinical work have “*immeasurably increased*” (Heimann 1960, p.154), then what can be said about the effect that the change of perspective towards countertransference has had on us? What can be said about a concept whose technical implications have been assimilated with difficulty, probably because they evoke an image of greedy exploitation and thus also the idea of a masochistically exploited analyst? I refer to the concept of “use of the object” (Fabozzi 2016; Winnicott 1968), a concept that inevitably challenges the analyst’s person, his feelings, his interpretation, ultimately the position he assumes in the psychoanalytic

¹⁶ It is useful to remember what Caper (1997) and Feldman (1997) wrote about the risks that the analyst sometimes faces in his receptive function, when the patient’s projections are connected with areas of conflict for the analyst himself, preventing him from recovering his analytical stance and his personal identity.

process. The patient “uses” us as objects, giving us the shape that best responds to the changing dynamics, desires, and transference needs at that time of the session, he uses us in our potential multiple functioning (Bollas 1989).¹⁷ In a certain sense the patient “reads” us and “leaves through” us, chooses what he needs at that point in his inner process, “borrows” something from our inner life, uses it, transforms it, and gives it back to us a little worn-out. He looks, with reasonable confidence, at what then we will do with it: what we will *actively* do with it, since I am not, as I hope is clear, praising the therapeutic power of a sort of loving and passive analytical indistinctness.¹⁸

The unconscious demand for (analytic) work made by the patients, the stranger they introduce in our home, the ways in which they manage to use us, cause a powerful modification to our person. The stranger that the patients sneak in (with the necessary complicity that comes to their help from the setting and from our analytic stance) modifies us, transferring and “implanting,” in a certain sense, a disturbance, an absence of form, an imbalance in ourselves and forcing us to respond to this imbalance by organizing what we feel. Proceeding from this way of considering the analytic situation, I personally find cogent the idea that the analyst’s unconscious receives “communications” from the patient’s unconscious (Bollas 1989, p. 72), or the idea that interpretation arises from the movements and from the dialogue between the analyst’s and the patient’s unconscious systems, and from the countertransference phantom that is supposed to correspond to the patient’s transference phantom growing in the analyst (Green 1990). Then we will start a process of transformation and symbolization, of creation of thought, of

¹⁷ In a suggestive chapter titled “Off the wall”, Bollas so reflects on the use that the patient makes of the analyst and on the sources of interpretation: “we ‘find’ different patients in different locations depending on how we are unconsciously invited to process them. I may be working with someone in my soma – in the stomach, the back, or in my respiratory system. I may be considering someone on the wall, in a cloud, or somewhere in the carpet. I may textualize a patient’s discourse into a phonemic script, listening to the punctuation of the unconscious” (1989, p. 59).

¹⁸ Maternal order (which supports the production of the patient’s unconscious material) and paternal order (which affects the production of meaning through interpretation) are indispensable dimensions of the analytic work so that, through the use of this parental “couple” by the patient, real knowledge can be generated (Bollas 1999).

finding words. A process that carries all the emotional echoes that have been activated during the session, and that possesses the paradoxical nature of being at the same time something that, through the word, introduces a separateness and a new unity.¹⁹

As analysts, we live in an area of intersection between many “essential tensions” (Khun 1959). Tensions that yank us from side to side and that certainly impose strong constraints on us, but that also give us coordinates to pinpoint our position and that of the patient. Tensions that cross the categories of time and space (and that we renamed using the juxtaposition transference vs. re-construction). Tensions that either demand we start from a theoretical clean slate or demand we become “theory laden” observers. Tensions that lead us to tolerate the absence of form, the darkness, the indefiniteness of meaning, and that nevertheless drive us to close the *Gestalt* and to attribute a meaning to what we see and experience. Tensions that allow us to lose our balance, our boundaries, our separateness, *temporarily suspended*, and then to regain them. Tensions that allow us to feel our need to be creative without dulling nor smothering the patient's creativity, since we can only create something from the patient's contribution. Poised between subjectivity and objectivity, tensions and oscillations whose intersection creates a space in which we can generate our interpretative work.

“We have no more beginnings.” This is the beginning of a book by George Steiner (2001, p. 2), a fascinating—and sometimes disturbing—analysis of contemporary culture through the point of view of the crisis of creativity. A beginning that could not but recall to my mind an ineffable, playful, and at the same time suggestive reference to an unsolvable problem of psychoanalysis: “*The first question* that is asked about that which is labelled ego is this: is there an ego from the start? The answer is that the start is when the ego starts. (Footnote: It is well to remember that the beginning is a summation of beginnings)” (Winnicott 1962, p. 56, italics in the original). Genesis, birth, beginning.

¹⁹ See Winnicott (1971) on potential space, in which the child can separate himself from the mother through the use of symbols and through creative play, which afford him a new form of union. See also Loewald (1988): “Sublimation is a kind of reconciliation of the subject-object dichotomy” (p. 20); “In these reversal – a restoration of unity there comes into being a *differentiated unity* (a manifold) that captures separateness in the act of uniting, and unity in the act of separating” (p. 24).

Is not interpretation—if the many conditions to which I have tried to refer are achieved—also a beginning? I do not know whether to say a tiny new beginning, but is it not by itself, if things go well, also a proof of a knowledge that “sustains” existence (Loch 1976), that is to say, a beginning that opposes and deconstructs the constant repetition of the patient's pathological dynamics and of the risks for the analyst in our impossible work?

Then, we can conceive interpretation and the genesis of interpretative work also in terms of a beginning: of new thoughts, of new experiences, in the patient and in the analyst, of what can be creative and can offer the sensation that it is a life worth living, beyond any sentimentalism and any comforting denial.

REFERENCES

- AHUMADA, J. (1994). What is a clinical fact? Clinical psychoanalysis as inductive method. *Int. J. of Psychoanal.*, 949–962.
- ARLOW, J. (1979). The genesis of interpretation. *J. Am. Psy. Ass.* (suppl.), 193–206.
- ARON, L. (1996). *A meeting of minds. Mutuality in Psychoanalysis*. Hillsdale (NJ): The Analytic Press.
- BARANGER, W., & BARANGER, M. (1990). *The Work of Confluence: Listening and Interpreting in the Psychoanalytic Field*. London: Karnac.
- BION, W. R. (1962). *Learning from Experience*. London: Heinemann.
- . (1965). *Transformations*. London: Heinemann.
- . (1976). Evidence. In *Clinical Seminars and Four Papers*. (1987) pp. 230–237. Abingdon: Fleetwood Press.
- . (1987). *Clinical Seminars and Four Papers*. Abingdon: Fleetwood Press.
- BOLLAS, C. (1989). *Forces of destiny*. London: Free Association Books.
- . (1992). *Being a Character: Psychoanalysis and Self Experience*. London: Routledge.
- . (1999). *The mystery of things*. London: Routledge.
- BONAMINIO, V. (1996). Esiste ancora uno spazio per l'individualità del paziente? *Riv. di Psicoanalisi*, 97–110.
- BORDI, S. (1995). Lo stato attuale del concetto di neutralità analitica. *Riv. di Psicoanalisi*, 373–90.
- BOSCHAN, P. J. (1989). Attention, interpretation, identity and narcissism. *Int. J. of Psychoanal.*, 70: 255–263.
- BOTELLA, C., & BOTELLA, S. (2001). Propositions sur une notion de symétrie représentation-perception et ses vicissitudes dans la régression de la cure analytique. Paper given at Colloquio Italo-Francese, Bologna.

- CAPER, R. (1997). A mind of one's own. *Int. J. of Psychoanal.*, 265–278.
- DI BENEDETTO, A. (2001). *Prima della parola*. Milano: F. Angeli.
- FABOZZI, P. (1996), “Freud metapsicologo”, in FABOZZI, ORTU (eds.) *Al di là della metapsicologia*. Roma: Il Pensiero Scientifico, pp. VII–XXX.
- . (ed.) (2003), *Forme dell'interpretare*. Milano: Angeli.
- . (2016). The use of the analyst and the sense of being real: the clinical meaning of Winnicott's “The Use Of An Object,” *The Psychoanal Q.*, LXXXV, 1, 1–34.
- FELDMAN, M. (1997). Projective identification: the analyst's involvement. *Int. J. of Psychoanal.*, 227–242.
- FERENCZI, S. (1932). Confusion of the tongues between the adults and the child. *Int. J. of Psychoanal.* (1949), 225–230.
- FERRO, A. (2002). *Seeds of Illness, Seeds of Recovery*, trans. P. SLOTKIN. London: Brunner-Routledge, 2005.
- FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.*, pp. 211–227.
- FORRESTER, J. (1990). *The Seductions of Psychoanalysis*. Cambridge: Cambridge Univ. Press.
- FREUD, S. (1926). *The Question of Lay Analysis: Conversations with an Impartial Person*. S. E., 20.
- . (1937). *Analysis Terminable and Interminable*. S. E., 23.
- GABBARD, G. (1997). A reconsideration of objectivity in the analyst. *Int. J. of Psychoanal.*, 15–26.
- GARDNER, M. R. (1994). Is this a fact? Empiricism revisited, or a psychoanalyst at sea. *Int. J. of Psychoanal.*, 927–938.
- GIANNAKOULAS, A. (2003). *L'interpretazione e le sue vicissitudini. La tecnica in questione*. In P. FABOZZI (ed.) (2003), pp. 53–73.
- GILL, M. M. (1987). The analyst as participant. *Psychoanal. Inq.*, 7, 249–259.
- . (1994). *Psychoanalysis in Transition: A Personal View*. Hillsdale (NJ): The Analytic Press.
- GOLDBERG, A. (1994). Farewell to the objective analyst. *Int. J. of Psychoanal.*, 21–30.
- GORETTI, G. (1998). Strategie discorsive e identificazione proiettiva nella tragedia di Otello. In P. BION TALAMO, F. BORGOGNO, S. A. MERCAI (eds.) *Lavorare con Bion*. Roma: Borla, pp. 189–206.
- . (2001). The myth and history of some psychoanalytic concepts. *Int. J. of Psychoan.*, 1205–1224.
- . (2002). Pensieri sul tema del Congresso. Paper given at XIIth Congresso Nazionale della S.P.I., “Fattori terapeutici in psicoanalisi. Specificità e aspecificità nei processi trasformativi,” Trieste, 13–16 giugno.
- GREEN, A. (1990). *On Private Madness*. Madison, CT: International Universities Press, 1997.
- . (1993). *The Work of the Negative*. London: Free Ass. Books, 1999.

-
- . (1997). Smembramento del controtransfert. Paper given at the *Colloquio italo-francese*, Palermo.
- . (2000). The intrapsychic and intersubjective in psychoanalysis. *Psychoanal. Q.*, 1–39.
- GREENBERG, J. (1996). Psychoanalytic words and psychoanalytic acts—a brief history. *Contemp. Psychoan.*, 195–213.
- . (2001). The analyst's participation: a new look. *J. of American Psychoan. Ass.*, pp. 359–426.
- GRIBINSKI, M. (1994). The stranger in the house. *Int. J. of Psychoan.*, 1011–1022.
- GRINBERG, L. (1997). Is the transference feared by the psychoanalyst? *Int. J. of Psychoan.*, 1–14.
- HEIMANN, P. (1960). Counter-transference. In *About Children and Children-No-Longer* (1989), pp. 114–121. London: The New Psychoanalytical Library.
- . (1977). Further observations on the analyst's cognitive process. In *About Children and Children-No-Longer*, cit., pp. 226–237.
- . (1980). About children and children-no-longer. In *About Children and Children-No-Longer*, cit., pp. 248–261.
- HOFFMAN, I. Z. (1983). The patient as interpreter of the analyst's experience. *Contemp. Psychoanal.*, 19, 389–422.
- . (1991). Discussion: Toward a social-constructivist view of the psychoanalytic situation. (Discussion of papers by L. Aron, A. Modell and J. Greenberg.). *Psychoanal. Dial.*, 1, 74–105.
- KHAN, M. (1962). Dream psychology and the evolution of the psychoanalytic situation. In *The privacy of the Self*, London: Hogarth Press, 1974.
- . (1972). The use and abuse of dream in psychic experience. In *The privacy of the Self*. London: Hogarth Press, 1974.
- KHUN, S. T. (1977). *The Essential Tension*. Chicago: The University of Chicago Press.
- KLAUBER, J. (1971). The relationship of transference and interpretation. In *Difficulties in the Analytic Encounter*. Lanham, MD: Jason Aronson, 1981.
- . (1980). Formulating interpretations in clinical psychoanalysis. In *Difficulties in the Analytic Encounter*, cit., 1981.
- KLEIN, M. (1957). *Envy and Gratitude*. London: Tavistock Publications.
- KOHUT, H. (1984). The role of empathy in psychoanalytic cure. In *How Does Analysis Cure?* Chicago: The Univ. of Chicago Press, pp. 172–191.
- JACOBS, T. (1993). The inner experiences of the the analyst: their contribution to the analytic process. *Int. J. Psychoanal.*, 74, 7–13.
- LAPLANCHE, J. (1968). Interpretare (con) Freud. In *Il primato dell'altro in psicoanalisi*. (2000), pp. 61–78. Roma-Bari: la Biblioteca.
- LEVINE, H. B. (1994). The analyst's participation in the analytic process. *Int. J. Psycho-Anal.*, 75, 665–676.

- LOCH, W. (1976). Psicoanalisi e verità. In *Psicoanalisi e verità*. (1996), pp. 147-184. Roma: Borla.
- LOEWALD, H. W. (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. In *Papers on Psychoanalysis* (1980), pp. 352-71. New Haven: Yale Univ. Press.
- . (1978). Primary process, secondary process and language. In *Papers on Psychoanalysis*. (1980), pp. 178-206. New Haven: Yale Univ. Press.
- . (1986). Transference and countertransference. *J. of Amer. Psychoanal. Ass.*, 275-287.
- . (1988). *Sublimation: Inquiries into Theoretical Psychoanalysis*. New Haven: Yale Univ. Press.
- LOUW F., PITMAN M. (2001). Irreducible subjectivity and interactionism: a critique. *Int. J. of Psychoanal.*, 747-765.
- MILNER, M. (1957). The ordering of chaos. In *The Suppressed Madness of Sane Men*. (1987), pp. 216-33. London: Tavistock Publications.
- MITCHELL, S. A. (1997). *Influence and autonomy in psychoanalysis*. Hillsdale (NJ): The Analytic Press.
- MONEY-KYRLE, R. (1956). Normal countertransference and some of its deviations. *Int. J. of Psychoanal.*, 360-6.
- NISSIM MOMIGLIANO, L. (1974). Come si originano le interpretazioni nello psicoanalista. *Riv. di Psicoanalisi*, 20: 144-165.
- . (1982). La memoria e il desiderio. *Riv. di Psicoanalisi*, 88-100.
- O'SHAUGHNESSY, E. (1994). What is a clinical fact? *Int. J. of Psychoanal.*, 939-948.
- OGDEN, T. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. of Psychoanal.*, 3-19.
- . (1997). *Reverie and Interpretation: Sensing Something Human*. Northvale, N.J.: J. Aronson.
- ORNSTEIN, P. H., & ORNSTEIN, A. (1994). On the conceptualisation of clinical facts in psychoanalysis. *Int. J. of Psychoanal.*, 977-994.
- PINE, F. (2001). Listening and speaking psychoanalytically - with what in mind? *Int. J. of Psychoanal.*, 901-916.
- PONTALIS, J.-B. (1977). *Frontiers in Psychoanalysis: From the Dream to Psychic Pain*. London: The Hogarth Press, 1981.
- RENIK, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.* 62: 553-71.
- . (1995). The ideal of the anonymous analyst and the problem of self-disclosure. *Psychoanal. Q.*, 64: 466-495.
- ROSENFELD, H. (1987). *Impasse and Interpretation*. London: Tavistock.
- SANDLER, J., & SANDLER, A. M. (1994). Comments on the conceptualisation of clinical facts in psychoanalysis. *Int. J. of Psychoanal.*, 995-1010.
- SMITH, H. F. (1993). Engagements in the analytic work. *Psychoanal. Inq.*, 13, 425-454.

-
- . (1997). Resistance, enactment and interpretation: a self-analytic study. *Psychoanal. Inq.* 17, 13–30.
- STEINER, G. (2001), *Grammars of Creation*. New Haven: Yale Univ. Press, 2002.
- TAGLIACCOZZO, R. (1980). La pensabilità: una meta della psicoanalisi. Paper given at Centro Psicoanalitico di Roma.
- TURILLAZZI MANFREDI, S. (1999). Dall'ascolto all'interpretazione e dall'interpretazione all'ascolto. Paper given at Centro Psicoanalitico di Roma.
- VASSALLI, G. (2001). The birth of psychoanalysis from the spirit of technique. *Int. J. of Psychoan.*, 3–26
- WINNICOTT, D. W. (1947). Hate in the countertransference. In *Collected Papers: Through Paediatrics to Psychoanalysis*. (1958), pp. 194–203. London: Tavistock.
- . (1956). Primary maternal preoccupation. In *Collected Papers: Through Paediatrics to Psychoanalysis*. London: Tavistock.
- WINNICOTT, D.W. (1960b). Counter-transference. In *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. (1965), pp. 158–165. London: Hogarth Press.
- . (1960). The theory of the parent–infant relationship.” In *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. (1965), pp. 37–55. London: Hogarth Press.
- . (1962). The aims of psychoanalytical treatment. In *The Maturation Processes and the Facilitating Environment*. (1965), pp. 213–218. London: Hogarth.
- . (1963). Communicating and not communicating leading to a study of certain opposites”, in *The Maturation Processes*, cit., pp. 179–192.
- . (1968). The use of an object and relating through identifications. In *Psycho-Analytic Explorations*. (1989), pp. 218–227. Cambridge, MA: Harvard Univ. Press.
- . (1971). *Playing and Reality*. London: Tavistock Publication.
-

Via Pescara 2

00182 Rome, Italy

Paolo.fabozzi@uniroma1.it

Full Terms & Conditions of access and use can be found at
<https://www.tandfonline.com/action/journalInformation?journalCode=upag20>

OUR SYMBOLIC MINDS: WHAT ARE THEY REALLY?

BY MARGARET M. BROWNING

This paper grounds the symbolic mind in the natural history of the human species. After presenting an evolutionary cognitive explication of the distinctions in communicative minds between human and non-human social species, the paper examines the affective basis of animal cognition as argued by neuropsychanalytic theorists. In the human species, affect not only motivates learning about the world, it also forms the basis of our symbolic minds. It is the unique projection of our animalian affect into shared, external formulations that constitutes the intersubjectivity of our culturally-mediated minds. The import of this argument for psychoanalytic practice is then briefly considered.

Keywords: Symbolic minds, non-symbolic minds, affective development, feeling, psychoanalytic treatment.

Scholars in myriad fields acknowledge the symbolic nature of the human mind, an apparently unique characteristic of the human species. Scholars grounded in a “naturalistic” tradition can easily move from animal intelligence to human intelligence, noting merely, presumably, a *quantitative* shift of some sort underwriting the symbolic intelligence of

After receiving her Ph.D. in Psychology from The University of Chicago, Margaret M. Browning continued her developmental research with colleagues focused on prematurely-born infants. Subsequently she spent over ten years at a Department of Veterans Affairs hospital conducting research in health services. In her retirement she is focusing on her own area of interest in neuropsychanalytic, developmental, philosophical psychology.

the latter species. They do not appreciate that the shift is *profoundly qualitative*. Understanding the evolution and the nature of symbolic thinking, supporting and supported by human language, and its continuing integration with non-symbolic thinking is particularly important for a clinical field that probes the depths of the human mind. From an evolutionary perspective we must consider how intelligence and communication in social species might have developed and led to the flowering of symbolic thought in our own. While intelligence is rightly considered a cognitive faculty, from an evolutionary neuroscientific viewpoint it is a faculty grounded in affect. Affect not only drives non-symbolic thought, it is the specific enabling dynamic behind symbolic thought within our own species. The implications for psychoanalytic theory and practice of this rendering of our natural history are significant.

Children are particularly adept at *discovering the higher order* of the self-sustaining system of human symbolic language, of discerning the forest as it were before they can be lost in the trees. Words (symbols) derive meaning from each other, even though they are of course tied to the natural world (including the human social environment) in terms of the objects and events they refer to and the cognition they support. While other social species communicate information about the world to each other, human symbolic communication produces a world of its own making, infinitely complex and only indirectly, albeit importantly, making reference to the “real” world. The *symbolic insight* of the growing child—an insight evidenced by the earliest demonstration that words are no longer understood as mere auditory signals to act upon something (as other animals appear to understand spoken words)—this symbolic insight is facilitated by the capacity to *inhibit and recode* non-symbolic thought into a higher cognitive order. The child’s increasing engagement with words as symbols demonstrates another emergent capacity, namely the capacity to project affect into the shared formulations of language.

Drawing on Susanne Langer’s philosophical framework for a science of psychology, we may equate affect with the capacity to feel and state that it is *the projection of feeling into form* that is the basis of the symbolic process (Langer 1942, 1953, 1967). This dovetails nicely with neuropsychanalytic models of human development that posit affectivity as the

basis of our conscious experience and our minds.¹ Affectivity is the *subcortical* core of subjectivity apparent even in the newborn when the infant is awake and alert, which rapidly underwrites the “objectivity” of the experienced world in the process of the child’s cognitive (sensorimotor) *cortical* development. Susanne Langer equates this core subjectivity and its underwriting of objectivity with the capacity to feel. For Langer, feeling includes both the capacity to experience the world through our various external sensory systems as well as the capacity to experience our own agency, what children in the human species learn to call “me.”

The self-making (i.e., sociocultural-making) of our species’ most important symbol systems, namely our various human languages, depend on this capacity to feel: the subcortical core of subjectivity we share with many animal species which underwrites our animal experience of and learning about the “objectivity” of the environment (both physical and social). But in the human species this experience of a core subjectivity and its rendering of an experienced “objective” world is enlisted into *projective forms* comprising a self-sustaining (i.e., sociocultural-sustaining) symbolic system of words and “rules” for using them.

The first section of this paper begins with an evolutionary account of the dawning of the symbolic mind rendered by evolutionary anthropologist and neuroscientist Terrence Deacon. His argument for the co-evolution of language and the human brain is important for understanding the nature of our symbolic minds and how it is that children so miraculously become symbol users. Deacon’s cognitive rendering of this natural history builds a framework for the next section of the paper to inhabit with its developmental model of mind based on a core affective subjectivity. Drawing on these two pieces, the penultimate section of the paper develops the main argument of the paper making use of Langer’s understanding of mind. Our symbolic minds, supporting and supported by our various symbolic languages, are qualitatively different from other animal minds and arise

¹ The complexity of mind in terms of consciousness, what and when mind is conscious, will be examined below in the section on the neuroaffective model of human development. For now no qualifications are made, and the term mind is used freely with such words as subjectivity, objectivity, affectivity, experience, and “the capacity to feel.”

from the seemingly unique faculty of the human species to *project* its animalian capacity to feel into shared “objective” forms. It is this faculty that underwrites an “intersubjective” order in human society. Not only do we share an explicitly common external world, but we can develop our internal worlds in this intersubjective theatre with others. It is our internal worlds, expressed through the centuries in art, which psychoanalysis has always sought to understand. The final section of the paper considers implications for psychoanalytic treatment based on such a conception of our symbolic minds.

THE SYMBOLIC SPECIES: THE CO-EVOLUTION OF LANGUAGE AND THE BRAIN

Terrence Deacon’s account of the co-evolution of language and brain in the human species with his 1997 book *The Symbolic Species: The Co-Evolution of Language and the Brain* was widely praised as the distinguished work of a neuroscientist and evolutionary anthropologist (e.g., Favareau 1998; Hudson 1999). In terms of his foray into the fields of philosophy of language and linguistics, the review was not as favorable (e.g., Hurford 1998), although an excerpt from his book is included in the recent volume of *Essential Readings in Biosemiotics* (Favareau 2010). In any case, the use of Deacon’s speculative thesis in this paper, as indeed the whole argument of the paper, is offered in the spirit of Susanne Langer, who disclaimed in her final three-volume work on mind any attempt to prove the “sole rightness” of her approach, but rather the “serviceability” of her philosophical outlook (Langer 1998, xv).

Deacon begins by underlining the distinction in social species between intelligent communication and language. Too many scholars overlook this distinction and take human language as their prototype for explaining animal communication, working backwards to decipher what they consider to be a “language” in abbreviated form. From an evolutionary perspective it makes no sense to work this way. One must begin with the many forms of communication among non-human social species—e.g., calls and gestures—and recognize the continuing importance of nonverbal communication in our own species—e.g., laughing, crying,

and all kinds of body language supporting our non-symbolic communication—before examining how a true language, namely a *symbolic* system of communication, developed in the human species.

Communication and Systems of Reference

Animals learn “to read” their environments to procure from the world the things they need to survive and reproduce (Reed 1996) and in a social species this intelligence is communicated among conspecifics (others of the same species). Informed reference to objects and events in their world is the basis of social communication. Communicative referencing most likely evolved as different animal behaviors were *interpreted by conspecifics as meaningful*, triggering adaptive behaviors on the part of these others. Such a capacity to cognitively respond to the behaviors of others in their species is a fundamental capacity of a social species. Social animals *interpret*, for example, calls or gestures made by another individual encountering danger, a facility enhancing survival and passed down through evolutionary selection. Thus “references” themselves derive from cognitive acts on the part of animals who observe and interpret; they are not innate properties of such things as calls and gesture, but to a discerning mind they are *construed* as “pointing” to something in the environment. This is the nature of early non-symbolic interpretation and learning in the human infant, as expounded upon below.

However, there are different systems of reference, and Deacon employs the distinctions made by the American philosopher Charles Sanders Peirce (1897, 1903) between *iconic*, *indexical*, and *symbolic* systems. Iconic reference is the basis of recognition, the interpretation of sameness. Indexical systems of reference are what we are most familiar with in thinking about animal learning and even our own non-symbolic learning, i.e., conditioning. “Indices” are based on observed spatial or temporal *correlations* with those things animals understand such indices to refer to. Indexical learning is the basis of discovering primary associations between things and/or events in the world. It is the basis of the human infant’s development of perceptual-motor-affective procedural memories as discussed below. Correlations are discerned and continue to be informative to the animal interpreting them as long as such correlations exist. If the spatial or temporal contingencies are extinguished,

the animal's associations are also extinguished. There are no relationships between indices. There are just many, many singular associations that animals use on an individual basis to negotiate their way through their physical and social worlds. *Relationships are the hallmark of symbol systems.*

Symbolic systems of reference are derived from indexical systems, but symbolic systems are built on relationships. *Symbols are interpreted in relation to each other.* Their meaning drives from the context of their use with other symbols, although they importantly continue to indirectly refer to objects or events in the real world via the indexical correlations of which they are comprised. Symbolic reference is not learned by remembering associations; it is not merely a set of new correlations. In fact, the fundamental process of learning by discernment of correlations must be inhibited so that symbolic reference can be perceived, can be *discovered*. This discovery is an insight on the part of the child who "gets it." Once the insight is gained, it is never lost. The absence of indexical reinforcement makes no difference since symbols comprise a self-sustaining system where they continue to derive meaning from each other.

The real import of a symbolic system of reference is its use in referring to *relationships* among objects and events. The most basic relationship of meaning is that of subjects and predicates (topics and comments, agents and action) enabling communication that goes beyond merely marking and serves as a means of indicating, commanding, and seeking additional information. Symbols also allow for the logical categorization of entities at higher and higher levels of abstraction but also in the analytic breakdown of objects and events into smaller and smaller units. This faculty of explicit categorizing is particularly important for human conceptual cognition.

For the child, moving from an indexical level of reference to a symbolic one entails a process of "unlearning." Understanding symbols requires an inhibition of the natural inclination to correlate events, since symbols are not new one-to-one associations to be learned. While indexical associations are necessary prerequisites for symbolic reference, ultimately they must be suppressed for symbolic reference to work. Grasping a symbolic system of reference also entails an appreciation of what cannot be done, i.e., understanding the rules that constrain the

use of words (i.e., syntax). Since it is difficult to train “exclusions,” these rules must also be “discovered.” Comprehending a symbolic system of reference is a recoding process. It ushers in a “top-down” cognitive capacity, albeit “bottom-up” (i.e., correlative) cognition continues to be important. Sometimes many “bottom-up” correlations must be learned by *rote* (indexical memorization) before a full *understanding* of the conceptual, i.e., symbolic, system one is trying to master is gained. Once gained, however, such a conceptual system provides a powerful new memory tool for organizing and recalling the things one has learned.

The Rapid Acquisition of Language in the Human Child

Deacon agrees with other scholars that there is some kind of priming involved in the relatively rapid, if initially primitive, acquisition of symbolic comprehension and use in young children. Children appear primed to recognize the big, if initially blurry, picture of the whole. “Learning the details becomes possible with a maturing brain, but one that is less spontaneously open to such ‘insights’” (1997, p. 136). Deacon suggests that such priming resides neither in the young mind of the child, as Chomsky argues with his theory of an innate grammar, nor in the adult minds of the child’s caregivers, as learning theorists argue with their emphasis on the rich sociocultural environment the child is embedded in from birth. For Deacon, the priming resides in the evolutionary nature of symbolic language itself. He argues that human languages evolved along with the evolution of the human species. Languages were never explicitly designed but arose spontaneously as fundamentally social, statistically fuzzy entities. Human languages are neither essentially formal nor essentially neurological/psychological phenomena; rather they are entirely based in social practice. This echoes Wittgenstein’s idea of forms of life and language games (1953).

Deacon argues that the two evolutionary trajectories of language and species exerted selective constraints on each other. Human societies flourished with the social advantages of a primal symbolic vs. an indexical system of communication, so there was selective pressure on the species to adapt to the demands of symbolic cognition. On the other hand, languages “needed” human societies to flourish, so there was selective pressure to “adapt” to the cognitive constraints of children, the children who must readily become language users to insure the reproducibility of

language from generation to generation. Languages evolved as user-friendly, child-intuitive systems, and the human species evolved as a primate species with a distinctively larger cerebral cortex, in particular a distinctively larger prefrontal cortex enabling greater inhibitory capacity and the capacity for cognitive recoding.

It was the actual practice of using words that drove the evolutionary changes in the human brain *through selection for learning biases*. Evolutionary biologist Conrad Waddington (1957) used the term canalization to refer to inherited *predispositions or developmental constraints*. “What is unusual in humans is the radical shift in the balance between attention to higher-order recoding possibilities, and thus unlearning, as compared to more typical first-order learning processes which are more appropriate to the vast majority of physical and even social adaptations” (Deacon 1997, p. 335). These learning biases can be traced in both the evolution of the human species and the development of the human child (Hofer 2014).

What is the Role of Affect in Learning?

With Deacon’s cognitive framework for the symbolic mind we can now look at the role of affect in cognition: *affect drives the entire cognitive process*. According to neuroaffective research, affectivity is the very basis of mind and the foundation of cognition. I look at this research in the next section. Then we will be able to appreciate the further link, the special human link between affectivity and *symbolic* cognitive functioning, as Langer understands it: *the uniquely human projection of an animalian capacity to feel into public formulations of understanding*. While social animals inadvertently communicate their felt cognitions through their behaviors, if interpreted by others in their species as meaningful, humans learn to project their feelings into shared cognitive constructions, explicitly and intentionally communicating meaning in an intersubjective world mediated by their symbolizing minds.

THE NEUROAFFECTIVE DEVELOPMENTAL MODEL OF THE HUMAN MIND

Neuropsychanalysis draws on the relatively new field of affective neuroscience, as the latter field has been developed and promoted by

researchers such as Antonio Damasio (1999), Rolf Llinás (2001), Jaak Panksepp (1998), and others. In contradistinction to the decades of cognitive neuroscience focused on examining the many unique cortical capacities of the human species, scholars such as Panksepp have focused on the shared mammalian structures in the oldest (evolutionarily speaking) part of the brain, namely the brainstem.

Affective Neuroscience

The evolutionarily primitive brainstem is the seat of what Panksepp considers to be the affective foundation of neural functioning in all mammals. As he says:

... many of the ancient, evolutionarily derived brain systems all mammals share *still* serve as the foundations for the deeply experienced affective proclivities of the human mind. Such ancient brain functions evolved long before the emergence of the human neocortex with its vast cognitive skills. [1998, p. 4, italics added]

In an article written jointly with Panksepp by neuroscientist and psychoanalyst Mark Solms (2012), the Freudian structural model is turned on its head. Solms and Panksepp argue that Freud's id—instincts, drives, emotions—is in fact the affective core of the mammalian brain and the subcortical apparatus that supports a primal subjectivity (i.e., feeling or consciousness) throughout the development of brain and mind. It is this subjectivity that Solms and Panksepp argue provides the basis for motivating cognitive growth, the growth of Freud's ego. Primary affect requires no learning while cognition is fundamentally a continuous learning process. According to Panksepp:

... nature and nurture provide different things in our final toolbox of skills—nature gives us the ability to feel and behave in certain ways, and learning allows us to effectively use those systems to navigate the complexities of the world. [1998, p. 16]

It is argued by Solms and Panksepp (2012) and others, such as Rolf Llinás (2001), that the brain is organized first and foremost around the important task of maintaining the visceral body, i.e., homeostasis must be constantly preserved. Llinás argues that this first system of neural functioning is a closed system with its own primary endogenous rhythms

(Llinás 2001; see Browning 2017b). It is around this system that sensorimotor capacities are developed and refined just as the musculoskeletal body develops in its envelopment of the viscera. The acquired cortical networks of electrochemical circuits that respond to “objective” external stimulation and support the perception of objects only influence behavior by modifying the internal rhythms of the subject. The evolution of different levels of brain function over the history of mammalian species follows in the same way. Panksepp (Panksepp 2011; Vandekerckhove and Panksepp 2011) refers to these evolutionary levels of brain function as primary (or anoetic²), secondary (or noetic), and tertiary (or autonotic), which repeat a similar progression in the epigenetic growth of the child’s mind. Primary functioning refers to the innate, affective readiness of the newborn at birth: the infant’s instinctive emotional behavior. Secondary brain functioning emerges rapidly with the earliest sensorimotor growth of the child. This is based on what Deacon would refer to as the indexical correlations registered by the infant as she learns to coordinate her own bodily experience within the interactive contingencies of her early world. This is the basis of perceptual-motor-emotional procedural memory as discussed below. Tertiary functioning is facilitated by cultural fluency, a capacity based on the child’s discovery and enlistment into the symbolic theatre in which she is growing. The three levels of functioning, once all are operating, continue to interrelate, so that Panksepp can write:

I see no contradictions or problems with the view that many primary-process emotional behaviors and feelings arise from primitive brain systems, homologous in all mammals, while the higher *neocortical* systems provide diverse regulatory controls that can trigger emotionality, inhibit emotionality, generate propositional attitudes and cognitively slice and dice primary affective feelings in complex ways, thereby refracting basic feelings into a menagerie of higher-order feelings and thoughts, all culturally guided, some uniquely. [2008, p. 399, italics in the original]

² These are terms used in cognitive neuroscientist Endel Tulving’s model (Tulving 2002).

The importance of this organic, dynamic statement about MindBrain (a term Panksepp likes to use, 1998) for clinical theory will be discussed below, but it underlines the complexity of uncovering the psychic motivations feeding the distress of the analytic patient. It also underlines the key role of feeling in the analytic process.

The Conscious Id

In his 2013 target article in the journal *Neuropsychanalysis*, Solms expounds on the “conscious id.” He begins by emphasizing the important distinction between external *objects* and internal *states* of consciousness. Perceived objects depend on a perceiving subject. As the child’s mind develops, externally sculpted, top-down controls of mental behavior organized around objects take shape, but they are always dependent on the integrity of the bottom-up internal functioning of the subject. Exteroceptive stimuli gain influence only by constraining what is fundamentally an endogenous process.

This internal endogenous affective process includes an essential state of feeling or primal consciousness as Panksepp has always argued as well. Affects, or emotions,³ are fundamental properties of the brain, read-only properties of the brain that provide readiness for the organism at birth and generate a state of feeling as part of their endogenous nature. Solms refers to emotions as peremptory forms of motor discharge, innate mental organizations serving as the source of motivation for any action taken by the organism. In sum, he says:

... consciousness is not inherently perceptual; it is inherently affective. And in its primary manifestations, it has less to do with cognition than with instinct ... *consciousness is generated in the id*, and the ego is fundamentally unconscious ... [the] cortex transforms the fleeting, wavelike states of brainstem activation into “mental solids.” It generates *objects*. [2013, p. 12, italics in the original]

Solms claimed in an earlier work addressing the nature of consciousness (1997) that Freud’s model of mind actually posited all mental processes as unconscious. As such, consciousness is not a *portion* of mental

³ No distinction is being made here.

activity but rather a *reflection* of it. Our conscious introspections are based on an internal sensory modality that is really no different from our external sensory ones. From either vantage point, external or internal, we can examine the natural workings of our mind, although it must be conceded that visual awareness, e.g., imaging the brain itself, is a more reliable, if vastly different form of perceiving mental functioning than its introspective counterpart. In this earlier article Solms addresses the “hard” problem of consciousness, the question of how the brain “causes” consciousness. He claims that this question is fundamentally illogical: brain (our images of it) and mind (consciousness) are merely two different perceptions of the same natural mental processes and neither perception “causes” the other.

In his target 2013 article, Solms reiterates that affective consciousness may be described as an interoceptive sensory modality, but here argues that this position is not sufficient in itself: affective consciousness is as well an intrinsic property of the brain. We can integrate these two positions by reformulating them as follows. There is indeed a primal state of consciousness—what Langer, expounded upon below, equates with a capacity to feel—that constitutes the ongoing platform of subjectivity motivating our interactions in the world. However, once we attain symbolic fluency and operate in an intersubjective world defined by language, we are often unaware of this fundamental subjectivity since it is so often overlooked in favor of a focus on the “objective.” At the same time, the symbolic fluency we gain is what launches the unique human capacity for internal awareness.⁴ The young child, once she demonstrates some symbolic understanding, is expected to begin to monitor her behavior, to begin to give reasons for what she is doing. She is learning about the social practice of accountability. Ideally this social practice engenders an ongoing development in the capacity for self-awareness, an effort supported by caregivers to identify “real” feelings and examine motives, and not just the development of an ability to give acceptable reasons. What we declare to be our reason for acting may or may not have anything to do with what in fact our (un)conscious intention was. This is the focus of psychoanalytic theory but cognitive science can help us here.

⁴ This is not to say that other animals have no internal perceptual capacity, but it is very difficult for us to conceive of outside of language.

Procedural and Declarative Memory Systems

Cognitive science research distinguishes between procedural and declarative memory processes. Procedural memory supports those capacities that most likely required careful attention in the learning process but now function automatically: walking in early childhood, driving a car when we are older. According to Clyman (1991), the neurobasis for acquiring procedural memories is in place at birth, while the capacity for declarative memory formation requires the functioning of a brain structure (the hippocampus) that is not fully functional until around the age of five. Declarative knowledge can be consciously recalled, it is symbolic, unlike procedural knowledge which can really only be demonstrated (it is non-symbolic). Declarative knowledge may be called upon when procedures such as driving are explicitly taught, that is taught in the sense of guiding initial performances. Once learned, procedures become fully automated with no attention (consciousness) required.

The important point for psychoanalytic theory as elaborated upon below is that procedural memories laid down early in life— perceptual-motor-affective procedures—are difficult to identify and even more difficult to change. It is easier to learn a procedure under explicit declarative instruction, i.e., verbal guidance, than it is to “unlearn” one that has been rendered automatic. Children develop emotional procedural memories directly as they find strategies for meeting their emotional needs, typically without any declarative mediation as this process usually takes place before declarative learning is possible. Children normally gather more from what their parents do than what their parents say. Clyman says, “... it may be the case that strategies which are developed unconsciously have more motivational force than those which are consciously formulated when learned” (1991, p. 360). These considerations will be discussed below in the final section on implications for psychoanalytic treatment. For now it is important to return to the primal state of our affective consciousness, our shifting states of feeling as Langer conceptualizes them that are the only way into ourselves.

Solms draws this conclusion in his 2013 target article:

We are thus led full circle. To re-establish the difference between behaviorism and psychoanalysis – the science of the mental *subject* – more than a century after Freud first introduced

the notion of an unconscious mind (the validity of which is accepted more widely today than it ever was before), we must embrace *consciousness* once more as being the most fundamental feature of the mental. [2013, p.16, italics in the original]

This is particularly important when we consider that consciousness, or feeling, is the prerequisite for interactions in our *symbolic* worlds, the worlds of our own making that mediate everything we do. Just as we project feeling into symbols, we may use symbols to find out what we are feeling.

SYMBOLIC FUNCTIONING AS THE PROJECTION OF FEELING

The argument of this paper makes use of Susanne Langer's philosophical work in psychology to explicate the special connection between *symbols* and affective consciousness (1942, 1953, 1967, 1972, 1982). While affects provide the foundation for all animal cognition, they function in a unique way to support cognition based on *symbolic reference*. Symbols depend on the capacity to render affect, what Langer calls organic feeling, into external form, most notably language. Symbols project feeling into physical forms (heard or seen) collectively constructed as meaningful and used to share import directly and with intention.

Langer's Concept of Feeling

Cultural forms capture both what Langer refers to as feelings of impact, i.e., feelings based on external sensory receptors whose projected forms mediate our interactions with the "objective" environment, as well as feelings of autogenic action, i.e., feelings based on internal perception whose projected forms mediate development of our "subjectivity" (1967). Whereas animal affect leads to learned sensorimotor behavior, behavior that is indirectly communicative when other animals interpret it as meaningful, in the case of human social activity affect is launched into a symbolic way station entailing an initial inhibition of behavior. In this way human intentionality can be explicitly enacted. Organic feeling is ultimately the same affective basis of all animal behavior, but it is recoded in the human species in a form that can be channeled into a socially articulated practice of behavior.

Animals need to act to survive, and their senses develop to inform their actions in a productive way. The affective basis of animal cognition is the motivation for acting in a knowledgeable fashion based on this sensory learning. In the case of symbolic cognition, motivating affects are interrupted from action by a projection of feeling into forms of shared social understanding. These social forms operate by organizing the feelings of members of society into common formulations, expressions that hold feeling before acting so actions can be executed in a socially consistent way. Solms says “The resultant inhibition – which perforce occurs at the *motor* (frontal) end of the apparatus, where outputs *must be sequenced over time* – requires tolerance of frustrated emotions” (2013, p. 13, italics in the original). Vandekerckhove and Panksepp distinguish intentions *to act* rather than intentions *in action*:

The functions of frontal lobes, aside from the executive organization of information and the initiation and the maintenance of higher intentional behaviors (i.e., “intentions *to act*”, as contrasted with lower intentional behaviors, such as “intentions *in actions*”, that arise directly from subcortical emotional-action-systems), allow us to reflect upon ourselves and to self-referentially anticipate future possibilities in the context of personal goals and aspirations. [2011, p. 2022, italics in the original]

Both Solms and Panksepp identify, as Deacon does as well, a process of inhibition enabling the recoding of cognition into a symbolic system of reference.

Langer’s relatively simple but powerful insight is her recognition that feeling is really what we mean by consciousness, affective consciousness as we now understand it. Whereas consciousness is easily construed as something animals *have*, it is better to understand feeling as something animals *do*. To feel is intrinsically a state of activity (Gibson 1966). Whether feeling derives from external sensory receptors or internal ones, it is always a matter of what the animal is *doing* (Gibson 1966). In the case of the human species what we in turn *do* with feeling is to render it into forms that temporally halt our activity, thus allowing our species to fashion intentions *to act* rather than intentions *in acting*.

Human sociality is an enterprise unknown elsewhere in the animal world. The unique cognition of the human species derives from the common mammalian capacity to feel—the wellspring of organic intelligence—but feeling in its projected form as symbolic cognition fosters a truly social intelligence. This intelligence entails a collective *intellectual* environment where *intersubjectivity* forms the basis of a shared “objective” world as well as the capacity to investigate personal “subjectivity.” We can shift Solms’ conception of consciousness as both an intrinsic property of our brains as well as an interoceptive perceptual faculty into a slightly different formulation. Consciousness is first of all the fundamental animalian capacity to feel. Secondly, in the human species it becomes a sophisticated internal perceptual process mediated by its projection into a symbolic language. Our introspective abilities may be less reliable than our visual ones, but we nevertheless have the opportunity with language to explore and develop the depths of our individual subjective worlds, both as personally and socially derived (Browning 2017b). Of course the horizons of our shared visual world (i.e., our “objective” world) are also mediated by language.

Development of a Concept

Langer’s development of her notion of feeling is explicated in her final, three-volume, magnum opus: *Mind: An Essay on Human Feeling* (1967, 1972, 1982).⁵ But it is important to understand her motivation for embarking on this philosophical examination of the biology of life and consciousness. In her earlier and widely read book, *Philosophy in a New Key: A Study in the Symbolism of Reason, Rite, and Art* (1942), Langer addresses the philosophical problem of her day, namely symbolism. Here she not only develops her logical argument for differentiating between signs and symbols (Deacon’s indexical vs. symbolic systems of reference), but also argues for differentiating between presentational and discursive symbolic forms. This latter distinction allows her to argue for the equivalently intellectual status of art and science, elevating the former and qualifying the latter. Art as a “presentational” symbolism is

⁵ Gary Van Den Heuvel published an abridged edition of Langer’s three-volume work in a single volume (Langer 1988), with the “aim of introducing Langer to a wider audience, with the conviction that her magnum opus deserves a broader readership than it has achieved” (p. viii).

as much an *intellectual* activity as science, while science as a “discursive” symbolism is as much a human *creation* as art (1942).

From this work Langer moved on to investigate the basis of art in its various expressions, e.g., music, painting, etc., concluding in her 1953 book *Feeling and Form* that all the arts shared a common foundation in the articulation of human feeling. This was the idea that motivated her exhaustive examination of the evolution of feeling in the natural history of life. In her three-volume masterpiece Langer traces what she argues to be the endogenous activity of organisms manifest in both their internal organic activities and their external behavioral ones. These include various patterns of embedded intrinsic motivations. Beginning with the notion that “... a germ cell carries a ‘genetic code,’ not as a ‘blueprint’ to be followed or a set of ‘instructions’ to be obeyed, but as an organically engendered crowd of suspended activities ready to resume their advance whenever possible in any subsequently possible ways” (1988, p. 142), Langer goes on to argue the following:

At the low activity level of plants, which is normally a purely somatic level, contacts with environmental stimuli motivate unequal rates of metabolism and mitosis, so roots grow vigorously toward a source of food, buds open fastest where light and warmth reach them most freely, etc. It is typical of animals, however, to unfold their behavioral acts particularly under the influence of external events, so that more or less acute outward changes are reflected in the motivation of overt acts, making those acts appear like direct mechanical effects of the stimulus. [1988, p. 171]

The stimulus/response theories of psychology that Langer grew up with, the mechanistic theories of behavior, are roundly dismissed by her in favor of a picture of intrinsically active organisms, dependent on their environments to thrive but nevertheless dynamic agents who *seek* and *take* what they need from their surrounds (Gibson 1966). Langer suggests that it is with the increasing intensity of such intrinsic activity that a “psychical” phase arises, a phase of feeling emerging from the depths of the organism. Langer was not a neuroscientist, but her image of the evolution of consciousness is not incongruent with the neuroscientific ideas of Solms and Panksepp. In fact, her conception of the field of psychology is very relevant:

Feeling, in the broad sense of whatever is felt in any way, as sensory stimulus or inward tensions, pain, emotion or intent, is the mark of mentality. In its most primitive forms it is the forerunner of the phenomena that constitute the subject matter of psychology. Organic activity is not “psychological” unless it terminates, however remotely or indirectly, in something felt. Physiology is different from psychology, not because it deals with different events—the overlapping of the two fields is patent—but because it is not oriented toward the aspects of sensibility, awareness, excitement, gratification or suffering which belong to those events... The question is not one of how a physical process can be transformed into something non-physical in a physical system, but how the phase of being felt is attained, and how the process may pass into unfelt phases again, and furthermore how an organic process in “psychical phase” may induce others which are unfelt. Such problems, even if far from solved, are at least coherent with the rest of biological inquiry and logically capable of solution. [1967, pp. 4, 29]

Of special importance for Langer is the role of imagination (Browning 2006). The endogenous activity of living organisms, in particular very complex organisms, appears to have led to the evolution of a faculty for imagining events outside their actual transpiring, the welling up of internal and external feelings engendered by such events in spite of their absence, perhaps for neuroregulatory purposes. The rapid eye movements seen in mammalian sleep are evidence of experiences taking place without any external stimulation. Such dream hallucinations would have taken place as well in the waking lives of our early ancestors, but only involuntarily. What the early appearance of symbolic communication afforded, and indeed was dependent on, was some *voluntary* control over this faculty for imagining (Langer 1988). Outside the presence of some entity a sound could be called up, in turn engendering the feelings associated with it. The reference of the word would be fixed; the denotation would not change. The sense or connotation of the word might vary as indeed connotations can vary today. Imagination is a prime indicator of the endogenous rhythms driving organisms as they seek to make a life in their surrounds.

The Continuity and Discontinuity between Biology and Culture

Langer's concept of feeling both connects and disconnects our notions of biology and culture (Browning 2006, 2016). Feeling is a thoroughly organic phenomenon associated in Solms' and Panksepp's work with the subcortical structures of our brains that we share with other mammalian species. This capacity to feel grounds us in the natural world, as indeed it grounds all mammals. Yet feeling is what the human species utilizes in its unique fashion to create symbols—symbols that embed us in a culture mediated by these very symbols themselves. Creatures of the natural world, we yet carry out our intentions in a projected theatre of our own devising, an intersubjective stage upon which we collectively examine our external world and learn to understand the worlds inside us.

WHAT ARE OUR SYMBOLIC MINDS REALLY? IMPLICATIONS FOR PSYCHOANALYTIC TREATMENT⁶

Psychoanalysis has always privileged affect as the basis of our mental lives, but it has not necessarily recognized affect as the basis of our uniquely *symbolic minds* and the import this has for psychoanalytic theory and treatment. It is the uniquely human *projection* of affect that allows us to formulate ideas with others about our world(s), both in the creation of our common objective world and, most importantly for clinical interventions, the (re)organization of our personal subjective worlds.

Psychoanalytic Theories of Motivation

What is this affect that defines the very depths of our mental lives as psychoanalysis has always posited? Freud embraced the notion of instinctual drive in several formulations. Whether it was a matter of self-preservation vs. sex, or life vs. death, there was always a dichotomy in the Freudian theory of drives, inevitably engendering conflict. Freud's structural theory of 1923 posited the organizations of id, ego, and superego derived from the developmental process of integrating conflicting motivations within these mental organizations. Classical drive- and structure-

⁶ This section is only briefly developed. A second paper will focus exclusively on these implications.

based analytic treatment builds upon the emergence in the analysand of processes of resistance and transference, allowing for timely interpretations of conflict by the analyst and stimulating insight on the part of the analysand into her unsatisfactory mental organization. As it is continually identified, this organization may be reworked over time into a more functional integration of competing motivations (Arlow 1987; Sugarman 1995). Older psychic organizations may remain in some form and be reactivated under stress, i.e., they may not be completely “unlearned,” but the inhibitory capacities of the (pre)frontal lobe that are critical in the attainment of symbolic functioning may strengthen new motivational configurations over time as the “first” response.

Relational theories of psychoanalysis posit relations with others, in particular the early relationship of the young child with her caregivers, as the primary influence on mental development. These theories conceive of psychopathology in terms of a deficit model of mental organization. Lacking a satisfying attachment to others in development, the analyst is called upon to provide a corrective positive relationship in the analytic setting. Making up for earlier deficits in development, the analysand may build on the good experience in the treatment process and be able to move forward with others in a more satisfying way (Mitchell 1988; Sugarman 1995).

The neuropsychanalytic theory of motivation adopted in this paper posits a set of needs based on multiple subcortical affective systems identified across mammalian species in ongoing animal research. The earliest affective systems Panksepp’s research supports (SEEKING, PANIC, FEAR, and RAGE⁷) comprise the infant’s endogenous motivational organization (1998). Seeking drives the infant in search of her environment’s affordances for the care she cannot provide herself (Browning 2017a; Reed 1996). Panic underlies the attachment system that motivates the baby’s need for others, and fear and rage communicate to these others when the child experiences her needs as unmet. This primary motivational framework (later including PLAY, CARE, and LUST, as well as other systems that support complex human sociality) develops throughout childhood and into the adult years as secondary perceptual-

⁷ Panksepp capitalizes the labels for these systems to distinguish his own use of common words (1998).

motor-affective procedures are established and tertiary symbolic self-examination becomes possible (Panksepp 2011; Vandekerckhove and Panksepp, 2011). These three levels of mental functioning are continuously integrated and continuously issue into a state of consciousness, the state of feeling that is key to examining our mental functioning if we choose to do so.

Psychoanalytic Processes

Solms and Panksepp delineate affective systems in the place of Freud's drives and turn Freud's structures of id and ego on their head, but they are still working within the depth psychology of psychoanalysis. Conflict is often unavoidable with distinctive affective motivations, e.g., wanting to explore but being afraid to do so. Conflict is also dependent on the child's capacity and the parent's facilitation of self-regulation and organization of experiential state.⁸ The great emotional risks in development are the establishment of early procedural memories that may become dysfunctional in adolescence and adulthood. These emotional processes are laid down through the child's adaptations growing up, regulating her needs in search of satisfaction at home and in other environments. Maybe the child has had to develop strategies for survival within a household of limited emotional affordances that restrict her later from searching out new sources of emotional support. Or maybe her own childhood fantasies that no parent can ever be aware of have directed her emotional strategies. These mal-adaptations have been encoded in procedures that can only be indirectly identified in analytic therapy in symbolic apprehensions, hopefully loosening their hold on the patient in this process.

⁸ The infant's challenge of self-regulation includes not only the maintenance of organic homeostasis but rudimentary affective interactions with her external environment. Psychoanalytically-minded infant researchers like Louis Sander (Sander et al. 1979) see a continuity between the infant's organization of physiological state and her earliest states of feeling. Infant researchers like Evelyn Thoman (Thoman and Graham 1986) emphasize the importance of the child's experience of her *own self-regulatory capacity* vis-à-vis the environmental support she requires. The organic and experiential state of the infant is hers, from day one, although critically organized around her environment. If this environment is sensitive and supportive of her personal agency, albeit immature, the child is much more likely to thrive.

Clyman (1991) makes use of the distinction between declarative and procedural cognitive systems (symbolic and non-symbolic) to integrate the place of interpretation and insight as well as direct relational learning in the psychoanalytic process. Perceptual-motor-affective procedural memories set down in childhood have a strong motivational force and are hard to address and change. If the patient has adopted strategies during a difficult childhood, she will experience particular resistance in approaching these formerly “best” solutions assumed in the face of her earlier distress. But procedural memories become specifically evident in the development of the patient’s transference, an acting out of her still influential childhood practices, and therapist and patient can begin to *talk* about this behavior. In apprehending symbolically their experiences together, declaratively and explicitly through language, both patient and therapist can engage in interpretations and insight, and slowly develop an understanding of the patient’s motivations. As this declarative appreciation of the patient’s psychic organization is formulated, explicit guidance in finding new ways to meet the patient’s needs can be undertaken. As previously suggested, old ways of satisfying needs may not be altogether “unlearned,” but the inhibitory capacity of the frontal lobe that supports symbolic functioning may become so readily facilitative of the new that this is not a problem.

On the other hand, Clyman (1991) suggests that the sustained positive analytic relationship itself can lead directly to the attainment of new perceptual-motor-affective procedures on the part of the patient, outside of declarative mediation altogether. This is a direct, non-symbolic learning experience that takes place within the therapeutic setting. This is the embodied learning emphasized by the Boston Change Process Study Group (BCPSG 2018) who argue that movement, intention and affect serve continuously as communication, largely outside of consciousness, between patient and therapist.

BCPSG (2018) subscribes to Merleau-Ponty’s understanding of the embodied mind (1945), particularly in relationship to other embodied minds. The group cites the discovery of mirror neurons as providing a scientific basis for this idea. As we observe others and as others observe us, we experience, largely outside consciousness, a communicative embodied resonance. BCPSG emphasizes both the developmental and therapeutic expansion of our capacity to understand our own minds as

we come to appreciate the subtleties of other minds. The child, they contend, only develops an awareness of her own subjectivity as she begins to appreciate the subjectivity of the other. This capacity to explore the depths of oneself and others, as BCPSG says moving through and being moved by each other (2018), is according to them the overarching goal of psychoanalytic treatment. As they say, "... we would contend that one hallmark of psychodynamic treatment lies in the dyad's evoking and moving through multiple possible perspectives on important aspects of the patient's experience" (2018, p. 315). While much of this may be silently and non-symbolically embodied, much of this moving through is stimulated by the process of trying to capture something in words, trying to find forms for what is felt. This is Langer's understanding of our continuously symbolizing minds.

The Import of the Symbolic Mind

Langer's theory of psychology is organized around the simple, yet profound notion of feeling: "Organic activity is not 'psychological' unless it terminates, however remotely or indirectly, in something felt" (1967, p. 4). This dynamic of mind is a process of continuously emerging feeling or consciousness from the embodied realms of the unfelt. For the human species, affect not only continuously motivates learning and functioning in the world, but also in its experiential dimension is projected into the forms that define our objective world with others. In psychoanalysis, analyst and analysand try to understand and in turn (re)develop the subjective world of the patient by formulating the continuous shifts in their ongoing states of feeling. Feeling is the key to examining our motivations. As we try to articulate what we seem to know, i.e., feel, we can gain some clarification in more and more nuanced formulations. But perhaps most importantly, we stimulate more feeling, more keys to our inner worlds, as we struggle to find words to know ourselves by.

Thomas Ogden's writing on psychoanalytic practice dovetails nicely with Langer's ideas. Ogden recognizes affect not only in what is said in the psychoanalytic hour but in the very act of speaking itself: "Patient and analyst develop forms of discourse that not only serve as the medium in which the truth is conveyed; the discourse itself is a critical part of the truth of what is occurring at any given moment of a session"

(2016, p. 412). For Ogden the breaks in the discourse also reveal feeling, as patient and analyst are creating a way for the patient to both express her fear of the truth and her need for the truth. Embracing the ideas of Wilfred Bion, Ogden believes the realm of psychoanalytic truth lies in the unconscious realm of thinking and feeling that both analyst and patient try to become one with (2015). This author would argue that this realm of truth is often actually felt, but at such a primal level, maybe purely anoetically, that it is virtually unconscious.

The great parallel between the argument of this paper and Ogden's ideas is the recognition that only the present encapsulates the truth. "The present moment of the past" (Ogden 2015) is the only door into the truth, the truth that is the complex feeling state of the present moment. As Ogden says, "... the entirety of the past is alive in the present moment of the analytic experience" (2015, p. 297). As Faulkner says, quoted by Ogden, "The past is never dead. It's not even past" [(Faulkner 1950, Act 1, Scene 3) Ogden 2015, p. 297]. Affect emanates from the present moment of the past, and our projection of affect into language emanates from the present moment of our symbolizing minds.

CONCLUSION

Our symbolic minds are not merely quantitatively "more" than other animal minds. They are of a different register altogether, although they stem from a biology we share with other mammalian species. Terrence Deacon explicates the discontinuity between symbolic and non-symbolic minds without abandoning a natural history for the evolution of symbolic thinking. The earliest appearance of a means of communicating with conspecifics that could stand on its own, *referencing* entities in the world and yet embedded in a context of *sense* that was self-sustaining, regardless of the presence or absence of the reference, quickly demonstrated its survival value. As Deacon argues, human symbolic languages and the human species co-evolved, each exerting selective pressures on the other. Learning biases required for the recoding capacity demanded by symbolic reference were passed down in evolutionary selection while human languages were

constrained in their evolution to be user-friendly and readily discoverable at a young age primed for such an insight.

The worlds we humans continue to create are ever expanding, always importantly tied to the natural world but rendered into both larger and larger and smaller and smaller categories. The riches of a symbolic culture are vast but they are always wielded from an emotional base. The human species is no different from other mammalian species in terms of the affective core consciousness of its being. Emotional instincts are always present, no matter how sophisticated the cognition. This of course requires a full understanding of what these instincts are, which has always been the objective of Panksepp's affective neuroscientific research (Panksepp 1998).

The brilliance of Susanne Langer is her recognition that this affective consciousness is really the capacity to feel. Feeling is what animals *do*. They feel their way in the world, and in that sense the human species is no different. But in the case of our species, we have elevated this capacity into a collective undertaking, the producing and reproducing of symbolic cultures (Giddens 1976). We project our capacity to feel into shared sensual forms that enable common understandings and articulated intentionality. With the projection of feeling we create an intersubjectivity, an intersubjectivity that supports both a shared "objective world" outside ourselves and a shared means for exploring the inner workings of our "subjective being." This capacity to feel, this affective consciousness, not only drives our learning as it drives the learning of other animals, but it is the very basis of our *unique symbolic minds* with which, to a considerable degree, we create ourselves.

It is the plasticity of our symbolic minds that supports to a large degree the practice of psychoanalysis. In examining the present of our past with another, both in the very act of speaking and in the meaning of the words themselves, we can pay attention to our shifting states of feeling and loosen memories that have never been fully understood. With increased understanding over time, these memories can be integrated into a configuration that allows for new memories, new ways of meeting the needs that continue to motivate us as we make our way in the world.

REFERENCES

- ARLOW, J. A. (1987). The dynamics of interpretation. *Psychoanal Q.*, 56:68–87.
- BOSTON CHANGE PROCESS STUDY GROUP (2018). Moving through and being moved by: embodiment in development and in the therapeutic relationship. *Contemporary Psychoanal.* 54:299–321.
- BROWNING, M. M. (2006). Neuroscience and imagination: the relevance of Susanne Langer's work to psychoanalytic theory. *Psychoanal Q.*, 75: 1131–1159.
- . (2016). The import of feeling in the organization of mind. *Psychoanal. Psychol.*, 33:284–98
- . (2017a). Feeling one's way in the world: making a life. *Int. J. Psychoanal.*, 98:1075–1095.
- . (2017b). Whose voice speaks for consciousness? *J. Consciousness Studies* 24:181–204.
- CLYMAN, R. B. (1991). The procedural organization of emotions: A contribution from cognitive science to the psychoanalytic theory of therapeutic action. *J. Am. Psychoanal. Assoc.*, 39S:349–382.
- DAMASIO, A. R. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt Brace.
- DEACON T. W. (1997). *The Symbolic Species: The Co-Evolution of Language and the Brain*. New York: Norton.
- FAVAREAU, D. (1998). Review of "Terrence Deacon, The Symbolic Species: The Co-Evolution of Language and the Brain." *Issues in Applied Linguistics* 9: 179–182.
- . (2010). *Essential Readings in Biosemiotics: Anthology and Commentary*. New York: Springer.
- FREUD, S. (1923). The ego and the id. *S. E.* 19.
- GIBSON, J. (1966). *The Senses Considered as Perceptual Systems*. Boston: Houghton Mifflin.
- GIDDENS, A. (1976). *New Rules of Sociological Method*. New York: Basic Books.
- HOFER, M. A. (2014). The emerging synthesis of development and evolution: a new biology for psychoanalysis. *Neuropsychoanal.*, 16:3–22.
- HUDSON, R. (1999). Review of "Terrence Deacon, The Symbolic Species: The Co-Evolution of Language and the Brain." *J. of Pragmatics* 33:129–135.
- HURFORD J. R. (1998). Review of "Terrence Deacon, The Symbolic Species: The Co-Evolution of Language and the Brain." *The Times Literary Supplement*, October 23, p. 34.
- LANGER, S. (1942). *Philosophy in a New Key: A Study in the Symbolism of Reason, Rite, and Art*, Cambridge: Harvard Univ. Press.
- . (1953). *Feeling and Form*. New York: Charles Scribner & Sons.
- . (1967). *Mind: An Essay on Human Feeling. Vol. 1*. Baltimore: Johns Hopkins Univ. Press.

-
- . (1972). *Mind: An Essay on Human Feeling*. Vol. 2. Baltimore: Johns Hopkins Univ. Press.
- . (1982). *Mind: An Essay on Human Feeling*. Vol. 3. Baltimore: Johns Hopkins Univ. Press.
- . (1988). *Mind: An Essay on Human Feeling* (Van Den Heuvel G, abridger). Baltimore: Johns Hopkins Univ. Press.
- LLINÁS, R. (2001). *I of the Vortex: From Neurons to Self*. Cambridge: MIT Press.
- MERLEAU-PONTY, M. (1945). *Phenomenology of Perception*. SMITH C., translator. New York: Routledge (1995).
- MITCHELL, S. A. (1988). *Relational Concepts in Psychoanalysis*. Cambridge: Harvard Univ. Press.
- OGDEN, T. H. (2009). *Rediscovering Psychoanalysis: Thinking and Dreaming, Learning and Forgetting*. London: Routledge.
- . (2015). Intuiting the truth of what's happening: on Bion's "Notes on Memory and Desire." *Psychoanal. Q.*, 84:285–306.
- . (2016). On language and truth in psychoanalysis. *Psychoanal. Q.*, 85: 411–426.
- PANKSEPP, J. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions*. New York: Oxford Univ. Press.
- . (2005). Affective consciousness: Core emotional feelings in animals and humans. *Conscious Cognition* 14:30–80.
- . (2008). Carving "natural" emotions: "Kindly" from bottom-up but not top-down. *J. of Theoretical and Philosophical Psychol.*, 28:395–422.
- . (2011). The basic emotional circuits of mammalian brains: Do animals have affective lives? *Neuroscience and Biobehavioral Review* 35: 1791–1804.
- PEIRCE, C. S. (1897, 1903). Logic as semiotic: the theory of signs. In *The Philosophical Writings of Peirce*, ed. J. BUCHLER (1955). New York: Dover Books, pp. 98–119.
- REED, E. (1996). *Encountering the world: Toward an ecological psychology*. New York: Oxford Univ.
- SANDER, L., STECHLER G., BURNS P., & LEE A. (1979). Change in infant and caregiver variables over the first two months of life. In *Origins of the Infant's Social Responsiveness*, ed. E. THOMAN. Hillsdale, NJ: Lawrence Erlbaum.
- SOLMS, M. (1997). What is consciousness? *J. Am. Psychoanal. Assoc.*, 45:681–703.
- . (2013). The conscious id. *Neuropsychoanal.* 15:5–19.
- . (2014). A neuropsychoanalytic approach to the hard problem of consciousness. *J. Integrated Neuroscience* 13:173–85.
- . (2018). The scientific standing of psychoanalysis. *BJPsych International* 15:5–8.
- SOLMS, M., & PANKSEPP, J. (2012). The "id" knows more than the "ego" admits: neuropsychoanalytic and primary consciousness perspectives on the

- interface between affective and cognitive neuroscience. *Brain Science* 2: 147-75.
- SUGARMAN, A. (1995). Psychoanalysis: Treatment of conflict or deficit? *Psychoanal. Psychology*, 12:55-70.
- THOMAN, E., & GRAHAM, S. (1986). Self-regulation of stimulation by premature infants. *Pediatrics* 78:855-60.
- TULVING, E. (2002). Episodic memory: from mind to brain. *Annual Rev. of Psychology* 53:1-25.
- VANDEKERCKHOVE, M. & PANKSEPP, J. (2011). A neurocognitive theory of higher mental emergence: From anoetic affective experiences to noetic knowledge and auonoetic awareness. *Neuroscience and Biobehavioral Reviews* 35:2017-2025.
- WADDINGTON, C. H. (1957). *The Strategy of the Genes*. London: Allen & Unwin.
- WITTGENSTEIN, L. (1953). *Philosophical Investigations*, ANSCOMBE G, translator. Reprinted in 2001. Oxford: Blackwell Publishers.

URB Corchado

190 Calle Girasol

Isabela, Puerto Rico 00662

mmastersb@gmail.com

Impasse: Dead Souls

Veronica Csillag

To cite this article: Veronica Csillag (2019) Impasse: Dead Souls, The Psychoanalytic Quarterly, 88:1, 53-74, DOI: [10.1080/00332828.2019.1556038](https://doi.org/10.1080/00332828.2019.1556038)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556038>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 8



View Crossmark data [↗](#)

IMPASSE: DEAD SOULS

BY VERONICA CSILLAG

This paper chronicles my struggles with holding onto a contemplative attitude and sustaining the intersubjective space in the face of relentless arrogance and contempt in my work with a patient, who refused to acknowledge any perspective but his and who persistently rejected my reflections and interpretations. I will describe the deterioration of my ability to be the receptacle for the bits and pieces of his destructive mental contents and the painful process of recognizing my own unwitting complicity in the concomitant sadomasochistic power struggle. I will present my perhaps controversial limit setting to the verbal assault in an effort to reconnect to my reflective capacities and reestablish the analytic space, and thus protect the continuity of the treatment. I will examine this process from the perspective of object usage and Ogden's (2016) rereading of Winnicott's (1971) seminal paper, in which he states that the object is, in fact, injured by the subject's destructiveness. The destructiveness and its survival or lack thereof does not take place in the world of fantasied objects but actual ones: mother/analyst is wounded and may or may not survive the destruction. Moreover, for the mother to become a real external object for the infant, the infant has

Veronica Csillag is the Co-Director, a Faculty member and a Training and Supervising Analyst at the Manhattan Institute for Psychoanalysis. She is the author of several psychoanalytic papers. She is in private practice in New York City.

An earlier version of this paper was presented at the International Sandor Ferenczi Conference, *Heritage of a Psychoanalytic Mind*, Toronto, Canada, May 7-10, 2015.

to recognize the destruction he caused and the psychological work involved in surviving the destruction.

Keywords: Impasse, destruction, damage, limits, survival.

Flectere si nequeo superos, Acheronta movebo.

– Virgil’s Aeneid, book VII.312

DESTRUCTION

It is Monday morning. I am waiting for Jacob, my first patient. When the doorbell rings my stomach tightens and my anxiety level rises. Jacob enters the room and begins to roar.

“You will earn your money today. I am married to a fucking moron.” Jacob launches into a tirade about his wife and young son, and he unleashes his wrath. “Danny had another meltdown. Judy is convinced that there is something very wrong with him, he’s troubled, needs to be tested, needs therapy. He needs none of that shit! What he needs is a mother, who is not an insecure bitch, and is not terrified of saying ‘no’ to him once in a while. But she is a clueless cunt who does not expect anything of him. And this is the woman I chose, and now I am stuck!”

I try to interject and comment on his frustration with his wife and his deep concern about his beloved son but he continues without responding to my feeble attempts to acknowledge and soothe his feelings: “I know you. You are smart like me, not an idiot. I know that you realize that I am right and that Judy is a weak moron. So don’t even start on your shrink shit that she is an equal human with an opinion of her own. Her opinion is trash, it doesn’t count.” He goes on to berate women in general, Jewish women, in particular. “They are all ball-busters. But I will not submit to Judy and to the prevalent principle of ‘happy wife, happy life,’ which every other man in New York City seems to have subscribed to.”

I heard this story before, many times. The actual situation changes from session to session, but the refrain of “clueless, fucking bitch” is the same. Jacob launches into his diatribes about Judy with predictable frequency. Generally, it is about her “clueless” mothering but over the years

she was described as stupid and destructive whenever she disagreed with Jacob about any significant issue, or, for that matter, even about relatively minor affairs.

Jacob is contemptuous of his wife, and by extrapolation of all women, especially the “castrating Jewish ones.” This cohort includes me, even though his disdain is disavowed and camouflaged by vacuous idealization. At times Jacob’s rage is specifically directed at me for not having “cured” Judy, or at least taught him how to better “manipulate” her into submitting to him.

Jacob constantly pressures me to validate him. He is convinced that he is “right” and everyone else is “wrong,” and he desperately wants me to agree with this assumption. He hates it when I refuse to sit in judgment and comment on his questions instead of answering them directly. He accuses me of playing “the therapist game.” For Jacob there is no game, it is all a matter of life and death. He is not concerned about neurotic anxieties, he fears for his survival.

His self-righteous rage and his searing contempt annihilate every perspective but his. I ask him to contemplate other points of view, such as Judy’s, or consider his contribution to their relationship, to no avail. The most he would ever concede is that he chose a broken woman for a wife because he, too, was damaged goods.

We are only a few minutes into the session yet I feel spent and shaken. Jacob’s words and his demeanor are wounding; I feel null and void, I am sweaty, my heart is racing. As he continues his monologue, his vocal pitch rises, his volume increases, his face turns red and the blood vessels on his neck begin to bulge. His furious attacks undermine my physiological integrity and eventually erode my analytic function and capability: my mind goes blank, I lose the capacity to think and process experience, my emotional range shrinks to a few chords. With my contemplative function damaged, Jacob is deprived of the very help he desperately needs.

The focus of this paper is my struggle with maintaining reflectivity and with holding onto compassion in the face of the relentless arrogance and the toll it took on my body and mind. I could not tolerate being negated and the state of helplessness that ensued. In my quest to make contact, to penetrate and reach Jacob, my focus on his contempt became fierce. Eventually, I lost connection to the immense dread and

shame Jacob harbored inside the fortress of his omnipotence and, with it, access to my analytic reflectivity, the ease with which, at least some of the time, I can roll with the punches and move between concordant and complimentary identifications (Racker 1968), and maintain the inter-subjective space. No longer having much access to my spontaneity, I was increasingly just reacting to what felt to be an impingement on my subjectivity. For a while, the analysis collapsed and degraded into a battle of wills. In an attempt to move beyond this impasse I resorted, perhaps controversially, to setting limits to the barrage of verbal assaults in the hope that it would help me to reconnect to my reflective capacities and reestablish the analytic space, and thus protect the continuity of the treatment.

Rereading Winnicott's (1971) seminal paper on object usage, Ogden (2016) states that the object is not only destroyed all the time in unconscious fantasy but is, in fact, injured by the subject's destructiveness. Accordingly, it is this actual injury that the object must survive to become good-enough. For the mother to become a real external object for the infant, the infant needs to "sense the reality of the pain she experiences (as a separate person) in becoming destroyed (as a mother)" (p. 1253) and recognize the destruction he caused and the psychological work involved in surviving the destruction. During Jacob's treatment, I repeatedly struggled to survive as a good-enough analyst, with varying degrees of success. In order to facilitate separation and growth I believe that he needed to develop an awareness of my dedication to remain there for him—that is to survive—but also of the pain he caused.

THE ORIGINAL CRIME SCENE

Jacob is a middle-aged man with a sharp mind. His childhood was steeped in trauma. His parents met and married when they were barely out of childhood. Soon thereafter they started having children of their own, four in quick succession. That they were ill equipped for the job is a gross understatement. Growing up he was alternately abused and abandoned.

Enigmatic messages

Jacob's mother would disappear into bouts of depression; sink into endless hours of sleep and self-absorption, leaving Jacob to fend for himself. Mother also fed him all sorts of crazy ideas about how to navigate the world. "Work is for losers," she would say, even though the family was not rich. Jacob was a yeshiva boy but he was not expected to exert himself—he was supposed to skate by on the strength of his intellect and good looks. Mother would volunteer to write notes of excuse whenever Jacob did not feel like completing his homework. Jacob learned early to rely heavily on his mind to protect himself from his perpetrators and subsequently, through mind games and rationalization, from his inner demons. He developed into a "wise baby" (Ferenczi 1931) of sorts, a caretaker to himself, to his mother, and to his younger siblings.

Mother was the embodiment of seductive excess. Her caretaking was a perplexing mixture of devotion and sadism. Beautiful and talented, she was overstimulating now, abandoning then, oscillating between engulfing and withdrawn, leaving Jacob uncontained and exposed to father's frequent rages and beatings. In his turn, Jacob was helplessly enthralled by his mother yet he also hated her with unarticulated passion. Unhappily married to father, mother chose Jacob as the object of her desire. Given her youth and the frustrating and abusive nature of her marriage, it is perhaps understandable that she did not possess the emotional wherewithal that would have been necessary to deal with the intense storm of longing and arousal she inspired in her young son. He received contradictory enigmatic messages from mother, that he was divine but not necessarily worth paying attention to; meanwhile, from father, that he was heir apparent, yet profoundly defective and to be used as a punching bag. This bewildering communication left Jacob in much confusion about his identity, sexual and otherwise: he thought of himself as charming, charismatic, and smarter than anyone else, yet fundamentally flawed. The messages never got properly integrated but existed side by side, like so many poorly digested introjects, an unwelcome occupying force, intruding now here, now there. The damage to his sexual identity sowed the seeds of subsequent rage at women.

When Jacob was five his father left and his parents divorced. He, as the eldest child and only boy, became the self-proclaimed protector of

the family. This position only further intensified the tenuous yet sexualized attachment to his mother. Tragically, his mother died when Jacob was 17. Forever after he kept punishing his women, of whom he had plenty. "I learnt how to make them fall in love with me and then leave them." He was convinced that he could seduce any woman but was terrified that he would not be able to fuck them due to insecurity about his masculinity. He was also frightened that regardless of the outcome of the sexual or emotional encounter, ultimately, he would be abandoned. I was no exception, my name was on the list of those to be seduced and penalized, it was part and parcel of the murder-revival cycle: He was compelled to destroy me as he himself had been dismantled in his youth, and then he felt bereft and frightened and made desperate attempts to restore me through reparation. Historically, these reparatory measures had been futile; his objects were dead-alive and could never be fully revived. There was a lot at stake when he kept probing me to find out whether I would come through for him in the end, that is, whether I would survive.

Envy

Jacob felt unloved and discarded by his father. Father eventually remarried and had another child whom he was able to support and nurture, and who grew up to be a highly successful professional and who married into wealth. Jacob never fully understood whether father was more caring the second time around because he was older and more mature or because the new marriage was more stable and harmonious, or because he, Jacob, was inherently flawed, or because of some combination of these factors, but whatever the reason, he was tremendously jealous and envious of his half-sibling for his ease of success and for usurping what Jacob regarded as his birthright.

Jacob had a vast reservoir of envy, hatred, and arrogance. Envy of, and hatred against, all those emotionally healthier or more fortunate than him, which he assumed was mostly everyone. He had much hostility towards all seemingly able-minded people he encountered, including me. He would praise me for my intellect but he rarely missed an opportunity to imply that he realized that I, having chosen to be a psychoanalyst, must be emotionally disturbed myself. He would also manifest

indiscriminate searing contempt towards most women as well as “the bridge and tunnel people” who lived outside his upscale neighborhood.

Envy is a monstrous emotional state, difficult to bear. There are varieties of envious experience, some more pernicious than others. Spillius (1993) coined the phrase “impenitent envy,” to describe envy which frequently presents as a legitimate grievance, is experienced without guilt, and is attributed to a failing in the other. She explains that perpetual resentment and blame, the emotional currency in Jacob's world, however miserable, are often less awful than mourning the good object one longed for but never had.

Dead Souls and Other Ghosts

Jacob could be described as an unwelcome child, one who was cherished on the surface but due to parental depression, mood swings, and violence was not ushered into this world with care and devotion. Such children often grow up in the grip of the death instinct, with a depressive streak and a weakness in the capacity for life (Ferenczi 1929).

Jacob's parents were not able to persistently survive his infantile destructiveness. Repeatedly, he was retaliated against and/or psychologically abandoned to stew in rage and despair. Atlas (2013) writes, “When the external object is not safe, the infant returns to rely only on his own mind The mind ... replaces the real external object. The infant then has to hold onto omnipotence and control and cannot develop to using or being used in a Winnicottian way. This is an attempt to deny any need of the body and mind, which might evoke feelings of helplessness and humiliation When you don't trust the object, getting excited by it is too dangerous. Therefore the infant learns to limit excitement” (p. 55). In later life, these tendencies show up as the sexualization of intimacy: the need for “penetrating without being penetrated” (p. 56) or the replacement of love and care by domination.

These themes were enacted in the transference constellation: Jacob fought tooth and nail against being penetrated by me, but he was desperate to make an impact. Whenever I managed to pierce through his defensive armor and got too close, he did his best to incapacitate and destroy me. I became the dead mother (Green 1986) of an unwanted child, the useless object not able to survive the murderous attacks. Another dead soul in the cemetery of his heart.

Jacob has done a lot with the cards he had been dealt. He is professionally successful and financially stable. He is a doting father of a gifted child. Somehow, he has been able to maintain his marriage in spite of his unending disdain for his wife, which, I suspect, he must have kept under wraps in her actual presence to prevent the disintegration of the family. Yet, by the time he first came to see me, all that ghastly history caused much damage. His self-protection had solidified into an impenetrable fortress of narcissistic defenses and constituted a challenge to working in the transference. I had difficulty tolerating his arrogance, which ultimately undermined my ability to provide him with the acknowledgement and appreciation he craved.

Riviere (1936) states that narcissistic resistances are a defense against the subject's dependence on its objects. "*Contempt and depreciation of the value of its objects is a marked feature, together with attempts at tyrannical control and mastery of its objects*" (p. 308, italics in the original). Riviere's account is an evocative description of Jacob's world. In his youth he came to understand the precarious nature of having to depend on his unstable, out-of-control parents; he still panics whenever he comes face to face with the inevitable flaws of those he needs. Each and every imperfection represents a grave and mortal danger, needing to be fixed, controlled, and squashed. Jacob became particularly vulnerable to human limitations as true concern about his revered son's wellbeing emerged. Teachers, school counselors, and the child's therapist all stated that the boy was immature, emotionally dysregulated, and given to tantrums well beyond the age when it was appropriate. Jacob dismissed all those concerns and insisted that the professionals were wrong, nay, obtuse, and that the tantrums were a perfectly reasonable and temporary response to Judy, who was practically asking to be manipulated; that is, they were all her fault. Yet he was feeling scared and desperate.

Rage and arrogance tend to bring on a volatile countertransference response, full of sound and fury. Psychoanalytic literature is rich with such disturbing countertransference experiences but there is little discussion of the limited nature of the psychoanalytic endeavor in these extremely challenging situations. Case studies of this sort tend to fall into three main categories: enactments which are then neatly resolved; failures, due to the patient's psychopathology; and examples of gross

analytic misconduct (generally documented by someone other than the patient's analyst). I suggest that the actual analytic experience tends to be more complicated, more opaque, and messier. Expertise and goodwill do not necessarily yield spectacular growth. Dysfunction of patient and dysfunction of analyst engage and bring on contention and consternation. The analytic process can turn into a frustrating exercise for both participants and progress is often halting, partial, and limited.

While psychoanalytic theory has long since moved away from the idea of the psychologically mature, omniscient analyst, the concept of limitless endurance and containing capacity seems to endure, reflecting a lingering assumption of analytic grandiosity. Joyce Slochower (2003) writes about the challenges of being “present as full and feeling persons in the treatment relationship while always aiming to use our humanity in the service of our patients' needs,” (p. 467) and suggests that it is an impossible quest, frequently leading to analytic crimes (such as serious and persistent boundary violations) and misdemeanors (such as stolen moments and inattention). I steered clear of the above infractions in Jacob's treatment but I went down another controversial path: I chose to confront his destructiveness and bring it to his awareness. I did so in order to maintain myself and therefore safeguard the treatment in the hope that the restoration of my analytic function would be of ultimate benefit to my patient. In the end, our analytic abundance and endurance—certainly mine—are limited, perhaps more so than commonly acknowledged; we can only be of use if we take care of ourselves first. I have engaged in much dialogue with analytic peers on this subject and it seems that most colleagues also struggle with boundless aggression, especially when it is directed against them, even if in a veiled fashion. Some endure, some set limits. It appears to me that when clinicians absorb their patients' provocations and arrogance without setting any limits, they frequently harbor toxic hatred, entertaining destructive fantasies regarding their patients. Often, such a development becomes the repetition of the original noxious family constellation and undermines healing in an insidious way.

IMPASSE ...

Jacob had decades of treatment before he came to see me. He did not have much regard for his former therapists but he would sometimes concede that he “used to be a handful.” He told me that one clinician had to get a sound machine to shield the patients in the waiting room and in the adjacent offices from his howling. In retrospect, he developed an increased respect for this therapist and his willingness to tolerate his rage. Patients like Jacob tend to attack their analysts’ subjectivity and helping potential, and ultimately destroy and discard them as objects (Bion 1958, 1959). They often cycle through a series of successive analyses before they begin to get any better. This serial therapy model could be conceptualized as a failure resulting from the analyst’s inability to survive the patient’s destructive attacks (Winnicott 1969) or as an inevitable part of a long, intermittent, destruction-survival-destruction-non-survival (and so forth) pattern in the treatment of a deeply troubled soul who may need the help of more than one limited human to heal.

Jacob idealized me from the start, claiming that I was the best therapist he ever had. He would say, “You get me like nobody ever has. Definitely not Judy. You know how to talk to me in a way that makes sense. Apart from my mother you are the only person ever, whose opinion I would consider as possibly valid even if I disagreed.” I questioned this idealization repeatedly, keenly aware of the underlying hostility from the start in spite of Jacob’s persistent disavowal of these emotions. While I was not impervious to the flattery, I did not trust it. I was always uneasy. I was ashamed of my own pleasurable excitement in the face of the compliments and dreaded their hideous and frightening underside, which I knew would inevitably emerge. Accordingly, when I began to systematically address Jacob’s contemptuous dismissal of his wife and others, including me, unsurprisingly, I came off the pedestal. Just as predictably, it was not a smooth and gradual landing by which Jacob came to realize that I was just another flawed human. It was a crash. He tore into me with hatred and contempt; he was wrong about his expectations of me: I was not any better than all the others, I was of no use. I did not necessarily mind having been grouped with his previous clinicians—while I believe that I am a good analyst, I do not assume that I am better than most—but I was genuinely distressed by his dismissive sneer. He

made it abundantly clear that I became another disappointment, yet another dead soul, added to the long list of his failed relationships.

The gloves had to come off. I felt reduced to the status of vermin. But curiously, there was also relief. I have suspected, indeed I may have known all along, the extent of his acrimony and disdain so when they presented undisguised, Jacob's attitude towards me finally corresponded to my internal expectations. This experience brought to my mind the stunning Lars von Trier film *Melancholia*, and its protagonist, Justine. Justine has been deeply depressed, practically catatonic but when she finally realizes that the rogue planet, Melancholia, will collide with the Earth and will destroy all life, her depression lifts and she is awaiting Melancholia's impact in a state of rapture. Finally, her internal milieu is in synch with external reality: Armageddon has arrived.

Could the process of idealization and devaluation have been prevented? I doubt it. Jacob dreaded dependency with such intensity that he would not have been willing or able to need me for a feed without creating distance through glorification and then demotion. Interpretations of these dynamics led nowhere. The enactment was bound to unfold.

As the connection between Jacob and me was fraying, rage, and arrogance began to permeate the room. The misogynistic statements proliferated, I felt under siege. It was crushing: I felt flooded, invaded, and colonized by destructive forces that threatened to annihilate me from the inside. There were occasions when I was able to absorb and channel the aggression and came through as a usable object; at other times, I felt so exhausted and depleted by the constant barrage that I retreated in a defensive attempt to protect myself. I began to dread his arrival and was relieved when he finally left, even if I was in bits and pieces, physically and mentally diminished for hours after his departure. While the breakdown may have been precipitated by Jacob's relentless raging diatribes, I was no bystander in this process: my inability and perhaps unwillingness to be the receptacle for Jacob's mental contents, his paranoid anxiety, his defensive hostility, and his searing contempt contributed to the downward spiral.

When my frustration and anger escalated to the point that it began to take a physical toll, and started to undermine my ability to maintain reflectivity, after much deliberation, I decided to share with him my

experience. I chose to talk to him at the start of one session, while I was still relatively composed, though anxious about what I was planning to do. I said to him, "There are times when you are relentlessly dismissive of Judy, and trash women in general. You speak of them with contempt. It often feels that some of those comments also pertain to me I understand that this happens mostly when you feel anxious and vulnerable or threatened and you wish to protect yourself. Still, those situations are difficult for me, I struggle to maintain my composure I do not react well physically either, my stomach tightens and my heart rate accelerates. I am not telling you this to reprimand you or shut you up, I bring this up because I believe that it is important for you to have awareness of your impact and also because I hope that we can work through this."

I was concerned that my complaints were accusatory and would induce guilt and shame. I need not have worried. If Jacob experienced either of those emotions on an unconscious level he showed no sign of them. He did not seem to care much about the toll our relationship took on my wellbeing either. If anything, he was indignant: "This is who I am, if I can't be myself here where do you propose I take my anger and judgment?" His response induced shame and a sense of inadequacy in me. Was I a hopeless analyst with a hopeless patient in a hopeless therapy (Ogden 1979, p. 367), I wondered. "Hmmm," I responded, "it is a quandary." I acknowledged that he had a valid point and that I did not have a solution. "You are right. This is the place where you can, where you ought to be able to bring all your thoughts and feelings. Yet, when you insult women and call them names, when you bash others as well, such as your superiors or your in-laws, your words and attitude wound me and then I feel physically ill, and I have trouble maintaining compassion for you or even having cogent thoughts, for that matter," I said. "What good am I to you then?"

In spite of his initial indignation over my disclosure about how I experienced him, the subsequent discussion appeared to open up the dialogue for a while. He was willing to talk about his contempt and showed some interest in the concept of another valid subjectivity. At times he seemed to respond reflectively. Soon, however, it became clear that Jacob had little sense of otherness and only a limited understanding that there could be different valid perspectives. Nor did he comprehend that arrogance or hubris was one of the "seven deadly sins," considered

an egregious transgression in most cultures. Instead, he insisted that on one hand, he was “merely” sarcastic and it was just a “style thing;” on the other, it was part of his inner core, immutable.

That phase of Jacob's treatment was a miserable struggle. My feelings shifted from anger to despair and shame. I started to approach our sessions with more humility. Whenever my fury returned I sought refuge in a meditative state before it reached toxic levels while trying to maintain contact with Jacob, rage and all.

I kept wondering how we got into this chamber of horrors. I suspect that the unbearable experiences of Jacob's youth, such as beatings by his father, his mother's mood-swings and erratic behavior, none of which he was inclined to discuss in much detail with me, (been there, done that, decades of prior therapy were supposed to have taken care of it) but which were far from resolved and continued to cast a shadow on his current life, played themselves out in the transference-countertransference matrix. Jacob staged a complex sadomasochistic passion play, and he invited me to be his leading lady and to perform with him our roles, unconsciously allotted to us: I was alternately idealized and debased. He needed to project his humiliated self into me in order to avoid being completely overwhelmed by his identification as worthless, emasculated. At times I was assigned the part of the sadist, at others, the masochist.

Jacob used me for target practice to expand the range and depth of his arrogance. He was on a mission to wound me just as he had been wounded. My anxiety, heart palpitations, and abdominal distress were the imprint of Jacob's suffering growing up. He lived in daily terror *of* his father who would frequently and unpredictably turn on him and viciously beat him. And he was also gripped by terror *for* his mother, who was equally erratic with her mood-swings and occasional paranoia. In the end, he was abandoned by and retaliated against by both parents in their own way. Inducing fear and rage in me, via bodily sensations, was Jacob's way of bringing his trauma into my office, his way of communicating these horrific events that he could neither process nor articulate in the psychic state he was left in. I first registered the unconscious communication in my body, in what Civitarese (2016) calls the “embodied intersubjective field” (p. 50). Self-experience, affect, and consciousness all arise from the neural representation of the body and ultimately contribute to the development of consciousness. Psychic life is built from

corporal experience. Affects can be understood as “phenomena located at the border zone between body and psyche” (Niemi and Lombardi 2008, p. 98). Sletvold (2016) claims that reflective thought is “resting on the analyst’s ability to become aware of her unconscious bodily relational experience” (p. 186) and it is through our bodily feelings and sensations that we discover ourselves and each other (p. 188).

I will now return to Ogden’s (2006) re-reading and re-writing Winnicott’s (1971) often quoted paper, *The use of an object* and the famous passage: “‘Hullo object!’ ‘I destroyed you.’ ‘I love you.’ ‘You have value for me because of your survival of my destruction of you.’ ‘While I am loving you I am all the time destroying you in (unconscious) *fantasy*’” (p. 90). Ogden argues that the object’s destruction is not merely a fantasized process. The child/analysand actually injures the object, who may or may not be able to maintain their sense as an adequate mother/analyst. In those situations the object has grave difficulty surviving the destructiveness of the subject. He further quotes Winnicott: “When the analyst knows that the patient carries a revolver, then it seems to me, this work cannot be done” (p. 1259). Ogden concludes that when the analyst is unable to survive the destruction, the analysis may need to be terminated and the patient may need to be referred elsewhere.

During the stormy upheavals of Jacob’s treatment, I sought out consultation repeatedly; terminating the analysis and referring him to another clinician was considered. Nevertheless, I chose to disclose my difficulties with tolerating his arrogance and thus set limits with his destructive attacks instead, in the hope of protecting the continuity of treatment and avoid termination. Perhaps, my disclosure represented an undue burden for Jacob but so would have been the end of treatment. Explaining my reasons to do so would have also involved disclosure: he would have inevitably inferred that I experienced his rage as toxic and that I failed to survive as good-enough, whether or not I would have explicitly stated so. Termination would have communicated to Jacob that he had used up my analytic goodwill and capacity, but so did the verbal articulation of my emotional and physical condition our work resulted in. Either way, he would have needed to deal with the implication. I believed at the time that continued treatment was preferable because it was less of a total rejection and also because it was also less final: the damage I suffered was neither permanent, nor irreversible. There were times when my mind

shut down but after a period of recovery it reopened and I became once again a usable object for Jacob. The destruction and revival survival cycle became an essential aspect of his treatment. Do I now regret not having ended treatment instead? I'm not so sure. There was and would have been much sound and fury either way.

Searles (1976) writes extensively about the challenges of working with profoundly damaged patients who provoke and sadistically torment their dedicated physician to no end. He claims that as long as the treatment causes more conscious suffering to the well-meaning clinician than to the patient, the therapy cannot properly proceed (p. 390). Searles states that in response to the patient's hatred, benevolent neutrality cannot be maintained and the analyst needs to acknowledge his own "feelings of sadistic cruelty, contempt, and other highly negative emotions" (p. 399) towards the patient. To manage the patient's unreasonable demands or endless battering, he recommends that the analyst give up their omnipotent fantasy of boundless giving and endurance to engage in rigorous limit-setting with him. He adds that limit-setting needs to be accomplished according to the analyst personality and needs. He also explains that his attitude on the subject evolved over time and early in his career he did not appreciate that limit-setting was an integral part of psychoanalytic treatment (p. 403).

... AND BEYOND (IMPASSE)

The post factum contemplation of Jacob's explosive psyche and the exploration of my similarly volatile interiority helped me reaffirm my analytic responsibility and detoxify my rage. Slowly awakening from my analytic nightmare, I started to regain my ability to generate and articulate thoughts. I resolved to talk to Jacob yet again, this time about my complicity in what I perceived to be the degradation of his treatment. I said, "I frequently respond to you in a reactive fashion, with anger. I am not as reflective as I would like to be ... I seemed to have lost my analytic compass ... I am sorry. I think we need to join forces. I want your help, your feedback on figuring out what's going on here and reestablish the analytic space." It was not easy to admit my flaws because I was still indignant. Repeatedly, I had to struggle with the urge to hold him responsible. I was hesitant, I was fumbling with my words, and I was far from

eloquent. Nevertheless, the response was dramatic. He grew quiet and responded in a conciliatory manner. "You are taking on too much of the blame. I know that am not easy to deal with. I am a difficult specimen and I can act like an asshole. Why do you think I had so many therapists and have pretty much alienated all the important people in my life? I understand why you would get angry with me from time to time. You are doing as well as you can. You have already helped me a lot, I thank you for that." I was touched by his response. This time his appreciation felt genuine.

Towards the end of that session, Jacob described an interaction with his wife during which she came across as a bully, sneering, belligerent, leaving him emasculated, humiliated, and helpless. He had tears in his eyes. He was willing to reveal how vulnerable he felt in his marriage, implicitly acknowledging that all that rage and contempt were but a thin if explosive veneer over profound fear and shame.

Subsequently, we had a period of relatively peaceful and collaborative sessions and then the volatility resumed, albeit with decreased intensity. We had some more contemplative discussions about multiplicity, the terms of engagement, perspectives. No magic, for sure, but it seems that a slow, fragmented process of transformation was beginning to take place. It was progress, even if not spectacular.

Nevertheless, soon thereafter, Jacob decided to end treatment. He stated that he was now well and wanted to go on living his life instead of analyzing it forever. Given that he had countless years of therapy with various clinicians, and that in many areas of his life—such as professional status, finances, social relationships—he was indeed doing better than ever, his claim had merits. Even though Jacob vehemently denied that chagrin and exasperation played a part in his decision to leave, I am quite sure that his recognition of my struggles with tolerating/fighting/defending against his rage and the hostilities between us also contributed to this outcome.

I was ambivalent. I wished to continue the treatment, yet I was also aware that my life would be more peaceful with Jacob's departure. I suggested that he stay on for a while to repair our relationship. He accepted my recommendation and we managed to work through the impasse, more or less. What I mean by this is that his excessive idealization of me diminished and in its place some genuine mutual affection began to emerge. We have been through war and we got injured but in the end

we survived: he kept coming and discussing relevant matters and I kept reconnecting to my contemplating function, no matter how many times it seems to have evaporated. Neither one of us ever gave up. He said that he was sad about parting with me and was also ambivalent about the progress he made because it meant leaving behind “the family tradition of insanity.” I think that he had as much of a taste of separation, object loss, and abandonment as he could bear at that time. With whom was he going to be left to contend if he further differentiated from his internal objects, the derivatives of his undisciplined and emotionally volatile parents? How much more catastrophic change could he possibly have endured? I appreciated that at least he did not bolt when the going got tough and that we were able to part on an amicable note and I told him about my feelings in this regard.

Here I wish to make an additional comment about Jacob's initial idealization of me. Naturally, it had an element of falsity to it, as is always the case with idealization but he also had genuine respect for me and that, i.e. being dependent on a flawed human, terrified him to no end because of his early experiences of having had to rely on his grossly inadequate parents who failed him time and time again.

This last phase of Jacob's treatment resulted in him seeing him and me as both more separate and real. He was now better able to tolerate his own imperfection as well as that of others. He said, “I finally understand that I should not look down on other people but when I am in a state of panic I cannot think straight. I need to remember this for the next time I get scared for my life, which will inevitable happen, perhaps next month if not tomorrow.”

CONCLUDING REMARKS: A MELANCHOLY ERRAND

If Jacob left analysis prematurely, it was to protect himself from a state in which “all one's loved ones *within* are dead and destroyed, all goodness is dispersed, lost, in fragments, wasted and scattered to the winds; nothing is left *within* but utter desolation” (Riviere 1936, p. 313). I believe that, in part, he also left to protect me from his violent attacks. On some level he knew that his love, to whatever degree he had any for me, was toxic and he wished to spare me. He also wished to spare himself from

adding another dead soul to the cast of pernicious characters populating his psyche.

Cooper (2016) calls psychoanalysis a “melancholic errand” inasmuch as the process is an exploration of the depressive position. On one hand, it facilitates the analysand's capacity for grief and mourning the past and the future of unfulfilled dreams and promises; on the other hand, it brings analyst and analysand alike face to face with the limitations of psychoanalysis in general, as well as the specific flaws of the practitioner. As Cooper writes, “... the analyst works with his or her own sense of incompleteness, disappointment, and limitation that accompany analytic work” (p. 57). In the course of an engaged psychoanalytic endeavor, the participants are also challenged to contemplate the passage and immutability of time, and the finality of life as it is. I believe that a productive course of psychoanalysis typically leads to rewriting one's personal narrative and therefore, in effect, *mutatis mutandis*, reimagining and altering the subjective past, yet the facts remain: the new history does not mean that atrocities are undone, victims are revived and not mourned, and the past is denied and cancelled.

In spite of all its limitations and failures I wish to consider that Jacob's treatment was perhaps more productive than it first appears. Possibly, it provided him with an opportunity to re-experience the nameless dread of his childhood as well as of his adult years with a witness, who, if not entirely benign, was at least less malignant than his other companions. For Jacob, there was no completely benign object, no true safe setting. His volatility was so intense, so toxic that he eventually poisoned all but the most superficial interpersonal fields. For much of our time together, I was steadily reliable for Jacob, without abandonment or excessive retaliation. I insisted on seeing him as neither irredeemable, nor divine but rather as an ordinary human, with rights and responsibilities. This was a novel thought, a new message, radically different from those communicated by his parents and many other important people in his life. Given Jacob's severely traumatic early experiences perhaps scraping off just one layer of calcified horror entombing the core is something to be appreciated. While Jacob's decision to end treatment may have been motivated by his urge to defend against his deepening dependency on me, fraught with hostility, it also represented the forward edge of development. Enough already, he thought, “Let me try living on my own, flaws and all.”

Judith Chused (2016) chronicles her work with a man just as arrogant and dismissive as Jacob, perhaps even more so. In her paper she writes extensively about having been a disappointment to her patient, about her sense of inadequacy, about having been a puppet in a sado-masochistic power play, and about the limited value of psychoanalysis. She laments her loss of analyzing capacity in the face of his contempt and wonders whether the treatment even worked. The patient's life improved in many ways but he remained dissatisfied with himself, his analyst, and mostly everyone else in his life. It seems to me that this man was getting better but was unwilling/incapable to grant his analyst any gratification of having done a good day's work, of having accomplished anything. Gratitude was not in his repertoire and induced in Chused serious doubt whether the treatment was a failure and whether she was an inadequate analyst, and whether she was even in the right field, quite similar to the doubts I had during my work with Jacob.

Failure? What is analytic failure, anyway? Green (2011) cautions against labeling an analytic encounter a failure in view of the fact that the participants often disagree about the progress made and about its value; even when they do agree, a consulting third party might have a different opinion. Green goes on to compare the continuation of analytic therapy in spite of little obvious progress to "keeping someone alive who has long since been doomed" (p. 51). Instead of the term failure he advocates to consider contemplating "the disillusion of psychoanalytic work" (p. 51).

Jacob was, in fact, getting better in practical terms and in a deeper psychological sense as well. He and I survived multiple rounds of combat. He killed me and revived me time and again. Degrees of reparation and reconciliation followed and he began to thaw—the hold his malignant introjects had on him weakened. Any more melting would have further threatened him with wholesale loss and catastrophic change. Bion (1967) describes the shift from primary experience and its initial psychic representation—beta elements—to actual thinking as catastrophic, immersed in depression, persecution, and guilt. In the process of developing thoughts, one must move from evacuation to modification of frustration and tolerate the attendant anguish, terrifying as it may be. In the configuration and reconfiguration of the self, one's allegiance to one's primary commitments is called into question, and that can threaten with

annihilation (Eigen 1986). In the end Jacob fled to “health” in a regressive repression of guilt and sadness. But his flight was also progressive inasmuch as it took place in an interpersonal context of communication and reparation.

To some it may also seem that my work with Jacob was plagued by privileging action and interaction while neglecting reverie, contemplation, and the analyst's private space—a tendency relational analysts are frequently admonished for (Cooper 2014; Corbett 2014; Seligman 2014). Yet I do not subscribe to the *talk now, think later* brand of psychoanalysis. With most patients I muse and contemplate plenty. But Jacob's fury unsettled my equilibrium. His arrogance, veiled at first, then increasingly more and more blatant, evoked my own intense unresolved psychic struggles around self-regulation, vulnerability, and rage. If I were a different kind of person, I may have been better able to contain my fury in the face of contemptuous rage; if I had a different orientation, perhaps I would have been able to remain focused on Jacob's injuries and vulnerabilities. Given who I am, and given the theories I choose to guide my practice (Kuchuck 2014), I veered towards a complimentary identification (Racker 1968) and a confrontational attitude.

Be that as it may, I believe that regardless of the analyst's personality and her chosen principles—short of a masochistic subjugation of the analyst's self, which ultimately erodes the analytic function anyway—there is no easy, straightforward way to work with patients in whose personality envy, rage, and arrogance predominate. With such patients, the analysis proceeds in a fragmented, oscillating fashion: one step forward, one step back. Insight, self-regulation, authenticity, and all other manifestations of what we tend to consider “progress” are often fleeting, illusory, here today, gone tomorrow.

Did Jacob leave because he was afraid that I, too, just like so many others, would ultimately reject and abandon him? I do not think so. He had to know that I would stick with him through thick and thin even if I was not able to provide him with all he had hoped for. Yet, perhaps my flaws and limitations resulted in him feeling rejected and abandoned already. Was I relieved by Jacob's eventual departure, like I was at the end of some sessions during which he tore into me? Was I sad? I believe I felt both emotions. On one hand, I could do without the aggravation. On the other, by the time he left a strong bond developed between us

and I cared about him. He was frustrated and frustrating but also genuinely grateful. In retrospect, I also think that by then we reached a truce and the possibility of a more mutually respectful and collaborative communication emerged. Enough psychic movement had occurred to potentiate further growth and more profound change and I wish I had the opportunity to continue on that path with Jacob.

Since the end of his treatment with me I often wondered if Jacob's parting words of appreciation and gratitude were sincere or just mere flattery. Then a while ago I received a phone call from a prospective patient Jacob referred to me; someone I knew from our work was dear to his heart. I hope I am not deluding myself if I assume that he sent his person my way out of genuine trust in my dedication and skills as a clinician and not out of some perverse sadistic desire to throw said individual into the lioness's den.

Acknowledgments: I wish to thank Adrienne Harris, Ph.D. and the members of her study group as well as Jay Greenberg, Ph.D., Susan Obrecht, LCSW, and Janet Tintner, Psy.D. for their invaluable contributions to developing and revising this paper.

REFERENCES

- ATLAS, G. (2013). What's love got to do with it? Sexuality, shame, and the use of the other. *Studies in Gender and Sexuality*, 14:51–58.
- BION, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144–146.
- . (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308–315.
- . (1967). *Second Thoughts*. London: William Heinemann Medical Books Limited.
- CHUSED, J. (2016). The analyst's uncertainty and fear. *Psychoanal. Q.*, 85(4): 835–850.
- CIVITARESE, G. (2016). *Truth and the Unconscious in Psychoanalysis*. London: The New Library of Psychoanalysis.
- COOPER, S. H. (2014). The things we carry: finding/creating the object and the analyst's self-reflective participation. *Psychoanal. Dial.*, 24:621–637.
- . (2016). Mourning, regeneration, and the psychic future: a discussion of Levine's "A mutual survival of destructiveness and its creative potential for agency and desire. *Psychoanal. Dial.*, 26:56–62.
- CORBETT, K. (2014). The analyst's private space: spontaneity, ritual, psychotherapeutic action, and self-care. *Psychoanal. Dial.*, 24:637–648.

-
- EIGEN, M. (1993). *The Psychotic Core*. Northvale, NJ & London: Jason Aronson.
- FERENCZI, S. (1929). The unwelcome child and his death instinct. *Int. J. Psychoanal.*, 10:125-129.
- . (1931). Child-analysis in the analysis of adults. *Int. J. Psychoanal.*, 12: 468-482.
- GREEN, A. (1986[1983]). The dead mother. In *On Private Madness* (pp. 142-173). Madison, CT: International Universities Press.
- . (2011). *Illusions and Disillusions of Psychoanalytic Work* (A. WELLER, Trans.). London: Karnac.
- KUCHUCK, S. (2014). (Ed.) *Clinical Implications of the Psychoanalyst's Life Experience*. New York & London: Routledge.
- NIEMI T. AND LOMBARDI R. (2008). Run or die: bi-logical phenomena at the body-mind border. *Scand. Psychoanal. Rev.*, 31:95-104.
- OGDEN, T. H. (1979). On projective identification. *Int. J. Psychoanal.*, 60: 357-373.
- . (2016). Destruction reconceived: on Winnicott's 'The use of an object and relating through identifications. *Int. J. Psychoanal.*, 97: 1243-1262.
- RACKER, H. (1968). *Transference and Countertransference*. New York: International Universities Press.
- RIVIERE, J. (1936). A contribution to the analysis of the negative therapeutic reaction. *Int. J. Psychoanal.*, 17:304-320.
- SEARLES, H. F. (1976). Psychoanalytic therapy with schizophrenic patients in a private-practice context. *Contemp. Psychoanal.*, 12:387-406.
- SELIGMAN, S. (2014). Paying attention and feeling puzzled: the analytic mindset as an agent of therapeutic change. *Psychoanal. Dial.*, 24:648-663.
- SLETVOLD, J. (2016.) The analyst's body: a relational perspective from the body. *Psychoanal. Perspectives*, 13:186-200.
- SLOCHOWER, J. (2003). The analyst's secret delinquencies. *Psychoanal. Dial.*, 13(4):451-469.
- SPILLIUS, E. B. (1993). Varieties of envious experience. *Int. J. Psychoanal.*, 74: 1199-1212.
- WINNICOTT, D. W. (1971). The use of an object and relating through identifications. In: *Playing and Reality*, 86-94. New York, NY: Basic Books.

113 University Place

#1009

New York, NY 10003

veronica.csillag@gmail.com

Full Terms & Conditions of access and use can be found at
<https://www.tandfonline.com/action/journalInformation?journalCode=upaq20>

THE ELUSIVE GOOD OBJECT

BY LYNNE ZEAVIN

Melanie Klein theorized idealization in two distinct ways. In the first instance, she maintained that "The whole of [the infant's] instinctual desires and his unconscious phantasies imbue the breast with qualities going far beyond the actual nourishment it affords," and she emphasized that the libidinally invested breast, when introjected, forms "the core of the ego," Klein theorizes that the original good object must be experienced as ideal. But she also asserted that idealization serves as a defensive exaggeration of the object's goodness: "Idealization is bound up with the splitting of the object, for the good aspects of the breast are exaggerated as a safeguard against the fear of the persecuting breast"; that is, idealization affords a defense against persecutory anxieties stemming from the infant's projection of hateful impulses and hate-filled parts of the self into the mother. The author argues that when idealization is operating in this way it makes the good object an elusive one. A detailed clinical example is used to describe idealization as it permeates and governs the analytic relationship. The analyst's eventual capacity to discern the workings of idealization, in the second sense in which Klein means it, brought about significant change for the patient and allowed for the consolidation of a good object.

Keywords: Persecutory anxiety, depressive position, the good object, two levels of the mind, idealization.

Lynne Zeavin is a training and supervising analyst at the New York Psychoanalytic Society and Institute and the co-founder of Second Story in New York City.

“The internal good object is impermanent thrice over: It is vulnerable to damage from internal attack and vulnerable to external circumstances and also, to the passage of time.”

–O’Shaughnessy 2015, p. 255

In this paper, I want to explore two levels at work in the mind, each present even when not explicitly active, even when not actively expressed. In Klein’s terms, I am referring to the paranoid schizoid and the depressive positions. Klein emphasized the connection between the depressive position and the paranoid schizoid, with lifelong movement between the two (1946). Too often the underlying, more primitive, area of experience is left out of our analytic treatments, especially with our overtly high-functioning patients. Drawing on clinical material, I will describe the effects of paranoid schizoid fantasies and defense mechanisms in a treatment with such a patient. I want to describe a consequence that arises from a split within the personality that, owing to idealization, has left early persecutory and Oedipal anxieties largely unintegrated. This failure of integration shows up in my patient’s episodic plunges into anxiety, self-doubt, and loss of a feeling of connection with others. This pernicious cycle arises from what I call *the elusive* good object.

The good object was first described by Melanie Klein (1935). She thought of its presence as being foundational to the health of the ego. The good object is hard won, the product of a great deal of psychic work by the young infant, work that optimally continues throughout our lifetimes. The work that establishes the good object begins in the original relation to the breast. Here is Klein:

We find in the analysis of our patients that the breast in its good aspect is the prototype of maternal goodness, inexhaustible patience and generosity, as well as of creativeness. It is these phantasies and instinctual needs *that so enrich the primal object that it remains the foundation of hope, trust and belief in goodness.* [1957, p. 180, italics added]

There is a fundamental difference, though, between the good breast and the idealized breast. The good object turns elusive when the ego depends on idealization to keep the breast “good” so as to continue to derive from it a confident sense of selfhood, strength, or trust. When idealization is the

underlying source of these capacities, the capacities themselves are shot through with their opposite—weakness, doubt, confusion. Idealization generates instability because it depends on splitting to maintain itself.

At the beginning of psychic life, the construction of an ideal object is necessary for protecting against the infant's own threatening anxieties and destructive impulses. What is kept out is a sense of the persecuting aspect of the object and the self's own destructiveness. Idealization then, is a defence that arises very early on, to keep ambivalence in check, and to shore up the goodness of the good object. When idealization falters, which it always must do, persecutory anxieties will often be manifest. Idealization and persecution are then two sides of the same coin. When idealization breaks down, it opens onto the rage and envy that fuel more paranoid anxieties and attitudes.

The following case material shows, simultaneously, a to-and-fro-ing between these two positions of the mind. I will focus on the operations of unconscious phantasies as they pertain to the construction and maintenance of object relations. Under the influence of unconscious fantasy, particularly of idealization, the patient I am describing was unable to reliably introject goodness. The necessary result of this was *an elusive* good object.

CLINICAL MATERIAL

Dr. T. is a 44-year-old married physician with two children. She began a four-day-a-week analysis several years ago to address underlying depression and an eruption of self-attacking self-doubt, uncertainty, and sadness. She is an accomplished woman in a loving marriage and has a variety of endeavors in her life that she describes as meaningful. As a mother, she describes herself as enjoying her children, but too often feeling preoccupied with worry about them.

She herself comes from a turbulent background; she is the only child born to an older mother and father. Her father was a hard-driving hard-drinking lawyer who died when she was seventeen. Her mother was a charming but fragile woman who—it would seem—relied on Dr. T. and used her as a confidant and guide, even as a young child, which for Dr. T. was a heady experience, if sometimes quite painful and confusing. Dr. T. felt responsible for her mother. She initially explained this by saying they were very close and that she loved her mother intensely to the

point of being quite preoccupied *by her* and guilty toward her *all the time*. Over the years of analysis, Dr. T. came to understand this relationship quite differently: she began to see that she had confused meeting her mother's needs with loving her mother, that she had succeeded well in fitting in with what her mother needed and wanted her to be, and that this aspect of care was always accompanied by an anxious attentiveness about the state of her object (something repeated in her relationship with her children and with her analyst). She experienced her mother's need as something seductive, but wasn't sure what sort of love was actually available to her. She also felt that her mother had a kind of "stranglehold on her functioning," that is, she had to be a certain kind of girl: loving, but not sexual, devoted, cheery, but not too interested in her own pursuits. Certain activities were prohibited as they were thought to be too different from the mother's own trajectory and insufficiently feminine. This made Dr. T. feel she had to hide all kinds of things from her mother, to protect against her mother's resentment and even rage that could suddenly and unexpectedly rise up and engulf her. When this would happen—rages that were unpredictable and sweeping—Dr. T. felt her mind go blank as if shell-shocked, a sense we derived together in her analysis.

She spent her first year of college at home with her mother, too anxious to leave her after her father's death, despite an early admission to an elite east coast university. When she did finally decide to depart, her mother drank herself into a stupor and would not get out of bed to say goodbye. Dr. T., feeling the same blank mind that always dogged her whenever her mother broke down in this way, had the psychic where-withal to leave, but felt unbearable, anguishing guilt. Leaving marked a kind of triumph, succeeding where her mother never had. In addition, incipiently, unconsciously she was taking something precious from her mother—something of the mother's own feeling of aliveness or worth. Dr. T.'s longstanding efforts at reparation were disabled because they required her to stay forever, not to separate, never to have a life of her own. Her departure was felt personally as an act of vengeance that neither the mother nor she could forgive.

This much became conscious to Dr. T. in the ordinary work of analysis. What was harder, of course, was Dr. T.'s being able to come to terms with her own hatred of, and rivalry with, her mother, when her

mother consciously was beheld as a person she only wished to love, help, and tend. This unforgiving maternal figure and its corollary—a highly demanding superego—are central to this patient’s internal object world and much of her functioning. This internal object exacts strong persecutory guilt, meaning it leaves her in a state of urgent need to repair her object, with little hope of actually being able to do so. Sodre (2016) describes a guilt that is unbearable because reparation is felt to be impossible. Dr. T. was caught up in assuaging and attending the other; she was most at ease when forging a close bond with her object. So assuaging, placating, and bonding is what she would do with me in the transference. Within this tight enclave of a structure (O’Shaughnessy 1992), Dr. T. exerted her own powerful force over our work and my way of thinking.

Dr. T. had a way of engaging me in the work, establishing what she called “tightness” between us. We were “tight” if we were “on the same page,” if I seemed pleased to see her, if I “got” what she was saying in just the right way. What became clear is how hard she worked to make sure this was so, and how necessary this work was to staving off her own underlying anxieties. For my part, I could be drawn in by the spellbinding effects of idealization.

Dr. T. told me that since a young girl she had always been sensitive and attuned to her mother, that sharp words would reduce her to tears, and that she was often the one who provided comfort to a mother who confided in her daughter things well beyond what her years would allow her to understand. Her father was felt to be outside this close contact between her mother and herself. The father’s way of being with the mother was often felt to be brusque, even cruel, and as a young girl Dr. T. felt it was her obligation to protect her mother. She lived with the idea of being the most important one to her mother, offering her something that the father could not. Indeed, she spoke sometimes of a promise she felt had been tacitly made between them, a promise that reminded me of the oath of fidelity Torok (1970) described in her work on mothers and daughters.

At the same time, Dr. T. had enjoyed freer experience as a child—she loved to play and explore outside, she was athletic and outgoing, and enjoyed various secret adventures with friends (and later boy-friends) that she consciously concealed from her mother’s view. When I

first met Dr. T., her mother was not described in consciously idealized terms. What emerged in the transference however was a pressure on the analyst to push out everything that didn't conform to a rather ideal state. I felt that the patient needed to see me as someone very good. She kept any awareness of disappointing feelings—wanting more from me, frustrations about my stance—at bay. The patient's more difficult aspects were also warded off—in particular, any unreasonable feeling that she could not explain, along with her feelings of competitiveness, resentment, and aggression. These became the basis of two levels in Dr. T.'s personality.

In "The Emotional Life of the Infant," while discussing the development from the paranoid-schizoid to the depressive position, Klein writes:

[Steps in integration characteristic of the period when the infant is negotiating the depressive position] result in a greater capacity of the ego to acknowledge the increasingly poignant psychic reality. *The anxiety relating to the internalized mother who is felt to be injured, suffering, in danger of being annihilated or already annihilated and lost forever, leads to a stronger identification with the injured object.* This identification reinforces both the drive to make reparation and the ego's attempts to inhibit aggressive impulses. *The ego also again and again makes use of the manic defence...* denial, idealization, splitting and control of internal and external objects are used by the ego to counteract persecutory anxiety. [1952, pp. 212-216, italics added]

Dr. T. had had some psychotherapy in college where she had understood that her mother wasn't in fact perfect. She described feeling that she had two mothers—the mother before her father's death and the mother after. The mother before was fun loving and good; the mother after was in despair and rageful, turning to alcohol that fueled unpredictable moods and violent breakdowns. As long as she could revive her mother in reality, or picture an all-loving mother within, Dr. T. felt alright, but when she could not, when she felt her mother was either too angry, out of reach, or too much in despair, Dr. T. would herself be gripped by the terrible feeling of unease, and she would stay in bed for long periods, feeling unable to function. She was overcome in ways she

did not understand, but we can imagine that the endlessly guilty feeling of being damaging to her mother disabled her.

Dr. T.'s own course, just briefly, was as follows. She was admitted to medical school after college. During the last year of medical school her mother died suddenly—an apparent “accident” at home while drunk. Dr. T. was 28 years old. She came for analysis now, as her oldest daughter was an adolescent. She was finding it increasingly difficult to handle her daughter's expressions of separateness, especially those that contained more direct hostility. In her treatment, Dr. T. was engaging, although frequently self-questioning and depressed. She spoke forthrightly with what at times could be insight.

I could see how Dr. T. needed very much to see me as capable, present, and attentive, thoughtful and caring—and any comment I might make about her anxiety about me as more needy, fragile, or preoccupied was vigorously denied. As long as she could conjure me in a positive way, she believed things were going well, even if it meant responding to interpretations where I commented on her need to keep things very close between us. But when she sensed my attention wavering or a change in my mood (and she was highly tuned in, highly sensitive to such shifts), she reacted with upset and with a powerful shift of her own.

Though I had been interpreting these shifts for some time, the interpretations did not seem to quite take hold. Then one day, in the third year of treatment, I asked Dr. T. if she could move her time from the afternoon to the early morning of a Friday because of needing to make a change in my own schedule. She was immediately agreeable. She then had two dreams in succession one night after the other.

In the first dream, she and her mother were laughing, a very pleasurable full-hearted laughter, she said, like what they sometimes had had together when she was very young. She loved the feeling of this in the dream. Then the daughter says to the mother: “We have to stop” and she woke up.

As she told me the dream, I was thinking of our own good feeling, a close (“tight”) bond. This over-closeness protects us from Dr. T.'s fear about me as an erratic figure and from an awareness of her own greed and hunger for me as someone exclusively available to her and entirely her own. There can be no gap, and therefore no place for the apprehension of me as someone who is free to go. For her this means a person

who can suddenly change: who can drop her, becoming frighteningly unpredictable, or frightening injured and weak. There is no place for her own wishes to triumph, let alone for her to have any doubt, misgiving, or envy.

In the session, I was caught up—under pressure, I now think—to be pulled into this good feeling of our working constructively, and I was unable to see the ways in which it housed her defensive reactions to the change of hour. We did discuss the ways she needs to feel a very good contact with me, that we are exclusively together having a very good time, and how the “we have to stop” is a reference to my role in analysis as someone who marks the end of things—a limit now exercised by her in the dream. Her “we have to stop” is her way of being the one to take over my function and commandeer the time, thus not having to experience the disruption of my regulating the ending. But the crucial thing—the laughter dream as a way of curing all her feelings regarding my asking for the change of session and *what that represented*—did not come up.

The night after this session she had another dream, this time a very frightening one that disturbed her sleep and left her acutely anxious. The dream featured Pussy Riot, a feminist protest punk rock group from Russia. In the dream, Dr. T. was a member of Pussy Riot and she was helping to stage a revolt. In reality, the dream kept her awake all night long, in a state of acute turbulence and anxiety. She arrived to her session very upset.

What emerged was this sequence: she had consoled herself with the laughter dream—that everything really was more than alright between us—nothing amiss, nothing had unsettled her. I had, in effect, joined with this, missing her underlying anxiety about my changing her hour. In the laughter dream, as in the session, we managed to engage a very close feeling, even while trying to interpret it; there was a feeling of warmth, an in-sync quality, born of the same idealizing trends that pushed everything else away. I fell for that, getting caught up in the good feeling of doing careful work and trying to understand what was occurring between us. My version of this was perhaps idealizing a feeling of analytic understanding—misconstruing this for real analytic insight.

But, during the night of the Pussy Riot dream, the patient felt besieged, and was filled with feelings of hatred, feelings that had not been accessible previously. She kept thinking, why did she ask me to

change the hour? "Didn't you know that the mornings are important to me, a time with my children before work, a time that I can—if ever—have time for myself? Do you not care about that? Why would you want to take that away from me?" She felt me then as anything *but* ideal, but rather someone who is so caught up with herself as to be filled with disregard for her. And furthermore, she went on, what was I doing with that time—a Friday afternoon—she imagined I had asked her to change because I was going off with my family or my husband, maybe to my country house, or perhaps I had just selfishly wanted to rearrange my day. She was stricken with the feeling of my not being what I seemed. That I only try to seem involved and invested with her, but really I am taken up both with others and with my own sense of importance. It should be noted that the fact that she could tell me these things was itself a huge step forward, paving the way for the work that followed.

I want to consider these two dreams as representing the two levels at work in Dr. T.'s mind. The laughter dream features a recapitulation of an early idealized relationship between mother and daughter, a union that admits no one else and no hint of ambivalent feeling—*no hint of the* "internalized mother who is felt to be injured, suffering, in danger of being annihilated or already annihilated and lost forever." Those anxieties had been completely pushed out of awareness. The only indication of limit is "we have to stop," which omnipotently comes now from her and not the analyst. What remains is a feeling of being harmoniously in-sync, just as she needed to feel with her mother for so many years of her early life. This ostensibly good feeling protects against a much more disturbing feeling, a riot—starting perhaps with a sexual riot/rivalry, a "pussy riot"—that has to do with my patient sensing my belonging elsewhere, not to her, but to whatever and whoever possesses me on the Friday afternoon time of her session. This precipitates a *riot* when her sense of her grip on me, the exclusivity of her tie to me, is called into question. These Oedipal themes are here unmistakably revived, Oedipal anxieties that have been vigorously defended against by creating the close dyadic union that admits no one else. Related to this is another feeling that she had with her mother, when she recognized her mother's dependency on the father, a recognition that she did not in fact offer the mother everything she needed. In response to this, she now experiences a version of me as an analyst/mother who is not what she seems,

who is seductive but false. This is what the patient tells me, that she felt if I really cared for her I couldn't have asked her to exchange her hour, which comes at a time of day that she feels is right for her, and as such indicated my tacit understanding of her needs. The change revealed that I could only be the good object if I am exclusively in her possession, if we are spellbound in our attachment to one another. The realization that it might be otherwise sets off the riot. It is a pussy riot because it revives an unbearable state of mind, an early phantasy that the mother is involved with others such that there is no place for her. Internally, she is besieged by awful thoughts, which are dismantling and chaotic. She tries to protest, but this too leads to the loss of her object. This is of course terribly destabilizing.

When the dust settles, what emerges is the picture of an object who is not what she seems: a self-absorbed, even indifferent presence disguised as someone engaged, close, and compassionate. In the dream, she means to revolt against this, but it doesn't quite come to pass. Her efforts at aggression are thwarted because the fear of annihilation is all too real. My engagement with others is experienced as annihilating her and her wish to stand up to, to rival, and to overthrow me is also too frightening. She fears it is irreparable.

When I situated these dreams for her, and talked about them side by side, Dr. T. could begin to see a level of her experience that is ordinarily split off. In the first dream, she fits in with me and our relationship through the pleasurable link of laughter, a riot in its own right perhaps. The laughter provides the cover for the riot that exists elsewhere in her mind, functioning as a kind of tip—off from the unconscious that there is more to come.

Idealization allows Dr. T. to stave off the terrible feelings about her own unmet need and maintains her fantasy of a me with no life outside of her. She designates me as an object that is just right (not involved with anyone else, and attuned solely to her needs). But just underneath is the torment that rocks her when she cannot hold onto these idealizing feelings and she becomes filled with a riot of chaotic feeling. Her experience of me after the dream is that I have let her down terribly and she is filled with mistrust about my intentions and the truth of my relationship with her. No longer the exclusively good object, I have become a tormenting one. Part of the torment is that of an imagined couple in an

exclusive, enclosed union that painfully and pointedly excludes her. Idealization protects her against this tormenting Oedipal scene.

These dreams occupied us for quite some time as we addressed her vividly real sense of my not being believable or trustworthy, the revived anguish of her early Oedipal anxieties that when split off and denied had afforded her the feeling of complete possession of her object. This feeling of unity/tightness had precluded recognizing the reality of the father's presence and its meanings to her mother.

In "The Oedipus Complex in Light of Early Anxieties," Klein explicitly links idealization of the mother/baby relationship to the denial of Oedipal wishes and urges. She writes:

Peace and harmony in the family could only be achieved, jealousy and hatred could only be restrained and the loved objects preserved if Richard repressed his Oedipus wishes. The repression of his Oedipus wishes implied a partial regression to the mother/infant relationship. Regression was bound with idealization of the Mother and baby relationship. [1945, p. 14]

About six months later on a Friday, the patient reported the following dream: "I am in the car with Robin Williams, and he is in a difficult way. He is self-absorbed and irritable, but I realize that in my presence he cheers up. I can make him laugh." Dr. T. goes on: "It is such a wonderful feeling to be able to make him laugh, to be the one who can cheer him up. I feel I have that ability, but I also think I feel it is imperative. If I don't generate that, I feel uneasy. I would feel uneasy with Robin Williams. I guess that is here too with you, I want to keep you feeling buoyant. It's a way of making sure you connect to me, are glad to be here with me. I probably feel that with everyone to some extent, the feeling I need to keep them happy ... alive even."

I say that she feels she must exert some control here so as keep me happy with her: she gets worried about my real feelings toward her and even a fear that I and we might break down. She says that though she worries I might not be glad to see her, she doesn't really believe I am depressed, even though she can see she has conjured a very worrying figure in her dream—someone who makes people laugh, gives a great deal to others, but secretly is in pretty worrisome shape, terrible shape. She associates to the name, Robin Williams, two names associated with

people in her family, one of whom was also psychiatrically ill. She momentarily wonders about herself as a person, who like Robin Williams, organizes laughter for others, but is somewhere deeply unwell. She says that she knows that this is a part of her that does feel very unwell—and when she experiences this it can be overwhelming.

Here again there is the bipolarity: on the one hand someone who makes people laugh, is generous and attentive, but somewhere, in a sequestered area of herself, is ill. Dr. T. fears this same contradiction in her analyst. Am I somewhere breaking down, frightening, maybe even false in my portrayal of myself? There is still an either/or, and there is still the need to keep the object alive and intact (which feels so good in the dream), but now she has some different awareness of her underlying anxieties and motivations.

This compulsive need to repair her object remains—and it seems to contain aspects that draw from both the paranoid and the depressive, one shielding the other, one giving way to the other. I am the elusive good object, the elusive good mother, elusive because Dr. T.'s unstable sense of my goodness comes from her efforts to manically revive and appease me. In the dream, Robin Williams transforms because *she* is able to make him laugh, which allows her to feel good about herself. True repair of the good object is not the same as maintaining or restoring an ideal one, which is more the picture in this dream. This reparation necessarily fails because it is more manic in nature—as this dream suggests. Only if she can keep the other buoyant and alive are she and the other good—goodness all around. But this is achieved through a highly intricate and delicate, manic and omnipotent, organization of herself and her object.

Appeasement is one way she keeps the object ideal. Appeasing means fitting in, anticipating the other, being what the other needs her to be. But it also means there can be no separateness or difference. At the same time, I want to make clear there are many times Dr. T. does show real concern for her objects that is not merely omnipotent, but is also aimed at protecting the mother/me and offering something more genuinely friendly and object-related.

On the next Monday, an entirely different dream was presented that depicts the underlying anxieties kept underground by laughter and its failed attempt to repair. "I am on the street with A [the patient's

daughter]. We are walking on this street. All seems fine when a taxi goes by. The driver looks me straight in the eye, it's terrifying, and then he turns his car, and I know I am in for it. I know he is going to kill me. I scream to my daughter, *RUN!*"

The terrifying dimension of the dream is clear. She has been spotted and she will be killed. She does protect her daughter, which is again an expression of love and concern. But she is beset by the presence of a cruel object, somewhere inside, that can suddenly turn murderously against her. Her associations include: the weekend, feeling far away from me, a general feeling of anxiety she couldn't identify, agitation with her family and feeling cut off from love, cut off from a feeling of goodness inside herself, depressive anxieties about her own actions and more worry about her objects. This is a moment where the good object vacates her and she is left with a terrifying figure (a father perhaps) who wants her out of the way.

Unable to tend to me, to assuage her own panic, she falls prey to the most terrible anxiety—the belief that her object wants her dead. This reflects an aspect of her superego functioning as well, the melancholic demand that she must attend to her mother or else be killed along with her own inexpressible hatred about this predicament. The mother now is no longer broken down, but a vengeful hateful presence that turns on her.

Another dimension of this set up—the positive dream of union/closeness immediately followed by the vengeful, hateful, riot state of mind—is that my patient lives with an internal maternal object that enviously attacks her own sense of goodness. Just as my patient attacked her perception of my relationship with my good object, the patient's internal mother attacks her—the same mother who in external and internal reality cannot stand for her daughter to thrive separately from her. In spite of this Dr. T. is able to protect her daughter, which I think probably speaks to her identification with the clarifying work of the analysis and the beginning of a less elusive good object inside. But even so when Dr. T. has an experience of goodness there is a backlash from within. This is in part what makes the goodness elusive: an internal attack from within by an object who the patient cannot bear to know as anything other than ideal. Facing the object's hatred means ultimately having to face her own.

The dreams then convey depressive concern, anxiety, and two aspects of the paranoid schizoid position: superficial idealization with something terrifying and vengeful lurking under the surface. What appears then, as a healthier expression in my patient, is partly a splitting off. Her dreams represent this split and helped her and me to be much more in contact with her use of idealization as a means of protecting her good object and herself from much more destructive and at times terrifying feelings and impulses that come from without as well as from within.

As analysts, we protect ourselves against our patients' more primitive communications. How easy it is to get caught up in what appears to be a close understanding and to misperceive the meanings of idealization that fuel it. It is uncomfortable to accept the projection of the bad object—the ill or destructive figure of the patient's inner world—that goes along with maintaining the idealization. In attending to those projected or split-off aspects of more primitive early objects (as they are so vividly represented in Dr. T.'s dreams), we are able to address and hopefully diminish the underlying paranoia and persecutory anxiety that makes consolidation of a good object inside so much more tenuous. When projections and splits prevail, the good object is elusive and these different levels of mind remain cut off from one another.

Now I will describe in more detail the three central concepts that have informed my thinking about this case: the good object, persecutory anxiety, and idealization.

THE GOOD OBJECT

For Melanie Klein (1932, 1935), the mind is constituted from the very beginning by (1) an archaic or rudimentary ego, (2) drives grounded in bodily/somatic experience, and (3) an object. Because there is an early ego from birth, there is also from birth the capacity for early defense mechanisms. The infant is always dealing with anxiety and the nature of the anxiety changes as development proceeds. For Klein, this is crucial. Anxiety drives defense and drives the infant to orient to the object. The presence of this relation to the object is foundational to the development of its ego, or as Freud put it, "The ego is a precipitate of abandoned object cathexes" (1923, p. 29).

In other words, as the child negotiates her early anxieties, and as these anxieties shift over time, how the object is experienced will lead directly to how the ego becomes organized. By “object” here, I mean both the external and internal object. The internal object is, of course, a psychic construction: the product of unconscious fantasy, of repeated cycles of projection and introjection, identifications and internalizations, and is always colored by the real external object (the real mother, father, etc.). For Dr. T. the violence of her internal mother accorded with her real external mother.

In optimal development, the baby will introject a whole, good object. This can only happen if the child can tolerate and accept an array of complex affects. The psychic work here has two interrelated aims: (1) affect tolerance, including good and bad, love and hate, ambivalence, and (2) tolerance of the guilt that ensues when experiencing hatred toward the very object who feeds, nurtures, and provides.

The child will come to recognize its own destructive wishes and will feel guilty/fretful over damage the child feels it has done to the object. For Klein (1940), love is what allows psychic work to effectively proceed—love and the child’s capacity for reparation. If the child can recognize and tolerate its own destructive feelings, and if the object is receptive instead of too fragile or too vengeful, reparation is possible. The capacity for reparation is crucial to the establishment of the good object. When reparation is successful, love can prevail and ultimately a good object can be installed in the ego. Reparation of the good object is, as I have said, not the same as reestablishing an ideal object. Reparation involves facing one’s destructive urges and undergoing a real experience of guilt and concern. If hatred prevails, or too much sadism occurs—the whole good object will not be established. Other possible interference occurs from excesses of envy and persecutory anxiety, each pertaining to heightened levels of aggression originating either in oneself or in the object. And another interference—as we have seen in this clinical material—is idealization.

Along the way toward the establishment of a good object, there has to be an ideal one. The processes of splitting and projection rid the object of its threatening aspects, allowing it to remain ideal. Early on, the object must be felt as *completely good* so that the self can also be felt as good. As the ego matures it is more able to accept the complexity of

feeling states—both its love and hate and the good and bad aspects of the object. As these are recognized and tolerated, the child develops a capacity for concern for her object; she then is subject to experiences of guilt over the damage done to her object in fantasy. It is this guilt (out of concern for the object) that then moves the child to make reparation. This moment in development when the child feels a sense of responsibility and concern for the object marks the beginning of the depressive position. The ideal object, now modified, has become the good object.

PERSECUTORY ANXIETY

Persecutory anxiety, a central feature of paranoid schizoid functioning, concerns the self: what has been done to me. Encroachment, intrusion, invasiveness, or the need to be very much in control of the object, signals more persecutory states of mind. Persecutory anxiety results from projecting one's own hostile and destructive feelings and impulses into the object. When these are projected, the object is seen as attacking, judgmental, or resentful in turn. The feeling of being a bad person is often related to persecutory guilt. Frequently mistaken for higher-level, Oedipal guilt, persecutory guilt draws from a more primitive level of experience involving a gnawing, nagging feeling of being hounded, attacked, and unable to generate a creative or reparative solution. One wants to flee the object that persecutes, but this only sets up further splits within the self. In writing about persecutory guilt, Sodore tells us that "guilt becomes unbearable when reparation is felt to be impossible" (2015, p. 24). The more damaged the object is felt to be—and this might be because the object is in fact damaged—the more impotent is the ego faced with the task of reparation.

When persecutory anxieties permeate analytic work, analysis itself becomes much more difficult. Consider the patient's classic lament: "What am I supposed to do with this?" Interpretation has become a persecution and the patient cannot think because of a pervasive sense of being in the wrong, being examined, found out. Rather than an experience of being understood by the interpretation, the patient seems to feel under pressure to do something with the interpretation, to make some change, to take some action. The experience of being known is shot through with the sense of being found out in a way that is felt to be

threatening. The latent persecution is clear in Dr. T.'s second set of dreams: the man in the car turning on her, the pussy riot. When these more attacking aspects of self or object are projected or split off—it may seem as though everything is fine, as it did with my patient in her sessions—there was no obvious destructiveness in sight. This can lead to particular behaviors: a penchant for fitting in, for appeasing, which can look and feel to the analyst like cooperative analytic work but winds up concealing a more primitive area of the mind.

IDEALIZATION

Klein's notion of "idealization" represents a deepening and development of Freud's canonical idea of the foundational status of the "purified pleasure ego"—all good located inside, all bad outside. According to Freud in this originary moment, "the ego hates, abhors and pursues with intent to destroy" its bad/external objects (1915, p. 138). Klein begins here and offers a closer look at this moment. She writes:

One characteristic feature of the earliest relation to the good object—internal and external—is the tendency to idealize it. In states of frustration or increased anxiety, the infant is driven to take flight to his internal idealized object as a means of escaping from persecutors. From this mechanism various serious disturbances may result: when persecutory fear is too strong, the flight to the idealized object becomes excessive, and this severely hampers ego-development and disturbs object relations. As a result the ego may be felt to be entirely subservient to and dependent on the internal object—only a shell for it. With an unassimilated idealized object there goes a feeling that the ego has no life and no value of its own. I would suggest that the condition of flight to the unassimilated idealized object necessitates further splitting processes within the ego. For parts of the ego attempt to unite with the ideal object, while other parts strive to deal with the internal persecutors. [1946, p. 103]

For Klein, idealization represents a necessary but necessarily transient state in normal development: idealization is the "safeguard against a retaliating or dead mother and against all bad objects" (1940, p. 157).

When the object is idealized as a means of diminishing the sense of threat, there is a corresponding idealization of the self. Self-idealization is a part of the early need for idealization, and protects the ego from the sense of internal persecutors. Klein described how in identifying with an ideal object, in an act of introjective identification, one might have the sense of being in possession of everything good. But this sudden being-in-possession of everything good is not at all the same as developing a stable good object inside. Being in possession of everything good generates a sense of triumph, and triumph is triumph *over* someone else.

What has changed with Dr. T. over time is our gradually getting hold of her misgiving and unease with me in the sessions, her real underlying feeling that I, like her mother, could be implacable and unavailable on the one hand, or tantalizingly close on the other. Dr. T. has come to recognize her need to establish an ideal connection with me as a way of staving off the very fraught domain of difference, competition, rivalry, need, and imperfection. As this work has proceeded, the feelings about her primary object have become, as it were, “un-split”—they have entered the sessions first with her dreams, and then in more explicit, quotidian ways. This has allowed a more integrated experience of herself wherein she can feel more stable more of the time and more fully in touch with complex feeling, with more freedom to know her own mind. Just recently, after seeing me on the street unexpectedly, she was able to tell me in the next session how angry she felt about my greeting of her, how unwelcome she felt in my world and how much she recognized a poignant sense of exclusion, that I have a life that goes on without her. This led to insight about her sense of having to generate a version of her object who is wholly responsive and kind, to stave off the awful feeling of an object who turns cruel, leaving her to “have to accept” this awful internal state. We were able to arrive at some understanding that there can be an object who is neither perfect nor remote and cruel. She finds herself feeling more alive than before, more pleasurably engaged with her daughters, husband, and friends, having more access to her own sense of humor, and, interestingly, to a real capacity for laughter.

Working with Dr. T. was a crash course in the workings of idealization—and with it, a realization of the many ways in which both projective identification and splitting function in analysis to generate an atmosphere where things are not quite what they seem. How important it is

then to make room for the analysis of a more primitive level of experience that quietly and insidiously interferes, making the good object an elusive one. When the analysis of these split-off areas is able to lead to greater integration, the elusive good object can become merely good.

REFERENCES

- FELDMAN, M. (2009). *Doubt, Conviction and The Psychoanalytic Process*. New York: Routledge.
- FREUD, S. (1915) Instincts and Their Vicissitudes., *S.E.* 14.
- . (1923) The Ego and The Id., *S.E.* 14.
- KLEIN, M. (1932). "The Psychoanalysis of Children" in *The Writings of Melanie Klein*, Vol 1., London: Hogarth Press.
- . (1935). A contribution to the psychogenesis of manic-depressive states, *Int. J. Psychoanal.* 16: 145–174.
- . (1940). "Mourning and its Relation to Manic-Depressive States" In *The Writings of Melanie Klein*, Vol. 2., London: Hogarth Press.
- . (1946). "Notes on Some Schizoid Mechanisms" in *The Writings of Melanie Klein*, Vol. 3., London: Hogarth Press.
- . (1952). "The Emotional Life of the Infant" In *The Writings of Melanie Klein*, Vol. 3., London: Hogarth Press.
- . (1957). *Envy and Gratitude*, London: Hogarth Press.
- O'SHAUGHNESSY, E. (1992) Enclaves and excursions, *Int. J. Psychoanal.* 73: 603–611.
- . (2015) On gratitude. In *Inquiries in Psychoanalysis: The Collected Papers of Edna O'Shaughnessy*, RUSBRIDGER, RICHARD eds. London: New Library of Psychoanalysis.
- SODRE, I. (2015) *Imaginary Existences: A Psychoanalytic Exploration of phantasy, fiction, dreams and daydreams*. New York: Routledge.
- STEINER, J. (1992). "The equilibrium between the paranoid-schizoid and the depressive positions" in ROBIN ANDERSON ed., *Clinical Lectures on Klein and Bion*. New York: Routledge.
- TOROK, M. (1970/1991). "The Significance of Penis Envy in Women" in JANINE CHASSEGUET-SMIRGEL ed., *Female Sexuality*. New York & London: Routledge.

80 University Place

5th Floor

New York, New York 10003

drlynnzeavin@gmail.com

The Museum of No-Return: The Developing Of Self-In-Time In A Retreated Child

Anna Migliozi

To cite this article: Anna Migliozi (2019) The Museum of No-Return: The Developing Of Self-In-Time In A Retreated Child, The Psychoanalytic Quarterly, 88:1, 95-109, DOI: [10.1080/00332828.2019.1556041](https://doi.org/10.1080/00332828.2019.1556041)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556041>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



View Crossmark data [↗](#)

THE MUSEUM OF NO-RETURN: THE DEVELOPING OF SELF-IN-TIME IN A RETREATED CHILD

BY ANNA MIGLIOZZI

Through a description of the case of Maria, who entered analysis at the age of 5 because she was severely detached from reality and suffered from a profound apathy, I describe steps in the construction of the perception of time that could help facilitated her emotional growth. The subjective experience of self-in-time—an outcome of an emotional relationship with an object who cares—is an important aspect in building our perception of psychic reality. In severely disturbed, inaccessible children who are deeply retreated into a world of timelessness, the experience of self-in-time is often absent or distorted creating considerable difficulties for the evolution of the psychoanalytical treatment.

Keywords: At-one-ment, growth, self-in-time, reclamation, retreat, timelessness.

“Do you remember when I was at the Museum of No-Return? Everything was dark and I was terrified. I thought I was trapped there. I started to cry because I thought that I would never find my way out and never come back. But my teacher, Miss Anna, saw I was crying and looked deep into my eyes. She started talking to me, talking and talking. And then, I saw a spark of light and I began to look for a way out, to be saved.”

Anna Migliozi is Full Member of the Italian Psychoanalytical Society and Supervisor in the Analysis of Children and Adolescents. She has a private practice in Milan, where she works with children and adults who suffer from severe psychotic and borderline disorders.

In this paper, I will describe how the subjective experience of time can be developed in a child who seemingly lacked temporal continuity and apparently lived in a world *beyond*, with no past or future. The *Museum of No-Return* is what Maria, a 14 year-old girl in the tenth year of analysis, started a Monday session with. Her story was remarkable because, for the first time in our work together, Maria seemed aware of having a world that contained a *memory* of a relationship evolving over time. The Museum narrative was Maria's spontaneous *construction* and not the memory of a real event or nighttime dream. In reality, there is no such museum. Perhaps she had a helpful teacher whose first name was the same as mine; perhaps not. Maria was creating a narrative in which she referred to herself in the first person, that reflected a recognition of the flow of time and the idea that, within that moment, something could have happened between two people who were together.

The designation Museum of No-Return described, in my understanding, a timeless place of stasis with no exit where movement, change, and development were impossible. Her interaction with "Miss Anna" referred, for the first time, to the possibility of change—a change that could only occur through emotional connection to another person. She was beginning to think and imagine a future, "a way out," suggesting her emerging awareness of and capacity to perceive herself as capable of psychic movement through emotional connection; locating herself in time where she could develop of sense of being alive in relation to another human being.

Maria had started analysis when she was five and for many years she was inaccessible.¹ She was severely retreated and profoundly apathetic. With no verbal communication or intentional movement, she only produced rudimentary sounds. She seemed unaware of herself and others. Maria apparently lived with no reference to today, tomorrow, or yesterday.

Although children possess an innate *predisposition* to temporality (Green 2000, p. 181), a primitive sense of time originates, only, in the sensuous rhythms between mother and baby; a predominantly

¹ Bion (1997) defines a psychic category inaccessible as "... a mental category which has never been psychically represented or conscious, mainly to intrauterine life and a conjectured type of primitive form of projective identification" (Civitarese 2013, p. 221).

unconscious exchange that involves both body and mind. Even if this rhythm (Stern 1985) creates rudimentary and unstable concepts of past, present, and future, this precarious sense of time allows the baby to grow (Barale-Minazzi 2008). By growth, I mean, to be in the moment and create a plausible yet changeable narrative description of herself, as she links, modifies, and elaborates events and memories of her past in the light of *here and now* emotional experiences and relationships projecting herself into a possible future. The ability to perceive one's self moving through time is what I refer to as *self-in-time* and is related to what is derived from the inner world, on the one hand, and the external world on the other.

When a child lacks the ability to respond and emotionally connect to her mother or has not received sufficient attunement and support, her initial sense of temporal flow and her possibility to evolve, from which a concept of continuity of self could be derived, may fail to develop, or become disrupted. With the absence of the sense of continuity, the child risks being trapped in, "... a vertiginous and continuous play of extremely brief impressions" (Borges 1964, p. 112). Timelessness "... takes root, under the influence of traumatic situations" (Lombardi 2013, p. 1197) producing a world with no movement and development, a static and fragmented perception of time and no perception of the separation between self and other.

Through Maria's analytic experience, I will illustrate and reflect upon how we can use the sense of self-in-time as an instrument in the psychoanalytical treatment to help root the patient within emotional reality, allowing her to grow. Maria was a child who initially lacked temporality and apparently lived in a world beyond where she could not feel and listen. To help get her *on track* (Alvarez 2010) required deep and intense emotions and internal work on the part of the analyst. Out of the experience of being and feeling together, "at-one-ment" (Bion 1970), I was able to hold a vision of her internal psychic functioning inside me and gradually offer her my constructions, intuitions, and *dreams-thoughts*. Through actions and later words that we created and exchanged, the two of us found a way to express her inner world and construct a sense of time where a past was *remembered* and a future could be imagined.

It is particularly difficult to identify and describe the precise *moments* in which such experience was sufficiently transformed to become a stable and meaningful element within the continuous flux of time. My hope is that what I describe here, a series of vignettes from Maria's psychoanalysis, which I loosely organize into four phases that occurred over the course of ten years, will be recognizable to analysts who have struggled with similar patients.

TO BE SEEN

In the beginning of the analysis, Maria was non-verbal and non-communicative. She avoided eye contact, moved robotically, maintained the maximum possible interpersonal distance between us, and was ultra-sensitive to bright light and noise. She was a fragile child of five who lived within an invisible barrier—distant and isolating—that protected her from any tentative approaches.

When Maria entered my studio, she walked stiffly down the corridor on her toes, her eyes wandered in the opposite direction from me looking at, but not focusing on the blank wall, and she bumped into things. She drifted into the confines of the room, halting at the edge of the carpet where she *collapsed* into a large beanbag chair. She sprawled limply but comfortably there, remaining silent as if unaware of my presence. The nearby toy box did not arouse her interest or curiosity. An image of a balloon on a string came to my mind and I felt that if I attempted to move close to her, she might float away.

After I greeted her, I sat almost hypnotized by her *alien-ness*, momentarily feeling disconnected from my sense of purpose and time. We were two strangers who had closed themselves within their own little worlds, unable to reach out to the other. I *re-awoke* only a few minutes before the end of session, at which point I softly said to her, "Sometimes when we meet someone new we don't know what to say to them and we might be frightened." She looked at me for some minutes. The session ended with her leaving the room in silence.

I later learned from her parents that just prior to Maria's birth, the family had relocated to a foreign country. Maria was a second child, whose mother was diagnosed with a "post-partum hormonal imbalance," that caused frequent mood shifts and weight gain and she had been

overwhelmed with fears of dying. Although she had looked after Maria's physical needs, she hadn't held, cuddled, and cooed to her. Maria, however, never fussed or cried. My sense of Maria was that she had been an invisible baby who, in turn, was quite unreactive.

By the time her mother's crisis was over, Maria had reached the age of three and a half and her development had been seriously compromised. When her mother finally began to refocus on her, she denied that Maria was peculiar, asserting instead that her attitude was evidence of Maria's "uniqueness" and "originality." With the start of primary school at the age of five, Maria's teachers made it clear to her mother that she was severely withdrawn and strongly encouraged her mother to send Maria for psychoanalytical help.

Maria came to sessions four times per week, and within a short time began claiming her space on the beanbag chair without hesitation. She didn't speak and gave me little more than a random variety of sounds and movements, *squiggles and doodles*. With not much more at my disposal to work with, I used these barely comprehensible fragments to weave together and describe to her tiny narrations based on the *here and now* of the session. For example, I suggested that she might be hungry or tired and need a rest, or that she might be feeling cold or hot.

I sensed that Maria was captivated as much by the repetitive sequence of my tonality and cadence—cooing and purring—as the content of my words. I was trying to hold her within the sound of my voice. While I spoke, I emphasized my words with gestures and variations of tone in order to animate their meanings. Whenever I paused, her eyes flinched very slightly, indicating to me that, no matter how tentative, she was aware of my presence. She followed my eyes with a semi-covert gaze, as if she were checking to see if I was aware of her presence. I said to her, "It might be strange to be with me but little by little we will get to know each other better." With these words, I called her presence into the session and involved her in our work. I also attempted to become a constant presence in her world by recognizing the small objects that she noticed and were apparently of interest to her.

As our sessions progressed, Maria appeared to be less frightened by my presence. Although more than five years old, she was still wearing diapers and was afraid to go to the bathroom. It seemed to me as if her

sense of self was so precarious she feared that if she emptied her bladder she would drain away.

I gradually introduced specific objects to her (a Bambi toy, some plastic fruit, paper, and colored pencils) that I intuitively thought might interest her. At first, she didn't respond. Then she looked at the toys with a diverted gaze and eventually she picked an apple up. With the apple in her hand, she made some incomprehensible gestures. After these brief punctuations—tiny possibilities of movement—she returned to an avoidant, static position.

It is impossible for me to adequately describe my experience during this first period of analysis. I was filled with conflicting and contrasting feelings of hope and desperation, compassion and anger. I was confident and I was lost. Despite her lifelessness and even the hopelessness of the situation that I felt, I saw *a spark of light* in Maria. I think that she had begun to impose upon me, albeit in a very convoluted way, her desire to be seen and her struggle to be with me.

After many sessions permeated by repetition, I found myself in one session momentarily closing my eyes and raising my hand to my forehead. Perhaps, I was simply tired or bored, or maybe her deadness had invaded the space and completely overwhelmed me.

"No!" She suddenly shouted and rushed towards me, pushing my hand away and taking my face in her hands.

Shocked, I opened my eyes wide and stared directly at her while she held my face firmly and stared back at me for more than two minutes. At last, I had emerged from my own detachment – perhaps an unconscious identification with her isolation. I was struck by her determination to be seen by me and realized how important my eyes and words must have been to her through so many seemingly empty previous sessions.

I imagined Maria as a small baby, looking for someone to recognize her. From my face and eyes, she had been drawing a vitality that she needed to become animated. After Maria released my face, she returned to her mechanical movement, but remained close to me.

I was finally able to conceive of her profound sense of non-existence and I said, "You want me to look at you so that you feel you are here and are real for me." And, in my mind, I considered this a possible starting point which might help root herself in the reality of the session.

FROM SNOW WHITE TO PETER PAN

Interactions such as those described above indicated that Maria had begun to feel she had found someone who would *wait* and be able *to see her*. For example, Maria began to obsessively act out biting into a plastic apple and pretend falling into a deep sleep. I surmised that this repetitive action could be interpreted as her attempt to express that, like Snow White, she was asleep. So I said to her, “Snow White is waiting for someone to awaken her.” Maria almost smiled and then began to make drawings of many tiny pieces of the story.

In a subsequent session, Maria appeared as if she were looking for something, followed by, “Ahha!” as if she had found what she was looking for. This was one of the very first times in which she added voice to her *action*. I ventured, “Peter Pan?” She responded with a tight surreptitious grin in my direction. I continued, “You are like Peter Pan looking for his shadow?” She smiled and repeated the scene over and over again.

Increasingly, Disney animation formed the underpinning of Maria’s world—a safe space that she could occupy and through which she learned *a language* to construct and represent her world. In my understanding, she was using the stories in an attempt to make sense of what was otherwise alien to her. Interestingly, both characters, Snow White and Peter Pan, were looking for someone to recognize them, which was not very different than Maria who was using my gaze to recognize and validate her.

CHALLENGING MARIA’S TIMELESS RETREAT

The *play* Maria developed—often based on becoming Disney characters—was not like that of other children.² She was deeply immersed in a magical retreat and unwilling or unable to recognize and accept reality.

² Tustin (1990) describes children who have the “. . . incapacity to use the imaginary play, and in their lack of the ability to identify with the feelings of others” (p. 104). For those children, being alone is often not “being alone in the presence of the object” (Winnicott 1971, p. 28) but really a retreat back into their timeless enclave with fantasies of *never growing-up*. Consequently, it is extremely difficult to distinguish between a patient who is “playing the other people’s games” while “. . . all the time engaged in fantasizing” (Winnicott 1971, p. 27).

When she impersonated characters, it was not simply *make-believe*. She seemed engrossed in a world where she didn't need anyone. Her cartoon inventions may have been a step out of her disorganized and chaotic fragmented world, but they also reflected an omnipotent, timeless retreat where she was in danger of being stuck forever.

Any attempts I made to connect with Maria's desperate need for someone were rejected and she shut me out. In this phase, the aim of her play seemed less a symbolic expression of conflicts and desires or working through, and more an attempt to preserve her fragile *sense of being* and guard against the dread of *not-being*, by embracing the illusion of omnipotence as a way to avoid catastrophic pain. For example, when she was pretending to sleep like Snow White and I suggested that she was waiting to be *reawakened*, Maria then slipped away and began to play Peter Pan.

Meltzer (1975) underlines that children, such as Maria, have "... something quite different from the various types of denial of time, the circular concept, the oscillating concept, or fragmented time of other sorts" (p. 10). Instead, they appear to occupy a place which is far away and frozen in time (Meltzer 1992) or in a "... state of limbo, teetering between being and not-being" (Tustin 1990, p. 33).

Within this timeless stagnation, these patients are driven towards a more magical, wished for universe where a radical alteration and morphing of concepts of self and reality are produced. This favors volatile and unstable inner and outer self-object boundaries, a failure to distinguish between self and mental and physical objects and creates a fragmented and incoherent self (Northoff 2015). Such patients attempt to freeze their sense of time to control emotions and decide to be whatever they want to be without the tension and pain inherent in real psychic growth over time.

By the time Maria was nine she was able to use complete phrases, but she rarely spoke directly to anyone and she always referred to herself in the third person. Maria only used the first person when she spoke from within the persona of one of her Disney characters. One day, she entered the studio, walked past me and down the corridor, checking everything without saying anything. She smiled and immediately turned her face to the wall.

I said, "I am happy to see you again."

“Maria is happy too. This is Maria’s place,” she replied, still not looking at me, staring at the wall.

This short exchange between us was remarkable in the sense that Maria had begun to place herself within the space and presumably the time of the session. Then, Maria went over to her box, took out a girl doll and kissed it and said in a little mummy-like voice, “Oh my little treasure, come on, we are going to have a nice bath now, I want you to be clean and fresh, come on take your dummy out! After when you have your little nap, you can have your dummy back.”

She pretended to wash and dry her doll, “That wasn’t that bad, was it?” Then she added, “You are the most beautiful and cleanest baby ever seen. Now, into bed but say your prayers, first!” And she started to recite a prayer over and over again. At this point I asked myself was Maria simply acting out a pretend game with her dollies like every other little girl or was there something more to her drama?

I said, “You are a sweet mummy, aren’t you?”

“Shush,” Maria said. “I have to speak to my baby.”

I said to her, “Maybe being a mother makes you feel strong and thinking about being small makes you feel scared or sad.” I emphasized what being sad means by making a sad expression. “We can discover what you were like as a baby. I’m sure that you were mummy’s little treasure when you were born.”

Again, she turned, looked at me, sharply shushed me and continued on with her *mummy-game*. I had probed her *little private world*, maybe too soon. It appeared it was essential to Maria for me to be there and testify to her existence. However, she only allowed me to make some small affirmations which would not challenge her world that I could neither help her to dismantle nor maintain.

I added, “You are so involved in your make-believe right now, that you cannot hear me but you know that I am here.”

Maria finished her mummy-game and drifted aimlessly around the room. She climbed onto the table, reached out her arms and looked upward, “Now I am on the table and I can fly.”

I challenged her and said, “I can see you and I’m coming to get you.”

“Maria has never fallen off anything,” she said. She reached out her arms, jumped off the table and grabbed onto me as she fell forward into my waiting arms. I thought that she was trying to return to being Peter Pan with the magical ability to fly.

I said, “You have never fallen because, like a mother, I’ve always caught you. The same as you do with your doll. Children need mothers to look after them.” My interpretation about her being little and not a mother seemed to challenge her sense of frozen time. The Peter Pan sequence was her attempt to insist that she could do or be anything she wanted to. My words were aimed at entering her shell and dismantling her retreat by introducing a sense of time and reality.

THE MUSEUM OF NO-RETURN

Little by little Maria begun to emerge, moving back and forth towards a greater contact with reality and me. Eventually, she enacted scenes related to other children in her class. Like an actress, she addressed an imaginary boyfriend and said in a contrived and theatrical voice, “Do you want a kiss?” and blew an exaggerated kiss at the imaginary boy.

I asked her, “What movie are we in now?”

Maria laughed. “How did you know that was a movie? Have you seen it?”

I responded, “Sometimes you sound not like Maria but like a character from your phantasy world— maybe when you feel like you are not in touch with others.”

After this, she opened up about her longing to have a real friend, “I don’t have any friends. I feel alone.”

I said to her, “I see that you are sad. But, like between you and me, it takes time to make a friend.” Now Maria had started to connect her words with emotional meaning. She did not, however, have a well enough developed sense of *self-in-time* and therefore she could not endure *the wait* that emotional relations entail.

It was during one of her Monday sessions that Maria unexpectedly told me the story of *The Museum of No-Return*. I embraced her story as an affirmation of the psychoanalytical experience, which had created the potential that time could exist and that this allowed her to experience herself.

Her question helped the two of us, from different perspectives, to recognize and understand not only the importance of human relationships for the development of self-in-time and emotions but also the comprehension of the lived experience that only comes after in the presence of another who gives sense to something that could not have otherwise received an adequate meaning. It was as if it had finally become important to her that I should be able to see her as a composition of subtle hues and shades that narrated who she once was, as well as who she is. Her wish for me to remember with her reflected a profound change in her relationship with time and her sense of my presence.

DISCUSSION

We can look at Maria's words from different vertices and privilege one aspect or another. These are not necessarily in opposition but are elements that can be integrated into a unified whole. It was only *within the analyst's eyes*, and through the analyst's active construction of a plausible narrative, that Maria was able to begin to confront the profound suffering of her emptiness. Maria had been living in darkness. Through her experience of the recognition of the emotional presence of another—a spark of light—she perhaps could now conceive of herself as someone who could recognize and be recognized, who could remember and be remembered by others. With her question, “Do you remember?” she seemed to be attempting to place her self-in-time.

With children like Maria, the path to establishing a self-in-time, a way through which she could develop a sense of being emotionally alive, was not simply a walk through the garden but a long maze filled with blind turns, wrong ways, and dead ends and could have easily wound up being a journey taken in vain. As Alvarez (1993) writes:

I do not believe one can help patients to reintroject missing parts of themselves in a surgical manner. We cannot stitch the missing part back on. More important, with some children who have been psychotic all their lives, the model of a severed limb is not accurate. Instead, something may need to grow for the first time. [p. 120]

The Museum of No-Return was a world where everything was repeated and any unpredictability was cancelled in Maria's attempt to live within an endless present. Her past was absent, her sense of time had never developed and the presence of another was a vague shadow.

The subjective experience of time, as I tried to demonstrate, can be an important and useful aspect of our perception of reality and during the treatment, a step towards a more integrated and stable identity.³

While the predisposition for self-in-time depends in part on innate, biological factors, the realisation of self-in-time is neither fully inborn nor independent of the environment. It is built up through and in the presence of another as a result of emotional relationships. Once achieved, it includes the ability to imagine oneself in the future. This facilitates frustration tolerance and allows us to become aware of ourselves and maintain a continuity of identity as we grow and change.

Working with inaccessible children like Maria may thrust us into a disorienting and alienating world where we find an undifferentiated state of primordial chaos or silence with almost no recognizably ordered elements. In this case, our concern becomes how to address that child's profound apathy and withdrawal (Alvarez 1985, 1992). Limiting ourselves with assumptions about more ordinary forms of transference, counter-transference interpretation, and the projective identification process may prove insufficient to reach the patient, which places an even greater than usual importance on the analyst's reverie and capacity to intuit and imagine a narrative, a temporally instantiated flow that does not yet exist. Only after this begins to emerge, will we be able to lay the foundations for the preconditions that will form the basis for the development of a subjective experience of self-in-time.

Alvarez (2010) describes the extreme difficulties "... of being heard by patients who cannot listen or who cannot feel" (p. 864). Noting that traditional analytical interpretation as a method of ascribing meaning is insufficient, she outlines three levels of interpretation. The first is the power of Freudian (1893-1895) explanatory interpretations with a Kleinian elaboration (1946). The second focuses on Bionian (1962)

³ As Lombardi says, "... without limits there can exist neither being nor thought" (2013, p. 692).

projective identification, which is, most of all, communicative. The third level touches upon the foundations of mental and relational life.

Alvarez (2010) says, "... it is not a question of one or two tracks; this is a question, first, of helping the patient to get on track, or back on track, in situations where he has been profoundly lost (not hiding)" (p. 864). She calls this reclamation "... an intensified level of intervention responding to a countertransference sense of desperate urgency" with patients "... in imminent danger of something like psychic death" (p. 862).

In this paper, I have emphasized clinical interactions rather than the voluminous theoretical analytical literature concerning time.⁴ However, I would like to call attention to Birksted-Breen (2003) who, following Bion's idea (1970), describes "reverberation time" as the time it takes "... for disturbing elements to be assimilated, digested and transformed" (2003, p. 1505) within the mind of the object who is able to tolerate the wait. In addition to bodily and visual contact, Birksted-Breen (2009) emphasizes the importance of the organizing function of the mother's "voice-as-echo" (Anzieu 1976) and the prosodic aspects of maternal vocalization that allow for "affective attunement" (Stern 1985). These facilitate the development of social interaction, communication, and ultimately self-regulation (Barale-Minazzi 2008).

I held Maria in my mind often thinking about here and now interactions of our session. I continually described and reflected back every micro and macro movement in an attempt to allow Maria to become aware of the passage of time and develop her sense of *self-in-time*. Eventually, she became able to talk about herself and tell me what was happening inside her. She said, "I feel alone," "I don't have friends," "The others say that I am ugly."

POSTSCRIPT

The following letter, which Maria read and gave to me, shortly after The Museum of No-Return session, describes this continuing struggle:

⁴ For an extensive review of the concept of time, see for example Birksted-Breen (2003; 2009); Green (2000, 2008); Laplanche (2001); Perelberg (2007, 2008); Sabbadini (1979, 1989); Scarfone (2006, 2009).

To Grow and Become an Adult

For me, to grow up and become an adult means getting my degree, finding a job, living alone, and then marrying, and having children. I'm worried that in order to do this, I have to leave behind my phantasy world and the people in it, who are my only friends.

Now I realize that to live in my phantasy world is to be alone, closed up in my room 24 hours a day, dancing without stopping and with my head in the clouds, without friends, and without parents. I want to stay in the real world, with other people. I feel bad when I am closed up in my phantasy world, because I am there all alone and all I feel is a lot of sadness.

REFERENCES

- ALVAREZ, A. (1992). *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children*. London & New York: Routledge.
- . (1993). Making the thought thinkable: on introjection and projection. *Psychoanal. Inq.*, 13(1):103–122.
- . (1999). Addressing the deficit: developmentally informed psychotherapy with passive, 'undrawn' children. In: ALVAREZ, A AND REID, S. editors. *Autism and Personality: Findings from the Tavistock Autism Workshop*, p. 49–61. London: Routledge.
- . (2010). Levels of analytic work and levels of pathology: the work of calibration. *Int. J. Psychoanal.*, 91(4):859–878.
- ANZIEU, D. (1979). The sound image of the self. *Int. Rev. Psychoanal.* 6:23–36.
- BARALE F, MINAZZI V. (2008). Off the beaten track: Freud, sound and music. Statement of a problem and some historico-critical notes. *Int. J. Psychoanal.* 89:937–57.
- BION, W. R. (1970). *Attention and Interpretation*. London: Karnac.
- BIRKSTED-BREEN D (2003). Time and the après-coup. *Int. J. Psychoanal.*, 84: 1501–1515.
- . (2009) 'Reverberation time,' dreaming and the capacity to dream. *Int. J. Psychoanal.*, 90(1):35–51.
- BORGES, J. L. (1964) The Immortal. In *Labyrinths: Selected Stories and Other Writings*, by J. L. BORGES, pp. 105–118. New York: New Directions.
- CARUTH, C. (2001) *An Interview with Jean Laplanche*, Emory University, 2001.
- CIVITARESE, G. (2013). The inaccessible unconscious and reverie as a path of figurability. In *Unrepresented States And The Construction Of Meaning*. H. B. LEVINE. London: Karnac. p:220–239
- GREEN, A. (2000). *Le temps éclaté*. Paris: Les éditions de Minuit.

-
- . (2008). Freud's concept of temporality: differences with current ideas. *Int. J. Psychoanal.*, 89(5):1029-1039.
- LOMBARDI, R. (2013). Death, time, and psychosis. *J. Amer. Psychoanal. Assn.*, 61(4):691-726.
- MELTZER, D., BREMNER, J., HOXTER, S., WEDDELL, D., AND I. WITTENBERG. (1975). *Explorations in Autism: A Psycho-Analytical Study*. London: Karnac.
- MELTZER, D., BREMNER, J., HOXTER, S., WEDDELL, D., AND I. WITTENBERG (1986) *Studies in extended Metapsychology*. London: The Roland Harris and Educational Trust.
- NORTHOOF, G. (2015). Delusions and the brain's resting state, "Delusional Experience," *Congress in Milan*, Italy, March 2015.
- PERELBERG, R. J. (2007). *Time and Memory*. London: Karnac.
- NORTHOOF, G. (2008). *Time Space and Phantasy*. East Sussex: New Library of Psychoanalysis, Routledge.
- REED, G. S. (2013). An empty mirror: reflections on nonrepresentation. In *Unrepresented States And The Construction Of Meaning*. H. B. LEVINE. London: Karnac., p: 18-41
- SABBADINI, A. (a cura di) (1979). *Il tempo in psicoanalisi*. Milano: Feltrinelli.
- . (1989). Ai confini dell'atemporalità: la dimensione temporale dello spazio psicoanalitico. *Psicoter. Sci. Um.*, 23(2):19-32.
- SCARFONE, D. (2006). A matter of time: actual time and the production of the past. *Psychoanal. Q.*, 75(3):807-834.
- . (2009). The self in and out of time. *Int. J. Psychoanal.*, 90(2):395-404.
- STERN, D. (1985). *The Interpersonal World Of The Infant*. New York, NY: Basic Books.
- SANDIN, S., LICHTENSTEIN, P., KUJA-HALKOLA, R., LARSSON, H., HULTMAN, C. M. & REICHENBERG, A. (2014). The familial risk of autism. *JAMA*, 311: 1770-1777.
- TUSTIN, F. (1986) *Autistic Barrier in Neurotic Patients*. London: Karnac.
- . (1990). *The Protective Shell in Children and Adults*. London: Karnac.
- WINNICOTT, D.W. (1971). *Playing and Reality*. London: Tavistock Publications.
- WITTMANN, M. (2013). The inner sense of time: how the brain creates a representation of duration. *Neuroscience*, Vol.14, March 2013: 217-223.
-

Psychoanalytical Italian Society Via A. Kramer 13

20129 Milano Italy

anna_migliozzi@fastwebnet.it

The Vanished Last Scream: Winnicott And Bion

Ofra Eshel

To cite this article: Ofra Eshel (2019) The Vanished Last Scream: Winnicott And Bion, The Psychoanalytic Quarterly, 88:1, 111-140, DOI: [10.1080/00332828.2019.1558876](https://doi.org/10.1080/00332828.2019.1558876)

To link to this article: <https://doi.org/10.1080/00332828.2019.1558876>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 23



View Crossmark data [↗](#)

THE VANISHED LAST SCREAM: WINNICOTT AND BION

BY OFRA ESHEL

This paper's point of entry to the psychoanalytic thinking on early breakdown, catastrophic psychic trauma, and the last scream is an ancient enigmatic Jewish Midrash which creates an analogy between the voice of a tree being cut down and the voice of a soul departing from the body—a voice that cries out inaudibly from one end of the world to the other. Drawing on the writings of Winnicott, late Bion, and later Eigen, Tarantelli, and Bromberg, the paper explores the depths of early breakdown and core catastrophe, where unthinkable terror lies buried unknown, unexperienced, unlived, and unrepresented, and the last SOS scream vanishes. This underlying catastrophic impact forecloses the very process of thinking, dreaming and analytic reverie. The author contends that the unthinkable cannot be thought, but only relived and gone through with the analyst. Using detailed clinical examples from Bion, Winnicott, and from her own work, the author puts forth a profound form of the analyst's being-there, within, connecting with the unthinkable, ghostly horror, and catastrophic impact of the

Ofra Eshel is a training and supervising analyst and faculty member of the Israel Psychoanalytic Society, and member of the International Psychoanalytical Association (IPA). She is the vice-president of the International Winnicott Association (IWA), and the founder and head of the post-graduate track “Independent Psychoanalysis: Radical Breakthroughs” at the advanced studies of the Program of Psychotherapy, Sackler Faculty of Medicine, Tel-Aviv University. She is a visiting lecturer and supervisor at the advanced International training program in Winnicott's psychoanalysis, Beijing, China. She serves as the book review editor of *Sihot—Dialogue, Israel Journal of Psychotherapy*.

Earlier versions of this paper were presented at the Massachusetts Institute for Psychoanalysis in memory of David Hammond (Boston, November 2016), and at the 8th Annual Wilfred Bion Conference “The Radical Influence of Bion and Winnicott” at the Psychoanalytic Center of California (Los Angeles, February 2018).

patient's emotional reality, and hearing the vanishing scream. This interconnected being, which may become at-one-ment with the patient's innermost experience, keeps both the scream and the patient's hope from dying out, and gradually creates new experience within.

Keywords: The last scream, SOS, Jewish Midrash, early breakdown, catastrophe, the unthinkable, unrepresented states, catastrophic change and catastrophic chance, Patient-analyst interconnectedness or “withnessing”, at-one-ment.

An enigmatic Jewish medieval Midrash creates a powerful analogy between a tree being cut down and the soul of a person:

When a fruit-bearing tree is cut down, the voice cries out from one end of the world to the other, and the voice is inaudible

And when the soul departs from the body, the voice cries out from one end of the world to the other, and the voice is inaudible. [Pirkei d'Rabbi Eliezer, Chapter 34]

This powerful, mystifying or oxymoronic expression of a screaming voice that cries out inaudibly from one end of the world to the other, the essence of this horrific inaudible scream, and the analogy between a cut-down tree and a human soul whose existence has been severed - will be explored and reflected on in this paper through psychoanalytic clinical thinking. It delves into catastrophic experiences that find expression in George Eliot's deeply penetrating words: “we should die of that roar which lies on the other side of silence” (1872/2008, p. 182).

INTO THE DEPTHS: BREAKDOWN, CATASTROPHE, AND THE LAST SCREAM – SOS

The psychoanalytic writings on the last scream that becomes silent and muted, the depths of annihilated-annihilating core catastrophe, early breakdown and madness, and the significance of the analyst's being-there, within – these are intimately connected, for me, with Winnicott's and Bion's late writings.

Winnicott's very important posthumous paper, "Fear of breakdown" (written around 1963 but published three years after his death in 1974), and its continuation, "The psychology of madness" (1965), and "The concept of clinical regression compared with that of defence organization" (1967a), address the disastrous impact of being broken down at the beginning of one's life. It is that extreme primitive agony of early breakdown that Winnicott also calls madness X. This agony of early breakdown or madness is so unthinkable and "indescribably painful" that it cannot be experienced; a new massive defense organization, displayed as the patient's illness syndrome, must be immediately constructed against it, in order to shut down and decimate this experience of unthinkable agony. Consequently, the individual becomes imprisoned in a dissociated, ever-present "unthinkable state of affairs that underlies the defence organization" (1974, p. 103), which has already happened, but since it has not yet been experienced, it cannot get into the past tense, and is feared and compulsively sought after in the future. It is thus an ongoing catastrophe, then, now, about to happen – never and forever;¹ an endless impact on one's being that will continue until and unless it is relieved and experienced. In Winnicott's words:

The breakdown has already happened, near the beginning of the individual's life ... but ... this thing of the past has not happened yet because *the patient was not there for it to happen to*. The only way to "remember" in this case is for the patient to *experience this past thing for the first time in the present*, that is to say, in the transference. This past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time. [1974, p. 105, italics added]

Winnicott describes a profound inner struggle in those depths of unthinkable agony of early breakdown or madness—a struggle between the buried, unexperienced, dreadful agony, and a "*basic urge*" to experience it and thus "to be recovered in experience because it cannot be recovered in memory ... madness can only be remembered in the reliving of it" (1965, pp. 125–126, italics in the

¹ In T.S. Eliot's words it is "Never and always": "Here, the intersection of the timeless moment / . . . Never and always" ("Little Gidding" 1942, p. 215).

original). It is to be relived in treatment, experienced “for the first time in the present” with the analyst, “in reaction to the analyst’s failures and mistakes,” but at the same time, and more importantly, with the analyst’s different holding and “auxiliary ego-supporting function,” which will make recovery possible (1974, p. 105). Thus, the crucial question that this thinking entails is how this reliving of the annihilating past is to happen this time in treatment—will it be in the same unthinkable, unexperienced way, or can it happen and be lived through and experienced even though it has not been experienced and could not have been experienced before. Could there be a “hope of getting at something here in the analysis that had never been before” (Winnicott 1989, p. 32)?

Similar to the unexperienced breakdown, Winnicott (1969) describes the timeless, stifled scream, rooted in the early child-mother relationship that permeates the patient’s entire emotional life. He refers to the vanished scream that was not screamed or experienced in the analysis of a patient with a psychosomatic skin disorder: “the great non-event of every session is screaming, the scream that this patient is always not experiencing” because in childhood, her crying went unmet. “At the extreme of the experience of the failure in the infant-mother relationship and the memories of the failure there comes the scream which this patient is always not experiencing... at the root of this patient’s illness, the child cried and the mother did not appear.” For Winnicott, the scream that the patient “is looking for is *the last scream just before hope was abandoned*. Since then screaming has been of no use because it fails in its purpose” (pp. 116–117, italics in the original). The emergence of the patient’s scream, both in a dream and in her waking life:

only becomes possible as a result of the analysis, in which hope about screaming returned and is recaptured from the time before she became ill ... it is the only way to correct the failure of [her] last scream to work ... Profound understanding on the part of the analyst on the basis of the material presented by this patient leads towards screaming, that is to say towards screaming again, this time with hope. [pp. 117–118]

Winnicott (1967b) hears the SOS call for help or rescue: “the SOS that is a signal of hope in the boy or girl who is antisocial,” the SOS of a

deprived child that “has usually become lost” (pp. 90–91).² Thus, it can be seen in all these later (posthumously published) papers that for Winnicott the analyst/therapist’s being there, within the broken emotional experience of the patient’s world, hearing, experiencing, holding, and containing the brokenness, is critical for the treatment and feeling of hope.

Bion’s late writing, which profoundly transformed his psychoanalytic theory and technique³ with the creation of the concept of O, combines the mental catastrophe and the vanished scream at the beginning of his radical fourth and last metapsychological book *Attention and Interpretation* (1970). But unlike Winnicott, he recognizes only “later,” perhaps too late, that the unheard scream has vanished. He first describes the devastating nature of the “catastrophic emotional explosion”:

... as an immensity so great that it cannot be represented even by astronomical space because it cannot be represented at all. Paradoxically this explosion is so violent and is accompanied by such immense fear—hereafter referred to as psychotic fear or psychotic panic—that the patient may express it by sudden and complete silence (as if to go to an extreme as far from the devastating explosion as possible).

... Mental space is so vast compared with any realization of three-dimensional space that the patient’s capacity for emotion is felt to be lost because emotion itself is felt to drain away and be lost in the immensity... debris, remnants or scraps of imitated speech and histrionic synthetic emotion, floating in a space so vast that its confines, temporal as well as spatial, are without definition. The events of an analysis, spread out over what to the analyst are many years, are to [patient] A but the fragments of a moment dispersed in space... Thus A says he could buy no ice-cream. Six months later he says he cannot even buy ice-cream. Three days later he mentions his being too late to buy ice-

² Fourteen years earlier, Winnicott (1953) had already recognized psychiatric symptoms as an SOS call that the child needs to send out.

³ It was “a transformational moment in Bion’s life and thinking. . . on the very nature of psychoanalysis itself” (Grotstein, 2013, p. xi). This radical change was accompanied by his moving from London to Los Angeles in January 1968, for the last twelve years of his life.

cream: there was no ice-cream left. Two years later he says he supposes there was no ice-cream. Had I known, when the topic was mentioned first, what I know now I might have noted the time and place of the reference, but I did not know and therefore could not attend to this statement or note it. When I did, it was because of the obtrusive 'I scream' theme. It was later still that I grasped the significance of 'no – I scream'. By this time, I could make only the vaguest reference to previous appearances of the material. As it turned out this difficulty did not appear to matter and my interpretation was taken. Yet I would feel happier if I thought that my gain in experience could lead to earlier observation and use of the material. [1970, pp. 12–13]

It is interesting to note that Winnicott and Bion even use similar words to describe the unthinkable and unknown realm 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" (1974/1963, p. 105). Bion describes "something that is unconscious and unknown because it has not happened" (1970, p. 35). And further, Winnicott writes: "the original madness or breakdown of defences if it were to be experienced would be indescribably painful" (1965, p. 127). Bion writes: "the blast of an experience of this kind when you are actually there, when you are really exposed to it. It is, I can only say, 'indescribable'" (2013, p. 85).

Tarantelli (2003) also uses the image of explosion to portray the reaction to the catastrophic psychic trauma. She writes powerfully:

In so far as an explosion disintegrates whatever is in its epicenter, it cannot be perceived or experienced or thought for there is nothing left to do so. Another way of saying this is that there is an *utter absence, a radical break in being*, an instant in which nothing exists. We might say that this is the experience of the end... Winnicott speaks of "phenomenal death" [1974, p. 106] and points to the paradox which is at the heart of the trauma reaction when he affirms that phenomenal death is "death as a phenomenon but not as the sort of fact that we can observe." [p. 916, italics added]

Eigen (2002, 2012) takes the theme of the vanishing scream further, amplifying it through Bion's horrific imagery, but urgently brings in the analyst who hears the SOS scream so that the scream does not die out and become lost:

In psychosis, Bion (1970) depicted an explosion (trauma), with bits and pieces of personality floating in space at accelerating velocity, going further and further away from each other and further from the point of explosion ... The bits and pieces of exploded personality floating in the [therapy] room might not be redolent with meaning so much as flotsam and jetsam of an extended SOS signal, like a thinning, vanishing scream over time ... Even so, the vanishing debris might have value as passing signals of a catastrophic process that began long ago and still goes on ... Feel the impact ... something like: I am catastrophe in process. My personality is catastrophic. Something awful has happened, is happening. I am undergoing a state of disintegration ...

Maybe part of what needs to happen is to sit with the explosion, hear the SOS; listen, hear the scream. *There is a scream inside...* Stay with the scream, an inaudible scream of your patient's being ...

The scream is a sign of distress that cannot be addressed by the screaming one. A distress the adult or baby cannot solve, an unsolvable disturbance ... But you are prepared to stay with the scream for decades, to sit with the unsolvable disturbance, providing a background support for something to grow over time ...

For Bion, the attitude, state, and disposition with which we meet catastrophe is Faith. Not "k", not knowledge It is faith he posits as the only state of being that meets catastrophe ... where Faith includes the discipline of being without memory, expectation, understanding, or desire ... Faith is an opening to the unknown. [Eigen 2012, pp.19–21, italics added]

I would add here Bromberg's (2003) moving description, related from the interpersonal psychoanalytic perspective, of the desperate cry

in the dream of his patient Dolores; a cry that came from a traumatically dissociated, “haunting ghostly horror” (p. 68g), trying now in treatment to have a voice and the much-needed, longed-for, and long-lacking hearing. For it remains a ghostly horror that haunts the self as though the dissociated past were still a present danger, unless a new experiential reality is created between patient and analyst.

These powerful descriptions of Winnicott and Bion, and later Eigen, Tarantelli, and Bromberg, emphasize the ongoing catastrophic impact on one’s being, and the extent to which the analyst/therapist’s being-there, hearing the scream inside, and staying with the unthinkable, haunting ghostly horror and catastrophic impact, keeps both the scream and the patient’s hope from dying out, at that last moment before the psyche collapses into mute, utter non-being. Furthermore, based on Winnicott (1969) as well as on my own therapeutic experience, I would venture to add that the analyst’s being within (and with-in) the brokenness of the patient’s being might even transform the scream that died out into the “*last scream just before hope was abandoned.*” I have come to believe that this way of analytic being-with is so inherently transformative that it can transform the underlying breakdown and the state of no-hope and catastrophe into risking, in treatment, relived experiencing and hope before they became frozen, lost, terminal, dead. But this reliving also brings back the dreadful “roar which lies on the other side of silence,” the terror, the inescapable and agonizing grip of the process, and a terrifying hope (Eshel 2013a). Recently, a patient of mine said most movingly that in the first several years of treatment we searched for, found, listened to and deciphered the black box of his breakdown, while now we hear the black box just before the breakdown, in an unsettling, intense state of terror and hope: can things be different this time?

Freud wrote that the analyst “must turn his unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone” (1912, pp. 115–116). And Bion said, “If the analyst is prepared to listen, have his eye open, his ears open, his senses open, his intuition open, it has an effect upon the patient who seems to grow” (F. Bion 1995, p. 106). I have suggested adding the “hearing heart” (I Kings 3:9) to the analyst’s hearing ear and mind as an essential part of the analyst’s increased receptive capacity, especially when the patient’s transmission is

unthinkably traumatic and broken (Eshel 1996, 2004a, 2015, 2016a). For me, this powerful biblical expression—a “hearing heart”—conveys the need for the analyst’s being within the ongoing unbearable emotional experience of the patient’s world; staying attuned, open, sensing, hearing, and feeling the “voice” of the patient’s trauma or breakdown that cries out (Caruth 1996; Eshel 2015, 2016a), and even more so – the vanishing scream. The analyst’s “hearing heart” hears and *experiences with the patient and for the patient* the “heart-break” (Tustin 1972, 1990), the last scream—SOS *just before hope is abandoned* and even after hope has been abandoned (Winnicott 1969), and is also “able to hear the sound of this terror which indicates the position of a person beginning to hope that he might be rescued” (Bion 2005, p. 21). For only patient-with-analyst “t(w)ogether,” which may grow into at-one-ment with the patient’s emotional reality (Eshel 2005, 2010, 2012, 2013a, b, 2016a, b, 2017), become able to experience and go through the relived agonies and hope that were unthinkable and unexperienced in their original setting. In this way, the *nowhere* states of split-off agony and the underlying sense of breakdown become *now-here* experiences (Eaton 2011; Eshel 2004b), and the catastrophic impact turns into a catastrophic change (Bion 1965) that thus *becomes-with the analyst a catastrophic chance*. Patient-with-analyst are given a second chance to relive it better.

CLINICAL ILLUSTRATIONS

I would now like to illustrate the meaning of the analyst/therapist’s hearing, experiencing and staying with the silenced and muted scream through detailed clinical illustrations from Bion, Winnicott, and my own work. First, I will demonstrate what I regard as a vanishing scream that went unheard by the kind of “early” Kleinian-based interpretations Bion gave and presented in his October 1955 lecture to the British Psychoanalytic Society on “The differentiation of the psychotic from the non-psychotic personalities” (published in 1957/1967). This detailed clinical description also allows me to introduce Winnicott’s very different approach in response to Bion’s interpretations (as Winnicott himself wrote to Bion). Winnicott emphasized early analyst/mother-patient/infant primary relatedness and communication, and regression in the transference as his alternative way of understanding, experiencing,

reliving, holding, and interpreting the session when working with severely disturbed patients—an approach which had already characterized Winnicott's mode of interpreting since 1949 through the early 1950s. I will follow this with another clinical illustration of Bion's, from his Los Angeles seminars 12 years later (1967), at the critical point of the transformation in his clinical thinking at that time as put forth in his controversial paper "Notes on Memory and Desire" (1967), along with a similar brief description by Winnicott. And finally, I will present a clinical example of my own.

Bion and Winnicott - October 1955: "I ought to have rung up my mother"

In his October 1955 lecture, Bion described an "actual analytic session" with a psychotic patient, six years in analysis, who was sometimes late, but had never missed a session:

On that morning he arrived a quarter of an hour late and lay on the couch. He spent some time turning from one side to another, ostensibly making himself comfortable... A handkerchief was disposed near his right pocket; he arched his back... A lighter fell out of his pocket. Should he pick it up? Yes. No. Perhaps not. Well, yes. It was retrieved from the floor and placed by the handkerchief. Immediately a shower of coins spilled over the couch on to the floor. The patient lay still and waited. Perhaps, he had been unwise to bring back the lighter. It had seemed to lead to the shower of coins. He waited, cautiously, furtively. And finally... he said, "I don't suppose I shall do anything today. I ought to have rung up my mother." He paused and then said: "no, I thought it would be like this." A more prolonged pause followed; then, "Nothing but filthy things and smells", he said. "I think I've lost my sight." Some twenty-five minutes of our time had now passed, and at this point I made an interpretation...

I told him that these filthy things and smells were what he felt he had made me do, and that he felt he had compelled me to defecate them out, including the sight he had put in to me.

The patient jerked convulsively and I saw him cautiously scanning what seemed to be the air around him. I accordingly said that he felt surrounded by bad and smelly bits of himself

including his eyes which he felt he had expelled from his anus. He replied: "I can't see." I then told him he felt he had lost his sight and his ability to talk to his mother, or to me, when he had got rid of his abilities so as to avoid pain.

In this last interpretation I was making use of a session, many months earlier, in which the patient complained that analysis was torture, memory torture. I showed him then that when he felt pain, as evidenced in this session by convulsive jerks, he achieved anaesthesia by getting rid of his memory and anything that could make him realize pain.

Patient: "My head is splitting; maybe my dark glasses." ...

Analyst: Your sight has come back into you but splits your head; you feel it is very bad sight because of what you have done to it.

Patient: (moving in pain as if protecting his back passage). Nothing.

Analyst: It seemed to be your back passage.

Patient: Moral strictures.

I told him that his sight, the dark glasses, were felt as a conscience that punished him, partly for getting rid of them to avoid pain, partly because he had used them to spy on me, and on his parents. I could not feel I had done justice to the compactness of the association. [1967, pp. 52–53, 56, 58]

Two days later, Winnicott wrote a letter to Bion (October 7, 1955) regarding his lecture, in which he responded to and interpreted this session very differently from Bion. He offered interpretation of early mother-infant relatedness and the quality of their communication as an alternative way of understanding, experiencing and holding the session, concentrating on "the analyst's capacity to meet the communicating techniques of early infancy" and the failure of the patient's early maternal environment (Winnicott 1969b, p. 258). He wrote directly and frankly:

It does seem to me that the material that you reported cries out for an interpretation about communication.

... . I would say that if a patient of mine lay on the couch moving to and fro in the way your patient did and then said: "I ought to have telephoned my mother" I would know that he was talking about his incapacity for making communication. Should it interest you to know, I will say what I would have interpreted: I would have said: "A mother properly oriented to her baby would know from your movements what you need. There would be a communication because of this knowledge which belongs to her devotion and she would do something which would show that the communication had taken place. I am not sensitive enough or oriented in that way to be able to act well enough and therefore I in this present analytic situation fall into the category of the mother who failed to make communication possible. *In the present relationship* therefore there is given a sample of the *original failure from the environment* which contributed to your difficulty in communication. Of course you could always cry and so draw attention to need. In the same way you could telephone your mother and get a reply but this *represents a failure of the more subtle communication which is the only basis for communication that does not violate the fact of the essential isolation of each individual.*

You [Bion] will see that from my point of view you were talking about the environment... and you were indicating by this clinical material that this man has a relative lack of capacity for communicating because of some experiences in which his mother or whoever was there *failed in the original maternal task at the stage when the mother is closely identified with her baby, i.e. at the very beginning*... I know that there is a tremendous amount... in the psychotic illness... You happen to give clinical material, however, which *screamed out* for an interpretation about communication and this is why I want to make this comment. [Rodman, 1987, pp. 91–92, italics added]

Bion's response is unknown.

Nonetheless, to my own thinking, what Bion says about the baby's screams in his seventh 1973 Sao Paulo lecture echoes the concerns raised by Winnicott's letter, 18 years earlier:

The infant takes back into itself the sense of impending disaster, which has grown more terrifying through the rejection of the mother and through its own rejection of the feeling of dread. This baby will not be able to feel that it gets back something good, but the evacuation with its badness worse than before. It may continue to cry and to rouse powerful anxiety in the mother. In this way a vicious cycle is created in which matters get worse and worse until the infant cannot stand its own screams any longer. In fact, left to deal with them by itself, it becomes silent and closes within itself a frightening and bad thing, something which it fears may burst out again. In the meantime, it turns into a “good baby,” a “good child.”

Suppose this child comes as an adult to you for analysis. It would be difficult to trace those primitive ideas which have become overloaded by any number of other thoughts and ideas. It is like trying to trace embryonic signs in the physiological anatomy of the adult, but more difficult because in the mental world one has no physical signs to fall back on. [Bion 1990/1973, p. 54]

Bion's different analytic being and relating – 1967

Bion republished this 1957 paper a decade later in his book *Second Thoughts* (1967). However, Bion's controversial paper “Notes on Memory and Desire” (1967) was also published that year in *The Psychoanalytic Forum*, and 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 1967, p. 272); to be all the more in-tu-it (intuit). Bion's clinical illustrations from this critical year appeared posthumously only 46 years later in Bion's (2013) Los Angeles seminars from April 1967. Another clinical illustration from March 1967 (for presentation on April 20th in Los Angeles) was previously published under the entry “Reverence and awe” in *Cogitations* (1992). Here, I will bring Bion's clinical example of a

patient also diagnosed as schizophrenic, from his third Los Angeles seminar – 17 April 1967.

Bion described “an actual experience”:

Now, most of the time, I felt that I was dealing with more or less incoherent stuff. And in trying to analyse him, on the whole I suppose one would call it free floating attention: that the state of the mind in which I am is not very far above sleep ... afraid that one can fairly easily be sent to sleep by the patient. Now, my attention was awoken out of that by the patient saying, “I had a dream last night. I was walking along the river bank with my children, when they fell into the river, and they were carried by the very strong current towards the weir, the waterfall which was in the river. Before getting to this, they came to an overarching part of the bank, which covered some kind of diversion. The water was canalized off, and this terrific current would just disappear underground, is what it came to.” He said, “I jumped in to rescue the children, and was at once carried with them towards this weir, towards this sluice, this channel, which disappeared underground. I can tell you,” he said, “I never woke up so quickly in my life.”

And then, he simply seemed to pass out completely. He seemed to be absolutely inert on the couch. He stopped talking. He was completely inert. So I said, “You don’t seem to have woken up quickly enough. I think you must have been carried under this projection.” And then he started to talk again in the same usual incoherent manner, and that was that.

Now it’s difficult to say *why* I felt this was an important event. There was a good deal to explain it. To start off with, I was *not* used to his emerging in this kind of way and becoming coherent. It’s quite out of keeping with the rest of the analysis and with his usual method of communication. And then was the disconcerting statement that he never woke up so quickly in his life. And then, the next disconcerting point of his apparently passing out in a way which would be comprehensible if he lost consciousness completely. 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 ... Now, that was the finish of it. That's the end of this episode. As far as I was concerned, it was simply a lost opportunity; I felt certain that it was very important. [2013, pp. 56–57, italics in original]

This is, indeed, a very different mode of “becoming” and not-becoming of understanding and interpreting that radically challenges the analyst's all-knowing imposing position seen in Bion's 1955 example (1957/1967). Nonetheless, I think that Bion's interpretation missed the patient's cry of terror, the terror of death, and the patient once again withdrew into his psychotic defenses.

It is also interesting to consider what Bion (1992) powerfully stated at that time (March 1967) with regard to another clinical example:

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*. [p. 291, italics added]

To my mind, this did not happen here. Bion did not connect and go through the emotional crisis experience of the dreaded danger of falling, the lurking depths of annihilation and death, and the need for rescue. But Bion did feel the important missed opportunity.

I would like to add here a strikingly similar experience of unknowing, related by Winnicott (1971), which also concerns a frightening dreaming and awakening. It is taken from his therapeutic consultation with Alfred, a 10-year-old boy with a stammer. Alfred told Winnicott about a frightening recurrent dream that he had had a few years ago, which he had never forgotten—a dream about a witch who comes in at the open window and takes him out to a den like a coal-mine. Winnicott:

... asked whether the witch was likely to eat him, and Alfred said: “I don't know, I wake at that point. The trouble about telling you these dreams is that if I have a dream and it goes horrible, then I wake.” He added: “Sometimes I would like to

go on with it and find out what was horrible, instead of waking”; and then he laughed at himself, saying again that he would rather go on and be frightened than wake. I was being invited to take him to the worst, if only I could find out how to do so. [pp. 120–121]

But where are the words that allow us to express the emptiness of thought and the unthinkable terror? (Horovitz 2016).

Case illustration: hearing the vanished last cry

I will now further address, by using a case illustration of my own, the critical struggle to hear, experience and stay with-in the patient’s annihilated-annihilating state of early breakdown, when the patient in treatment repeatedly points to its endless, massively traumatic impact, without the ability to go through it.

Ben, a very tall, athletic, and strikingly handsome young man of twenty-eight, came to me for psychoanalytic psychotherapy because of a prolonged depressive crisis over the preceding two years, centering on a girlfriend who had betrayed and left him. He had already been through two failed psychotherapies, which had terminated with a recommendation for medication.

In response to my questions, he vacantly described what had happened with the girl. There were always girls who had been interested in him, who had “come on to him,” but after a night or two they would leave. Only this girl, Julie, had stayed, insisting on continuing the relationship, saying that she loved him. After three months together she decided to go abroad. He did not object, and even felt relieved. She left, and about a month later the tone of her letters changed; the letters became more sporadic, until they finally stopped. On her return three months later, she told him that while abroad she had had a relationship with someone else, and although it had ended, she categorically refused to go back to Ben despite his repeated entreaties that she come back and try again. From her point of view, Ben was a closed issue, she said. He began calling her day and night, sometimes speaking, pleading with her to come back, feeling humiliated but unable to stop, at other times not speaking at all. Each night he hung around her house for hours, drunk, drugged, in a daze, tracking her movements: was she at home?

What time did she switch off the light? What time did she go to bed? Did she have someone else? Despite enrolling in a university, he barely attended lectures and throughout those two years repeatedly failed all his examinations. He sometimes did random, simple work, mainly at night, to partially cover his expenses. It was a major, all-encompassing emotional and functional crisis.

Having told me this, and after asking him a few more informational questions and receiving informational answers at the first sessions, there appeared to be nothing else to say, to talk about or relate to. Any effort of mine to go on asking and encouraging him to talk always ended up in the same meaningless, empty, futile place. "Does zilch for me," he would repeatedly respond to anything, his words addressed to no one. There was no area that interested him. His studies? "Zilch"; he had no interest in what he was studying, and no interest in any other field either. The long trip around the world he had taken after his military service and the places he had visited? "Zilch." Going out with friends? "Zilch." Work? "Zilch." The treatment? "Zilch," and anyway they'd told him everything in his previous treatments, which "also did zilch for me." When I gave up on my attempts to ask questions and encourage him to talk, a silence reigned that was no less hollow and dreary. It was not non-speaking, but this "Zilch" that crept into speech and silence, into every corner, everywhere, limitless, with no way out; it was as if there was an irreparable fault in the aliveness of his psychic apparatus. "Zilch." A desolate emotional wasteland. There was only the nocturnal, disconnected, ceaseless, and despairing hanging around Julie's house, perhaps because she, by leaving him, was the only one who had broken through this nothingness.

After about two and half months of this, I thought that perhaps if he were in treatment with a younger female therapist, one closer to him in age and his world, something more libidinal, more alive, might evolve. And perhaps, I had also become weary; thus I offered him this alternative. But he immediately replied that he had no intention of going to any other therapist, neither younger nor older, that this was the last treatment he was ever going to try, and besides, he didn't know why he was still trying at all.

And so we continued treatment for another month. Gradually there was a significant diminishing of his nocturnal wanderings. And then, after being in treatment for almost four months, he told me that he saw

no point in continuing; nothing had changed, it was end-of-year-exam time, and it would be better to spend his time studying. After one further session, I accepted his decision, asking him only to call me if matters deteriorated. He called about three weeks later. He told me that he had failed all of his exams, that he hadn't even sat for some of them, and that he had resumed his nocturnal wanderings around Julie's house. We resumed treatment.

During this period in treatment, Ben tried something different. He brought the letters Julie had written him from abroad and read them to me, trying to seek and discover with me what had happened and when, when had she stopped loving him, what had gone wrong, and why. He brought photographs of them that had been taken before she went abroad; they showed a handsome couple, with Julie looking at him very affectionately.

During these months, his wanderings around Julie during treatment replaced his nocturnal wanderings around her house. He struck up a relationship with a new girl, but she, too, terminated it after two weeks. Once again, a relationship was terminated abruptly. Once again there was this terrible gap between his remarkably attractive appearance, and the incomprehensible and unavoidable collapse of any relationship.

After about three months into this stage of treatment, he came to a session looking very tired. He said he had hardly slept that night because he had been with a woman several years older than he, whom he had met at a pub, but he didn't want to continue the relationship with her; he didn't want to hurt her because she wanted something serious. She was as desperate as he when he wanted someone. Perhaps he would go out with her a few more times when he was lonely and drunk. He added that he was not attending lectures, he didn't feel like it, didn't want anything. He asked if he could lie down on the couch in my room. He lay down and asked, "Can't see you?" Then he lay silent and motionless until the hour was up, completely inert on the couch; he looked very long and stiff. I thought (although I did not know for sure) that he had closed his eyes. He awoke himself just before the session was over and left.

At the following session he did not utter a single word. I felt that he had been frightened by his letting go at the previous session. The day before the next session he called to say he would not be coming. He didn't want to continue treatment. I asked him to come so that we could talk about it.

He came and stated at the outset that he didn't want to be in treatment any longer. It ran counter to the macho image he had been raised to assume; it annoyed him. Then he fell silent. Later he said that he had called Julie that week and she had told him that she didn't want to speak to him, that he was no longer part of her life, and then she had hung up on him. He didn't want to be in treatment. I said that he couldn't leave treatment like this, without something improving for him, in some area—in his studies, at work, in love. "It doesn't matter, I'll go somewhere or other," he said. But I felt that he could not go in this state. And in stark contrast to the previous time he had wanted to leave treatment, now I was fighting for this failed treatment with a stubbornness incomprehensible to me, telling him that I couldn't let him go like that, to nowhere, despairing and destructive, that this ran counter to my professional and human responsibility. And as I spoke, I felt tears coming into my eyes.

He looked at me, seeing my distress, and said, almost feelingly (I thought), "You're the only one who cares about me, of all the psychologists. I know it's not a matter of ego with you. But you just don't understand—I'm lost. I'm lost. There's no chance. No chance at all."

"Give me, give the treatment, a year," I said. "You came to treatment at the beginning of April. So stay in treatment until next April, and if it doesn't help you, I won't say another word if you want to go."

"I came at the beginning of April?" he asked. "That's when I was born." We checked my appointment book, and indeed found that he had come for the first time one day after his birthday.

Something in this new, surprising, and tangible feeling of time, which had thus entered the treatment, drew my attention to the fact that every three or four months a crisis would arise in treatment. Julie, too, had gone abroad after three months with him, and had betrayed him after four. As he had come to treatment at the time of his birth, had something happened during his first year of life, after four months? Had something been stopped and cut off at that time? But what?

I suggested something that I do not usually do—that he ask his mother what had happened when he was about four months old. At first he refused, saying, "What would be the use of my asking? And anyhow, what's the use of my telling you things?" I told him that now I know him differently, now that I have come to know his suffering and distress, after seeing the letters and getting to know the recurrent and

incomprehensible collapse of every relationship. He said that he “had scenes in his head” that he couldn’t relate. But when I ask him what’s on his mind, he can’t stand it: I shouldn’t ask him, I should say what I think and he’ll correct me. We agreed to this.

He came to the next sessions without having asked his mother. I waited. “How can I ask questions like that, it’s weird, what would I say to her?” he finally said. I suggested that he tell her “The therapist asked me to ask.” When he did ask her, he came back and said that his mother had been astonished by his question, and told him that, at that time, terrible things had happened that she had never spoken about. She wanted to tell him now, but he did not want to hear, and then she asked his and my permission to tell me directly. He gave his permission, and I gave mine. I subsequently received a long, poignant letter from her in which she recounted that when Ben was three months old, he had contracted spastic bronchitis. She spent the nights walking around holding him in her arms, frightened for his life, while he struggled to breathe, wheezing, almost suffocating. A month later, when he was four months old, his brother, who was a year older, contracted meningitis. His condition was critical, and she sat at his bedside in the hospital for three weeks without going home and without seeing Ben during that entire period. When she finally came back home, Ben neither cried nor was happy; he was not ill but completely quiet and she thought that everything had passed satisfactorily. And, she added, she herself had been too tired to think about anything. During the subsequent months she herself had undergone a period of terrible fatigue and depression. She had been unable to bear anything more.

I read the letter and realized that it was here that he had given up forever, had emotionally died out, and had become this “Does zilch for me.” But when I related-read to Ben what she had written, he sat there with a blank, immobile face. “I see that this moves you,” he said at the end, “but it makes no difference to me. It was a long time ago. It’s nothing. It does zilch for me.”

During the period in treatment that followed, however, things flowed a little more freely. He spoke more, bringing up “the idea of self-destruction—to hurt yourself in order to hurt the person who had hurt you, that you’re angry at them, that they should feel bad, that they should feel that it’s their responsibility.” But at the end of March, toward the end of the four-month extension that had been granted, he

gradually withdrew and shut down, his words dried up; and at the beginning of April he told me that a year had gone by, there was no change, and he was stopping treatment.

This time I did not argue. "You kept to the agreement and I am thankful for that," I said, and added softly, "I'm very sorry that despite the great effort we both made, I didn't manage to help you."

The treatment was terminated.

About five months later, Ben called to tell me that he was taking summer semester at the university. At first I did not grasp the significance of this, but then he added that he was taking the summer semester because he wanted to complete his studies by March of the following year, as this time he had passed all of his end-of-year exams. I realized that a change was taking place.

He called again three months later. He told me that he had successfully completed summer semester, and that he would finish his studies in March. He called again in March, after passing all his final examinations. He had begun a relationship with a new girl, and again she terminated it a week later. He thought he should resume treatment. We arranged to begin again in April, this time on the day before his (thirtieth) birthday.

At the first session back at treatment, he quietly recited-sang a song by Ehud Ba'nai [an Israeli singer] that I hadn't heard before, "The boy is thirty, he's got a high fever, he's out of work and love." When he reached the chorus, there were tears in his eyes:

Please hurry, put a bandage on my heart
Before you lay me down to sleep
And tell me of the child I once was,
How joyful I was at the first rain.

The treatment has continued ever since, for years (after another year it turned into analysis, at his request) — heavy, difficult, draining, but surviving.

CONCLUDING THOUGHTS: SOS—IN SEARCH OF A SOUL

SOS—a signal of extreme distress, a call for help or rescue sent out from the site of a disaster or life-threatening catastrophe; "a catastrophe in

process ... something awful has happened, is happening" (Eigen 2012, p. 20). A last desperate scream before succumbing, before drowning, before hope is abandoned: "*Send Out Succor*," "*Save Our Souls*."

In order to save a soul, to hear its last scream crying out in deep anguish and dread, one must reach that soul through its most unbearable mental and existential realms of disaster. Like Ben in my case illustration, these patients bear the inscription of an early emotional catastrophe, breakdown or madness (Ogden 2014; Tustin 1990; Winnicott 1965, 1967, 1974), in which a massive defense organization has shut down and decimated the screaming of unthinkable agony. It thus lurks within the psyche as an unexperienced, un-lived and dead part, deeply woven into the psychological fabric of their living. Hence, the critical importance in the treatment of the analyst's being there with-in, experiencing the unexperienced, and allowing the unthinkable agony to be gradually experienced and suffered in the treatment situation. It is this interconnected analytic presence that creates the arduous, fundamental possibility of patient-with-analyst/therapist to undergo the unbearable dread, pain, loss, broken-heartedness, and despair that made it impossible for the patient to be there and experience them alone. Ben found his vanished last cry in my cry for him. He had slowly become able to face the naked agony of abandonment buried under his all-encompassing, incessant "Zilch" through my "heart-hearing" and experiencing of it. In Ogden's (2014) telling words on Winnicott's "Fear of breakdown": "The patient is not alone when he is with an analyst who is able to bear the patient's and his own experiences of breakdown and primitive agony" (p. 214).

To my way of thinking, the analyst's ability and willingness to "be there" within the patient's emotional reality, and the ensuing deep patient-analyst interconnectedness or "*withnessing*" that may become at-one-ment with the patient's innermost experience, engenders new possibilities for extending the reach of psychoanalytic treatment to include more and even most disturbed patients, and difficult treatment situations (Eshel, 1998, 2004a, 2005, 2006, 2010, 2012, 2013a,b, 2016a,b, 2017).

This way of thinking is also supported in Grotstein's late writing (2010) that underscores, by drawing on late Bion's terms, the clinical importance of the analyst's "becoming" the emotional reality-O of the

patient, and “transformations in O within the analyst” when dealing with infantile trauma and chronic resistance. Deeply moved by hearing “a voice from the crypt” (p. 10), Grotstein maintains that unlike the treatment of the healthier personality, the course of treatment of the split-off, “castaway patients,” “involves the indivisibility of the transference<-> countertransference in the analyst’s reverie, his or her capacity to ‘become’ the patient’s anguish and agony... Bion terms this phenomenon ‘transformations in O within the analyst’” (2010, p. 25, italics in original). Ogden (2004) also distinguishes between “interrupted cries” or “nightmares” wherein dreaming is interrupted, and “undreamt dreams” (2004) and “unlived” states of early breakdown (2014, 2016) that foreclose the very process of dreaming and analytic reverie.

In this regard, I would add Vermote’s (2013) integrative model of psychic functioning for dealing with the unknown, which I have summarized elsewhere (2017). Vermote identifies three distinct zones or modes of psychic functioning to describe the scope of psychoanalytic work, with varying degrees of differentiation, different major psychoanalytic models, and different clinical implications for the analyst: mode 1—reason (Freud, Klein); mode 2—transformation in Knowledge (Bion, Marty, de M’Uzan, Bollas, Botella & Botella, Ogden, Ferro); and mode 3—Transformation in O, when dealing with the most unthought, unknown, undifferentiated mode of psychic functioning (Winnicott, Milner, late Bion, late Lacan). Here, real psychic change occurs at the level of *radical experience*, unrepresented and unknowable –O, while the *epistemological exploration* of the 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 was not 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. Winnicott also writes, “We now find all these matters coming along for revival and correction in the transference relationship, matters which are not so much for interpretation as for experiencing” (1969, p. 242).

To my way of thinking (2017), the ultimately unknown emotional reality of mode 3 has become connected mainly with unthinkable breakdown (Winnicott) and catastrophe (Bion). It is no longer an

epistemological exploration for recovering repressed material (Vermote, 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 (Vermote, mode 2). Rather, the depths of the unknown and unknowable emotional reality of mental catastrophe (Bion 1970) and of unthinkable, unexperienced early breakdown (Winnicott 1963, 1965), are beyond the limits of the level of representations, and analytic thinking and dreaming. The underlying catastrophic impact forecloses the very process of thinking, dreaming and analytic reverie. In Bion's words, "there is a breakdown of dream-work a" (1992, p. 59). The "dark night of/to the soul" (words Bion borrowed from St. John of the Cross) is a "dark night' to K" (1965, p. 159).

Thus, *the unthinkable cannot be thought, but only relived and gone through with the analyst*. This is essential to the practical work of psychoanalysis. For only the great intensity of the analyst being-within and becoming at-one-with the patient's innermost emotional reality can reach these *annihilated-annihilating states of ultimate trauma, and create a new experience* within the depths of core catastrophe, unthinkable breakdown and madness. Only this can transcend the potentially limiting influence of epistemological exploration on further analytic efforts to reach still unexplored, unlived realms of human brokenness.

Eigen writes powerfully in this regard, "More is involved than the capacity to know... . A capacity as deep or deeper than the sense of catastrophe must be called forth if healing or profound change is to occur" (1993, p. 219). Eigen goes on: "This kind of therapy involves commitment to deep experiencing... There is support deeper than anything one can hold onto" (2004, pp.170–171). And Symington & Symington (1996) write: "The analyst apprehends that reality because he has *become it in the depth of his being*" (p. 166, italics added).

AFTERTHOUGHTS

Returning to the powerful words of the Midrash:

When a tree is cut down, the voice cries out from one end of the world to the other, and the voice is inaudible

And when the soul departs from the body, the voice cries out from one end of the world to the other, and the voice is inaudible.
[*Pirkei d'Rabbi Eliezer*, Chapter 34]

It seems to me that after delving into Winnicott's, Bion's, Eigen's, Tarantelli, and Bromberg's writings on the horrific scream of deep anguish and breakdown, which is *unknown, unthinkable, unexperienced, and unrepresented*, these seemingly enigmatic, paradoxical lines from the Midrash become movingly understandable – conveying the “inaudible scream of [the] patient's being” (Eigen 2012).

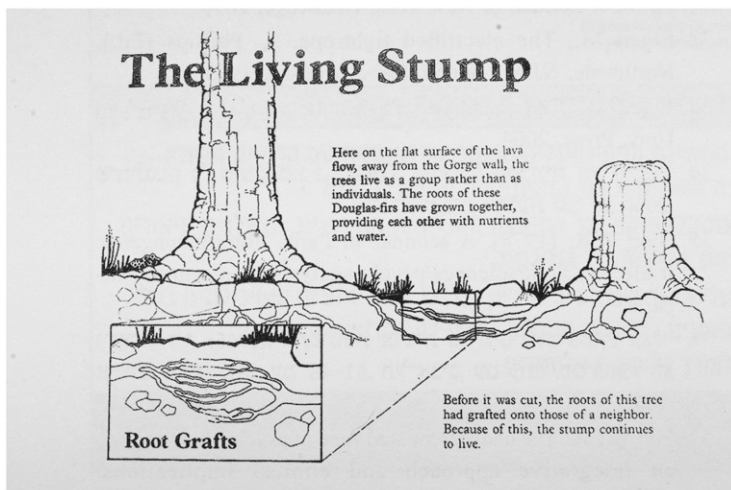
In a seminar in Paris (July 10, 1978), at age eighty-one, one year before his death, Bion also drew an intriguing similarity between a tree and a person:

I suggest that behind this forty-two-year-old man is hidden a person, and that person has roots, an unconscious which, like the roots of a tree, is hidden from sight. There are not only branches which are ramified and have veins, but under the surface it has roots. So when this person comes into your room, what do you see? I am not asking simply what do you see with your eyes, but also what does your intuition enable you to see?

I have recounted what my intuition and being emotionally interconnected with the patient's catastrophic psychic reality enabled me to see and become “in-tu-it” in the case of Ben. Over the years, I have come to realize that transformation in the most cut-off, blocked, deadening, empty, desperate and despairing psychic zones—zones of psychic breakdown, annihilation and catastrophe—becomes 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. This interconnectedness, which may become at-one-ment with the patient's innermost emotional reality, is thus difficult and demanding; it is an unyielding ongoing struggle with the underlying catastrophe in order to reach, through deep emotional experiencing beyond Knowledge and beyond representations, the cutting-down and “the inaudible scream of the patient's being,” and the “phenomenal death” that is “death as a

phenomenon but not as the sort of fact that we can observe” (Winnicott 1974, p. 106). It is not only that analyst and patient “*live an experience together*” (Winnicott 1945, p. 152, italics in original), but rather that analyst and patient *live the unexperienced, the unthinkable, and the un-lived t(w)gether*. For me, this is the becoming of *catastrophic chance*.

Four years ago, I was a visiting scholar at the Psychoanalytic Institute of North California (PINC) in San Francisco, and from there I travelled to Oregon. As I walked among the Douglas Fir trees at the Rogue River Gorge, I saw a sign alongside a tree and an adjacent tree stump that bore the words “The Living Stump.” The sign explained that the stump had survived because the roots of these two neighboring trees had grown together and grafted. The stump can remain alive in this way for years—*roots grafted* with those of the nearby tree—until it is able to sprout or grow shoots. Recalling Bion’s words regarding the roots of the patient’s psyche, I thought about patient-analyst becoming at-one at their psychic roots within the catastrophic impact on the patient’s being. If trees can become at-one in this way, can’t we?



A FINAL NOTE ON PRESENCE, GRAFTING, AND BION

Bion, in his autobiography *All My Sins Remembered* (1985) and later Francesca Bion (1995), make special mention of Dr. Wilfred Trotter, the distinguished brain surgeon whom Bion admired during his medical studies at University College Hospital in London. Bion was particularly impressed by his quality of presence with the patients. There were two eminent surgeons—Julian Taylor and Wilfred Trotter. But while Taylor could not tolerate the patient's response to his enquiry "What is your trouble?" Trotter "listened with unassumed interest as if the patient's contributions flowed from the fount of knowledge itself. It took me years of experience before I learned that this was in fact the case ... the doctor from whom help is being sought is being given the chance of seeing and hearing for himself the origin of the pain" (Bion 1985, p. 38).

Bion then recounts that "It was said that when Trotter did a skin graft it 'took'; if Taylor did a skin graft—with equal or maybe even greater technical brilliance and accuracy—it did not take; the body rejected it; it was sloughed off" (p. 38). It seems that grafting which "takes," even physical grafting, involves the doctor's receptive, attuned, deep availability and absorption within the patient's experiencing of pain.

REFERENCES

- BION, F. (1995). The days of our years. In C. MAWSON (ed.) *The Complete Works of W. R. Bion*, Vol. XV (pp. 91–111). London: Karnac, 2016.
- BION, W.R. (1957). Differentiation of the psychotic from the non-psychotic personalities. *Int. J. Psychoanal.* 38:266–275.
- . (1965). *Transformations*. London: Maresfield Library/Karnac.
- . (1967). Notes on memory and desire. *Psychoanal. Forum*, 2:272–273; 279–280.
- . (1970). *Attention and Interpretation*. London: Maresfield Library/Karnac.
- . (1978). A seminar in Paris. <http://braungardt.trialectics.com/sciences/psychoanalysis/bion/seminar-in-paris/>
- . (1985) *All My Sins Remembered: Another Part of a Life & The Other Side of Genius: Family Letters*. F. BION (ed.). London: Karnac, 1991.
- . (1990). *Brazilian Lectures: 1973 Sao Paulo. 1974 Rio de Janeiro/Sao Paulo*. London/New York: Karnac Books.

-
- . (1992). *Cogitations*. London: Karnac.
- . (2005). *The Italian Seminars*. London: Karnac.
- . (2013). *Los Angeles Seminars and Supervision*, ed. J. AGUAYO, AND B. MALIN. London: Karnac.
- BROMBERG, P.M. (2003). One need not be a house to be haunted: on enactment, dissociation, and the dread of “not-me”—a case study. *Psychoanal. Dialogues*, 13:689–709.
- CARUTH, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Baltimore & London: The Johns Hopkins Univ. Press.
- EATON, J. L. (2011). *A Fruitful Harvest: Essays after Bion*. Seattle: The Alliance Press.
- EIGEN, M. (1993). *The Electrified Tighrope*, ed. A. PHILLIPS. Northvale, NJ/London: Jason Aronson.
- . (1999). *Toxic Nourishment*. London: Karnac.
- . (2002). *Rage*. Middletown, CT: Wesleyan Univ. Press.
- . (2004). *The Sensitive Self*. Middletown, CT: Wesleyan Univ. Press.
- . (2012). *Kabbalah and Psychoanalysis*. London: Karnac.
- ELIOT, G. (1872/2008). *Middlemarch*. Ed. CARROLL, D. Oxford World’s Classics, Oxford: Oxford Univ. Press.
- ELIOT, T. S. (1942). Four Quartets - Little Gidding, pp. 214–222. In: *Collected Poems: 1909–1962*. London: Faber and Faber, 1974.
- ESHEL, O. (1996). Story-telling in the analytic situation. *Sihot – Dialogue, Israel J. Psychotherapy*, 10:182–193.
- . (1998). 'Black Holes', deadness and existing analytically. *Int. J. Psychoanal.*, 79:1115–1130.
- . (2004a). Let it be and become me: notes on containing, identification, and the possibility of being. *Contemp. Psychoanal.*, 40: 323–351.
- . (2004b). From the 'Green Woman' to 'Scheherazade': the becoming of a fundamentally new experience in psychoanalytic treatment. *Contem. Psychoanal.*, 40:527–556.
- . (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. Review*, 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). Tustin's "diabolon" and "metabolon" revisited: further clinical explorations. The Frances Tustin Memorial Prize, The 18th Annual Frances Tustin Memorial Lectureship in Los Angeles, California.
- . (2015). The "Hearing Heart" and the "Voice" of Breakdown. In: L. ARON AND L. HENIK (Eds.), *Answering a Question with a Question: Contemporary Psychoanalysis and Jewish Thought, Vol. II: A Tradition of Inquiry*, pp. 133–152. Boston: Academic Studies Press.
- . (2016a). The "voice" of breakdown: on facing the unbearable traumatic experience in psychoanalytic work. *Contemporary Psychoanal.*, 52: 76–110.
- . (2016b). Into the depths of a "black hole" and deadness. In: REINER A., ed. *Of Things Invisible to Mortal Sight: Celebrating the Work of James S. Grotstein*, pp. 39–68. London: Karnac.
- . (2017). From extension to revolutionary change in clinical psychoanalysis: the radical influence of Bion and Winnicott. *Psychoanal. Q.*, 86:753–794.
- FREUD, S. (1912). Recommendations to physicians practising psycho-analysis. *SE* 12: 109–120.
- GROSTEIN, J. S. (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: *Los Angeles Seminars and Supervisions*, p. xi. AGUAYO J. AND MALIN B., editors. London: Karnac.
- HOROVITZ, M. (2016). A scream lurking in his silence. Presentation at the International Bion 2016 Congress: Emotions, transformations, and psychic vitality. Milan, September 30.
- OGDEN, T. H. (2004). This art of psychoanalysis: Dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.*, 85:857–877.
- . (2014). Fear of breakdown and the unlive life. *Int. J. Psychoanal.*, 95: 205–223.
- . (2016). *Reclaiming Unlive Life: Experiences in Psychoanalysis*. London/New York: Routledge.
- PHILLIPS, A. (1997). Adam Phillips. In: A. MOLINO, ed., *Freely Associated*, pp. 127–164. London & New York: Free Association Books.
- RODMAN, R. F. (ed.) (1987). 57. To Wilfred R. Bion. In: *The Spontaneous Gesture: Selected Letters of D.W. Winnicott*, pp.89–93. Cambridge: Harvard University Press.
- SYMINGTON J. AND SYMINGTON N. (1996). *The Clinical Thinking of Wilfred Bion*. London and New York: Routledge, 1996.
- TARANTELLI, C. B. (2003). Life within death: Towards a metapsychology of catastrophic psychic trauma. *Int. J. Psychoanal.*, 84:915–928.
- TUSTIN, F. (1972). *Autism and Childhood Psychosis*. London: Hogarth Press.
- . (1990). *The Protective Shell in Children and Adults*. London: Karnac Books.

-
- VERMOTE, R. (2013). The undifferentiated zone of psychic functioning: an integrative approach and clinical implications. Presentation at the European Psychoanalytical Federation (EPF) Conference, Basel, March 24.
- WINNICOTT, D. W. (1945). Primitive emotional development. In: *Through Paediatrics to Psycho-Analysis*, pp.145–156. London: Karnac Books, 1992.
- . (1953). Symptom tolerance in paediatrics: A case history. In: *Through Paediatrics to Psycho-Analysis*, pp.101–117. London: Karnac Books, 1992.
- . (1965). The psychology of madness: a contribution from psychoanalysis. In: *Psycho-Analytic Explorations*, ed. C. WINNICOTT, R. SHEPHERD & M. DAVIS. London: Karnac Books, 1989, pp. 119–129.
- . (1967a). The concept of clinical regression compared with that of defence organization. In C. WINNICOTT, R. SHEPHERD, & M. DAVIS (eds.), *Psycho-Analytic Explorations*. London: Karnac Books, 1989, pp. 193–199.
- . (1967b). Delinquency as a sign of hope. In: *Home is where we start from*, ed. C.
- . (1969a). Additional note on psycho-somatic disorder. In: *Psycho-Analytic Explorations*, ed. C. WINNICOTT, R. SHEPHERD & M. DAVIS. London: Karnac Books, 1989, pp. 115–118.
- . (1969b). The mother-infant experience of mutuality. In: *Psycho-Analytic Explorations*, ed. C. WINNICOTT, R. SHEPHERD & M. DAVIS. London: Karnac Books, 1989, pp. 251–260.
- . (1971). *Therapeutic Consultations in Child Psychiatry*. London: The Hogarth Press.
- . (1974). Fear of breakdown. *Int. Rev. of Psycho-Analysis*, 1: 103–107.
- . (1989). *Holding and Interpretation: Fragment of An Analysis*. London: Karnac Books and the Institute of Psycho-Analysis.
- WINNICOTT, R. *Shepherd & M. Davis*. London: Penguin Books, 1986, pp. 90–100.

Henry Miller's Writing Impasse: Autobiographic Fiction in the Shadow of Psychoanalysis

Frank Marra

To cite this article: Frank Marra (2019) Henry Miller's Writing Impasse: Autobiographic Fiction in the Shadow of Psychoanalysis, The Psychoanalytic Quarterly, 88:1, 141-163, DOI: [10.1080/00332828.2018.1559589](https://doi.org/10.1080/00332828.2018.1559589)

To link to this article: <https://doi.org/10.1080/00332828.2018.1559589>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 35



View related articles [↗](#)



View Crossmark data [↗](#)

HENRY MILLER'S WRITING IMPASSE: AUTOBIOGRAPHIC FICTION IN THE SHADOW OF PSYCHOANALYSIS

BY FRANK MARRA

*By attending directly to Henry Miller's fiction and associated biographical material, this paper explores Miller's writing impasse and subsequent developmental and artistic implications. The paper pursues such interests by dedicating attention to Miller's idealized identification with other writers and particularly Fyodor Dostoevsky. Interpretations of this identification are made possible by the deployment of several psychoanalytic concepts, which assists in understanding the associated dynamics as well as the subsequent relenting of Miller's writing impasse. With these interpretations in place, the article then advances on applied psychoanalytic intentions and explores the psychogenesis of Miller's *Tropics* and *Rosy Crucifixion* trilogies.*

Keywords: Ego ideal, narcissism, envy, reparation, idealized identifications.

With Henry Miller's prolific writing output, there is sometimes underappreciation of the writing impasse that preceded it. In 1934, Miller was already 42 years old when his first novel, *Tropic of Cancer*, was published. While Miller had an intense desire to write from his early 20s, producing several unpublished manuscripts ("Clipped Wings," "Moloch: or This Gentile World," "Lovely Lesbians," and "Crazy Cock," all unpublished during his lifetime), his autobiographic fiction typically chronicles the

Frank Marra, Ph.D. is a psychotherapist in Toronto, Canada, with established interests in literary theory and criticism. He is presently completing training in psychoanalysis at the Toronto Institute for Psychoanalysis.

commencement of his life as a writer to coincide with the publication of *Tropic of Cancer*. Miller's agonizing writing struggles up until that point then provide a considerable amount of material in both the *Tropics and Rosy Crucifixion Trilogies*. Miller pursues these concerns directly in the six novels, with many aspects of this writing impasse transferable to broader questions of psychic functioning and obstructions. Within the context of the novels, Miller demonstrates an on-going interest in these concerns as the writing presents opportunities for psychic integration and subsequent reciprocity with narrative function. Of course, the discipline of psychoanalysis is much aligned with concerns for obstructed human desire, motivation, and aspirations to fuller psychic integration and thus provides an advantageous frame for better appreciating the consequences for Miller as well as the psychogenesis of his novels.

Miller speaks directly to these circumstances and concurrent developmental aspirations in his *Paris Review*, "Writers at Work" interview:

The desire to write was a big thing in my life, a very big thing. If I didn't begin writing till quite late ... it wasn't that I had never thought about it. I had put it too far above me, I didn't think I had the ability. I didn't believe in myself as a writer, as an artist. I didn't dare to think I could be such a person.
[p. 186]

The last line of this quote highlights the experience of obstruction to occur within the psychic domain as Miller points directly to beliefs and thoughts as the context for this obstruction. It is important to remember, as noted above, Miller had already produced manuscripts at this point and although he is writing, he is not responding to himself as a writer. Along this fault line, between being and not being a writer, Miller frames the pervasive psychic conflict: "I had put it too far above me." In Miller's two trilogies, such conflict (lack of integration among "I," "me," and "it") is regularly depicted and holds deep thematic significance; the explored meaning of such tension and subsequent coordination becoming required and prioritized work throughout the whole of his literary project.

To better appreciate this material, I follow Bollas (2015) who broadly understands "I" and "me" as points of coordination only fully engaged once the speech function simultaneously stresses "linguistic

performance of psychic function" (2015, p. 155). The pronouns denoting internal dialogue between the self and an external other while also dividing the self between speaker and listener. Bollas pursues this understanding and distinction further:

I shall define the I as the self's speaking position. It is the apparent organizer of discrete mental representations from moment to moment. It has great freedom of function: at any time it may link together divergent even contradictory ideas that derive from the previously unrelated stream of thought, and bring them into consciousness, which then leave a trace of memory ... The me refers to the storehouse of the subject's experience of being; the presence of active assumed knowledge. The me is the core self, being registered through experience, transformed into mental axioms that constitute one's mentality or sensibility. [pp. 113-114]

With such organization, Bollas makes a variety of meaningful points. First, there is an assertion that pronouns speak to psychic function in addition to linguistic performance, marking both of Miller's pronouns as points of dynamic significance. In addition, Miller's pronouns qualify the intrapsychic dialogue between the self and external other while framing a similar dialogue between Miller's self as speaker and listener. Finally, Bollas divides domains of organization between those more local, focused on specific mental representations and moment-to-moment appreciations, and others more global, connected to pervasive sensibilities.

Once the pronoun "it" is added, Miller's reply is better understood. I remind the reader, as underlined above, Miller could certainly write during the impasse; he could put "pen to paper" and consummate the act of writing. Thus, the impasse is not about ability but more accurately a question of sufficient sustenance and endurance to allow this ability to further assemble so as to advance Miller's commitment to himself as a writer. As such, the paper approaches the impasse in relation to psychic questions of identity and associated identifications. It is this territory specifically, which Miller perceived as being "too far above." The establishment of improved traction on such an understanding is essential as this cleavage line of conflict, in many respects, is what Miller's novels are

always about: Miller attempting to map and integrate his autobiographic subject ("I") and object ("me") in relation to artistic identifications and aspirations ("it"). This paper argues that Miller's eventual overcoming of his writing impasse occurs through the project of mapping and integrating his autobiographic subject "I" and object "me" in relation to artistic identifications and aspirations "it." The priority and attention given to such mapping further illustrated by the cartographic titles given to the six novels in the two trilogies: *Tropic of Cancer*, *Tropic of Capricorn*, *Black Spring*, *Plexus*, *Sexus*, and *Nexus*.

Understanding the psychic mapping identified by Miller and harvesting associated meaning will require an appeal to additional psychoanalytic concepts beyond Bollas' formulations. Of these, the paper prioritizes ego ideal and identification as well as Kleinian appreciations of envy and reparation. The concepts, used in collaboration, promote an understanding of both Miller's writing impasse and the subsequent psychogenesis of his novels. Accordingly, the paper's explorations hold significance for both applied psychoanalysis and literary theory.

Following Hanly (1984), who is guided by Freud's (1914) earlier formulation of ego ideal, it is useful to begin with prioritization of both the ego ideal and ideal ego as concepts well fitted to Miller's writing impasse and, more broadly, to disturbances of the narcissistic economy, which the paper understands as contributing to Miller's writing impasse. Bracketing Freud's later interchangeable use of the terms, which become integrated into the "superego," Hanly argues:

... "ideal ego" has a meaning that is not included in the term "ego ideal" and that it is useful for understanding narcissistic disturbances of superego functioning ... The fundamental difference between the two terms "ideal ego" and "ego ideal" is that the former connotes a state of being whereas the latter connotes as state of becoming ... The ideal ego is the ego in so far as it believes itself to have been vouchsafed as state of perfection—it refers to a positive state even if this state, in reality, is an illusion. In fact, the ideal ego is a self-image that is distorted by idealization but it may be experienced as more real than the ego itself. The ego ideal refers to a perfection to be achieved; it refers to an unrealized potential; it is the idea of perfection towards which the ego ought to strive. [p. 253]

As Hanly suggests, ego ideal and ideal ego may work better with psychic phenomenon more compensatory in nature and the inquiry is indeed dealing with responses to loss (Miller deeply desired to understand himself as a writer, which initially appears out of reach). Hanly's paper continues to focus on identity by prioritizing Kleinian perspectives on processes of identification. Klein advances these appreciations through introjective and projective identifications, concepts that allowed Klein and her followers to better understand the inner and outer working of psychic phenomenon, where patients relate to and place personal identifications.

HENRY MILLER'S IDENTIFICATION WITH FYODOR DOSTOEVSKY

Miller's novels include meditations on many topics of psychic interest: sex, cycling, food, alcohol, eastern philosophy, paid employment, New York, Paris, Brooklyn, painting, spirituality, burlesque, and western civilization to name a few. Nevertheless, processes of identification connected to personal power are often and predictably, given Miller's essential desire, associated with other writers. Typically, in the prose, the aspirations are composed and articulated as some missing part of self, which Miller desires to fill-in. For Miller, it may be argued, the writer is esteemed above all others and thus identification with other writers becomes powerful psychic material.

Miller was a voracious reader and his cosmology of relevant writers is expansive. Despite this, in Miller's writing, there is a core corpus of esteemed writers: Walt Whitman, Ralph Waldo Emerson, Feodor Dreiser, Maurice Maeterlinck, D.H. Lawrence, Herman Hesse, Jean Giono, Elie Faure, Thomas Mann, Marcel Proust, François Rabelais, Herbert Spengler, Oswald Strindberg, Henrik Ibsen, Friedrich Nietzsche, Knut Hamsun, and Fyodor Dostoevsky. Within this group, Miller has singled out Nietzsche, Dostoevsky, Faure, and Spengler as particularly important. In *Plexus* (1987/1953) Miller explains further:

Nietzsche, Dostoevsky, Elie Faure, Spengler: what a quartet! There were others, naturally, who were also important at certain moments, but they never possessed quite the

amplitude, quite the grandeur of these four. The four horsemen of my own private Apocalypse! Each one expressing to the full his own unique quality: Nietzsche the iconoclast; Dostoevsky the grand inquisitor; Faure the magician; Spengler the patternmaker. [p. 639]

With attention to the “four horsemen,” which foreshadow aspects of idealized identifications to be explored, the paper draws closer to its essential concerns. Attending to the quote, I draw attention to the two adjectives, amplitude and grandeur, which qualify the writers. Both amplitude and grandeur speak to omnipotence, the former referring to something concerning range while the latter speaks to altitude. Thus, these writers are both broad and tall. Certainly, the writers highlighted have significant writing reputations marking personal ability and strength, though Miller’s characterization seems to point beyond strength to an exalted type of power. In the passage, the identified writers are characterized as unique and seemingly unfettered by human struggles. Of course, the passage can be read as a benign idealization with several ideal egos, embedded in playful exuberance. Hanly (1984) explores such harmless possibilities in asserting, “The ideal ego functions in a relatively benign way (at least from an intrapsychic point of view) so long as the ego is actually able to love, to elicit love in others and meet the demands of the superego” (p. 254). Though, as the passage and the novel *Plexus* chronicle the period before Miller began to resolve his writing impasse, the paper is better served not to restrict its curiosity exclusively to benign readings. With such concern, it is convenient to return to Hanly who, in further distinguishing ego ideal from ideal ego, also articulates pathogenic variations:

The ideal ego acquires its force predominantly from infantile narcissism, whereas the ego ideal acquires its narcissism predominantly from conversions of object libido as a consequence of the substitution of identifications of object relations. Identification involves a modification of the ego, which seeks to fashion it after the object, thus making itself an object of libido. The ego ideal represents an identity to be achieved, whereas the ideal ego represents an identity as

already having been achieved ... The ego ideal is active; the ideal ego passive. The ego ideal internalizes the structure of the object relation from which it was derived; the ideal ego denies it in order to preserve the illusion of self-sufficiency ... the ideal ego is the source of an illusory ontology of the self. [p. 255]

Hanly's detailed distinction provides a helpful, dichotomous pair. In returning to the passage, and directing the assessment and Miller's investment toward the workings of the ideal ego the possibility of such identifications are better appreciated. Taken together, the four writers are approached as four pillars of idealized writing power, with Miller passively responding to them. It is, however, important not to confuse Miller's passive stance as inactive. As Hanly asserts, the ideal ego can also be "used as mirrors in which the ego is able to catch a glimpse of itself decked out in its ideal ego finery" (p. 256). Pursuing this sense of action or activity, Miller can be read as narcissistically fused with the four horsemen, which hinders the ego modification required to effectively pursue set goals and intentions.

Further, the fact that each writer leads Miller to "a private Apocalypse" does not lend itself to benign readings. The Apocalypse is connected to *the Book of Revelation* and mass destruction. Theological readings of the Apocalypse are often associated with war, famine, death, disease, and the antichrist. The reference, as such, typically points to the possibility of catastrophic danger, which marks the obstructive anxiety Miller is contending with. At the same time, Apocalypse signifies transformation, re-birth and the marking of a new epoch. Thereby, the most significant writers—those Miller is mainly identified with—connects Miller both to danger and possibilities of self-development. The assertion about the "four horsemen" is an astute observation as Miller often idealizes writers of significance and is simultaneously conflicted about them, fearing some prospects associated with identification.

Within the context of the two trilogies, the four horsemen are interchangeable as each horseman demonstrates idealization of the same psychic object: the writer. Each horseman could be used to present an equivalent argument: dynamics of idealization create disturbances in Miller's narcissistic economy and promote a writing impasse. Each

dynamic of idealization chronicled by an appeal to the six novels. However, in focusing on one writer rather than four and artificially simplifying the object relations universe, the personal nature of these relations rise to the surface providing us a more intimate understanding of the dynamics of identification as well as the consequences for the narcissistic economy. For these reasons, the paper focuses exclusively on Fyodor Dostoevsky. Of course, Dostoevsky is one of the four horsemen, but unlike the others (Nietzsche is primarily a philosopher, Faure an art historian/essayist, and Spengler a historian) Dostoevsky is a novelist. Miller and Dostoevsky, thus, find themselves more closely aligned in terms of the type of textual production being pursued. In addition, as stated in the paper's abstract, the second part of this paper will pursue a related structural analysis of Miller's novels with special attention to the influence of Dostoevsky's *Notes from the Underground*.

In examining the vicissitudes of Miller's identification with Dostoevsky and following Baudry's (1984) directives on producing sound applied psychoanalytic inquiries, I have pursued distinct types of literary evidence: excerpts from Miller's novels, personal letters, relevant biographical facts and material taken from *The Books of My Life* (1969). *The Books of My Life*, Miller's collected essays chronicling his love of reading, is written well after he completes the two trilogies and the overcoming of his writing impasse; the collected essays providing a retrospective view of Miller's own understanding of his unfolding as a writer. Taken together, this corpus of material chronicles essential aspects of Miller's writing impasse as well as provides insight into the psychogenesis of his novels.

Let us begin with Miller's (1961/1939) first contact with Dostoevsky, depicted in *Tropic of Capricorn*:

The night I sat down to read Dostoevsky for the first time was a most important event in my life, even more important than my first love. It was the first deliberate, conscious act which had significance for me; it changed the whole face of the world. Whether is true that the clock stopped that moment when I looked up after the first deep gulp I don't know any more. But the world stopped dead for a moment, that I know. It was my first glimpse into the soul of a man, or shall I say that Dostoevsky was the first man to reveal his soul to me?

Maybe I had been a bit queer before that, without realizing it, but from the moment that I dipped into Dostoevsky I was definitely, irrevocably contentedly queer. The ordinary, waking, workaday world was finished for me. Any ambition or desire I had to write was also killed – for a long time to come.
[p. 204]

Concerning Miller's identification with Dostoevsky, considerable information is available in this passage both in the realm of homoerotic feelings and narcissistic conflicts. Dostoevsky possesses what Miller does not, something Miller envies; with this, Miller's desire rises to the surface. The desire manifests itself at the beginning of the passage as Miller asserts Dostoevsky is more important than his first love. In psychoanalytic literature, "first love" is often cited as a paradigmatic case for libido depletion and the passage above is much in line with such readings. The particular quality of this depletion, Miller's love for Dostoevsky, depicts homoerotic currents. The assessment may initially surprise the reader as Miller's writing illustrates clear homophobic trends. Psychoanalytic theory, however, often pulls together homoerotic and homophobic material, the latter typically functioning as a defense against the former. With such integration, even protagonists with highly defined senses of heterosexuality can be better appreciated in terms of more complex renderings of sexuality. Michael Hardin's (2002) *Fighting Desires, Henry Miller's Queer Tropic* proposes exactly this sort of curiosity about latent homoerotic content in Miller's fiction. Further along in the passage, Miller draws still closer to such conflicts with the notion of "queer feelings" attributed to Dostoevsky. While Miller concludes by characterizing himself as "irrevocably contentedly queer," such affirmation, in the context of Miller's broader writing, may be read more accurately as a negation of earlier discomfort (feeling queer) thus serving to highlight the homoerotic feelings.

Next, to underline the monumental nature of this contact, Miller attempts to bracket temporality (even if the clock did not stop, it felt like something with that type of weight and significance). The assertion suggests that the conscious domain of experience (where time exists) is insufficient to the task of understanding his feelings. Generating a meaningful understanding of these feelings requires some consideration

of identification colored by idealization. Miller does not approach Dostoevsky as a person or even a historical figure but as an ideal, one embodying writing capacity: Dostoevsky possessing the power to change the world with his writing.

This singular experience with uncertain emotions then culminates into two telling beliefs: the ordinary world is no longer available and the more imaginative domain of writing is also killed for a long time to come. The realities of such a double bind leaving no meaningful space for Miller to understand himself as a writer. At this historical junction, Miller's identification demonstrates an idealized quality, which creates an austere separation of attributes and abilities, one where Dostoevsky is full, even overflowing with capacity, and Miller is vacant with nothing to offer. Of course, such psychic representations and subsequent idealizations provide problematic source material for Miller's wants and desires.

From my reading, Miller's idealized response to Dostoevsky is far from benign or innocuous. Freud (1914, 1921) uses "idealization" and "overvaluation" as synonyms and claims that processes of idealization have the tendency to "falsify judgment." Such overvaluation and falsification can be the result of regression, which is often associated with child-like idealizations. From a Kleinian perspective, any process of identification exhibiting excessive aspects of idealization can increase envious responses and constrict generative aspirations—in Miller's case his writing ambitions—because the idealized object quickly becomes an object of hatred and persecution which the severe superego or envious superego enlists to constrict the ego (Segal 1979). The imposed persecution and constriction a result of an inadequately interpreted ideal ego. With this in mind, it is fitting that Miller references the possibility of a private Apocalypse when discussing "the four horsemen." For such identifications present generative opportunities, though always at the risk of personal destruction.

Idealizations often work at cross-purposes with more flexible capacities, able to substitute identifications for object relations. Miller's approach is counterproductive in at least two ways. First the path of engagement moves in one direction, Miller's attention to unmitigated power and freedom only projected outward. The attributes exist somewhere outside, leaving Miller without possession and without means to initiate contact. Second, even if the path of engagement could move in

two directions (Miller holding the capacity to own what he projects onto Dostoevsky) the quality of the psychic material is suspect. Dostoevsky is an identification in the literary world without deficiencies. As psychic material, this proves rigid and brittle. The material does not demonstrate the flexibility to create therapeutic or reparative organizations, nor would it graft effectively onto the complex realities encountered by Miller. The identification harkening back to Hanly's assertion, where passive approaches to identification, advanced with attention to ideal ego considerations, offer the ego an opportunity to catch a glimpse of itself decked out in ideal ego finery. Essentially, Miller re-introjects the idealized Dostoevsky, who becomes an internalized image in the ideal ego; subsequently, the image becomes an unrealized goal, which, for a time, attacks rather than encourages realistic writing aspirations. Here Miller's literary renderings and biographical material, assist in conceptualization of clinical concerns with patients who have similar issues of repeated over-idealization, over-valuation and attribution of immense power to people they interact with, including their analysts. Such patients often harbor strong convictions that they could never achieve what others have and, thus, the only way for them to deal with their envy is to remain locked in a state of constant adulating admiration of others, with associated envy of generative capacities, while they themselves feel entangled in nonproductive and non-generative impasses which parallel Miller's in many respects.¹

Returning to Miller's quote from the *Paris Review*, I now monitor the paper's developing understanding of Miller's assertion "I had put it too far above me." Miller's difficulties, reaching for something "too far above" are underlined as Miller refers to Dostoevsky's soul. First, from sources as distinct as Plato and Christ, the soul historically suggests something both transcendental and timeless (a concept with some similarity to the ideal ego, which appears to exist in an internal present). Miller has never before seen a man's soul and, thus, Dostoevsky is in possession of something categorically unavailable to Miller. It is not a matter of degree or relative difference but absolute. While the manifest content seems to suggest Miller reaches for "the soul" to help amplify the

¹ I thank an anonymous reviewer of the first draft of my paper for pointing this out to me.

significance of the contact, the latent content returns us to the essential aspects of conflict. Miller has significant difficulties in exchanging the idealized identification for more flexible object relations.

It is perhaps prudent to pivot, momentarily, to prepare for the paper's subsequent considerations of literary theory, and remind the reader this is not the only Miller in negotiation. The Miller in the referenced passages, both the "private apocalypse" and "the night I first sat down to read Dostoevsky," is the literary object (the "me" identified in the introduction), the narrated self being registered through experience. In addition, there is also the narrating subject or narrating "I": Miller as narrator taking a retrospective look at the biographical material and, as Bollas suggests (2015), organizing discrete mental representations from moment to moment, linking together divergent even contradictory ideas that derive from the previously unrelated stream of thought. This coordination of perspectives and attempts at integration, made available in writing, is significantly less inhibited, in terms of identifications, than the lived experience.

This difference is made evident in at least three ways. First, Miller demonstrates awareness of the conflict in his writing as he approaches Dostoevsky. Such awareness always suggests psychic processing. In place of more traditional autobiographic narratives, such material becomes the "trouble" or "problem," which propels Miller's narrative forward. Second, the written prose also demonstrates new developments as Dostoevsky is no longer categorically unavailable to Miller but rather feeds and nourishes Miller's processes of self-expression and articulation. In the two passages above, the conflict provides the content for the writing. Moreover, the focus on such conflict encourages the paper's speculation that Miller's ego focused considerations and attempts at integration precede and promote the self-representation and self-image orchestration demonstrated in the novels.

Next, in *Tropic of Capricorn* (1961/1934), the narrator is again in contact with an earlier version of himself who is attempting to relate to Dostoevsky:

I realized that all of this was because I was really a brother to Dostoevsky, that perhaps I was the only man in all of America who knew what he meant in writing those books. Not only

that, but I felt all the books I would one day write myself germinating inside me: they were bursting inside like ripe cocoons. [p. 206]

As with the preceding passage, this quote highlights a conflicted identification. Of interest is Miller's proximity to Dostoevsky or rather lack of it. While the previous passage has Miller struggling with the undue distance between him and Dostoevsky, in this passage it is an issue of excessive closeness. Even though the passage begins with the sibling (brother) demarcation, it reads as though Dostoevsky has impregnated Miller with his own literary heritage. Again, as with the passage on "first love," homoerotic trends rise out of the latent content to depict ongoing conflicts. Miller takes Dostoevsky inside his body and self while simultaneously isolating and removing him from others ("the only man in America who knew what he meant in writing those books"). Of course, the Garnett English translations of Dostoevsky had been available in the United States for some time, so this does not depict the realities of the situation. But this is exactly the point. The excerpt gives insight not to reality but to a vibrant "incorporation fantasy" symbolized and made manifest through the oral metaphor of a "first deep gulp." A lack of awareness of such processes can have psychic consequences, including the writing impasse, which stymied Miller.

An idealized identification with Dostoevsky is also chronicled in *Plexus* (1987/1953):

I plunked myself in front of Dostoevsky's portrait, as I had done before many a time, to study his familiar physiognomy anew ... It was something more than a bow or salute I made to Dostoevsky. It was more like a prayer, a prayer that he would unlock the secret revelation. [p. 20]

Here again, there is excessive attentiveness directed at the insufficiently interpreted object. Miller is either bending to ingratiate himself or gesturing in formal praise. In both cases, Miller finds himself beneath Dostoevsky and projects a resolution of psychic conflict outward ("he would unlock the secret revelation") (1987/1953, p. 20). The fantasy suggests Dostoevsky will resolve Miller's writing impasse and provide fully formed abilities.

Finally, just before leaving for Paris, Miller takes to signing his letters Dostoevsky Jr. The signing is noted and underlined by Miller's biographer, Jay Martin (also a psychoanalyst), who characterizes Miller as depressed at the time (1975, p. 115). While additional readings are available, including an ironic one, the signing seems to confirm the paper's dominant interpretation, namely, that Miller's approach to Dostoevsky promoted a particular type of identification, which leads to narcissistic disturbances and an inability to pursue writing. Most elementally, in signing his letters Dostoevsky Jr., Miller again leaves insufficient space to own his writing desires.

Such signing is also indicative of creative anxiety, which offers a still wider lens to interpret Miller's psychic conflict and identification with Dostoevsky. Appealing to Harold Bloom's (1973) psychoanalytically-oriented work *The Anxiety of Influence*, the signing with Dostoevsky's name can be read as a means of resolving anxiety. With sufficient closing of space between Miller and Dostoevsky (the signing signals there is no space), personal anxiety and envy are avoided, as the affect and feeling are not actively engaged. In effect, the reducing or closing of distance provides a momentary shortcut around the meaningful and necessary work of processing this important psychic material. The approach nullifies anxious and envious feelings, initiated by creative aspirations, but, in doing so, it also neutralizes motivation for Miller to create and write. While the approach proves capable of traversing difficult psychic territory, the question of resolving the existing psychic conflict is separate and distinct.

Martin's (1984) *Three Stages of Dreaming: A Clinical Study of Henry Miller's Dream Book* provides valuable contextual information about such creative anxiety, evident as Miller arrived in Paris and attempted to write. Martin marks the writing impasse as central to Miller's subsequent writing and creative expression, though Martin focuses his attention more narrowly on circumstances from the Paris period as well as Miller's freeing of associative capacities through dreaming and dream analysis:

During 1932, Miller was in love with Anaïs Nin, a married writer who was being analyzed by Otto Rank in Paris. Influenced by her intense interest in psychoanalysis, Miller began to believe that he might be able to loosen his repressed

impulses and learn to be an artist by first analyzing his own dreams. In a notebook, he approvingly quoted Freud's remark (1900), "Into the night-life seems to be exiled all that once ruled during the day." Miller added the comment, "This sentence contains the entire modern psychology." [p.237]

Miller left a record of this period in notebooks recording and analyzing his dreams between 1932 and the end of 1933, precisely the time when he was beginning to write *Tropic of Cancer*. I return to this period and material again in the paper's conclusion as I gather applied psychoanalytic appreciations and use them to understand the psychogenesis of Miller's novels.

Momentarily forestalling these findings, the paper arrives at another perspective on Miller's writing impasse and textual production. This perspective is offered in *The Books of My Life*. In *Books*, Miller (1969) assumes the role of essayist and explores his love of reading. This lateral perspective—shifting the paper's focus from writing to reading—is significant for two reasons. First, reading is traditionally understood as an activity, which nurtures and encourages the writer's desire to write. Thus, the perspective provides an opportunity to explore Miller's impasse in a slightly different domain, though one instrumental to writing. Second, as Baudry (1984) asserts, in exercises of applied psychoanalysis:

The text itself cannot directly answer questions about the mind of the author. It can, however, provide data which helps us to formulate hypotheses. At a certain point it becomes necessary to go to other sources for more evidence (biography, letters, journals). [p. 571]

This paper has attended to Baudry's directive by including other perspectives (biographical material, personal letters and Miller's essays) in addition to citing text from Miller's novels. The present focus on reading, explored in Miller's essays, is much aligned with Baudry's directives. Essentially, by studying the afore-described psychic patterns in distinct domains, I endeavor to further substantiate the arguments, which the paper is attempting to assert. With respect to these psychic patterns, early in *The Books of My Life*, Miller returns to the territory of conflicted identifications:

It was in the days before I undertook to write, I must confess, that reading was at once the most voluptuous and most pernicious of pastimes. Looking backward, it seems to me as if the reading of books was nothing more than a narcotic, stimulating at first but depressing and paralyzing afterwards. [p. 34]

With “voluptuous” and “pernicious,” Miller underlines essential ambivalence: two psychic currents, characterized by opposite impulses and emotional qualities, seemingly without integration, coexisting within the same object: reading. Freud (1915) writes:

... we can understand how it is that the objects to which men give most preference, their ideals, proceed from the same perceptions and experiences as the objects which they most abhor and that they originally only distinguish from one another slight modifications. Indeed, as we found in tracing the origin of the fetish, it is possible for the original instinctual representative to be split in two, one part undergoing repression, while the remainder, precisely on account of this intimate connection, undergoes idealization. [p. 150]

For Miller, reading is sensual and blissful as well as malicious and destructive, qualifying reading as a “narcotic” highlighting its temporary and addictive quality as well as disparaging it.

Miller (1969) writes:

As a young man I often thought, on putting a book down, that I could have done much better myself. The more I read the more critical I became. Hardly anything was good enough for me. Gradually I began to despise books – and authors too. Often the writers I had most adored were the ones I castigated mercilessly. [p. 34]

The manifest content is directed to other writers and books, though examining the quote through the lens of projective identification the material can be inverted, returning us to Miller’s psychic circumstances. Miller unable to digest or process difficult thoughts, feelings and strong disappointment within an intrapsychic constellation projects them often

onto "the writers I most adored." From this perspective, a merciless and persecuting superego can also be contemplated as responding to Miller as not "good enough."

Miller's words suggest rigidity and limited object relations, offering little in terms of flexible responses. Miller can view himself as better than the book he is reading, looking down on and diminishing the text and those who produce it, or, he might be inferior, leaving Miller constrained and potentially small himself. Miller becomes hypercritical, without the availability of "good enough" material, which isolates Miller and momentarily takes him away from potential intellectual, spiritual, and emotional nurturance available in reading, leaving Miller despising books and writers while contending with hidden fears of similar disappointment in himself.

A similar idealizing introjection follows later in the book:

One of the reasons why I cannot write about these favorite authors at length is first because I cannot refrain from quoting them copiously, second because they muscled so deep into my very fiber that the moment I begin talking about them I echo their language. It is not so much that I am ashamed of "plagiarizing" the masters as that I am fearful of ever being able to recover my own voice. [p. 198]

Again, there is the fear of being damaged or having something taken away as well as on-going consideration of excessive closeness and even merger. With both, Miller experiences difficulty maintaining clear psychic boundaries between self and other. It is important to note Miller started several monographs on other writers (the most notable a book on D.H. Lawrence) which he was unable to complete. Thereby, even after Miller published *Tropic of Cancer* and surmounted significant obstructions that stymied desire to understand himself as a writer, he continues to experience difficulty when approaching an appreciated writer for sustained thought. I believe this is closely associated with issues of creative anxiety ("being able to recover my own voice") previously connected to Bloom's explorations in *The Anxiety of Influence*.

Miller (1969) directly questions his enthusiasm:

What is the meaning of this undying enthusiasm for so many authors, I ask this frequently of myself. Does it mean I have

not “evolved”? Does it mean I am naïve? Whatever the answer, I assure you I regard this weakness as a singular blessing. [p. 198]

In common exchange, enthusiasm is aligned with libido and correlated with motivation and Miller wonders whether excessive enthusiasm for other writers has stunted personal growth. Currents of psychic growth become more apparent as Miller (1969) goes on to report the unexpected result of beginning to write himself:

The more I write the more I understand what others are trying to tell me in their books. The more I write the more tolerant I grow with regard to my fellow writers. [p. 36]

This returns us to the period Martin (1984) chronicles in his paper on Miller’s dream notebooks, with Miller experiencing the currency of tolerance, aligned with the dynamics of reparation, developing as the act of writing becomes sustained. The tolerance and understanding developing as Miller demonstrates more flexible object relations and becomes more familiar with the writer identity.

However, since Miller’s literary project is essentially the self, considerations such as tolerance, acceptance, and reparation are understood to direct both Miller and the “narrated self” found in his novels. At first these directives, focusing on affective attributions, appear curiously out of place. Returning to the excerpts offered in this paper, the register of Miller’s responses seems more akin to intolerance, with the introjective and projective approaches to identification often serving defensive purposes. Still, as previously noted, such readings approach the passages decontextualized from their larger artistic works and Miller’s object of literary reflection (the writing impasse) separated from the subject of the retrospective appraisals of its narrator. With such separation, there is no textual background and understandings are skewed. While destructive currents of envious identifications are certainly brought to the surface, Miller’s narrating self is looking retrospectively at such identifications and attending to the material with therapeutic and reparative intentions. If this broader perspective is maintained, each of the episodes explored in the paper and numerous others detailed in the two trilogies can be approached as a form of “working through” with

associated resistance—resistance reflected on—suggesting psychic maturation.

THE PSYCHOGENESIS OF MILLER'S TWO TRILOGIES

As Martin (1984) asserts in his paper, the dream notebooks loosened creative inhibition and Miller benefited from it. This, however, is not the extent of Miller's liberation. This paper asserts the loosening of inhibitions initiated with the dream notebooks is grafted onto Miller's broader literary project, which is beginning to take shape at this point. This paper's extended exploration of identification with Dostoevsky and subsequent narcissistic disturbances understands such engagement as a token of Miller's broader psychic inquiries, which are continuously integrated into the fuller constellation of his autobiographic writing. In Miller's novels, such psychic inquiries typically function as a counterpoint to more traditional autobiographic writing. With this in mind, I understand Miller's self/dream analysis, engaged concurrently as he wrote *Tropic of Cancer*, as initiating and encouraging an aspect of writing function, which guides large parts of his subsequent writing.

Baudry (1984) further details this consideration of function: "A derivative of the structural approach to a text is the study of function rather than meaning of the context of narrative structure. What is stressed here is the analysis of the formal aspects of the narrative. Thus, a particular character behaves in a certain way not because of inner motives, but rather the author needed this behavior in order to reach a particular ending he had in mind" (p. 574). Though Miller's writing, set in the genre of autobiographic fiction, closely parallels the author and narrator position, Baudry's assessment continues to stand. The function of Miller's writing provides an approach to the end results of his novels. If Miller were pursuing inner motives I might imagine a narrative form, which more closely paralleled the model set by Dostoevsky or other idealized writers. However, this narrative ideal, too closely attended to, obstructed rather than encouraged writing production. Miller's writing impasse approaches some resolution only after he begins to develop a writing function that circumvents idealized identifications and more traditional narrative aspirations.

Boldly stated, from *Tropic of Cancer* forward, self-analysis and autobiographic writing go hand in hand to dictate aspects of narrative function. This understanding of distinct narrative functions is appreciated directly in *Plexus* (1987/1953), where Miller settles on “the contemplative life” and “the merry whirl” as conceptions for describing his writing in self-analysis and autobiographic, storytelling mode. Elsewhere, in *Hamlet* (1962), Miller’s collected correspondence with the writer Michael Franekel (from roughly the same period, 1935-1938), Miller clearly asserts his reticence to choose or prioritize either position when Franekel questions the value and utility of the two distinct writing currents. Further, Miller scholars Parkin (1990) and Marra (2007) have appropriated the same distinctions and used them as qualifiers of function in Miller’s novels.

It is this synergy of functions that provide Miller’s writing with its vitality. No, this is not the “polyphony” Russian literary theorist Mikail Bakhtin (1984) attributed to Dostoevsky. Miller does not deploy his writing through character reciprocity; Miller and his characters are not enmeshed in congruent engagement, allowing each to have their psyche mirrored back to them and the reader. Rather the function and strength of Miller’s writing is located in an intrapsychic variation made evident as “the merry whirl” (autobiographic storytelling mode) contends with “the contemplative life” (self-analysis mode). The subsequent questioning and re-examining, typical of the contemplative life/self-analysis mode, suggests at least two voices: the “me” as storehouse of the subject’s experience of being and the narrator’s “I” as organizer of discrete mental representations. Such a textual constellation provides Miller with a dynamic matrix for linking together divergent and even contradictory axioms while promoting reparative opportunities in the orchestration and mapping of autobiographic material.

As the textual matrix develops and progressively makes itself available, Miller continues to advance on required integration, unlocking the essential obstruction (“I had put it too far above me”) highlighted in the paper’s introduction. It is of additional convenience such development and progression are demonstrated in relation to Fyodor Dostoevsky since, in addition to processes of identification, which the paper has chronicled, Miller seems particularly taken with and attentive to Dostoevsky’s *Notes from the Underground*. Elsewhere, I (Marra 2007)

have argued Miller's most obvious connection to Dostoevsky is with *Notes from the Underground*. In *Notes*, Dostoevsky offers a startling case study, an analysis of alienation and envy, which ends with no suggestion of future transformations or even more moderate alteration for the novel's underground man. Dostoevsky concludes with the unnamed protagonist pronouncing his writing is "... hardly literature so much as corrective punishment," asserting the underground man requires punitive measures.

Arriving in Paris at middle age in 1932, with multiple failed starts as a writer, it does not feel like excessive speculation to assert that Miller would have contended with similar prospects of stagnation. It is to Miller's credit that his writing, which takes root and flourishes in the shadow of psychoanalysis, refashions the underground man's punitive prescription and Miller's identification with Dostoevsky into therapeutic ones; Miller simultaneously chronicling the past and therapeutically reorganizing it, which subsequently generates opportunities for future psychic developments and literary creations.

Acknowledgments

The author wishes to acknowledge particular gratitude to Margaret Fitzpatrick-Hanly whose patient support and guidance were instrumental to the manuscript's development.

REFERENCES

- BAKHTIN, M. M. (1984). *Problems of Dostoevsky's Poetics*. Editor and translator CARYL EMERSON. Minneapolis: Univ. of Minnesota.
- BAUDRY, F. (1984). An essay on method in applied psychoanalysis. *The Psychoanal. Q.*, 53: 551-581.
- BLOOM, H. (1973). *The Anxiety of Influence: A Theory of Poetry*. London: Oxford Univ. Press.
- . (1975). *A Map of Misreading*. New York. Oxford Univ. Press.
- BLOS, P. (1974). The Genealogy of the Ego Ideal. *Psychoanal. Study of the Child*, 29: 43-88.
- BOLLAS, C. (2015). *When the Sun Bursts: The Enigma of Schizophrenia*. New Haven: Yale Univ. Press.

- DOSTOEVSKY, F. (1967/1864). *Notes from the Underground*. New York: The Heritage Press.
- FREUD, S. (1893). *Studies in Hysteria*. S.E. 2.
- . (1900). *The Interpretation of Dreams*. S.E. 4&5.
- . (1914). *On Narcissism: An Introduction*. S.E. 14.
- . (1915). *Repression*. S.E. 14.
- . (1920-1922). *Identification* S.E. 18.
- HANLY, C. (1984). Ego Ideal and Ideal Ego. *Int. J. of Psychoanal.*, 65:253-261.
- HARDIN, M. (2002). Fighting Desires: Henry Miller's Queer Tropic, *J. of Homosexuality*, 42:3, 129-150.
- KLEIN, M. (1946). Notes on some schizoid mechanisms. *Int. J. of Psychoanal* 12 27:99-110.
- LAPLANCHE, J. & PONTALIS, J.B. (1973). *The Language of Psycho-Analysis*. New York: W. W. Norton & Company, Inc.
- MARRA, F. (2007). The Dostoevsky/Miller Project: investigations in human consciousness and doubt. *Nexus: The Int. Henry Miller J.* 120-149.
- MARTIN, J. (1984). Three stages of dreaming: a clinical study of Henry Miller's dream book. *The J. of the Amer. Academy of Psychoanal and Dynamic Psych.* 12: 233-251.
- . (1978). *Always Merry and Bright: The Life of Henry Miller*. Santa Barbara: Capra Press.
- MILLER, H. (1961/1934). *Tropic of Cancer*. New York: Grove Press.
- . (1961/1936). *Black Spring*. New York: Grove Press.
- . (1961/1939). *Tropic of Capricorn*. New York: Grove Press.
- . (1960/1959). *Nexus*. New York: Grove Press.
- . (1987/1953). *Plexus*. New York: Grove-Weidenfold.
- . (1987/1949). *Sexus*. New York: Grove-Weidenfold.
- . (1960). *Wisdom of the Heart*. New York: New Directions.
- . (1962). *The Michael Fraenkel – Henry Miller Correspondance called Hamlet: Volume I & II*. London: Carrefour.
- . (1963). *Writers at Work: the Paris Review Interviews*. New York: The Viking Press.
- . (1965). *Letters to Anais Nin*. New York: Putnam Press.
- . (1969). *The Books of My Life*. New York: New Direction Books.
- . (1977). *The World Of Sex and Max and the White Phagocytes*. London: Wyndham.
- NIN, A. (1966). *The Diary of Anais Nin, 1931-1935*. New York: Harcourt, Brace & World.
- PARKIN, J. (1990). *Henry Miller, The Modern Rabelais*. New York: Edwin Mellen Press.
- RANK, O. (1932). *Art and Artist: Creative Urge and Personality Development*. New York: Alfred A. Knopf.
- SEGAL, H. (1980). *Melanie Klein*. New York: The Viking Press.

SANDLER, J., HOLDER, A. & MEERS, D. (1963). *The ego ideal and ideal self. Psychoanal. Study of the Child.* 18: 139–158.

SPILLIUS, E. B. ET AL. (2011). *The New Dictionary of Kleinian Thought.* East Sussex, United Kingdom: Routledge

74 *Helena Ave.*
Toronto, Ontario
M6G 2H2

fmarra@rogers.com

Trump Dreams: A Brief Communication

Eugene Mahon

To cite this article: Eugene Mahon (2019) Trump Dreams: A Brief Communication, The Psychoanalytic Quarterly, 88:1, 165-171, DOI: [10.1080/00332828.2019.1556042](https://doi.org/10.1080/00332828.2019.1556042)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556042>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 15



View related articles [↗](#)



View Crossmark data [↗](#)

TRUMP DREAMS: A BRIEF COMMUNICATION

BY EUGENE MAHON

A highly educated, liberal, middle-aged man whose analysis was nearing termination was alarmed when he had a series of what he called “Trump Dreams.” As a very brief sketch of his analysis and the genetic events most often worked on in the transferences of analytic process it could be said that his father’s life long passivity and depression had often led to bouts of passivity and depression in himself, such was the nature of his identification with the long suffering parent. Modeling himself on a series of alternate “fathers” (both real and imagined) and gifted with considerable innate talents, he had become a remarkable success not only in business but in his responsibilities as a devoted husband and father to his wife and children also. When he regressed into passive states and dark moods he would work hard in analysis to recover his agency as quickly as possible. He had come to learn in analysis that a mood only reflected a regressed facet of his character and not the whole entity.

The Trump Dreams, as he called them derisively at first, until he came to realize that derision was merely a defense, alarmed him for many reasons. His antipathy for Trump was deep and serious. He contributed generously to whatever political initiatives he believed might “topple the tyrant” as soon as possible. His initial disgust with himself for dreaming about Trump led to critical insights not only about politics in general but about the internal politics of dynamic conflicted

Eugene J Mahon, M.D. is a training and supervising analyst at the Columbia Center for Psychoanalytic Training and Research. He is the author of three published books, *A Psychoanalytic Odyssey: Painted Guinea Pigs, Dreams And Other Realities*; *Rensal The Redbit: A Psychoanalytic Fairy Tale*; *Boneshop Of The Heart: Poems Of Memory And Desire*; and many published articles on psychoanalysis.

intrapsychic unconscious life as well. He was pleased that he could “use the scoundrel to understand myself better” as he put it having analyzed the dreams.

Here are the dreams as reported:

A young man challenges what Trump is saying. The young man's name is Richardson, a business colleague of the analysand. “No, not Richardson—a younger person” a voice in the dream announces. Trump orders his henchmen to remove the challenger, justifying his action by saying, “I have only two weeks until the election.” There is a huge tent. I want to leave. Wife says: no you should stay. Earlier in the dream, I was supposed to play a part in Trump's production of Richard III. Trump goes to get his own copies of the play. He returns without them. He says he'll get a paperback copy in the adjacent bookstore. I can learn my lines if I have a copy.

Later that night the analysand dreams about Trump again.

Trump appears again. Pianist comes out of concert hall. Trump says: “I told you the piano was no good.” I seem surprised that Trump knows anything about pianos. Scene changes: Interior of a building. Candide (a woman in the dream) nudges dreamer and another business colleague saying: “We could take over,” meaning the three of us.

In an even later dream that night the analysand dreams a dream with the sparsest content:

Trump was friendly.

And a fourth dream follows, not quite a Trump dream but political and in the same vein somewhat:

Paul Ryan with long hair. Looks poetic.

The analysand was puzzled by this profusion of “Trump dreams” as he called them. But he got to work, associating freely in his usual systematic fashion. His first association went to Richard III. He had many colleagues named Richard and most of them trusted friends. There was one, however, a business colleague who had “trumped” him once in a business deal, by pretending to be in dire financial straits, and thereby eliciting more “charitable” terms from the analysand in complex negotiations. When he learnt years later that he had in fact been trumped (deceived, outsmarted) an ambivalent attitude developed towards this business colleague. He still had close connections with this “Richard” whom he had never challenged about the deceptive business ploy, but he believed that unresolved antipathy towards this Richard was one of

the over-determined themes in the dream, as if he wished to play the part of Richard III and dispatch such villains with sadistic relish. That led to thoughts about Richardson who challenged Trump in the dream until the dreamer seemed to disavow it saying it was a younger person. This led to thoughts about a son, the son of Richard, rivalrous with his father. Since most of the Richards in his life were beloved, and only one Richard considered untrustworthy, the analysand believed he was “splitting” in the dream, dispatching the “bad” Richard while retaining the “good” others. This led to the deepest level of latent meaning: he knew that he resented his father’s psychological and emotional collapse. Throughout all the years of his early development his father was a presence characterized by the emotional absence chronic depression entailed. Until he began analysis he had never been able to articulate how furious he was with his father’s neglect of him. The idea that this beloved country must now endure the abuse of power that Trump represented resonated with the genetic abuse he had endured throughout his childhood as the father *abused* his power by total abdication of it. That he, a citizen of a country that had been “fathered” by Washington, Jefferson, and Lincoln must now endure the ignominy of being “fathered” by Trump, seemed like a cruel replay of what he had already endured in childhood and had vowed never to be subjected to again.

The dreams stirred up questions. Why were the dreams’ manifest contents making Trump seem more intellectual, more aesthetically informed than Trump in reality is? His associations led to other disreputables who had held high office—Richard Nixon, Dick Cheney. He had read in the *Economist* an article about Cheney’s artificial heart, which asserted that Dick Cheney, given that artificial hearts have continuous flow rather than human pulse rhythms, hadn’t had a heart beat for ten years! “As if he had one before that” the analysand chuckled with mischievous glee. Was Trump Richard III even if his name was Donald? A joke making the rounds of his office supplied a clue as to the association between Trump and Richard III. The joke references the three biggest Dicks of all time: tricky Dicky Nixon, heartless Dick Cheney and Trump the biggest dick of all. So that humorous sequence would make Trump Richard III, the biggest Dick of all.

Over the next several days the analysand continued to free associate to the so-called Trump dreams. Trying to connect manifest and latent

content the analysand played with the name Richardson in the first Trump dream. Richardson challenges Trump at first. This is then denied: it was not Richardson but a younger person. When Trump's henchmen remove Richardson by force, Trump justifies this by saying he has only two weeks left until the election. The analysand thought this was not only a reference to political thuggery but to transference and termination as well. The younger analysand, (he was twenty or more years younger than the analyst) who was thinking of dismissing his analyst (removing the analyst from the seat of power) as he claimed the individuation analysis had fostered and promoted in him, had an Oedipal urgency that seemed obvious to both parties of the analytic dyad. The two weeks to election seemed like an obvious reference to termination, not in two weeks, but on a mutually agreed upon schedule. Termination could feel like being removed hastily from analysis by the "henchman" analyst or it could feel like a triumphant culmination of a piece of work well done, depending on the prevailing unconscious mood as the whole topic was under consideration from session to session.

The analysand was intrigued by the transformation of Trump not only into an impresario interested in putting on a performance of Richard III in the first dream but also into a concert goer who knew something about pianos, (in Dream II), and even a friendly presence in Dream III. These transformations seemed to be manifest frantic machinations of a latent dream-work that needed to alter the monster's appearance lest dream turn to nightmare and the whole disguise of sleeping and dreaming be unmasked too precipitously, oneiric illusion the casualty.

Dream IV with Paul Ryan's metamorphosis into a longhaired poetic romantic type seemed to betray the dream work's similar insistence on drastic illusion as opposed to the brutality of monstrous reality. The analysand's most poignant association to all these drastic examples of unconscious defensive metamorphosis of harsh reality into an illusory opposite was his own childhood in which a frighteningly dysfunctional father had to be transformed into a family romance of fairytale alternate fathers (his uncle, his older sibling, inspirational teachers, his empathetic, insightful analyst to name a few). The genetic and the transferential went hand in hand of course as time present and time past merge in such examples of analytic process.

The analysand was intrigued by the dream-work's guile in employing a parapraxis in dream I that exposes Trump's masquerade so cunningly. (Mahon 2005, cited parapraxes in dreams as unusual nested phenomena that have a most defensive nature and function.) Trump, promising to fetch a copy of Richard III so that the dreamer can learn his lines, forgets to follow through on his promise and a paperback copy of Richard III from an adjacent bookstore must suffice "so that the dreamer can learn his lines." The dream-work's ambivalence seems palpable. The latent wish became obvious: "I wish Trump were not President, not really Richard III, but merely an impresario putting on a play about Shakespeare's intriguing villain." The genetic corollary is even more poignantly significant of course: "I wish my father was not a dysfunctional man whose passivities banished his children to a tower of deprivation and neglect not unlike Richard III's abuse of the doomed children in the Tower of London." The transference wish as termination was being considered could be paraphrased as: "I wish my analyst was not discharging me from analysis 'scarce half made up.'" The analysand knew that he was whole and not at all "scarce half made up," but there was great ambivalence about ending a relationship that had meant so much to him. There was great anger at the analyst for agreeing with him that he was ready to leave as opposed to insisting on an interminable analysis in which the loving analyst would replace the dysfunctional father permanently. I have entitled this brief communication "Trump Dreams" but it could as readily be called "Termination Dreams," given that it was reflections on termination and not merely on politics that had triggered them.

The appearance of Candide in Dream II led to many fruitful associations. Candide's suggestion that "we can take over" seemed like an Oedipal triumph in which analysand and mother take over since father is "out of it." The friendly Trump in "Dream III" would seem to be father's friendly acceptance of the hostile Oedipal take-over by Candide and the analysand. The word Candide was ripe for associative exploration in and of itself. Candide could be broken into "Can" and "Deed." At the core of the analysand's neurosis was the conviction that his unconscious *deeds* had indeed magically killed the father and rendered him dysfunctional for the rest of his life. "Can," on the other hand, seemed to hold a more adaptive promise in the sense that in fantasy a

man *can* kill his father metaphorically if the father is healthy enough to be able to tolerate, not only tolerate but relish this enactment in fantasy. Surely it is this metaphorical understanding of the Oedipus complex, its potential in fantasy, (the “can” of it as opposed to the actual deed of it) that makes adaptive resolution possible.

The analysand spent time on the whole topic of learning one’s lines. A fiercely independent-minded and original thinker, he criticized analysis as a place where you go to learn your lines, all too often the analyst’s lines. This was transference from a childhood in which he had to subdue his own fury at a passive father and a whole school atmosphere that at its worst seemed like learning the lines dictated by authoritarian elders rather than a cultivation of one’s own lines, one’s own innate creativities, and unique points of view. But it was also transference as seen through the lens of termination. The analysand was very much aware that his wish to learn the analyst’s lines was a defense against the wish to send the analyst to hell and completely individuate by insisting on his own script entirely. To become a mere learner of lines seemed like education derailed to him, or analysis derailed if one could only experience the thrill of the analytic situation as a mere, slavish imitation of the master/analyst’s spoon-fed interpretations. The analysand was very much aware that he had imbibed his father’s pathological passivities into his own unconscious mind as a child through processes of identification out of a perverse kind of loyalty to parental ineptitude. He had learnt his father’s lines, but not his own, so to speak. He did not want to repeat that tragedy as his analysis came to a close. He often saw childhood as the mold and analysis as the breaker of molds of predestination: by insisting on exposing seductive pathological misguided loyalties to early genetic traumatic events, analysis insists on exchanging magical thinking for the adaptive logic of reality. Towards the end of his analysis this issue had been examined enough he believed. He could learn so much from his analyst without compromising his own voice, his own individuality at all. On the one hand, the analysand, like Richard III, feels dispatched by the analyst into the unknowns of a new sense of individuation “scarce half made up.” On the other hand the analysand feels that he has de-idealized the analyst and can therefore terminate with a sense of power in his own equality in this best of all possible post-analytic worlds (another Panglossian reference to *Candide* perhaps?)

One of my aims in this brief communication has been to suggest that the Trump dreams were not just political statements since all dreams are much more than the razzle-dazzle of manifest content. Analysis has cultural, social, and political aspects, to be sure, as well as a most private one. Political activism triumphs over the kind of passivity demagogues seek to instill in an intimidated citizenry. Analytic activism is a triumph over the “mind-forged,” (Blake 1794) learned passivities of neurosis, as manifested most glaringly in transference process. There was no conflict between them as they sought to expose the twin tyrannies of political fascism as parodied in dreams and psychological fascism that slavishly learns the lines of an unconscious intra-psychic tyranny called neurosis.

In one of his last interviews, Philip Roth (2017), when asked the question, “Does Donald Trump outstrip the novelist’s imagination,” answered: “It isn’t Trump as a character, a human type—the real estate type, the callow and callous killer capitalist—that outstrips the imagination. It is Trump as President of the United States.” Perhaps Roth is partially wrong and perhaps it is possible that dream, an aesthetic human product, as suggested in this brief communication, has the power to take the measure of political monsters and put them to work in the service of psychoanalysis.

REFERENCES

- BLAKE, W. (1794/1970). “London”. In *The Norton Anthology of Poetry*. Third Edition. New York: W. W. Norton & Company.
- Technology monitor: a wireless heart. *The Economist*, April 12, 2011.
- THURMAN, J. *Interview with Philip Roth*. *The New Yorker*, January 22, 2017.
- MAHON, E. J. A parapraxis in a dream. *Psychoanal. Q.* 74(2):465–484.

6 East 96th Street
New York, NY 10128

Ejmahon8@gmail.com

Roy Schafer, Ph.D. 1922 – 2018

Robert Michels

To cite this article: Robert Michels (2019) Roy Schafer, Ph.D. 1922 – 2018, The Psychoanalytic Quarterly, 88:1, 173-174, DOI: [10.1080/00332828.2019.1556043](https://doi.org/10.1080/00332828.2019.1556043)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556043>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 81



View related articles [↗](#)



View Crossmark data [↗](#)

ROY SCHAFER, PH.D. 1922 – 2018

BY ROBERT MICHELS

Roy Schafer was born on December 14, 1922 and died on August 5, 2018 at the age of 95. His parents were uneducated Eastern European Jews who immigrated to the Bronx, economically oppressed and culturally marginalized. From these origins, he later believed, stemmed traits that shaped his professional life: “cautious observer, outsider and interpreter” (Schafer 2000). Interpretation was central to all of his thinking.

After public schools, he attended the City College of New York, initially planning a career as a high school physics teacher, but was soon seduced into psychology by its distinguished Department, under the leadership of Gardner Murphy. He graduated in 1943 and, with Murphy’s hearty recommendation, moved to the Psychology Department at Menninger under the leadership of David Rapaport. Throughout his life, starting with Rapaport, his intellectual brilliance and creativity allowed him to learn from distinguished mentors, absorb their teaching, and then move beyond them to new discoveries.

In 1947, after a stint in the armed forces, he moved on to Austen Riggs and came under the influence of Merton Gill, Margaret Brenman, and Erik Erikson, while receiving his Ph.D. at Clark University in 1950. This led, in 1953, to Yale and psychoanalytic training at the Western New England Institute, where he had contact with Hans Loewald and underwent his second psychoanalysis, with William Pious. He continued his distinguished career at Cornell and the Columbia Psychoanalytic Center, and went on to gain recognition and positions of leadership in the world of psychoanalysis.

My closest personal contact with Roy was in the 1970s, when we were both on Cornell University’s full-time faculty and our offices were a few yards apart. I was the new Chairman of the Department of Psychiatry

and building an extraordinary group of psychoanalysts in the Department—Otto and Paulina Kernberg, Arnold Cooper, Ted Shapiro, and others. Roy was eager to return to New York City from New Haven, for the first time since his graduation from City College of New York. He was a special colleague. He revolutionized the value structure of the Department. Before his arrival all of the most esteemed psychoanalysts were psychiatrists. He turned that on its head. We often shared drafts of papers among each other for comment. A common response was a few brief notes along with words of encouragement. Not for Roy. Uniquely, he felt free to say “No, I don’t have time.” This became more meaningful when he did have time. A reading of his lengthy detailed dissection and analysis of the manuscript in his distinctive micrographic script was generally more interesting than the paper that elicited it.

Roy was a master psychodiagnostician, psychoanalyst, supervisor, teacher, and theorist, but always, first and foremost, a clinician. Theories for him were neither true nor false, but tools prized for their clinical value. He joined a number of distinguished colleagues in questioning and discarding outmoded metapsychologic concepts, and often had the distinction of writing the definitive account of the old concept before heading the revolution that replaced it with the new. He gave us action language, psychoanalytic life narratives, and built new bridges between ego psychology and contemporary Kleinian thought. Roy was the ideal of countless students and supervisees. He is survived by three daughters—a psychiatrist, a pediatrician, and a professor of history—five grandchildren, and a grieving psychoanalytic community.

REFERENCES

- SCHAFER, R. (2000). The development of my ideas about psychoanalysis. In: SANDLER, J., MICHELS, R. AND FONAGY, P. (Eds.): *Changing Ideas in a Changing World—The Revolution in Psychoanalysis: Essays in Honour of Arnold Cooper* (pp. 33–40). New York: Karnac Books.

To cite this article: Rosemary H. Balsam (2019) Eros is Alive and Well, Still, *The Psychoanalytic Quarterly*, 88:1, 175-193

View Crossmark data 

EROS IS ALIVE AND WELL, STILL

BY ROSEMARY H. BALSAM

EROTIC REVELATIONS: CLINICAL APPLICATIONS AND
PERVERSE SCENARIOS. By Andrea Celezana. New York &
London: Routledge, 2014. 168 pp.

Andrea Celenza freshly and directly addresses conflicts in sexuality that, especially in the life of women, used to be finessed and hidden. Sexual behaviors among all genders have become more and more public due to cyberspace and changing mores in the Western world. Yet paradoxically, after Freud—as she and others have pointed out post-1970—these adult behaviors and scenarios have become virtually ignored by most branches of psychoanalysis. The relational literature laudably has been most attentive, but these phenomena could invite far closer clinical and theoretical enquiry from all branches of theory.

Celenza opens a pluralistic theoretical lens for us to appreciate. She uses a classical base, many later well-known ego psychological and cultural contributors, (importantly, Stoller or, say, Chasseguet-Smirgel), and relationists (for example, Kaplan, Dimen, or Stein) to derive finally her own intersubjective emphases, involving different interacting senses of self. The experiential bases for all her clinical applications are strong. There are many references to her thinking about her previous

Rosemary H. Balsam, F.R.C.Psych. (Lond), M.R.C.P. (Edinboro), is an Associate Clinical Professor of Psychiatry Yale Medical School and a Staff psychiatrist at the Yale Student Mental Health and Counseling Services. Additionally, she is a Training and Supervising Analyst at the Western New England Institute for Psychoanalysis. She is also the winner of the Sigourney Award, 2018.

substantial work in the area of professional sexual boundary violations. In her 2018 online CV she states that, "The primary focus for my research, clinical activity and teaching involves delineating the vulnerabilities associated with therapist-patient sexual misconduct."

She has been in private practice for many years and has taught extensively. The book is knowledgeable, well researched, curious, and alert to interactional, emotional, and bodily nuance, while opening up alternative ways of looking and creatively investigating a range of sexuality from common everyday living to more problematic behaviors and attitudes brought into the consulting room. Her style is lively and fluent. The text is intelligently structured, engaging, flowingly written, and everyone can learn from her approaches.

In the context of the present climate in our field, I want to comment (a bit tongue in cheek) on my reaction to her slightly misleading book title, and the covers of other recent publications that aim to restore sexuality to our discourse. With intrigue, I observe that we still need to be coy about sexuality, as indicated in Celenza's title word "Revelations." Revelations can be journalistic, breathtaking, sensational, or divine. These days we're hungry for embarrassing political disclosures: we furtively look at the tabloids front splashes as we pick up our groceries The title also promises "clinical applications" and "perverse scenarios." The image below the title is just a pretty orange to yellow swirl, suggesting a shedding light. At the other extreme of gravity, the famous 1886 Kraft-Ebbing pioneering book on sexual perversions that so influenced Freud, was "Psychopathia Sexualis." The Latin—used too for indelicate matters in the text—signaled to a reader back then that that the world of sexual perversion was sick, other, and "safely" under the scientific supervision of the white coats of medicine. The deadpan anti-erotic subtitle, "with Special Reference to the Antipathic Sexual Instinct: A Medico-Forensic Study" focused on the paraphilias and homosexuality (the "antipathic" sexual instinct) scrutinized for pathology. We no longer see the gay world this way—thank goodness. However, that text was also one of the first that told of females' sexual issues as well as male activities that went over the line beyond "healthy" and assumedly "non-deviant" aims of reproduction and heterosexuality. Post-Freud, till the 1970s, when sex and gender could be conceptually separated, authors muddled overtly with blurry visions of fused gendered and sexed bodies

and offered bizarre explanations in psychoanalysis for why women were simply unable to have sexual fetishes (e.g. Zavitzianos 1971). In a nutshell (no pun intended) it was because they had no penises. From the “one-sex” point of view (Laqueur 1990, and see commentary in Balsam 2012), as females were born “castrated,” there was obviously no need for such creatures to look for substitute objects to be a sexual bulwark against some fear of a castration that had already happened (Balsam 2003). We have left those definitions of perversion behind, and Celenza, of course, readily encompasses females in her studies as well as males.

However, with the loss of the backing of serious “hard medical science” as it were, publishers and designers seem to be encouraging in their modern psychoanalytic book presentations of these topics, antic attempts at sexual friskiness, which indicate lingering discomfort. The following are examples.

Galit Atlas’s 2015 book with “Enigma” in a title about desire, sex, and longing (that borrows from Laplanche’s maternal “enigmatic messages”), suggests on the cover the same revelatory trend, sporting a picture of a young, silkily clad sitting female, shielded in semidarkness, very upright in posture, with thighs spread slightly, her arm near the camera fading into darkness towards that hand disappeared into her hidden lap, possibly fingering her genitals? Or not: an “enigma” depicted, I presume? Another post-millennial book with “perversion” in the title by Claire Pajczkowska, in a series edited by the curator of the Freud Museum, shows on the cover the naked beautiful white back and buttocks of a woman, seemingly clawing at or searching for her own image that faces her in a mirror. Danielle Knafo and Rocco Lo Bosco’s 2016 book on female perversions displays a time-stopping almost-kiss, between a craggily dusky handsome male poised with expectant lips and an enthralled female with porcelain white skin, purple locks, her shiny bright red lips dreamily reaching towards his. Louise Kaplan’s 1990 book on perversions—one of the first to tackle females—invites with a recumbent nude with the lovely naked peach skin of her back wrapped in white drapes over her buttocks. Is that a hat or a fancy hair-do on her averted head? Another contemporary book, edited by Ellen Toronto et al. (with three other women), that is all about the desperate struggle for women’s autonomy, also invites a reader with a slightly salacious rear view of an Ophelia-like character possibly in a nightdress, emerging

from a river. Or is she still then half-submerged? That would be the question, in this quest for “*A Womb of her Own*.” The titles and photographic presentations of these female psychological dilemmas is a worthy social study in itself, involving not just the authors and readers, but the publishers and designers. In contrast, male writers like Kraft-Ebbing, or the modern Joseph Lichtenberg’s 2008 *Sensuality and Sexuality Across the Divide of Shame*, or Foucault’s famous 1978 *History of Sexuality* or even Edmund Bergler’s (scurrilous) 1959 *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* come in the dress of science, almost under plain cover. Could there be something subtly erotic for publishers (and anticipated for us too as the expected readers) about female authors writing about female sexuality? As a group, then, I infer that as women we are still signaling preoccupations of what is permitted, and what is not permitted by societal or family values or our profession – should we reveal or should we conceal? Are we being naughty (but hopefully, still nice)? Therein lies the enticing erotic excitement for the invited reader as well. Having discussed book covers of my own too with publishers, I do understand that in addition they feel pressure about shelf appeal too! These presentations enact an interesting kind of female suggestive “come-hither” promise of secrets to be extracted. The content of all of these books is however often just the opposite in terms of authorial seriousness. Andrea Celenza’s work is sober, scholarly, deeply thoughtful, and a laudably straightforward book about the impacts of sexuality.

The book has two parts. Part One is “Erotics embodied: Transferences and countertransferences” and has five chapters. Part One is outstandingly good because it tackles extremely difficult and often avoided everyday questions about the erotic atmospherics during treatment. Celenza shows how to think about and think through such issues, has plenty of opinions and wisdoms to offer, and she models such an open minded, kind, tactful, and clear-eyed stance toward the therapeutic interactions accompanied by flexible uses of clinical, canonical, and intersubjective theory. This account of her work is ideal as an excellent learning and teaching text. Part Two is called “Perverse scenarios revisited” and contains three chapters and a conclusion. Celenza is again her articulate and interesting self, but the definitions and dynamic understandings she develops raise more theoretical questions for me

than the content of Part One, although the clinical examples are highly recognizable and could have come from a classical text. Most of the book revitalizes sexuality in analytic treatment (after Freud, but left in the margins for many years now), the actuality of Eros—the living, breathing spectrum of interactive adult sexualities enriched by (so-called) preoedipal sexuality. Only the second and more minor part of the book is about “perversions” per se, (offering traditional mainly male examples of fetishism, like feet and boots). One limitation is the heterogeneity of the patients. Most are well-educated, white heterosexuals.

Back to Part One: Celenza notes the general progress in theory that has involved the collapse of gender binary insistence. She alerts us to confusions that this can impart should it only lead to new forms of theoretical rigidity. At the same time, she observes the curious retreat in the contemporary psychoanalytic literature from dealings with adult sexuality. She quotes Fonagy’s study where he counted the words in an array of prominent journal articles and found that sexual words were used infrequently compared with the past. This trend has also been pointed out by concerned relational writers like Dimen, Goldner, and I would add, also by more ego-oriented writers like Leon Hoffman or Birksted-Breen, who note that this paucity coincides with the rise of almost exclusive object relational and “preoedipal” preoccupation in our field. (I extend the asexual list now to the current fascination with the “unmentalized”).

Celenza models in her theory an integration of the previously so-called “masculine active” with the so-called “feminine passive,” reclaiming for each gender both “receptivity” and “potency.” She believes, and I concur, that the remedial time has come to listen much more closely to the enacted lives of our patients on the couch in order to help right this balance. She states plainly, “My stance is inclusive, finding a place for each end of the polarity as the individual struggles to resolve conflicting needs or opposing wishes” (p. 3). Celenza does succeed with her intersubjective strategies in trying to uncouple these old, misleading, misogynistic linkages between active and phallic (that still linger, of course, in contemporary Kleinian and many French theories and others that accept the image of the “phallus” as *the* singular dominantly corporeal “all-powerful” icon of activity and power). Celenza follows the relational school style of thinking about “embodiment,” in a way that refers to a blend of the person’s body with his or her subjective attitudes to that

body. It is one way of allowing the body's importance while taking care to try to focus on that patient's psyche, struggling not to confuse personal and cultural value judgments as "theory" that have plagued many past efforts about sex and gender. However, I might add that when users of the term "embodiment" judge severely other more "biological" ways of attempting to integrate body and mind as not proper psychology, the use of this term too becomes imbued with political aims, and does not, in my opinion, stem from understanding modern biology. That focus shifts from the patients' psyches towards organizational dynamics that repeat "either-or" fights over biology from the 1970s *versus* in-depth psychology. Celenza does none of this. Hers is a search for a "radial true" of clinical utility (after her own bicycle wheel functional image of theory e.g., pp. 60–61).

Here are some examples of Celenza's gifted capacity to engage common and hard questions. First, she says that in spite of the field's neglect, "I doubt that sex has budged from the forefront of anyone's mind" (p. 16). She tackles over-frequent clinical use of concept of "sexualization" as if "[e]verything became about something else, and sex, already complex, forbidden, and fascinating was a particular source of mystery" (p. 17). Suggesting that more specific sexual nuance could be employed in thinking—such as Bolognini's (1994) spectrum of "erotized, erotic, loving and affectionate" that can encompass both the patients' and the analysts' perspectives, "[a]ll of these should make their appearance in the evolving phases of a thorough-going therapeutic treatment" (p. 16).

Celenza defines sexuality in three modes. "Intimacy embodied" implies that interpersonal is embedded with inter-bodied psychological functioning, as it were. She aims for a "holistic paradigm" and says that this is "not about anatomy or the genitals." It is about how the body is not separate from "one's experience of it" (p. 16). (I might argue that this statement inadvertently of course overly separates us from our genitals and from our own anatomy, and suspect that this statement is an effort to underline forcefully that "we" are not Freud any more!) I know what she is aiming for, though, and I welcome her approach as struggling openly with the role of bodies in the psyche.

The next mode of sexuality is "Eros embodied" with a focus on the erotics in the therapeutic situation. She claims that "desire structures perception" (p. 18), again clearly placing psychology before biology.

Where she and I absolutely meet is within the infant's inevitable body and personal contact with the mother or caretaker as the crucible for feeling, fantasy, and perception ignited within the baby's sensibilities. Celenza sees the later complex consequences of this the earliest inter-personal phenomenon. She directs our attention to therapists' "justifications" for their own perceptions of patients that in retrospect may turn out to be self-serving. Self-revelation in treatment can suffer this limitation, inadvertently offered at times to ward off the frustration of a patient's disappointment. The therapy and theoretical metaphors we use show how sexually infused is the encounter—holding, penetrating, deepening etc. Patients' resistances can signal erotic elements¹—not taking in insights, for example here, as in warding off an invasive mother. An analysand's complaints of an analyst's domination and power have their erotic meanings. Celenza recommends substituting "erotic" for the too common "sexualized" that encodes a too simple view that we are talking of a patient's *actual* demand for intercourse. She thinks "erotic" invokes the more complex, open, and suitable approach to the patient's sexual fantasy life. I would note that her wide exposition was exactly Freud's intention in exploring "sexual" transferences, but that she is referring to a post-Freudian literature that had either forgotten or degraded Freud's original teaching so that it read as if the task of analysis was to translate unconscious imagery by concrete bodily sexual referents, such as "penis-envy." Celenza teaches that the first step for clinical exploration is to transform a "sexual" transference into an "erotic" one (p. 19). This is an example of her refreshing pragmatism. In distinguishing sexualization from eroticization, she claims that say, money, food, or sports can be sexualized with their substitute satisfactions. I think, what about sublimation? Was that not described early by Freud? Could that not still be of use here?

Her third mode of sexuality is "Gender embodied." Here, while following Merleau-Ponty on the creation of genders and using language and concepts like his such as "self-in-relation experiences" as they shape "emergent aspects of being," she also expresses "the third purpose for this book" which is "to resurrect, transform and restore certain terms

¹ I think we can thank Freud for that insight. In 1905, he alerted us to the multilayered many-splendored thing that actually is "sex."

and ways of conceptualizing from classical literature by viewing them through a contemporary lens" (p. 21). She especially picks out for overhaul "perversion" and also "phallic striving," re-translated in an inclusive way as "standing erect" while remaining "open" as qualities desirable for both males and females. To those analysts, like me, who still hold Freud's view of libido, aggression, and the unconscious central to theory—if no longer utterly fixated on his original proposals especially about sex and gender—in "Erotics embodied: transferences and countertransferences" Celenza also familiarly deals with sex and aggression, but especially enriches this enquiry with her intersubjective update. She especially welcomes multiple issues engaging the mother and female patients' views of their sexuality qua female, and in this way too she updates Freud and post-Freudian early ego psychology.²

Her hard question about maternal erotism is: "Do we really need to call these early interactions with infant more than 'sensual' experiences?" The quick answer is "Yes." It is so interesting to me that virtually only women seem to acknowledge and explore this area. Celenza's rapid-fire list of authors reveals ten French or American women analysts in the '90s and after 2000 writing about this (the one male being Laplanche). Why the massive predominance of women, I wonder? Is it because most have had the body experience of birthing and feeding babies? Even the first woman admitted to the male Vienna Psychoanalytic Society, Hilferding (a mother of two young children), chose to voice this topic in 1911 among the men—but it was not heard (Balsam 2013). Celenza is right—it remains a danger zone. She says simply and sensibly, "Touching, licking, sucking and ultimately merger is so much a part of lovemaking that it is incumbent upon us to acknowledge the ... erotic nature of these experiences" (p. 27).

Another common, often unspoken, hard question she confronts is in Chapter Four, about the guilty pleasure of erotic countertransferences. On behalf of treater and treated, she engages: "Why can't we be lovers?" (p. 61).

² As a Loewaldian ego psychologist, and part of what Chodorow defines as the American Independent tradition of "intersubjective ego psychology," I think Freud's 1923 ego psychology is somewhat shortchanged here (and by other relationists) as being characterized so definitively as merely "one-person."

A 17-year-old patient, Rachel, who loves to be looked at and yearns to be touched by women, struggles against throwing off her clothes. Celenza tells her that her “17-year old body is like a throbbing fire engine—both enflamed and crying out to be doused” (p. 61). It is a felicitous metaphor, as the fire engine itself, of course, is a douser, and Rachel has not had sex with her boyfriend. Celenza sees the adaptation of this clinical moment, too: “... her disrobing is a flowering – she wants her erotic body to be seen in its pubescent glory; she wants her mother’s admiration” (p. 61). Enlarging the scenario towards a trauma—“She is also stoking her sexuality in order to distract herself from mourning her father’s death”—and the loss of “his gaze on her nubile figure” (p. 61). Celenza’s private and guiding answer in meeting Rachels’ intense transference is: “I am many things to you and I don’t want to invalidate any one of them” (p. 62). Her method is here exemplified for confronting difficult clinical questions and situations. It is to be able to resonate with them as fully as possible, while thinking about them complexly and communicating from that base.

I will use Rachel as a segue to draw attention to Celenza’s pleasing and informative clinical writing. She writes beautifully of the analysis, say, of Julia, a painter who wanted to get married but had had multiple male partners while denying any importance to intimacy. As do all Celenza’s cases, she ultimately talks about childhood trauma in the interactions within the family. (This is my own experience too, and I suspect that of most). Julia’s transference involves intense desires to sink into the female analyst’s womb. Celenza extrapolates most about the vicissitudes of the patient’s intimacy expressed in her style of sexuality. In addition, I likely would have made more of Julia’s female procreative fears, as she told Celenza initially that she had grown up filled with the horrific vision of her mother’s agonized birth of her, and now seems afraid of commitment to adult partner (and I would add, that may well lead to babies, and like her mother, create a family). *Anybody* but becoming her own mother, she believes she “needs” to substitute for her own welfare, a different and non-toxic one—a new birth with a new mother/analyst will solve all. Celenza is sensitively aware how little trying to “meet this need” would solve. The patient is helped alternatively to contain and identify her longings. Gradually she tolerates more intimacy within the office and in life where she can integrate it newly with her sexual desire.

Another patient, a male academic named Michael is a long continuing case. His sexual desire for the analyst together with her responses is deeply explored and described over two chapters. She says: "Though it might be said that Michael consistently expressed the same desire throughout his analysis with me (to have sexual intercourse with me) his erotic transferences took different forms as they unfolded over time" (p. 47). This is Celenza at her best, teaching the limits of analysts who dismissively only talk of patients "sexualizing" their thoughts or actions and look away from the adult discomfort (theoretically) in the office, directly into the baby mind. Celenza demonstrates the clinical intensity and pressure of how sexual demands from such a patient can devolve into threats. This patient at one point had fantasies of stabbing her repeatedly. This emerged after a prolonged period where she felt—in spite of his active pleas to her—that he curiously seemed to lack an assertive penetrating quality (his original sexual complaint). In engaging his aggression over time, he became both more differentiated and more able to be attractive to her, and then his inner murderous interactive world entered the office. She acknowledges her fear, sought peer supervision, managed to keep a steady unwavering course and felt that he needed to encounter "the man" in her. In working this scenario through, she became separated enough to be able to fantasize erotically about him—while enjoying this aspect of treatment as a step forward in lessening the transference tensions of rejection, sexual emotional growth, and improvement in his life.

In her theory of interacting selves, she talks of "opposite-gendered selves" that can be a part of one's reanimated past. Thomas, an attorney in his 40s, the only son of a rageful, alcoholic overwhelming mother and soon-divorced father, called forth a little-boy countertransference state for her. She also describes a feeling of cradling him in her vagina, providing safety in response to his appreciation of the comfort of being with her. At the end, there is a moving moment when both she and he shed tears of pleasure about his uncle's affirmation of how much "a man" he has been in the hard family life. He is acutely aware of her reaction, comments, and asks her if she was crying. Simply she says "yes," and he blows her a kiss in parting. She uses this moment to teach about how "our patients often need to bring their sexuality into the foreground and not just dance, but tango with us" (p. 67). "Are we always up to it? What if we

don't like it? What if we do?" she asks. Thomas's analysis continues into darker waters. He noticed that subtly she was avoiding him, was hurt, and asked about it. She replied that she hadn't noticed, but promised to think about it. She identified privately a "nagging guilt" that she liked him too much. "Did our play cross over into a flirtation?" "What if we enjoy it?" is one of her provocative questions. She ends up reflecting that her guilty pleasure was both the original overwhelming part of herself that wanted to cradle him tinged with a healthy response to his evolving masculine and sexual maturity. The latter thinking was not shared with the patient. "What do our patients want? They say they want our love, or more pointedly, to have sex—but do they really want that?" She answers: "The man may want a kiss, but the child does not" (p. 68). Her point is the multiple dimensions of all the selves that enter with the analytic couple and are encompassed in an analysis.

From this material, Chapter Five of the book flows into the struggles about whether or not to disclose erotic countertransferences. "Is it even clinically indicated?" she asks. This takes her to the heart of her work on boundary violations, for which she is well known. This is an up-to-date quick review of the literature, and much thoughtful consideration about keeping the frame, advice and her experiences, say in supervision, on "Comfort and Clarity with erotic language" (not everyone's gift!) Freud too, after all, recommended this as technically optimal. But how *does* a therapist keep poise while echoing a patient's language of fucking him or her up the ass? Again, and by now predictably, Celenza can show a reader how to keep the focus on the patient's desires while allowing oneself as analyst to be natural and in touch with one's reactions. Celenza addresses the surrounding vicissitudes of analysts exposing more than is helpful. This short and cogent chapter would be an excellent one to teach to members of a class of trainees, if one had a compressed time with them, and wanted to alert them to erotic issues that can lead to boundary violations.

Part Two of the book addresses perversity. Celenza rescues the concept of "perverse" as useful—as in the theory of the older day, but now fallen out of favor due to its old association with homosexuality. A valuable part of this preservation is to rediscover the erotic experiences of recognizable adults who engage in these perverse constellations. Much of the work on sadomasochism for many decades now has elaborated

archaic preoedipal registers of experience. She describes these clearly with useful accompanying scholarship in her introduction. As Celenza notes, these understandings certainly have been extremely important. But she also notes that they can miss adult sexual elements that are vital to those who engage in these human connections.

Celenza defines perversity as a “mode of relating rather than as a specific behavior or set of behaviors per se” (p. 87). There are some hallmarks that she relies upon for its detection: “the impact of its *constriction and constraint*” following Stoller (1986); a “*means-end reversal*” following Stein (2005); for males a “*dangerous subjectivity of the other*” and for females “*a dangerous subjectivity within*” (p. 87, italics in the original). The aims “choreograph” enactments involving her previous themes of receptivity and potency. Using these ideas, she simultaneously can consider whether the dangers are in self or other; their context, severity and growth limitations.

I think that Celenza’s categories are well worth colleagues’ discussion and consideration not because I am so persuaded, but because she is so extremely thoughtful that it is worth trying out her suggestions. Time will tell in the field how useful they turn out to be. My initial reaction was that her concepts are too general, and they so widen the scope of perversity that I find myself thinking thoughts such as: a shy choirboy’s isolative compulsive handwashing would qualify, but then so could a loner serial killer’s predatory nocturnal impulse to eat a dead man’s penis every month. I’m not sure if I accept the difference here, merely as “severity.” That would be necessary but not sufficient. So, I was drawn back to a dictionary. Here is Merriam-Webster’s definition for perversity online: “... 2a. obstinate in opposing what is right, reasonable, or accepted: wrongheaded. b: arising from or indicative of stubbornness or obstinacy. 3: marked by peevishness or petulance: cranky...” Though this restores the definition to manifest behavior (which I *may* ultimately think is a better direction), the descriptors are so mild they cast an even wider net than Celenza’s definition. They are even less helpful in distinguishing between my choirboy and my serial killer who both may be stubborn and cranky! So, I will simply admit to confusion as to what is its current secular meaning in American life, let alone our field. I think I may be way back in the 1880s with Kraft-Ebbing. I always liked Freud’s notion of perversity being the “opposite from neurosis” –that captured

for me its raw, undigested “id” qualities and manifestations. The most important feature of Celenza’s presentation in Part Two is that it indeed successfully revives our interest in perversion, and it will stimulate everyone to think further about it.

Celenza says that the classical papers on perversity can yield understanding (excluding about homosexuality of course), because they dealt with “one-person” universes, and that a one-person universe is for her a hallmark of perverse functioning. This *may* be an interesting new idea. I am not sure. In my reading, though, this “one-person psychology” characterization of ego psychology post-1923—influenced as it was then also by his paper on mourning and melancholia where he began to appreciate the role of internalization of objects—is rather a caricature that overlooks Freud’s underdeveloped, but very present sense of parental or partner intimacy, and thus a two-person interactive input to the development and functioning of the ego. I wonder if Celenza’s ideas about “perversity” are less akin to a “classical” one-person psychology than they are to classical views of narcissism, in their celebration of the solipsism that she notices? Many ego psychologists and perhaps others would agree that perverse behavior, however one may define it, is usually carried out by narcissistic characters. In Celenza’s perverse one-person universe, through “objectification and sexualization” the perversely inclined try to transform a “threat into a thing” that is “manageable” (p. 88). She thinks of the fascinating notion that pain can be transformed into pleasure as deterioration from, for Celenza, a more fundamentally natural *two-person* intimacy-seeking desire, into a *one-person* affective desire expressed therefore in a one-person body-oriented experience. Celenza implies deterioration from a “longing for a relational engagement to a desire for (concrete, genital) pleasure” (p. 89). She does not use the concept of “regression” which one might alternately use—but again the question of which comes first—the person-seeking desire itself which Celenza (and others) favor—or the body-experience laid down in body memory and encoded via the handling of the caretaker and the very gradual awareness of that person, (which I, Loewald, and others) favor. If the intimacy seeking is primary, then I do grasp why she describes the body activity as if it were in itself a step backward into spaces that she describes as “deadening.” In asking how pain can turn to pleasure, Theodore Reik in “Anticipando,” a section in his *Masochism and Modern*

Man (1941), is abidingly interested in bodily reaction and fantasy. This always made far more sense to me than Freud's economic scheme for sadomasochism. Reik believed that it was in fact the relief *after* building severe body pain that caused a suffusion of pleasure. In a sex act, the anxious pursuit of increasing pain while rushing toward relief, after being pent up, also catalyzed an increase of sexual pleasure and gratitude towards the sadist, who had by then ceased the painful stimulus, even briefly. I believe still that this rarely encountered book is one of the most interesting texts on the dynamics of sadomasochism and perverse sexual acts.

Celenza elaborates on each of her key elements, where she characterizes the different phenomena, say, the qualities of perverse fantasies that she describes as "driven and unbidden," "rigidified and ritualized" (p. 90). She does not use the classical concept "obsessional," but theoretically that is where many a reader will go. She says the fantasies "restrict the individual's functioning" whereas the sexual gratification "becomes ... a conscious and self-reinforcing feedback loop" (p. 90). I am not quite clear how this operates. I am not used to thinking that anyone's *fantasies* are restricting functioning. In therapy, she says, such patients become aware of the restrictions. I presume that is as a result of the analyst's interventions. Her terminology then involves mixed conscious and unconscious senses of limitation, and it is unclear to me whose judgment is leading—analyst or analysand. Repeatedly Celenza states that, "persons engaging in perverse modes of relating, as herein defined, feel constricted, confined and driven" (p. 90). She says that the sexual pleasure "has its own impetus," but as "it is felt as an imperative, not a choice" (p. 90) thus she dubs it "restrictive." I understand clinically, I think, what is meant. But I feel that her experience-distant judgments seem to lose touch with her clinical level of conceptualization, and (help!) some of the moral judgments she has usefully abhorred in the first part of her book may intrude here. Or is it just that I have a hard time understanding these descriptions theoretically *without* terminology like "obsessional," "impulse-control," "superego," "guilt," "shame," "exhibitionism," "dissociation," and other common theoretical concepts that could readily apply?

Celenza speaks to female perversion by talking about the negativity in the "objectification" of the self. As in the relational school, Celenza

does not choose to develop Freud further, but instead follows, say, the philosopher Merleau-Ponty, whose phenomenological ontology is to rescue the body from objectified science, and emphasize the experience of living in that body. “Objectifying” the female body, as in the “male gaze,” assumes more than a political feminist role here, and becomes for Celenza an aspect of perverted relating in recognizing objectification as a split in self-relating. She struggles with notions of mind/body splits and their drawbacks. “The body” she felicitously says “expresses the mind” (p. 102). Perversity will involve splitting “the subjective” off from the “objective” self, and such individuals complain of numbness and emptiness, she avers, deaden feeling and turn away from whole objects. She believes that women use themselves to “objectify,” whereas men use others and she reaches for mechanisms that will produce an “objectified self” pathology.

In talking about the female body as “fetish” she reviews briefly the relational scholarship where most of the work so far has been. Her focus is on females’ preoccupations with their own bodies: the pursuit of an aesthetic ideal to “*the exclusion of pleasure*” (p. 104, italics in the original). Again, she judges perversity on her assessment of whether or not it deadens pleasure and affective experience and constricts relating. I find it hard to think this way in the absence of including abiding worries especially about the procreative female self as a “dangerous subjectivity.” The hallmark of female perversion, Celenza believes, is “*self-objectification in an effort to control a dangerous subjectivity*” (p. 107, italics in the original).

When Celenza returns to asking the hard clinical questions as opposed to declaring theory, I feel that she is in her element. Not content with just declaring that females localize dangerous subjectivity within, she asks “why”? (p. 109). She joins Elise, Harris, and many others in talking of little girls’ generational and gender defeat, thus seeing them as less favored than boys. I actually disagree with these observations that “the little girl” feels so less favored than the “little boy.” I believe, as did Mayer and others, that this finding is entirely culturally driven. I have worked with many individuals, say many male university students, who grew up in families where the girls were favored (Balsam 2012). Such males suffer from the very same sad inferiorities that some females also do, and Freud’s females often reported (and that he and many others accepted/still accept as universal) familial misogynistic attitudes.

My core view about the two sexes being of equal vulnerability in their potential to suffer familial bias, however, does not mean that I cannot see the value in Elise's and Celenza's efforts to account for a sexed sense of defeat in any individual (one can create such a picture for a doubly defeated male too, if one allows for all aspects of the procreative bodies that participate in such representations). I would additionally suggest that whoever is identifiable as the "defeated" sex within the family may exhibit this masochistic dynamic, expressed by Celenza as localizing the dangers within. I believe that Celenza's categories *may* encode on the one hand the sadist (the dangers without), and the other hand the masochist (dangers within), rather than as she suggests, specifically a female/male difference. Celenza finishes this chapter with a list of behaviors, if compulsive, she views as female perversions, from telephone calling to vagina denial. The latter list is a good example of how very broad is her umbrella of "perversion."

The next chapter on sadomasochism is the best of Part Two of the book. She returns to her more searching style of enquiry and the clinical theorizing commoner in Part One. She asks, "What is the glue that binds such unhappy couplings?" (p. 116). Her search for rigidities characterizing perversion bears greatest fruit here. Without discounting previous work on pathological sadomasochism, say, as a "way to master earlier non-sexual needs," Celenza aims to "put sexuality back into formulations of sadomasochistic relations by finding it in the very constraint of rigidly held gender stereotyping and fixed role assignation" (p. 116).

She then launches into a wonderful case study of a 50-year old professional man in a cravenly victimized relation to a cruel, domineering, diminishing, and condescending woman. Celenza's writing here is superb: "he feels the familiar rejection and self-loathing, looks into the bathroom, and decides he cannot now enter for fear she may return and need it. He runs out the back door of the house to urinate in the woods. This is not sexy" (p. 117). Much of his analysis involved mourning for a better mother as he comes to terms with his own sadistic one.

Celenza carefully identifies different threads: an erotized repetition of early trauma seeking triumph and revenge; control over the hateful wife by his passivity; endurance tests to strengthen his own masculinity. The glue that bound them was his confession to his analyst that he feared he'd never be as excited by another woman. "He is all receptivity;

she is all potent thrust" (p. 119). Celenza characterizes this sadomasochistic perverse scenario persuasively: "... her ubiquitous criticism makes her palpable to him ... she surrounds him; he feels her ... [W]hen she is hard, he can feel her, unlike the amorphous indifference of his mother ..." (p. 121). "[T]heir sexuality had been aggressivized and, in their way, aggression is used to mask or defend against intolerable affects associated with sexual desire" (p. 122). The final dramatic words of the case finale are: "[I]t is a seduction laced with hatred, but a seduction all the same" (p. 123).

In the penultimate Chapter Eight about fetishism, Celenza first pronounces her definition with the same categories: "a prototype of a perverse strategy ... aim[s] to manage and control ... deaden[s] vitality ... use[s] ... misleading erotic (visualizing) imagery and symbols" etc. (p. 125). I again say to myself, "*misleading* erotic symbols" ... what? "Misleading" whom? How could symbols be misleading? She wants to look closely at the representation in a fetish of a repudiation of some gendered stereotype. This is a very useful idea.

Once again, the clinical case is a gem, and shows her exquisite attunement to individuality while taking the traumata and past development very seriously. This case and the next one could easily come from the annals of the Victorian literature. She tells of a married man with an elaborate foot fetish. She does, as in an older day, find his need for phallic reassurance in this behavior. She plausibly thinks of this additionally as a subversion away from intimacy. In this chapter there also is a man with a boot fetish—also quite an old-fashioned case, as it were, with a related underlying trauma about his abnormal feet as a child. Celenza describes her special attention to the transferences here. Another male patient, Roger, who was a physical therapist reported for rubbing his penis against female patients' backs, had a rich, expansive analysis here, including being a victim of familial boundary violations, and the elucidation of his perverse behavior in the notion that unconsciously he was trying to contact his elusive mother without her knowing.

Another male patient illuminates "the anal universe" and Celenza brings in Chassuguet-Smirgel's thoughts on the topic about the rageful state of the internal obliteration of objects. The transference was the key to showing the mysteries of why this man claimed to feel so "safe" yet could not lie down on the couch. His sister had been badly abused by

the mother. It was important for him to orchestrate a scene of “controlling” a woman who would whip him and give him enemas, while pretending that he would never surrender his feelings. He was only able to have anal sex with a woman. Together they worked on his castration fear, gender issues etc., and he finally he made vaginal love to his girlfriend. Both analyst and analysand rejoiced! This is certainly an extremely classical account—replete, I might say (teasingly) with a nice “healthy” *heterosexual* outcome!

Celenza’s final chapter is her account of her new ideas about the “positions” of subjectivity, an intersubjective theoretical integration of differing senses of self within a self. It is an interesting climax to the book and well placed to show her own way of bringing together the varying aspects of her work. This chapter thus holds together this aspect of theory, the whole book, and its explorations. I found this a satisfying and very intelligent structure for the text because this theoretician culminates her study by attempting to integrate her varying clinical in-depth explorations of symptomatology and behavior, and transference and countertransference, within a teachable sense of the psychological demands of the character structuring of the forces of human sexuality in *statu ascendi*. This theoretical slant could be the subject of seminar discussions also as to the pros and cons of how modern insights and ways of working simultaneously revitalize, add and productively subtract from the older schemata. Andrea Celenza is to be congratulated for a very fine and extremely thoughtful, theoretically integrative, and especially clinically exemplary book. Everyone could benefit from reading this experienced, enthusiastic, lively, and alive work and to engage in further discussion of her scintillating ideas.

REFERENCES

- ANZIEU, D. (1995). *Le Moi-Peau* Paris: Dunod.
- ATLAS, G. (2015). *The Enigma of Desire: Sex, Longing, and Belonging in Psychoanalysis*. New York & London: Routledge.
- BALSAM, R. H. (2003). The vanished pregnant body in female developmental theory, *J. Am. Psychoanal. Assocn.* 51:1153–1179.
- . (2012). *Women’s Bodies in Psychoanalysis*. New York & London: Routledge.
- . (2013). Freud, females, childbirth, and dissidence: Margarete Hilferding, Karen Horney and Otto Rank. *The Psychoanal. Rev.* Vol. 100, No. 5:695–716.

- BERGLER, E. (1959). *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* Paterson, N.J.: Pageant Books.
- BOLOGNINI, S. (1994). Transference: erotised, erotic, loving, affectionate. *Int. J. Psychoanal.* 75:1:73–86.
- FOUCAULT, M. (1978). *History of Sexuality Vol I: An Introduction.* New York: Pantheon.
- KAPLAN, L. (1990). *Female Perversions: The Temptations of Emma Bovary.* New York: Nan A. Talese.
- KNAFO, K. AND LO BOSCO, R. (2016). *The Age of Perversion: Desire and Technology in Psychoanalysis and Culture.* London: Routledge.
- KRAFFT-EBBING, R. (1886/1998). *Psychopathia Sexualis.* New York: Arcade Publishing.
- LAQUEUR, T. (1990). *Making Sex: Body and Gender from the Greeks to Freud.* Cambridge: Harvard Univ. Press.
- LICHTENBERG, J. (2008). *Sensuality and Sexuality across the Divide of Shame.* New York: The Analytic Press.
- Merriam-Webster Dictionary <https://www.merriam-webster.com/dictionary/perverse> Accessed Oct 1, 2018.
- PAJCHKOWSKA, C. (1996). *Perversion.* Austin, TX: Totem Books.
- REIK, T. (1941/2011). *Masochism and Modern Man.* New York: Klemptner Press.
- STEIN, R. (2008). The otherness of sexuality: excess. *J. Amer. Psychoanal. Assn* 56(1):43–71.
- STOLLER, R. (1968). *Sex and Gender*, Vol. 1. New York: Science House.
- TORONTO, E., PONDER J., DAVISSON K., KELLY, M. K. Eds. (2017). *A Womb of Her Own: Women's Struggle for Sexual and Reproductive Autonomy.* New York & London: Routledge.
- ZAVITZIANOS, G. (1971). Fetishism and exhibitionism in the female and their relationship to psychopathy and kleptomania. *Int. J. Psychoanal.* 52: 297–306.

64 Trumbull St.,
New Haven, CT 06510

rosemary.balsam@yale.edu

Notice of Correction

To cite this article: (2019) Notice of Correction, The Psychoanalytic Quarterly, 88:1, 197-197, DOI: [10.1080/00332828.2018.1559593](https://doi.org/10.1080/00332828.2018.1559593)

To link to this article: <https://doi.org/10.1080/00332828.2018.1559593>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 45



View related articles [↗](#)



View Crossmark data [↗](#)

NOTICE OF CORRECTION

We sadly regret that several errors were made when the Film Essay, "Vamik Volkan as a Psychoanalytic Ambassador of Peace" was being printed for No. 3, 2018, of *The Psychoanalytic Quarterly*. The name of the film's director and producer, Molly Castelloe, was misspelled on the cover and in the title of the essay on p. 591, and the contact information for obtaining the film was incorrect in part. The film's website is www.vamiksroom.org. For a community screening contact the filmmaker at msc214@nyu.edu. An error also was made in the list of References. "On the birth and development of psychoanalytic field theory, part 2" also was incorrectly attributed to "N. Ascherman" instead of its actual author, M.A. Silverman. We in the Book Section regretfully apologize to Molly Castelloe for the distress caused to her by the errors made by the printer and should like to express to her our own distress that they occurred.

Journeys in Psychoanalysis: The Selected Works of Elizabeth Spillius


To cite this article: Stephen D. Purcell (2019) Journeys in Psychoanalysis: The Selected Works of Elizabeth Spillius, *The Psychoanalytic Quarterly*, 88:1, 199-204, DOI: 10.1080/00332828.2019.1556045

To link to this article: <https://doi.org/10.1080/00332828.2019.1556045>



Published online: 26 Feb 2019.



Submit your article to this journal 



Article views: 14



[View related articles](#)

View Crossmark data 

BOOK REVIEWS

JOURNEYS IN PSYCHOANALYSIS: THE SELECTED WORKS OF
ELIZABETH SPILLIUS. By Elizabeth Spillius. New York:
Routledge, 2015. 192 pp.

This volume consists of thirteen separate pieces, each of which (with one exception) has been previously published as a journal article or book chapter. It collects a lifetime of work and incorporates, albeit mainly in implicit ways, Spillius' dual identity as social scientist and psychoanalyst. Though she was an important member of the British Psychoanalytical Society and of the group of analysts often referred to as Contemporary Kleinians, Spillius described herself as fundamentally feeling that she was "just visiting psychoanalysis" (p. 143). While being a psychoanalyst in her own right, she was simultaneously doing a kind of "field work" as a social anthropologist, observing the group of which she was also a member. Indeed, throughout this book, she writes primarily as a psychoanalyst but she is also studying and reflecting on the culture of the Contemporary Kleinians, with an eye toward its place in the larger Kleinian and Freudian cultures. This "just visiting" perspective consistently informs her point of view and it is often explicitly acknowledged by Spillius; it supports an attitude that is unusual in my experience of psychoanalytic writers. Spillius "loved" (p. 2) psychoanalysis and many of her psychoanalytic colleagues, but she also "studied" them and saw where they were defined and limited by their own culture. Reading between the lines it is my inference that, while allowing her greater distance from cultural pressures to conform her thinking, this positioning also occasioned intellectual challenges and theoretical tensions for her as a group member. Belonging to a group defined, to a significant extent, by a theory would have been inherently challenging for an analyst who believed that "... there is no way of showing convincingly that one theory is better than another ..." (p. 149).

The papers in the book are presented in chronological order and span the arc of Spillius' career from anthropologist (such as Chapter

One: "Conjugal Roles and Social Networks") to psychoanalyst and Klein scholar (Chapter Thirteen: "Ten Drawings by One of Melanie Klein's Child Patients"). They include her well-known papers, for example, Chapter Four: "Varieties of Envious Experience," as well as interesting chapters that will be unfamiliar to many readers, such as Chapter Eleven: "Recognition of Separateness and Otherness." The subject matter covers both theoretical (Chapter Five: "Kleinian Thought: Overview and Personal View,") and clinical (Chapter Seven: "Developments in Kleinian Technique") topics; and the collection also includes historical and unusually personal accounts of her professional development and career (Chapter Ten: "On Becoming a British Psychoanalyst"). The range of subject matter fosters the reader's engagement and also reflects the broad scope of the author's interests and knowledge. In their cumulative effects, her mode and style of writing also give the reader a clear and candid glimpse of the kind of plainspokenness, modesty, and warmth that characterized Spillius as a person.

For psychoanalysts well-versed in Kleinian and post-Kleinian writings, the chapters on theory will serve mainly as reviews of basic Kleinian concepts such as envy and projective identification; these papers are, however, a pleasure to re-read because of their notable clarity. Readers less familiar with a Kleinian approach will learn easily from Spillius' accessible style of exposition, and, I imagine that all readers will find her commitment to the use of observable analytic data in her theorizing (for example, in Chapter Two: "Clinical Reflections on the Negative Therapeutic Reaction") to be refreshing. The chapters that compare Freud and Klein (Chapter Eight: "Freud and Klein: the Concept of Phantasy") and those that focus on the workings of the British Psychoanalytical Society (e.g., Chapter Twelve: "Melitta and her Mother") are informative, rich in detail and occasionally not devoid of something even a little gossipy.

Throughout the book, Spillius demonstrates qualities of humility and pragmatism about both her intellectual and her clinical endeavors. Her respect for "not knowing" is Bionian in flavor but also, more fundamentally, simply honest and uncommonly commonsensical. The writing about her own clinical work is both self-effacing and candid, qualities that are striking because of the relative infrequency with which they show up so clearly in psychoanalytic publications. Periodically

throughout various chapters, she reminds us that the only thing an analyst can *actually* know about is how the patient's internal world manifests itself in the consulting room. This definition of proper psychoanalytic subject matter links Spillius with some of her post-Kleinian colleagues' emphasis on working in the "here and now"; it also reflects the importance to her, as a social scientist, of reliance on observable data. But, as I read these papers, my impression is that her science was not objectifying but, rather, was a humane science, employed in the context of her intention to bring clarity to thinking about clinical work.

Because it is impractical here to reflect on each chapter in any detail, I will focus on one of my overarching impressions having to do with the aforementioned position that Spillius occupied in her professional community: as a result of her first career as a social anthropologist, she was specially equipped to observe the Contemporary Kleinian culture around her as she simultaneously functioned as a member of that group. Whereas there is some risk of overemphasis in highlighting it, I think one illustration of this complex position might be found in what I read as Spillius' struggle with the role of the environment in pathogenesis and in treatment. The theoretical polarization of the roles of environmental v. intrapsychic factors in the development of psychopathology was, perhaps, nowhere more marked than in the British Society. I wonder if Spillius reacted to this "cultural phenomenon" as being intrinsically unscientific; and I think that she might be read as offering "soft" clinical/theoretical correctives to a Kleinian minimization of the role of interpersonal factors in pathogenesis, while simultaneously occupying an important position in the Kleinian group and making efforts to remain true to her scientific values.

This underlying perspective—one allowing for roles of both nature and nurture—is illustrated perhaps most clearly in Chapter Four, the paper that "meant the most to me" (p. 146). In making observations about and categorizing "ordinary" and "impenitent" envy, Spillius usefully clarifies Klein's thinking on environmental influence and is clear about her own position: "... one can never meet the constitutional component unmodified by experience" (p. 47). In the mid portion of this chapter she seems to be walking a narrow and conflicted line between a recognizable Kleinian intrapsychic view on envy and a view more broadly conceived in terms of environmental influence and relational trauma.

For example, her observations (“the analyst may feel that his impenitently envious patient is making a destructive attack on a good object, ... [while] the patient thinks he is making a legitimate attack on an envied object who deserves to be hated” [p.51] and “[a]ggrieved people frequently have a belief that they have been unfairly treated and are entitled to redress” [p.51]) implicitly underscore the importance of the patient’s felt experience while also side-stepping any immediate conclusions about the role of actual relational events and their sequellae in the formation of that experience. My sense of this is that Spillius is trying to give full weight to the patient’s subjectivity—i.e., to the *perceived* impact of the environment—without explicitly crediting a role of relational factors in the genesis of envy. This tack is partially explained by her repeated emphasis on the importance of analytic theorizing being limited to what is observable about the patient’s expression of his or her inner world; but she was, of course, impacted by cultural pressures within the Kleinian group, and her position might be interpreted also as reflecting a tension rooted in the experience of being both a member and an “outside” observer of the Kleinian culture within which she was working.

An intellectual challenge generated by being a Contemporary Kleinian psychoanalyst and simultaneously being a theorist observing from the position of an outsider can also be inferred from Spillius’ rendering of her giver/receiver model of the genesis of envy, detailed in this same chapter. She posits the environment—as *perceived*—to be an important factor in the psychogenesis of envy; but she is also careful to credit the potential role of *misperception* and to disclaim any conclusion that one can make causal explanations of envy in terms of past experience. While this disclaimer is, strictly speaking, relevant to any attempt to explain envy with objectifiable observations, it also seems clear that, clinically speaking, the subjective experience (whether the result of correct or “incorrect” perception) is decisive. My impression is that from her position of “visiting” observer of Kleinian culture Spillius—the theorist—wanted to correct for a de-emphasis on perceived interpersonal factors; but as a member of that same group she encountered cultural forces opposing the assertion of her difference. She comes closest to an explicit difference with the Kleinian view when she writes about

envy being used defensively against current experiences of historical/developmental "loss":

... to evade acknowledging the acute pain and sense of loss, sometimes fear of psychic collapse, that would come from realizing that what one wants is a good object but really feels that one does not have it or has not had it. Such recognition of loss would mean having to face the acute feelings of conscious envy not only of the good object one should have had, but also of the self one should have been but will never be, and to acknowledge realistically the actual qualities of the objects one has had, such as they are and were. Feeling perpetual grievance [envy] and blame, however miserable, is less painful than facing such losses. [p. 52]

What Spillius here describes as actual "loss" I think many readers today would think of as relational/developmental trauma.

My personal take on all of this is that Spillius was struggling intellectually and theoretically to include the importance of environmental factors in her thinking about the genesis of envy while also being true to the more scientifically correct distinction between observation and inference. For example, she states that assuming that the receiver perceives accurately the lack of "generosity" in the giver, it is somewhat paradoxical that envy is likely to be greatest when the giving object is felt to give little or badly (p. 58). But, in my view, this is only paradoxical if one defines envy as manifesting itself in innate negative responses to a "generous" object. To the contrary, it is not at all paradoxical but is straightforward when one takes into account the frustration, hatred, and desperation that is often the legacy of actual deprivation and frustration—in Spillius' term, "loss." She concludes with an admission that her model could be used to describe the role of the "environment" in shaping the development of envy in childhood but only "... in the most general sense" (p. 59), then reminds us that one cannot make causal explanations in terms of the effects of past experience. While this cautionary assertion is scientifically correct, I also think it reflects a conflict between the scientist and the clinician in Spillius, between Spillius the Kleinian and Spillius the outsider, and, perhaps most importantly, a latent conflict with the group of which she was a member.

These speculations about the tensions generated in Spillius by being both a psychoanalyst and an anthropologist and by being a Kleinian analyst who is simultaneously “just visiting” the psychoanalytic culture are offered here as one unexpected result of my reading of this collection of papers; they are not meant to detract from the directness of her exposition, the immense readability of her writing, or from the value of the content of the book. As both a clinician and a social anthropologist, Spillius was well positioned to assist the Contemporary Kleinians in giving expression to the tensions and diversity in their group and to help them see that they were responding theoretically to ongoing developments occurring within the group—e.g., Betty Joseph’s contributions to Kleinian technique (pp. 80-81). Because of her “outsider” perspective and her ability to speak and write about the differences among Kleinians, she was for many a breath of fresh air and a valued commentator on inner developments that could easily be obscured by a kind of outward orthodoxy. Taken as a whole, this collection of papers is both a testament to her clear clinical thinking and theorizing and also an historical document reporting on and reflecting some of the intellectual ferment and group forces that were part of the psychoanalytic culture where she “visited” and about which she wrote.

STEPHEN D. PURCELL (SAN FRANCISCO, CA)

**THE NEUROSCIENTIST WHO LOST HER MIND: MY TALE OF
MADNESS AND RECOVERY.** By Barbara K. Lipska, with Elaine
McArdle. Boston/New York: Houghton Mifflin Harcourt, 2018.
188 pp.

Imagine that you are the director of the Human Brain Collection Core at the National Institute of Mental Health. You are at the forefront of research into finding a possible neurological substrate of schizophrenia. Imagine also that you are a stellar athlete who has completed several Olympic-distance triathlons. You are in training to participate in an Ironman competition. Now imagine that you are sitting at your desk at work. You reach out to switch on your computer—and your right hand

The Neuroscientist Who Lost Her Mind: My Tale of Madness and Recovery


To cite this article: Martin A. Silverman (2019) The Neuroscientist Who Lost Her Mind: My Tale of Madness and Recovery, *The Psychoanalytic Quarterly*, 88:1, 204-212, DOI: 10.1080/00332828.2019.1556046

To link to this article: <https://doi.org/10.1080/00332828.2019.1556046>




Published online: 26 Feb 2019.



Submit your article to this journal 



Article views: 7

[View related articles](#) 

[View Crossmark data](#)

These speculations about the tensions generated in Spillius by being both a psychoanalyst and an anthropologist and by being a Kleinian analyst who is simultaneously “just visiting” the psychoanalytic culture are offered here as one unexpected result of my reading of this collection of papers; they are not meant to detract from the directness of her exposition, the immense readability of her writing, or from the value of the content of the book. As both a clinician and a social anthropologist, Spillius was well positioned to assist the Contemporary Kleinians in giving expression to the tensions and diversity in their group and to help them see that they were responding theoretically to ongoing developments occurring within the group—e.g., Betty Joseph’s contributions to Kleinian technique (pp. 80-81). Because of her “outsider” perspective and her ability to speak and write about the differences among Kleinians, she was for many a breath of fresh air and a valued commentator on inner developments that could easily be obscured by a kind of outward orthodoxy. Taken as a whole, this collection of papers is both a testament to her clear clinical thinking and theorizing and also an historical document reporting on and reflecting some of the intellectual ferment and group forces that were part of the psychoanalytic culture where she “visited” and about which she wrote.

STEPHEN D. PURCELL (SAN FRANCISCO, CA)

**THE NEUROSCIENTIST WHO LOST HER MIND: MY TALE OF
MADNESS AND RECOVERY.** By Barbara K. Lipska, with Elaine
McArdle. Boston/New York: Houghton Mifflin Harcourt, 2018.
188 pp.

Imagine that you are the director of the Human Brain Collection Core at the National Institute of Mental Health. You are at the forefront of research into finding a possible neurological substrate of schizophrenia. Imagine also that you are a stellar athlete who has completed several Olympic-distance triathlons. You are in training to participate in an Ironman competition. Now imagine that you are sitting at your desk at work. You reach out to switch on your computer—and your right hand

disappears! You move your hand back to the left and it returns. When you move your hand back into the lower right quadrant of your field of vision it disappears again. *As a neuroscientist, you realize to your horror that you have a brain tumor!*

Barbara Lipska did not imagine it! It happened to her for real! Imaging studies detected a tumor the size of a raisin lodged in a sulcus between two gyri in the left occipital lobe of her brain. It was a metastatic residuum of a melanoma from which her doctors believed she had been cured three years earlier. A melanoma had killed her first husband! *She was absolutely terrified!* But she was not the kind of person who would simply give up without a fight. Two months later, after surgical removal of the tumor and a number of radiotherapy sessions, she was back running and back on her bicycle—training for an athletic competition.

Her ordeal was far from over, however. She was to experience firsthand what lesions in the brain and their vigorous treatment can do to a person. Follow-up imaging detected several other tumors in her brain. She managed to get into a clinical trial in which the infusion of two monoclonal antibody drugs, ipilimumab and nivolumab, which are checkpoint inhibitors, were expected to “teach dysfunctional T cells, which are fooled by cancer into ignoring the disease, how to recognize, attack, and (we hope) kill off the melanoma cells invading the body” (p. 53). Combining the two drugs, however, can produce serious side effects, as Dr. Lipska was soon to experience. A little while after the second infusion, her drug-enabled T cells began to attack her thyroid, adrenal, and pituitary glands. She also developed an extremely itchy rash all over her body. In addition, the chemicals that were pumped into her markedly aggravated the previously mild lymphedema in her left arm, which she had had since undergoing a radical mastectomy six years earlier.

But this is not all that took place. As her family members, co-workers, doctors, and nurses encountered, to their great dismay, she underwent a progressive and inexorable personality change. Although previously polite, pleasant, patient, and respectful with people, she rapidly became a very different person. She was increasingly irritable, insensitive, coarse, and verbally abusive with everyone. And she had no idea that there was anything wrong with her or that anything was wrong

with the way she was treating people! What was wrong with *them*, she wondered, that they were feeling mistreated by *her*?

Dr. Lipska's recollection of this brought me back to the time when I brushed up on my neurology by serving as a voluntary, part-time neurology resident at a local V.A. Hospital, with the gracious approval of the head of the department. I was assigned one day to examine a man who recently had changed from mild-mannered, shy, soft spoken, and respectful into an angry, foul-mouthed bully. When he told me that he had been taking antibiotics for a sinus infection for the previous three months, a light bulb went off in *my* brain. "*He has a frontal lobe abscess!*" And surely enough, that is what the neurosurgeon found when he operated on him.

Dr. Lipska also experienced the return of the headache that had disappeared after the immunotherapy was instituted. Neither she nor her doctors realized at first that this was a signal that something bad was going on inside her head. Six little tumors, some of which were in her *frontal lobes*, had been destroyed by her reinvigorated T cells. These little dead bodies were being broken up by glial cells they were removing from her brain and depositing into lymphatic and vascular channels. Her brain tissues were "inflamed and swollen from the metastases and the double assault of radiation and immunotherapy" (p. 68). In addition, Dr. Lipska's blood-brain barrier was being disrupted by the immunotherapy, and fluid was building up in her brain, within the unforgiving bony helmet of her skull. Her brain had become a "deadly battlefield" (p. 68) in which what was taking place in it was wreaking havoc upon her physically, within her brain; and, because of its impact on the functioning of her frontal lobes, it was wreaking havoc on the members of her family, whom she was treating terribly. And she had no idea what was happening! She could not understand why anyone was troubled by what she was saying and doing! In fact, she angrily perceived people as being abusive to *her*; and, in a projective, paranoid fashion, Dr. Lipska perceived *them* as endangering *her*.

She convinced herself that she had been totally cured—and she went back to work. Strange things happened, however. She was increasingly touchy about trivial things that never had bothered her in the past. She was more and more irritated and impatient with her colleagues, her subordinates, and her family members—even with the darling, little

grandchildren who had always delighted her and with whom she always had been utterly devoted and patiently tolerant. Her social skills and her empathy for others were deteriorating rapidly. She began to go out in public looking like an absolute mess, and she lacked the capacity to recognize how inappropriate she was being.

She became confused and disorganized. She had difficulty finding her car in the garage in which she had parked it that morning upon arrival at her workplace! She found herself driving up onto the curb! She banged into a parked car! She became so disoriented that she got lost while driving home along a route that should have been extremely familiar to her! She had developed a form of dyspraxia because of parietal lobe dysfunction caused by the swelling in her brain.

Only much later was she able to recognize, in retrospect, that something was seriously wrong in her brain and, therefore, in her mind, that was powerfully distorting her perception of herself and of the world around her. She describes herself at that time as follows:

Without a functional frontal lobe, my brain is like a horse galloping dangerously after the rider has lost the reins. More and more, I just do what I want when I want to do it. I don't notice anything awry—and if I do, I don't care. [p. 89]

It's becoming more and more difficult for my brain to function normally. I find it a struggle to carry out ordered, sequential movements. I can no longer execute simple tasks that I've done many times before or organize them in my mind in a methodical fashion ... What part of my brain isn't working? It's likely that communication between my prefrontal cortex and my hippocampus is failing, which is unpleasantly reminiscent of the prefrontal cortical connections I disrupted in rats to study schizophrenia ... I share some similarities to my brain-damaged rodents: I can't find my way in the maze of streets in my neighborhood, and I cannot locate the sweet rewards of food and safety that are awaiting me at my destination. [pp. 94-95]

Having lost the inhibiting and reflecting capacity that is provided by healthy frontal lobe functioning, she had become confused, coarse, and

impulsive, with impaired judgment and inability to modulate her emotional and behavioral expression when she interacted with others. She was especially angry at her physician daughter and at her doctors for telling her that something was wrong with her.

She agreed to undergo another MRI of her brain, but then she refused to accept its findings as valid:

"The MRI shows new tumors in your brain," Dr. Atkins says.
"The immunotherapy didn't work. I'm really sorry."

I look from face to face. Mirek (her husband) is somber. Dr. Atkins seems deeply disappointed, as if he's failed me.

My poor doctor. He doesn't understand—I'm fine!

"There's also swelling and serious inflammation of brain tissue," Dr. Atkins continues. "I'm prescribing high doses of steroids right away to reduce the swelling, and I'm admitting you to the hospital."

Oh, Dr. Atkins—I feel so sorry for him. Let me reassure him.

"No, no, please, wait," I say. "I don't want steroids. From what I've read, steroids will reduce my immune response and interfere with my treatment. And I *know* the immunotherapy worked. I *know* it. I'm sorry about this inflammation in my brain but you know it can happen. There are often setbacks with immunotherapy before there's improvement. Don't worry, please. I will be fine." [pp. 103-104, italics added]

But Dr. Lipska was anything but fine. She was hospitalized briefly so that she could be started on the steroids. In the hospital, she was extremely argumentative with everyone and complained about everything. When she returned home, her behavior made life difficult for everyone in the family. She insisted on doing the cooking, which she always had enjoyed doing, but she did strange things and put strange ingredients into what she served for dinner. She became preoccupied with eating, but she ate erratically and impulsively. She had never before

eaten a whole pint of ice cream at a time! She quickly gained twenty pounds. And no one could convince her that she was using poor judgment. Although a former math whiz, she found herself unable to calculate twenty percent of a \$70.00 dollar purchase in order to (inappropriately) leave a large tip for a simple takeout order of some food she'd picked up for her husband's birthday! "*Is it thirty dollars? Twenty dollars?*" She couldn't work it out.

Severe headaches and vomiting, accompanied by an extreme intensification of the distrust and paranoia she had been displaying, led to an emergency MRI—which showed that not only had the immunotherapy not cured her but that eighteen new tumors had grown inside her brain. The largest one, the size of an almond, was in a frontal lobe. No wonder she had been behaving so strangely!

A week after leaving the hospital, she began to undergo outpatient Cyberknife Robotic Radiosurgery treatment directed at most of the new tumors in her brain. At first, there was no change. She even seemed to be getting worse. She was confused, hypersensitive to sound, and misconstrued what she saw and heard (in terms that reflected the terror which she was feeling outside of conscious awareness) until she herself finally began to dimly realize it. She dug up her health directive and added something to it that reflected her dawning awareness:

I'm terrified I won't be able to convey my desperate desire: *Do not mess with my body, do not traumatize it, be gentle and leave me alone when the time comes and death is near. Don't be brutal. Don't force me to live when my body quits* [p. 144, italics added]

But her body did not quit! A final option was seized upon. She was given a combination of two new drugs, trametinib and dabrafenib, that were designed to target the mutated gene BRAF, which has been found in the nuclei of melanoma cells. Although the rare mutation BRAF A598T, which was found to be in the cells of Dr. Lipska's tumors accounts for only five per cent of BRAF mutations in melanoma cells, the new drugs worked! The tumor cells disappeared from her brain scans and she returned very largely to her former self!

Although aware that her brain had been scarred from all that it had gone through and that she was not likely to be entirely the same as she had been before the experience, she felt good, returned to work, and

decided to write this book. Fortunately for us, not only did her cognitive abilities come back in full but she found herself able to remember all that she had experienced during her ordeal, as an outside observer of her operant self. She decided not to participate in an Ironman competition (at least not for a while), but she refused to abandon the athletic dimension of her life. The book closes with an account of her participation, in an unusual manner, which became the subject of an article in the *Wall Street Journal*, in a triathlon race that was held in May 2017—just two years after her ordeal had begun. It was a group project. Her husband cycled, her son ran, and *she swam*! The final words in the text describe what happened after she completed her part of the race, by swimming 1.2 miles in fifty minutes:

I run to Mirek as fast as I can. He kisses me and grabs our timing chip... "Life is a team sport!" Mirek says, beaming with joy. As he takes off on his bike, he turns back and shouts to us: "And remember, my love, we'll conquer this beast!" [p. 181]

What useful messages can we find in this remarkable, true story of massive assault upon the brain and (hopefully permanent) recovery from it? One, of course, is that human beings have a remarkable capacity to recover from even terrible attacks upon their physical and/or emotional well-being if they are strong enough, tough enough, and determined enough, and if they have the right teammates in their battle. I am aware that I am not the only psychoanalyst who has taken on challenging cases, which many others might have declined, and has persevered toward a successful outcome. On a personal note, I came away with strengthened resolve to eat wisely, exercise vigorously, and play as much tennis as I can. There also is much to be learned neurologically from the vivid account which Dr. Lipska, as not only an accomplished neurologist and neurological researcher but also as a clear-minded and astute observer, has been able to provide about her journey through tumor-induced disorganization and madness. It is one thing to observe it in others, but another thing to be plunged into that hellish trip ourselves.

A powerful message is that we can never lose sight of our complex bio-psycho-social nature. The word "psychosomatic" properly refers to psychological *and* somatic. We cannot forget the physical while we are working with the mental and emotional. The (in)famous example of

George Gershwin's very prominent analyst holding fast for far too long to his idea that Gershwin's headaches were emotional in origin, rather than agreeing quickly to his being worked up for the brain tumor that eventually killed him, inevitably comes to mind. I have had a number of experiences in my own practice that demonstrate how necessary it is to be alert to the possibility that emotional and behavioral symptoms can have physical causation. Let me share just two of the more dramatic of these experiences.

A woman in analysis expressed concern about the behavior her son was exhibiting. He was startling his teachers by being oppositional and disruptive, behavior he had not displayed before. On several occasions, he had stormed out of the classroom in a rage. At one point, he marched out onto the football field, where the high school team was practicing, and urinated on the ground. He was being treated by a psychiatrist who persistently interpreted her son's behavior in terms of adolescent reaction to puberty and to the effects of all the pressure being put on him to get outstanding grades in school and to make sure not to embarrass his parents by fumbling his upcoming performance. I insisted and insisted that she have her son evaluated by a child neurologist for possible psychomotor epilepsy; and, finally, she agreed to do it. He turned out to have a (benign) tumor in one of his parietal lobes, for which he required surgery. When the tumor was removed, he stopped exhibiting strange behavior.

On another occasion, a young man who was in treatment with me *begged* me to see his younger sister for a second opinion. She had been even more badly affected than he had been when, as children, they watched their mother as she lay dying from a metastatic brain tumor that rendered her blind and gave her horrible, splitting headaches that were accompanied by vomiting. His sister, now in her early twenties, was waking up each morning with a blinding headache that led to a bout of vomiting. The psychiatrist whom she was seeing interpreted her symptoms in terms of identification with her mother. She had lost her job—even as she was in the midst of making arrangements for her marriage that had been planned for the near future. Her psychiatrist's hypothesis was that, since she lacked the mother for whom she yearned to be there to comfort her after she was peremptorily fired from her job and to be with her during her marriage ceremony, she was symbolically reuniting

with her via identification with her mother's deathbed symptoms. This was plausible, but it was only a hypothesis.

When I saw her, I learned that her family physician had sent her for laboratory tests and X-rays, and he had referred her to a number of specialists for consultation, but he had not referred her to a neurologist. I thought of doing a neurological examination myself, but I recalled the advice given to me by the Chair of the neurology department at the V.A. hospital as I finished my stint there as a voluntary, part-time neurology resident: "Marty, I'm sorry to see you leave. You're my second best resident. But let me give you some parting advice that will ensure that you make good use of what you've learned here. *You now know enough neurology to know when to refer someone to a neurologist.*" I referred my patient's sister to a good neurologist whom I knew.

Two weeks later, I received a call from a *neurosurgeon*! "I thought you'd like to know," he said. "When the neurologist examined that young lady you sent to him, he found nothing wrong—until he looked at her eye grounds. What he saw startled him so much that he dropped his ophthalmoscope and broke it. Her optic discs was bulging and her eyes were streaked inside with hemorrhages." She had grade four papilledema! He explained that she had an ependymoma—a small, benign tumor swinging from a stalk over her third ventricle. It was acting as a ball valve that allowed cerebrospinal fluid to circulate freely while she was walking around upright during the day but was blocking its flow when she was lay supine in her bed at night! *That* is why she experienced headache and vomited each morning when she got out of bed! After he operated on her, her symptoms disappeared. She went on to become a happily married woman with two lovely children.

I am indebted to Barbara Lipska for sharing her story with us. It is clear, articulate, and informative. I cannot recommend it too highly. Everyone will find it a good read, but I recommend it in particular to mental health professionals, for whom it is likely to prove invaluable.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ENTERING NIGHT COUNTRY: PSYCHOANALYTIC REFLECTIONS
ON LOSS AND RESILIENCE. By Stephanie Brody. New York:
Routledge. 178 pp.

Entering Night Country: Psychoanalytic Reflections on Loss and Resilience

Anne Adelman

To cite this article: Anne Adelman (2019) Entering Night Country: Psychoanalytic Reflections on Loss and Resilience, The Psychoanalytic Quarterly, 88:1, 212-219, DOI: [10.1080/00332828.2018.1556048](https://doi.org/10.1080/00332828.2018.1556048)

To link to this article: <https://doi.org/10.1080/00332828.2018.1556048>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 10



View related articles [↗](#)



View Crossmark data [↗](#)

with her via identification with her mother's deathbed symptoms. This was plausible, but it was only a hypothesis.

When I saw her, I learned that her family physician had sent her for laboratory tests and X-rays, and he had referred her to a number of specialists for consultation, but he had not referred her to a neurologist. I thought of doing a neurological examination myself, but I recalled the advice given to me by the Chair of the neurology department at the V.A. hospital as I finished my stint there as a voluntary, part-time neurology resident: "Marty, I'm sorry to see you leave. You're my second best resident. But let me give you some parting advice that will ensure that you make good use of what you've learned here. *You now know enough neurology to know when to refer someone to a neurologist.*" I referred my patient's sister to a good neurologist whom I knew.

Two weeks later, I received a call from a *neurosurgeon*! "I thought you'd like to know," he said. "When the neurologist examined that young lady you sent to him, he found nothing wrong—until he looked at her eye grounds. What he saw startled him so much that he dropped his ophthalmoscope and broke it. Her optic discs was bulging and her eyes were streaked inside with hemorrhages." She had grade four papilledema! He explained that she had an ependymoma—a small, benign tumor swinging from a stalk over her third ventricle. It was acting as a ball valve that allowed cerebrospinal fluid to circulate freely while she was walking around upright during the day but was blocking its flow when she was lay supine in her bed at night! *That* is why she experienced headache and vomited each morning when she got out of bed! After he operated on her, her symptoms disappeared. She went on to become a happily married woman with two lovely children.

I am indebted to Barbara Lipska for sharing her story with us. It is clear, articulate, and informative. I cannot recommend it too highly. Everyone will find it a good read, but I recommend it in particular to mental health professionals, for whom it is likely to prove invaluable.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ENTERING NIGHT COUNTRY: PSYCHOANALYTIC REFLECTIONS
ON LOSS AND RESILIENCE. By Stephanie Brody. New York:
Routledge. 178 pp.

As psychoanalysts, we are all familiar with those moments when the gradual unfurling of the analytic process is interrupted or ruptured, whether momentarily or in a protracted way, by an unexpected event. Sometimes, intrusion from an external source is the culprit; at other times, something shadowy and menacing stirs from the depths of the unconscious. And still at other times, the analytic work collides with the life of the analyst unfolding outside of the consulting room. Indeed, a few months ago, I experienced such a moment. As my 8:00 a.m. patient shut the door behind him, I glanced at my phone before getting up to greet the next patient in the waiting room. The text that popped up stopped me short. "Your mother is not doing well, you should come over as soon as you can." I sat there for a moment, trying to think. I knew I had to go out and tell my patient that I had just received a text summoning me to attend to a family emergency. I would offer my apologies, and cancel my other patients from the car. But when I went out to meet him, he took one look at my face and half-stood, alarm washing across his features. I invited him to step into the office, but I remained standing as he moved toward his usual chair. I started to say my prepared words. "I'm sorry," I faltered, quickly realizing that this was so completely out of the ordinary, I couldn't continue the way I had begun. Unbeknownst to me, my sorrow had opened up an invisible "trapdoor" and my patient and I fell through. We had entered Night Country.

Brody's marvelous book, *Entering Night Country: Psychoanalytic Reflections on Loss and Resilience*, with its poetic writing, its breadth of knowledge, and depth of feeling, addresses the analyst's experience of coming face to face with the "awareness of life's limitations"—of vulnerability, alienation, loss, and death. Her recognition of meaningful parallels between the psychoanalytic world that was her "daily habitat" and the "questions and motifs" explored in the Homeric tradition, story telling, and myth seeded the idea for her book. For Brody, the mythic quest to "heroically seek change despite impossible obstacles and limits," the search for "intimate companionship" (pp. 1-2) in the face of utter aloneness, the challenge of developing character, of "achiev[ing] a life of *kleos*"—of noble reputation—were all palpable in her experience as an analyst. Weaving together myth, analytic theory, and beautifully crafted

clinical material, Brody invites the reader to join her in exploring psychoanalytic notions of beginnings and endings, of time and its limitations, of transference and countertransference, of the illusion of omnipotence and the narcissistic injury of mortality. Like the analytic journey and like myth itself, where we often end up headed in a direction not initially intended, where "loss has a way of changing our course and perspective" (p. 2), Brody asks the reader to embrace a level of uncertainty, to "[hold] an idea about where [each] chapter might lead, but not always exactly where it might end" (p. 2). With elegance, grace, and the fortitude to face her own mortality, Brody addresses the most essential topics of the psychoanalytic endeavor: the desire to heal and the elements that can thwart us, the inherent limitations in every clinical encounter, the grief and mourning that lie within each of us, and the inevitability of loss. With the unfolding of each chapter, Brody leads the reader more deeply along an exploratory psychoanalytic journey through "the night country." Every psychoanalyst should wander through the dark crevices, the shadowy corners, and the light-filled spaces that are revealed within the pages of *Entering Night Country*.

For Brody, psychoanalysis exists in the liminal spaces of the mind: in the spaces between reality and wish, between memory and dream, between self and other, and between life and death. These liminal spaces are where transference is born, where insight sparks, where one traverses the passage from a world in which a loved one exists to a world devoid of that person. For Brody, the analyst is a traveler who journeys with her patients across time and memory. Drawing on age-old themes explored through ancient history, myths and modern legends, Brody examines these "liminal spaces" of psychoanalysis, the "betwixt and between" that is expressed "in many aspects of life, from the trivial to the monumental. Transitions between spaces, the crossing of boundaries, the movement from what is unknown to the emergent known" (p. 12). Brody draws on these time-honored stories to lead the reader through a familiar and richly textured analytic landscape, using universally resonant legends to invoke fundamental aspects of the analytic experience: the mystery of the unknowable, the potency of memory, loss and desire, the vulnerability of being mortal and the illusion of omnipotence.

Brody also draws upon more contemporary storytelling. She likens the analytic method to the fabled "subtle knife" belonging to Will, the

“reluctant hero” of Philip Pullman’s *His Dark Materials*. In this science-fiction trilogy, Pullman explores the coming-of-age story of two adolescents, Lyra and Will, as they travel together across parallel universes. Lyra and Will are bound together through their shared experiences: they each have lost a parent, and they each have an object that provides unique access to secret knowledge. Lyra’s golden compass reveals the truth to anyone who has the wisdom to interpret it. Will is in possession of a holy weapon, a “subtle knife” that can unlock doors and open windows to other universes. For Brody, “the subtle knife” is a metaphor that “describes an essential aspect of the psychoanalytic process. In the analytic dyad, we co-create a relational, affective container in which emotional memory is observed, held and processed. And then, just like Will with his subtle knife, we open up that container” (p. 9).

For Brody, the analyst’s interpretations are powerful objects of transformation that have the capacity to carve open a pathway to an entire new universe. As such, a useful interpretation serves a maturational function that can help move both patient and analyst through a developmental progression to meaningful change. For Brody, a useful interpretation has the qualities of a “subtle knife” consistent with a description of interpretation offered by Spontitz: “Instead of trying to overcome resistance by explanation the therapist uses interpretation to create the precise emotional experiences which will resolve the problems. When the analyst operates in this way insight emerges as a byproduct of the connections established between the impulses, feelings, thoughts and memories of the patient and his words.”¹ The “subtlety” of the analytic “knife” allows both analyst and patient to focus on what is revealed rather than on the knife itself. Brody shows how such moments in analysis, illuminated through empathy, intuition, and attunement allow both patient and analyst to glimpse a new pathway for insight and change. For Brody, the psychoanalyst is in possession of a tool that contains mysterious and formidable powers—a tool that can be wielded in the service of helping and healing, but one that also can slip accidentally and unexpectedly in spite of the analyst’s skillful handling, with the unintended consequence of overwhelming or causing harm.

¹ Spontitz, H. (2013). The maturational interpretation. *Psychoanal. Rev.*, 100(4), p. 583.

Nonetheless, Brody reminds us that humans are resilient. When previously unexplored worlds and spaces are pried open for exploration, new directions emerge, new understandings take shape, new relationships form.

Drawing on another idea from Pullman's trilogy, Brody views the role of the analyst as parallel to that of the "daemon" of myths. She explains that the "daemon ... occupies a singular role as an integral companion to every fully animated human ... the daemon embodies a living part of the person, providing complementary functions, as conscience, guide, curious inquirer or reflective observer" (p. 24). The daemon has the capacity to shift shapes to reflect parts of the self to the individual. Likewise, Brody shows how the analyst's function alternates and changes shape over the course of an analysis, at times containing difficult and painful affects, at other times helping the patient to understand and acknowledge painful experiences—to "see" herself more fully. Brody wonders: is the role of the analyst to become daemon to the patient? To help the patient discover their own daemon? To order and organize the mind such that the self emerges? To expand and grow the patient's ability to tolerate the state of being alone? Analytic process, she reminds us, must be considered both from within the framework of the internal workings of the mind and within the context of the analyst/patient relationship. Over time, the shape-shifting aspects of the daemon become fixed, as the self-states become less mutable and a more permanent, integrated sense of self emerges. In Pullman's universe, the eventual permanent shape the daemon takes reflects the type of adult the individual has become, and is forever and inseparably bound to the individual: "[i]f one is sick," she explains, "the other ails. If one is hurt, the other feels the injury" (p. 25).

As her book unfolds, Brody invites the reader to join her in exploring the essential contradictions contained within the psychoanalytic encounter. We analysts, she contends, tend to think of ourselves as existing outside of the boundaries of human frailties. We know, of course, that we are as mortal as anyone else. Yet, as analysts, we are oddly detached from the idea of our own mortality, as if our desire to heal others precludes our own vulnerability and shields us from being merely human. Within the confines of our consulting rooms, knowledge of our

mortality is held in suspended disbelief and tends to give way to an illusion of invulnerability. As Frommer points out:

Freud (1915) explained the psychic tendency to avoid dealing with this aspect of our humanity by affirming that the unconscious does not believe in the possibility of its own death. By this he meant that the reality of our transience does not take root in the unconscious mind because death is a future event that has never been experienced and therefore cannot be truly imagined, since we are always present when we envision it.²

Brody revisits Freud's concept that "in the unconscious every one of us is convinced of his own immortality" (Freud as quoted in Brody, p. 289).

While many authors have grappled with the notion that it is difficult, painful and at times seemingly impossible for analysts to reckon with their own mortality, Brody tackles this contradiction directly. Through brief clinical vignettes, she reveals how, in the course of analysis, a "trapdoor" can open, often unforeseen or camouflaged, to reveal a glimpse of mortality and to illuminate unresolved grief, where ghosts and ogres of the past reside, waiting to be rediscovered and finally put to rest.

As the reader, we are more than willing to follow Brody along this journey. Then the pathway takes an unexpected turn. Having received a serious medical diagnosis, Brody offers the reader an account of how she faced her own mortality. This "surprise," as Brody refers to it, plunged her through her own trapdoor, requiring that she find a way to handle within the clinical setting such an "intrusion of our humanness" (p. 92). In the face of her diagnosis, Brody recognized that she felt intensely isolated and strangely adrift. "As a profession," she writes, "we are so often reluctant, embarrassed, and uncomfortable, talking with each other about our frailties, our deviations from conventional clinical paths." She goes on to reflect:

Perhaps my own reluctance to disclose to my patients, and to my colleagues, was a collusion-in illusion. We are too

² Yalom as quoted in Frommer, M. S. (2005). Living in the liminal spaces of mortality. *Psychoanal. Dial.*, 15(4), p. 483.

fragile and insecure, I think, to share our more human qualities, as though the presence of imperfection or vulnerability results in flawed treatment outcomes, accusations of incompetence, or analytic “anarchy.” [pp. 107-108]

Brody’s illness impacted her profoundly and cast a long shadow on her sense of herself as a practicing analyst, as a colleague and as a deeply reflective human being. She generously and candidly describes how she considered the complexities of what and when to tell her patients. As it turned out, she had to revisit this dilemma twice: once before the diagnosis, then again before the treatment, when it was no longer possible to adopt a lighthearted, nonchalant stance. In the first instance, she was able to reassure her patients and hold at bay any real worries or concerns, still wrapped in the sheath of her own illusory security. After her diagnosis, however, she found that she had been holding her breath all along, without being fully aware of it, and now she must proceed alone, more deliberately, picking her way carefully, and with a heightened attunement not just to her patients’ reactions but to her own internal states, touching on fear, disbelief, and dread. She writes:

This is a dark place, the night country. It is hard to visit this territory, even once. The egg is delicate, the path is dark. It is easy to fall, to be tripped up by the hard roots of memory that suddenly penetrate, even in the light. I have gone there. We all do. But I feel the movement of a softly spinning fragility... . We all spin, until the night country becomes the night. [pp. 109-110]

Many (Abbasi, Feinsilver, Hoffman, and Silver, to name a few)³ have written about the dilemmas facing analysts in handling the difficult work during a period of serious illness or incapacity, or when facing death.

³ See: Abbasi, Aisha. (2014) *The Rupture of Serenity: External Intrusions and Psychoanalytic Technique*. London: Routledge; Feinsilver, D. (1998). The therapist as a person facing death: the hardest of external realities and therapeutic action. *Int. J. of Psychoanal.* 79: 1131-1150; Hoffman, I. (2000). At death’s door: therapists and patients as agents. *Psychoanal. Dial.* 10:823-846. Silver, A.L. (2001). Facing mortality while treating patients: a plea for a measure of authenticity. *J. of the Amer. Academy of Psychoanal. and Dynamic Psych.* 29:43-56.

For her part, Brody highlights how, without “rules” or guidelines about handling self-disclosure, the analyst may encounter lack of—or withdrawal of—support from colleagues, uncertainty, confusion, and anger, all the while working towards maintaining her own clear-minded, curious, and evenhanded stance, and navigating the uncertainty of her future and the capriciousness of her physical being.

Through the clinical material offered, Brody demonstrates how carefully she works to stay alongside each of her patients, compassionately describing her attempts to jointly construct a useful understanding that will allow each to draw on the analytic experience to move through grief and mourning towards greater resilience and a realization of mortality.

Ultimately, Brody’s book is about how analyst and patient together begin to genuinely grapple with the reality of their mortality. Brody’s book is a remarkable exploration of the liminal spaces between the known and the almost-known aspects of the mind, between the patient and the analyst, between language and symbol, between spoken and unspoken, and, ultimately, between life and death. The beauty of her writing, the scope of her knowledge, the wisdom, empathy, and awareness that this volume contains, are stunning. She uses her subtle knife with great care and in so doing opens up the spaces for the reader to see, with curiosity, surprise and awe, the power of age-old stories to enlighten the psychoanalytic landscape.

ANNE J. ADELMAN (CHEVY CHASE, MD)

FREUD, AN INTELLECTUAL BIOGRAPHY. By Joel Whitebook.
New York: Cambridge Univ. Press, 2017. 484 pp.

The world of Freud biographies and biographical commentaries has become an increasingly complex, and at times disturbing one. Their authors have been variously characterized under headings from hagiographers to bashers. These theses have been taken as fighting words often enough to lead to coinages such as “Freud wars.” They see their subject in a number of often incompatible ways: founding genius, deceiving fraud, last of the 18th century Enlightenment philosophes, creative thinker derailed and deluded by Oedipal and patriarchal notions,

Freud, an Intellectual Biography

Ralph H. Beaumont

To cite this article: Ralph H. Beaumont (2019) Freud, an Intellectual Biography, The Psychoanalytic Quarterly, 88:1, 219-225, DOI: [10.1080/00332828.2019.1556049](https://doi.org/10.1080/00332828.2019.1556049)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556049>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 22



View related articles [↗](#)



View Crossmark data [↗](#)

For her part, Brody highlights how, without “rules” or guidelines about handling self-disclosure, the analyst may encounter lack of—or withdrawal of—support from colleagues, uncertainty, confusion, and anger, all the while working towards maintaining her own clear-minded, curious, and evenhanded stance, and navigating the uncertainty of her future and the capriciousness of her physical being.

Through the clinical material offered, Brody demonstrates how carefully she works to stay alongside each of her patients, compassionately describing her attempts to jointly construct a useful understanding that will allow each to draw on the analytic experience to move through grief and mourning towards greater resilience and a realization of mortality.

Ultimately, Brody’s book is about how analyst and patient together begin to genuinely grapple with the reality of their mortality. Brody’s book is a remarkable exploration of the liminal spaces between the known and the almost-known aspects of the mind, between the patient and the analyst, between language and symbol, between spoken and unspoken, and, ultimately, between life and death. The beauty of her writing, the scope of her knowledge, the wisdom, empathy, and awareness that this volume contains, are stunning. She uses her subtle knife with great care and in so doing opens up the spaces for the reader to see, with curiosity, surprise and awe, the power of age-old stories to enlighten the psychoanalytic landscape.

ANNE J. ADELMAN (CHEVY CHASE, MD)

FREUD, AN INTELLECTUAL BIOGRAPHY. By Joel Whitebook.
New York: Cambridge Univ. Press, 2017. 484 pp.

The world of Freud biographies and biographical commentaries has become an increasingly complex, and at times disturbing one. Their authors have been variously characterized under headings from hagiographers to bashers. These theses have been taken as fighting words often enough to lead to coinages such as “Freud wars.” They see their subject in a number of often incompatible ways: founding genius, deceiving fraud, last of the 18th century Enlightenment philosophes, creative thinker derailed and deluded by Oedipal and patriarchal notions,

godless Jew, and philosopher of death. Whether this confusion of tongues is best characterized as a war, or a newly developing form of academic discourse, it might bring to mind Freud's skepticism about biography, as it did for Adam Phillips in his recent biographical account, *Becoming Freud: the Making of a Psychoanalyst*. Phillips discusses Freud's contention that biography is impossible. He elaborates, "psychoanalysis would one day be Freud's proof that biography is the worst kind of fiction, that biography is what we suffer from, that we need to cure ourselves of the wish for biography, and our belief in it. We should not be substituting the truth of our desire with trumped up life stories, stories that we publicize. It is, in other words, about biography that the young Freud (and the old) protests too much."¹ Joel Whitebook connects Freud's skepticism about biography with problems of idealization, and suggests that with the help of recent contributions on idealization, such as those of Heinz Kohut, a more balanced approach to biography may be feasible. Whitebook hopes with the work I will consider here, *Freud, An Intellectual Biography*, to make a contribution to moving the recent problematic discussion of the matter, with its idealizations and the contrary, to higher ground, beyond the bellicosities that stifle productive discourse, toward more synthetic considerations of seemingly irreconcilable positions.

This is a substantial ambition. He describes his approach as guided by two themes: Freud's break with tradition and the missing pre-Oedipal mother in Freud's work. The former theme, which considers Freud's trajectory, from life as a member of a poorly educated provincial Eastern European Jewish family to that of an outspoken atheistic cosmopolitan intellectual, is woven throughout the account here, but seems overall subsidiary to the latter. Given this avowed program, it seems to me that readers of the current work must consider how plausibly Whitebook engages these two themes, and the degree to which this engagement offers a synthetic perspective that helps advance the Freud biographical discourse beyond entrenched camps.

On one level, this book provides a chronological narrative of Freud's life organized around these two themes. The account begins with the

¹ Phillips, A. (2014). *Becoming Freud, The Making of a Psychoanalyst*. New Haven: Yale Univ. Press, p.21.

Freud family in Freiberg (now in the Czech Republic, Příbor) where Sigmund spent his first three and a half years. Whitebook emphasizes the provincial Jewish origins of the family, as well as the complications that more recent research has suggested in the early relationship between Sigmund and his mother Amalie. She is described as immature and self-absorbed, and, during Sigmund's first year, as occupied with her pregnancy with his brother Julius, who was born when Sigmund was 11 months old. Julius lived for only six to eight months, and his death seems to have left Amalie in a state of debilitating depression. A Catholic nanny provided much of the maternal care that Sigmund received during these early years, but this provision came to an abrupt end when he was two and a half, after she was found to have engaged in thievery. When Freud was three and a half, the family left Freiberg, first for Leipzig, and then Vienna a year later. I emphasize these details, as does Whitebook, because they form the kernel of his argument throughout this text. The deprivation and trauma of these early experiences are considered here to comprise the central warded off and disavowed aspects of Freud's early life, which decisively influenced the trajectory he followed in life, and perhaps most notably in the content of his psychoanalytic theories. The account of idealized years as his mother's "goldener Sigi" is dismissed as myth. The absence of the early mother in Freud's accounts of development, and his privileging of later Oedipal development and "the father complex," are seen as manifestations of defense. Whitebook interprets Freud's privileging of "phallogocentrism" as a defensive avoidance of content associated with, and explorations of "undifferentiated states" related to the archaic maternal imago.

Whitebook describes his observations about the missing mother in Freud's work as having come to him following a second perusal of the Standard Edition, 30 years after his first reading as a student. Given the weight he attaches to this second reading of Freud, I found it a curious matter that the missing mother had eluded him in his first reading. In an analytic reading group I attended starting in the early 1980s led by Ana-Maria Rizzuto, the missing mother in Freud's writings was a central topic of discussion over a number of years.² While this omission seemed

² For an early product of this group, see Barron, J., Beaumont, R., Goldsmith, G., Good, M., Pyles, R., Rizzuto, A., Smith, H. (1991). Sigmund Freud, the secrets of nature and the nature of secrets. *Int. Rev. of Psychoanal.* 18: 143-163.

to us an unambiguous fact, members of our group interpreted its meaning in very diverse ways. At the time the most current full-scale biography of Freud was that by Ronald Clark (1980),³ and while he did not emphasize the issue, literature available at the time made it a rather straightforward matter for us to find information pointing to Amalie's emotional unavailability and characterologic limitations. Whitebook's perspective on these matters seems to have shifted substantially from his reading at that time to his present one. He now uses the available data about Amalie to understand Freud in ways that some, but not all of us, were prepared to do during those 1980s discussions. In later works, Rizzuto took up the perspective that neglected pre-Oedipal issues involving Amalie had far reaching effects in Freud's life and writings, and is cited as a source by Whitebook at several points.

As his narrative of Freud's intellectual history unfolds, we are offered accounts of a series of significant relationships, their dynamic trajectories, and intrapsychic and intellectual consequences. These include Eduard Silberstein, Gisela and Eleanore Fluss, Franz Brentano, Ernst Brucke, Josef Breuer, Jean-Martin Charcot, Martha Bernays, Wilhelm Fliess, Carl Jung, Oskar Pfister, and Romain Rolland. Much of what is recounted will be familiar to many readers, but Whitebook's interpretive perspectives may be less so. Freud's adolescent attraction to Eleanore Fluss, his adolescent friend Gisela's mother, is understood in terms of longings derived from early maternal deprivation. During Freud's university years, his enthusiastic interest in philosophy and the teachings of his professor, Franz Brentano, is noted, as well as his defensive retreat from the richly ambiguous territory of philosophy into an anti-philosophical positivism and Brucke's biological laboratory for seven years. Charcot's great influence is considered in the light of Freud's all-important discovery of psychic reality. Much emphasis is placed on his defensively domineering, jealous, and patriarchal attitudes during his courtship with Martha Bernays, as well as on his embattled stance toward his future mother-in-law. A great deal of attention is devoted to his subsequent intense involvement with Wilhelm Fliess, its homosexual dynamics, and his defensive retreat from reality in relation to those dynamics, as exemplified in the Emma Eckstein episode,

³ Clark, R. (1980). *Freud, the Man and the Cause*. New York: Random House.

memorialized in the Irma dream. Freud's relationship with Jung is considered as following a similar, though less intensely conflictual pathway. Whitebook sees Jung's counter-enlightenment immersion in religion and mysticism as related to the undifferentiated archaic maternal realms that Freud felt compelled to repudiate. Their parting is considered to have been inevitable in a way that the duration of their relationship was not. Freud's less contentious differences with Oskar Pfister and Romain Rolland are taken up in a similar manner insofar as they are considered as exemplifying Freud's defensive retreat from undifferentiated states connected to religion, the capacity for oceanic feelings, and the appreciation of music.

Whitebook characterizes Freud's theoretical position, as I have mentioned, as phallogocentric, and as overdetermined by a sometimes dissociative exclusion of the archaic undifferentiated maternal imago in particular, and femininity in general. While he links Freud's early disavowal of philosophy and speculation, along with his careful empiricism and allegiance to positivism to similar defensive needs, he does not endorse the recent oversimplified criticism of Freud's concept of science. He observes a shift toward greater speculative freedom as Freud began to theorize about narcissism and loss, and, as many have done, he takes note of this growing theoretical interest in the context of Freud's response to the First World War, the loss of his daughter Sophie, and of his grandson Heinerle. Freud's speculative impulse reached a new height in *Beyond the Pleasure Principle*, where, Whitebook notes, his stern positivism yields to philosophical leaps "with the naïveté of a pre-Socratic" (p. 362). Whitebook focuses much attention on Freud's cultural works, from *Totem and Taboo*, through such late works as *The Future of an Illusion* and *Moses and Monotheism*. In this context, he unpacks Freud's paradoxical description of himself to Pfister as "a godless Jew." Overall, Whitebook's portrait of Freud is one of a combatant of illusion and a philosopher of a disenchanted world. Whitebook sees Freud as a representative of the "dark enlightenment," a tradition which, in contrast with the 18th century enlightenment influence described in Peter Gay's biography,⁴ expresses a "deeper, conflicted, disconsolate, and even tragic yet still emancipatory" (p. 11) perspective.

⁴ Gay, P. (1988). *Freud, A Life for Our Time*. New York: Norton.

In his narrative of Freud's life, Whitebook provides much in the way of compelling argument for a pre-Oedipal reconstruction involving Freud's unconscious avoidance of ways of relating, thinking, and feeling that might threaten engagement with early undifferentiated experiences. As philosopher Bernard Williams observes, "the truths in any history are at the very least a selection ... In any text, there is the question of what is left out."⁵ While Whitebook's argument is built around relationships and writings that have been widely considered central for an understanding of Freud, his narrative omits consideration of many others that often have been viewed as important to Freud's intellectual history. Some examples of relationships selected out include those with Wilhelm Stekel, Alfred Adler, Ernest Jones, Karl Abraham, Sandor Ferenczi, Marie Bonaparte, Lou Andreas-Salome, and William Bullitt. Anna Freud appears as a caretaker, but neither as an analysand nor as an influential theorist. Some writings given little or no consideration include *On Aphasia*, the case histories with the exception of Schreber, most of the technique papers, a number of the metapsychological papers, *Inhibitions, Symptoms, and Anxiety*, and, interestingly given his "applied psychoanalysis" emphasis, the demonological neurosis paper. Following a presentation at the Freud Museum in London, Whitebook responded to a question, saying, "I wouldn't have wanted to be in analysis with him. He interpreted from on high, and led the patient by the nose,"⁶ perhaps reflecting his lesser interest in the clinical Freud. He repeatedly emphasizes the importance he attaches to the "cultural works," especially the late ones, but some of the omissions are nevertheless quite puzzling. For instance, the case histories offer ample support for his thesis about the missing archaic mother.

Bernard Williams extends his comments regarding selection in the creation of narrative beyond the matter of what is left out. He writes, "There is also the question of what is added, what is inferred to fill the gaps."⁷ In the

⁵ Williams, B. (2002). *Truth and Truthfulness*. Princeton: Princeton Univ. Press, p. 243.

⁶ From The Freud Museum London Podcast, 2017. Accessed: <https://player.fm/series/freud-museum-london-psychoanalysis-podcasts/freud-an-intellectual-biography-joel-whitebook>

⁷ Williams, B. (2002). *Truth and Truthfulness* Princeton: Princeton Univ. Press, p. 243.

course of his narrative, Whitebook offers perspectives from a number of writers to bolster his arguments, including psychoanalysts, philosophers, social scientists, and biographers. His training in philosophy clearly enriches this gathering. Many will be familiar to psychoanalytic readers, but some less so. Among the latter for many will be members of the Frankfurt School and those influenced by their particular integration of Marxism, social theory, and psychoanalysis in so-called "critical theory." From the epigraph onward, Max Horkheimer and Theodor Adorno are frequently cited. Jurgen Habermas and Cornelius Castoriadis are also called on to help buttress arguments, the former regarding hermeneutic considerations. Feminist critiques of Freud's "phallogocentrism" are also frequently included, and Malelon Sprengnether's work is mentioned in this context. Peter Homans is used as a source on Freud and loss. Comparisons of Freud and Max Weber are a recurring reference point also. Weston LaBarre's psychoanalytically informed anthropological work is put to interesting use in the narrative, adding another voice from the social sciences.

The over-arching presence and gap-filler in Whitebook's narrative is Hans Loewald. He is given a chapter of his own in acknowledgment of this role. Whitebook has written about Loewald previously as a "radical conservative,"⁸ and uses his ideas throughout the current volume in various ways, perhaps most notably to articulate a distinction between Freud's "official" position and his "unofficial" one. Many of the constructions about Freud's warding-off of his archaic maternal imago are seen as the former overshadowing the latter.

The centrality of Loewald's contribution here, it seems to me, merits some comment. Loewald in recent times often has been mentioned as an important theorist, and his writings frequently emphasize the theoretical over the clinical. The term philosophical psychoanalysis has been used. Whitebook seems to follow suit in his biography, privileging the speculative and theoretical Freud. Loewald is sometimes noted for his use of Freudian terms in distinctly post-Freudian ways. Arnold Modell, for instance, writes in an admiring review of Loewald's book-length essay *Sublimation*⁹ about his use of "instinct":

⁸ Whitebook, J. (2004). Hans Loewald: a radical conservative. *Int. J. of Psychoanal.*, 85: 97-115.

⁹ Loewald, H. (1988). *Sublimation: Inquiries into Theoretical Psychoanalysis*. New Haven: Yale Univ. Press.

He adopts a position with regard to the concept of instinct which I judge to be problematic. He says, "I have stressed that I use instinct as a psychoanalytic and not a biological-physiological (or ethnological) concept" (p. 33). If psychoanalysis reserves the term instinct for itself, the term must be redefined, and its discontinuity with the term instinct as previously used in biology must be made explicit. I find it difficult to continue to believe in Freud's libido theory, as it was informed by now obsolete psychobiology. Conceptually it is also difficult for me to be comfortable with the term sublimation. For sublimation is traditionally linked to libido theory... I find myself distracted by these connotations of language.¹⁰

Modell refers to Arnold Cooper's comment "that the redefinition of old terms is a characteristic of Loewald's writing, and, further, that Loewald appears to be committed at the same time to both the scientific and the poetic version of psychoanalytic terms."¹¹ In his use of psychoanalytic terms, in short, Loewald seems inclined toward what in logic is called the equivocation fallacy, i.e. using the same term with different meanings. With these considerations in mind, I find it difficult to overlook Whitebook's extensive use of the Loewald derived distinction between the official Freud and the unofficial Freud in his intellectual biography. Are both plausible accounts of the views of Freud? Would this distinction have held for Freud? Is the unofficial Freud and its division from the official one here a narrative addition of the kind Williams describes, and one not fully accounted for by the data? If equivocation is woven into the theoretical backdrop of the narrative here, it would be unsurprising to find Whitebook commenting, "Whether we like it or not, the specter of epistemological vertigo is intrinsic to the field and helps to explain its history of unmodulated 'scientific' controversies" (p. 306). Perhaps it was some such vertigo that led Whitebook to characterize Freud's early object relations theory in his paper on narcissism as appearing "naïve" and "Whiggish," as well

¹⁰ Modell, A. (1991). Review of *Sublimation: Inquiries into Theoretical Psychoanalysis* by Hans Loewald. *Psychoanal. Q.* 60:468.

¹¹ Ibid., 469. See also Cooper, A. (1988). Our changing view of the therapeutic action of psychoanalysis, comparing Strachey and Loewald. *Psychoanal. Q.* 57: 15-27.

as likely to cause readers to “recoil” and “snicker” (p. 310). A questionable epistemic certainty appears later when he asserts in regard to *The Future of an Illusion*, that “[t]he fact of the matter is, however, that Freud’s inability to engage with the figure of the early mother and his repudiation of the symbiotic wish in himself prevented him from acknowledging that the desire to restore ‘limitless narcissism’ is one of the strongest sources of energy in psychic life” (p. 414). The “fact” asserted here might be considered by some as incompatible with Freud’s paper on narcissism and with his account of Schreber, both of which Whitebook explores in some detail. Throughout this volume Whitebook puts Loewald’s ideas about the “waning of the Oedipus” and his theories about early undifferentiated states and their role throughout development to quite effective use in articulating his account of the consequences of Freud’s pre-Oedipal disappointments. But some limitations of his use of Loewald’s theories in his interpretation of Freud’s life may hinder his goal of greater integration and synthesis and his ambition to move beyond the “Freud Wars.”

To conclude, it seems to me that the most important point to be made here is that Whitebook has provided a thoughtful, searching account of Freud’s intellectual development that makes a serious effort to synthesize many strands in the controversial field of Freud biography. He integrates the views of many well-known commentators in this field, and widens the scope of this investigation by considering the approaches of many who are not frequently included in this arena of inquiry. When combined with his fluent and not excessively technical writing style, all of this makes for an engaging and stimulating read. His reliance on Loewald and on the theme of the enduring influence of pre-Oedipal deficits, and the related notion of an “unofficial Freud,” strengthens the internal coherence of his narrative, and provides the work with an overall thematic momentum. At the same time, some of the inherent limitations in these borrowings from Loewald, including theoretical problems related to logical equivocation, may limit the effectiveness and persuasiveness of his arguments.

RALPH H. BEAUMONT (PORTLAND, OR)

Sigmund Freud- Briefe an Jeanne Lampl-de Groot 1921-1939. (Sigmund Freud, Letters to Jeanne Lampl-de Groot 1921-1939)

Rita K. Teusch

To cite this article: Rita K. Teusch (2019) Sigmund Freud- Briefe an Jeanne Lampl-de Groot 1921-1939. (Sigmund Freud, Letters to Jeanne Lampl-de Groot 1921-1939), The Psychoanalytic Quarterly, 88:1, 228-240, DOI: [10.1080/00332828.2019.1556056](https://doi.org/10.1080/00332828.2019.1556056)

To link to this article: <https://doi.org/10.1080/00332828.2019.1556056>



Published online: 26 Feb 2019.



Submit your article to this journal [↗](#)



Article views: 4



View related articles [↗](#)



View Crossmark data [↗](#)

SIGMUND FREUD-BRIEFE AN JEANNE LAMPL-DE GROOT

1921-1939. (Sigmund Freud, Letters to Jeanne Lampl-de Groot 1921-1939). Gertie Bögels, ed. Gissen, Germany: Psychosozial-Verlag, 2017. 184 pp.

This volume, which was recently published in Germany, contains 76 letters written by Freud between 1921-1939 to the Dutch analyst Jeanne Lampl-de Groot (1895-1987). It is an expanded edition of a book published in 2012 in the Netherlands, expertly edited and annotated by the renowned Dutch psychoanalyst and co-editor of the Dutch Psychoanalytic Journal *Tijdschrift voor Psychoanalyse*, Gertie Bögels. Three decades ago, Bögels requested these Freud letters from the Library of Congress and sought transcription assistance from the Freud scholar Gerhard Fichtner, who also transcribed the 1,500 courtship letters that were exchanged between Freud and his wife-to-be Martha Bernays during their four-year-long engagement.¹

Bögels annotated these Freud letters in an immensely helpful way with familial, socio-political, and biographical information about all the persons and events mentioned in them. She prefaces the book with an interesting biographical sketch of Jeanne Lampl-de Groot and offers photographs from Jeanne's life donated from the personal archive of Jeanne's daughter Edith. In its final section, Bögels shares excerpts from Jeanne's letters written to her parents from 1921-1923, during the early phases of her analysis with Freud. Having access to Jeanne's intelligent and thoughtful voice and her excitement and passion about the evolving

¹ See Maetzner, C. (2013). Review of Volume 1 Freud-Bernays Courtship letters. *J. of the Amer. Psychoanal. Assn.* 60:5; Teusch, R. (2014) Book Essay: Courtship Letters of Freud and Martha Bernays. Sigmund Freud, Martha Bernays: Die Brautbriefe, Band 2. Unser Roman in Fortsetzungen. The Letters During Their Engagement, Vol. 2. (Our Novel in Installments) edited by Gerhard Fichtner, Ilse Grubrich-Simitis, Albrecht Hirschmüller, and Wolfgang Kloft. *J. of the Amer. Psychoanal. Assn.* 62.2. 325-343; Teusch, R. (2017) Book Essay. Sigmund Freud, Martha Bernays: Die Brautbriefe, Bd3, "Warten in Ruhe und Ergebung, Warten in Kampf Und Erregung" (The letters during their engagement, Vol.3) "Waiting Quietly and with Surrender, Waiting Struggling and with Exasperation". Edited by Gerhard Fichtner, Ilse Grubrich-Simitis, Albrecht Hirschmüller, Wolfgang Kloft. *J. of the Amer. Psychoanal. Assn.* 65.1.111-125.

science of psychoanalysis compensates the reader in a small way for the absence of Jeanne's letters to Freud, which were destroyed by Anna Freud soon after Freud's death. Anna Freud wrote to Jeanne on December 31, 1939: "I looked for all your letters and destroyed them, because I know that this is your wish" (p. 11).²

The main part of the book is entitled: "My dear Jeanne," which is the address Freud used in almost all his 76 letters to Jeanne Lampl-de Groot. These letters show Freud as a personable, lively, interested, and compassionate writing partner. He conveys a deep sense of respect and caring for Jeanne who is his patient and pupil, and eventually, his esteemed professional colleague. While the complexity of such a relationship is not easy to manage, these letters reveal Freud navigating it masterfully, to the benefit of both parties. Freud begins almost all his letters with "My dear Jeanne," while addressing her throughout with the formal German "Sie" rather than the informal, familiar "du," which signals that both Jeanne and Freud considered their relationship as both familiar and personal while simultaneously respectfully distant and professional. This paradox may escape the English language speaker, as there is no such distinction with regard to personal pronouns (and their communicative significance) in the English language.

Jeanne Lampl-de Groot began her training analysis with Freud in 1922 when she was 26 and Freud was 66. She met with him six days per week, while she also engaged in a residency in neurology and psychiatry with Professor Julius Wagner-Jauregg, replicating Freud's early educational path in Vienna. In 1925, she went to the Berlin Psychoanalytic Institute, where she met her husband, Hans Lampl, also a physician and psychoanalyst. The couple settled in Berlin, had two girls, worked at the Polyclinic and in private practice and wrote their first psychoanalytic publications. In 1933, due to increasingly dangerous anti-Semitism in Germany (Hans Lampl was Jewish), the family moved back to Vienna. Hans Lampl became president of the Vienna Psychoanalytic Society in 1934, and Jeanne, deeply engaged in psychoanalytic thinking and research, continued her explorations and professional consultations with Freud. The Lampls escaped the Nazis, with Freud's help, after the

² All translations of the letters into English printed here are by Dr. Rita Teusch.

Anschluss in 1938 and settled in the Netherlands, where Jeanne became a prominent member of the Netherland Psychoanalytic Society.

In her introductory biography of Jeanne Lampl-de Groot, Bögels highlights the significant personal losses that Jeanne suffered as a child and young adult. Her younger sister died of meningitis when Jeanne was only six years old. When Jeanne was 21, her older sister, a physician, who had introduced Jeanne to the work of Freud several years earlier, died during the influenza epidemic in 1917 while doing relief work in Paris with her husband. Jeanne's mother responded with a serious depression after the loss of each of her daughters. Jeanne herself suffered from periods of depression, especially during medical school. She changed her first name from Adriana to Jeanne, after her favorite maternal aunt, who had been more emotionally available to Jeanne than her mother. The letters that Freud writes back to Jeanne indicate that, to a large extent, Jeanne was able to resolve in her analysis with Freud the damaging psychological effects from her early losses, but nevertheless remained pre-occupied with the topic of mourning throughout her life. At age 80 she wrote an article, "Mourning in a Six- Year Old Girl" (1976), which is thought to be autobiographical.³ Jeanne Lampl-de Groot led an exceedingly productive professional life; she published extensively on various topics of psychoanalytic theory and practice and promoted the field of psychoanalysis through her national and international connections and leadership.

When residing outside of Vienna, Jeanne regularly wrote long letters to Freud. We can infer from Freud's responses that she openly shared her personal, professional, and familial concerns. It is notable that Freud, while maintaining the role of analyst and teacher, also shared personal thoughts and opinions about his work, his analytic colleagues, and pertinent issues in psychoanalysis, such as his thoughts on the death drive, masochism, lay analysis, and his changing views on the length of a psychoanalysis. In letter 72, dated August 22, 1938, he writes, "I now realize that all my previous analyses have been incomplete" (p. 119).

Freud also mentions in his letters his painful struggle with oral cancer and subsequent surgeries and complications, probably in no small

³ See Lampl-de Groot, J. (1976). Mourning in a six year old girl. *Psychoanal. Study of the Child*. 31.273-281.

part because Jeanne's husband was involved in helping Freud select a surgeon, and his multiple oral surgeries caused him interruptions in his work schedule. A repeated theme throughout these letters is Jeanne's attempt to schedule additional periods of analysis with Freud.

We are reminded in these letters that the analytic community around Freud was relatively small and characterized by a lack of clear boundaries with regard to personal, professional, and analytic relationships. This inevitably led to complicated emotional situations as can be seen in Freud's repeated references to Jeanne's husband, Hans Lampl, who appears to have felt jealous of Jeanne's close relationship with Freud. Freud's letters mention the emotional complications stemming from their "triangle." When Jeanne prepares to come to Vienna during the summer of 1932 for another period of analysis with Freud, Freud invites her to stay at his summer home, however, advises her to consider her husband's feelings. When living in Germany, Jeanne held money advances for Freud used to reimburse her for the cigars she bought for him or to reimburse his colleagues who worked in Germany.

Furthermore, Jeanne became a close friend of Anna Freud, who was her age. Freud's son Ernst, an architect, designed and built a house for the Lampls, and Hans Lampl was a close family friend of the Freud's and was particularly close to Freud's son Martin. Freud had taught Hans all about mushrooms when Hans was a child and vacationed with the Freud family, and Hans fell in love with Freud's daughter Sophie and later courted Anna Freud. We also learn that Freud and his wife, or Martha alone (Letter 39, April 12, 1932) visited Jeanne in Berlin, as did the Freud children who lived in Berlin. Jeanne sent flowers to Freud on his birthday and after his cancer surgeries, and she arranged that her parents sent him special cigars not available in Vienna or Germany. At one point, Freud shares with Jeanne that he is collecting money for his ex-patient, the "Wolfman" who became penniless when he lost all his fortune during the Bolshevik Revolution, and Jeanne asks her parents to donate some funds.

The following excerpts from Freud's letters to Jeanne show the breadth, depth, and tone of their correspondence. In 1924, after the completion of a first phase of analysis, Jeanne asks Freud for an additional period of analysis that same year. She also wants his advice regarding an ambivalent and unhappy love relationship. Freud's complex

response includes empathy, as well as his personal and professional thoughts. He writes in Letter 5, September 6, 1924:

... you are asking my opinion about what is the right thing for you to do. That is difficult to say, my own reaction would have been that I would have lost interest and trust in him given his continuous ambivalence, but I can't possibly feel my way deeply enough into the heart of a young girl in love—so that I would know what is the right thing for you to do. But it sounds to me that to move closer towards him—especially geographically, would be a mistake and you would be in danger of losing your independence. [p. 48]

Freud continues that he would only resume her analysis if she agreed to not see this man during the time of this second analysis: “This request is one that I generally make for every analysis, and I only had not asked it of you last time because I did not want to stand in the way of your possible happiness” (p. 48).

When Jeanne has her first daughter, and relates to Freud her fears and worries, Freud responds with encouragement and open-minded advice. In letter 15, July 25, 1926, in which Jeanne appears to have worried about her new baby's stomach problems, Freud writes:

I think what you are describing were attacks due to pain, because of colitis that got worse when she was taking her bath. Pain and fear are often indistinguishable in an infant I don't think you need to worry about your educational interventions as parents: When love is combined with understanding, the necessary balance between permissiveness and strictness will easily become apparent. [p. 56]

When Jeanne's second daughter is born, Freud writes in letter 19, November 2, 1927 “(To have a new sibling) ... will be a painful experience for Harriet, but because you love her, you will not wish that she would not have to go through this. It is part of life, and in the end, she will greatly benefit from it” (p. 60). And in letter 13, February 11, 1926, he writes: “Given the positions of men and women these days, it does not make a difference whether the baby is manifestly male or female” (p. 54).

Freud supports Jeanne in an ongoing way with regard to her marital relationship, characteristically responding with a mixture of concern, caring, and analytic observation. In letter 51, November 7, 1932: "You shouldn't worry that you have a maternal attitude towards your husband, that is normal, however, in your case, I think it has occurred somewhat prematurely" (p. 97). Jeanne repeatedly mentions to Freud that her husband is suffering from quite severe mood-swings. For example, in letter 29, December 2nd 1931, Freud writes back:

My dear Jeanne, I will honor your wish and not tell Anna about your communications. But I don't feel that I have the right to keep from you my sincere worries about his attacks, as unpleasant as I feel it is; I think the intensity of them seems to far exceed what one commonly associates with neurosis. I know, and I have experienced this myself, that there is great resistance to accepting a highly disagreeable possibility, but my worry about you wins out. I hope that in your thinking you will make at least a very modest allowance for such a possible misfortune, and that you will assume an attitude of prudence and detached vigilance, in addition to feeling hope and love for him. I am convinced that you can do this. Not every woman could. You may also want to consult with Hans Sachs [Hans Lampl's analyst] regarding these symptoms. Sachs is not a physician and may not be able to fully recognize a psychotic manifestation. I can't give you other positive advice. I fully trust that you will know what to do. Perhaps you should try to find someone to consult with, someone who is truly familiar with such mental states. Please let me know soon what happens because I am really worried. Is this (pre-) senile pessimism on my part? My best wishes, Your Freud. [p. 69]

Regarding Jeanne's professional development, we witness a similar combination of support and interpretation in Freud's letters, suggesting that he considered her analysis as ongoing (via letter), and, occasionally, addressed inhibitions that prevented her from experiencing greater comfort with her professional success. For example, Letter 48, Sept. 8, 1932, Freud had heard from Anna Freud and Ruth Mack Brunswick that Jeanne's paper at the psychoanalytic congress in Wiesbaden (1932) was well received, but was lacking with regard to presentation. Freud writes

to Jeanne, after complimenting her on her paper and telling her about the feedback he received about her talk: "I think you probably behaved like you did in the analysis, you did not even notice that you were speaking very softly and then you are surprised that people don't tell you. I think you have punished yourself for your resistance in the analysis, and you had to deny yourself a greater measure of success" (p. 95).

Jeanne freely shares with Freud her thoughts and questions about various aspects of psychoanalytic theory. She openly disagrees with him about the psychosexual development of women, and expresses her argument in her first published article, "On the development of the Oedipus Complex in Women" (1927).⁴ Jeanne asked Freud for feedback and he wrote in letter 17 on March 3, 1927:

My dear Jeanne, I have been very happy to receive your first intellectual child. It came out really well, and I hope that others will soon follow. To stay with this—I am not totally sure if you are right when you correct my assumptions, but you could be, your argument sounds very plausible, and, at the very least, it could be true for some cases, especially for those who show a stronger inclination towards masculinity. But maybe you are right in general. I think we still need a lot of observations before we can answer this question with certainty. But I really believe that your position and exposition is fully justified. There is one suggestion of how you could improve your text—you could highlight your points of disagreement with my position, and also emphasize your agreements. There are also a couple of stylistic issues with regard to the German language that your husband could correct in order to save work for Rado [Editor-in Chief of the *International Journal of Psychoanalysis*]. Your point—that the boy, in renouncing his right (to the mother) at present preserves such a possibility for his future – seems less important to me as it sounds too reasonable, which children are not. What do you want me to do with the manuscript? Shall I send it back to you or shall I submit it to the journal? Warm greetings to the three of you! [pp. 58-59]

⁴ See Lampl-de Groot, J. (1928). The evolution of the oedipus complex in women. *Int. J. of Psychoanal.* 9. 332-345.

There are several letters in which Freud discusses the circumstances and progression of his own writing projects, such as in 1926 when he is in the process of writing his essay on "Lay Analysis" to defend Theodor Reik, (1888-1969), a lay analyst, who had been charged by the Austrian Government with illegally practicing psychotherapy. Freud furthermore tells Jeanne about the recommendation he received from Einstein to write his essay "Why War?" and he mentions being deeply absorbed in writing the *New Introductory Lectures* in 1932 (starting with Letter 35). He asks Jeanne for her contribution to the chapter "Femininity," and acknowledges her influence, together with the works of Ruth Mack Brunswick and Helene Deutsch.

Several letters contain Freud's views about his analytic colleagues, for example, Federn, Fromm, Bernfeld, and Sachs. In Letter 32, January 17, 1932, he expresses his increasingly negative opinion of Otto Reich and Otto Fenichel. Freud suspected that they were misusing psychoanalytic publications for Bolshevik propaganda purposes. Furthermore there are several letters in which Freud reveals details to Jeanne about his analytic work with some of his patients.

The political situation in Austria and Germany becomes increasingly difficult and depressing during these years and Freud frequently shares with Jeanne his despondency. For example, Letter 60, March 9, 1933, Freud writes, "These days the only thing one is able to do is to wait, and be happy if there is a day without a new horrible piece of news. There is something uncanny happening in our little state of Austria, but it is not clear to me what it is" (p. 107). In Letter 66, July 14, 1933 (five years before the Austrian Anschluss by Hitler) Freud expressed his belief: "We hope that we are only moving toward a special, tenacious fascism here, which will not be as brutal as the one in Germany" (p. 114). After he helps Jeanne and her family to escape to the Netherlands, and after his emigration to London, Freud continues to encourage Jeanne to believe in herself and her capacity to work on behalf of psychoanalysis in the Netherlands. He conveys equanimity about his new home in London, and disappointment and alienation about his and Anna's professional future in the new country:

Anna is very busy, though mostly with her old cases. I have not yet been approached by new patients. In this regard London

is a disappointment. Anna thinks that the group here is quite impossible. She attends the sessions, but is determined to avoid a situation in which she would be drawn into a useless polemic. Nobody has asked my opinion about the famous Melanie Klein School. [Letter 74, November 20, 1938, p. 122]

The last part of the book consists of a selection of Jeanne's letters to her parents, written at the beginning of her analysis with Freud. She openly shares her first impressions of Freud with her parents. On April 18, 1922 she writes:

He is really how I had imagined him, slight and slim, he has a sharp, grey head, handsome expressive hands. He was very gracious and said he would ask around to help me find a room. I meet with him every day, alternating with two other colleagues, either from 5-6pm, 6-7pm, 7-8pm—we alternate so that we all are able some night to go to the theatre or attend a concert. [p. 143]

On April 27, 1922 she writes:

I am so glad that my scientific interest has come back, I had really been afraid that I had lost it completely during my last year in medical school, but I think, that my recent trip to Paris and Italy (which lasted almost a year) has allowed me to reconnect with my true feelings... . Freud is very cordial, he seems naturally happy and occasionally we have a good laugh together. That compensates for the difficult times. By the way, when there is a difficult stretch, he knows to say just the right word to give me courage to believe that things will get better again. [p. 145]

On February 5, 1923 Jeanne writes:

I think I told you that Freud said to me with a smile at the beginning of my analysis: Oh, I think you already know everything. It was true that I already had a lot of theoretical knowledge, but I now know the difference between intellectual knowledge and the invaluable knowledge that one gains through one's own experience. [p. 162]

Jeanne repeatedly justifies the expense of the analysis to her parents, as she is still financially dependent on them. It seems she had a complicated relationship with her father, who was a physician. He seldom wrote to her, and Jeanne writes on December 5, 1922, "A letter from father is always a great surprise for me, and I should put it in a gold frame, but I was really happy about it" (p. 157). One may infer that Jeanne's identification with Freud, apparent in these letters, and her longing for an ongoing close relationship with him, represents her displaced longing for her father. Her father doubted the value of psychoanalysis, suspecting that Freud was taking advantage of his daughter's financial situation, which Jeanne refutes on several occasions, for example, on April 12, 1923, she writes:

First I want to address father's biting comments about Professor Freud, because this is close to my heart. Well, father, I know that Freud—and I know this not only from him— has a constant stream of applicants for analysis from the USA, who pay him one and a half time as much as I do (15 Dollars), and he charges the same as Jones in England, even though he is the founder of psychoanalysis. If he was only concerned about money, he would treat an American instead of me That Freud finds me to be a valuable object of his studies, I think, this is correct. But why do you blame him for that? Is that not his right? The important thing for me is that I am a good object of study for myself! What is a better way for a person to learn than on himself and with someone who can provide such excellent guidance! ... I am convinced that this analysis will have a deeply beneficial effect on my life And that I am grateful for that to Prof. Freud should be obvious, and I am grateful in two ways: first that he created psychoanalysis- without him, it would not exist (at least not now), and secondly, Freud is, besides being an analyst, a fine, highly intelligent and very healthy human being from whom I can learn so much, and simply being in his presence and interacting with him is a privilege and a great fortune. [pp. 164-165]

Jeanne is remarkably open with her parents about both the difficulties and the progress in her analysis. She shares her extensive thoughts

about various aspects of psychoanalysis such as the interpretation of dreams, the importance of phantasy, repression, free association, various aspects of Freud's developing dual instinct theory. She also discusses her observations about Freud's careful and non-dogmatic theorizing and his willingness to abandon a theoretic model if it no longer fits clinical experience. She writes with increasing self-confidence about her psychoanalytic insights and tells them that she hopes to begin publishing psychoanalytic works.

Jeanne encouraged her mother to begin reading psychoanalytic literature, which she did, and a lively exchange ensues. Jeanne's mother suffered from anxiety about her physical health, especially with regard to her heart. Jeanne suggests on October 2, 1922 that her mother's heart problems are "very minor in reality...and someone with your heart can easily live until they are 90 or 100 years old" (p. 152). She thinks her mother's anxiety is of neurotic origin, connected to her complicated relationship with her father and her unresolved mourning of her two children. In the same letter she writes:

Oh, my dear mother, if you only knew what a complicated thought process underlies your idea that, just as your father, you will die of a heart condition at age 60! Because you loved him so much and are similar to him does not mean that fate has determined that you will experience the same kind of death! [p. 152]

Jeanne also comments repeatedly about the political situation in Germany and Austria and mentions disturbing incidents of anti-Semitism in Vienna. On February 2, 1923, she writes:

How abominable is the situation in Germany [she is referring to the extreme inflation in Germany and the French occupation of the German Ruhrgebiet, a major industrial area to force German reparation payments from WWI] ... The incredible hatred and the madness of this world attacks me sometimes like a nightmare. Here we had again an anti Semitic demonstration that I happened to witness. I was in the concert hall attending a lecture by Magnus Hirschfeld from Berlin, a sexual pathologist, ... who is very popular but also scientifically sound and good. After half an hour, there

suddenly was whistling, screaming, tumultuous fighting, stink bombs were thrown, and shots were fired.... Of course, the agitators escaped and only a few young kids were arrested. [p. 162]

She also describes pervasive hunger, poverty, and the devastation of World War I, as well as generalized anxiety that is palpable in the city. For example she writes on April 21, 1922:

Vienna is a different world... you see lots of invalids and beggars who have lost limbs, lots of thin and pale hungry faces. Remarkable is also that others are still wearing good clothes, such as girls with nice shoes and modern clothing, but they are so thin that I wish I could give them lots of sandwiches. You can still buy things in hotels and restaurants, also good groceries, except perhaps milk, I don't know, but for a Viennese person these goods are incredibly expensive. [p. 144]

Six months later, on October 2, 1922, she writes: "Externally, everything here still looks the same, but prices have increased 10 times" (p. 152). The high inflation rate was the reason for her subsequent request to her parents to send the money for her analysis to England.

In conclusion, I was inspired reading these previously unpublished Freud letters and excerpts from Jeanne's letters to her parents, and I hope that this book will soon be made available in an English translation. It will be a highly rewarding read for anyone who wishes to encounter a very personable Freud who is deeply engaged in a respectful and supportive way with Jeanne Lampl-de Groot, and who is also interested in commenting on the political and psychoanalytic developments of his time. We gain access to these unique historical times through the astute observations in these letters, made by Freud and Jeanne Lampl-de Groot as they move through their personal and professional lives as best as they can, always maintaining a sense of dignity and perseverance, and finding support and comfort in the exchange of these letters. Given our present day communication tools that are so much more immediate and accessible, it was fascinating to witness that, almost a hundred years ago, people nevertheless were able to maintain close and meaningful

personal relationships if both parties were motivated to do so and made the effort.

RITA K. TEUSCH (CAMBRIDGE, MA)

CINEMATIC REFLECTIONS ON THE LEGACY OF THE HOLOCAUST: PSYCHOANALYTIC PERSPECTIVES. Diana Diamond and Bruce Sklarew, eds., New York: Routledge, 2019. 268 pp.

Some of you may react as I do to the prospect of watching another Holocaust film: "Depressing!" This fine book helps us understand why we are nonetheless drawn to watching this crucial genre of film, and why we often feel profoundly healed and enriched by the experience. It is far more than a matter of individual mourning and working through; it is a collective imperative, if we as a society are to come to terms with the Shoah, and push back against the loathsome re-emergence of bigotry, including anti-Semitism.

The book's twelve contributors discuss eleven films in depth, with special emphasis on *Son of Saul*. In their final chapter, Nanette Auerhahn and Dori Laub comment that all but two of these films focus on the aftermath of the Holocaust for survivors and their families. The editors offer us profound insights into what one of them calls "the art and angst of viewing Holocaust films" (p. 34). Space limitations will not permit me to cover all these excellent chapters.

Co-editor Diana Diamond's Introduction is a tour de force as she summarizes each chapter, and synthesizes several over-arching themes. She underlines the value of Holocaust films in helping us integrate the potentially fragmenting trauma of the Shoah. In fact, her Introduction shows us such integration in action. Diamond highlights the intersection of individual and group responses to the Holocaust. Like the centuries of oral literature before written language, film (as well as theater) restores the group experience of art, making it well suited to promoting our collective recovery from a catastrophe that still affects us all. As she puts it, "It is particularly in the arena of showing the intersection of

Full Terms & Conditions of access and use can be found at
<https://www.tandfonline.com/action/journalInformation?journalCode=upaq20>

personal relationships if both parties were motivated to do so and made the effort.

RITA K. TEUSCH (CAMBRIDGE, MA)

CINEMATIC REFLECTIONS ON THE LEGACY OF THE HOLOCAUST:
PSYCHOANALYTIC PERSPECTIVES. Diana Diamond and Bruce
Sklarew, eds., New York: Routledge, 2019. 268 pp.

Some of you may react as I do to the prospect of watching another Holocaust film: "Depressing!" This fine book helps us understand why we are nonetheless drawn to watching this crucial genre of film, and why we often feel profoundly healed and enriched by the experience. It is far more than a matter of individual mourning and working through; it is a collective imperative, if we as a society are to come to terms with the Shoah, and push back against the loathsome re-emergence of bigotry, including anti-Semitism.

The book's twelve contributors discuss eleven films in depth, with special emphasis on *Son of Saul*. In their final chapter, Nanette Auerhahn and Dori Laub comment that all but two of these films focus on the aftermath of the Holocaust for survivors and their families. The editors offer us profound insights into what one of them calls "the art and angst of viewing Holocaust films" (p. 34). Space limitations will not permit me to cover all these excellent chapters.

Co-editor Diana Diamond's Introduction is a tour de force as she summarizes each chapter, and synthesizes several over-arching themes. She underlines the value of Holocaust films in helping us integrate the potentially fragmenting trauma of the Shoah. In fact, her Introduction shows us such integration in action. Diamond highlights the intersection of individual and group responses to the Holocaust. Like the centuries of oral literature before written language, film (as well as theater) restores the group experience of art, making it well suited to promoting our collective recovery from a catastrophe that still affects us all. As she puts it, "It is particularly in the arena of showing the intersection of

cultural with individual defense that these films reveal their brilliance" (p. 15).

William James presciently observed that, "a man has as many social selves as there are individuals who recognize him."¹ John and Helen Watkins, and later Philip Bromberg, have helped elucidate these "social selves" as normative "ego states" and "self states," respectively. Diamond comments, "Massive trauma and victimization inevitably create ruptures in identity, at both the individual and the group level, by introducing experiences of self so extreme that they must be dissociated" (p. 24). Further, "dissociative mechanisms may lead to multiple unintegrated self-states in both survivors and their progeny" (p. 25). Some self states may cope with catastrophic trauma through a fantasy of deadness, beyond the reach of further harm. Robert Winer alludes to this dynamic in his depiction of the protagonist in *The Pawnbroker*. Post-traumatic self states include those based on identification with the aggressor. The film *Hannah Arendt* shows her switching between German and English, as the viewer hears "the voices of multiple self states" (p. 93). We do indeed seem to create a distinct self state for each language we speak.

Diamond observes that survivor guilt "has received relatively scant attention" (p. 13) in our literature, except with reference to Holocaust survivors. Like children who blame themselves for their parents' divorce to avoid the more traumatic sense of helplessness, I suspect that survivor guilt, among other meanings, also stems from unrealistic fantasies of agency to avoid actual helplessness amidst the horrors of the Holocaust.

Sklarew compellingly compares the experience of watching a film with having a dream. He might have added that trauma is preferentially stored in implicit memory, and the features of film that he lists—visual imagery with emphasis on facial expressions and gestures, lulling of defenses, regressed suspension of disbelief, and passive receptivity—are especially effective in accessing implicit memory. In a later chapter, Diamond and Elliot Jurist make the related point that "Trauma is often encoded in imagistic rather than lexical modes of thought ..." (p. 87)—in other words, in implicit, rather than in explicit memory.

¹ James, W. (1890/1983) *The Principles of Psychology*. Cambridge: Harvard Univ. Press., p. 281.

Emanuel Berman links perpetrators and victims in a conspiracy of silence: "The wish not to know ... is shared by the children of the victims and the children of the perpetrators Only the next [i.e., the third] generation may be able to become curious and inquisitive ..." (pp. 200-201). In discussing the film *The Flat*, he says the Israeli director's family was one who insisted on remaining in the present, *distancing* a complex past that included grandparents who remained friends with former Nazis. (Has anyone commented on the popularity of Danish "modern" furniture and constantly changing car styles in the U.S. after World War II, as based on a related effort to hurry into the future, *distancing* ourselves from a traumatic past?) An Israeli, Berman describes the immediate Post-War era in which Israelis mostly wanted to forget the Holocaust (increasing the risk of unconsciously identifying with the aggressor in how they treated Palestinians?).

As psychoanalysts, how do we cope with complexity? Ideally, by acknowledging it. In practice, we are sometimes guilty of *pars pro toto* thinking, as we try to promote our favored interpretation. In their chapter on the polarizing figure of Hannah Arendt, Diamond and Jurist comment that, at one conference, advocates of conflicting views on Arendt "each claimed hegemony for his or her interpretation" (p. 85), violating our core insights into overdetermination and the principle of multiple function. Diamond and Jurist cogently assert that "films have become an optimal repository for images of some of the most compelling and cataclysmic events of our time ..." (p. 86).

Arendt grew up in an assimilated German family, and "it was only through the anti-Semitic remarks of her peers that she became aware of being Jewish" (p. 94). Believing that "no code of morality can justify the persecution of one people in an attempt to relieve the persecution of another" (p. 94), she supported a Jewish homeland that would be secular, with Jews and Arabs governing together. Arendt freed herself from oversimplified and falsely dichotomizing thinking. The book quotes her insight (anticipating the neuroscientist Antonio Damasio) that "We are so accustomed to the old opposition of reason and passion, of mind and life, that the idea of passionate thinking, in which passionate thinking and being alive become one, can be a bit startling" (p. 116, n. 2). Ironically, this jointly written chapter reports

that Arendt believed thinking “requires solitude” (p. 110). Many of us think best in conversation with others.

Diamond and Jurist make the paradoxical point that, for people such as Arendt, dissociation with its multiple self states can help one survive severe trauma, and eventually facilitate integration, as long as there has not been too great a “splintering of sense of self” (p. 97). They convincingly show the plausibility of Bromberg’s model of the mind, where mental health is based on optimal cooperation among one’s self states, rather than on a fully integrated, unitary mind.

Sklarew, discussing flashbacks in *The Night Porter*, observes that films have used flashbacks “to visualize the past, to explain motivation and character as in a psychoanalytic verbal reconstruction ... [and] to explicate internal conflicts derived from recovered and repressed memories through free association, dreams, and the transference” (p. 186). Commonly used now to refer to a symptom of PTSD, the word “flashback” was introduced in 1916 (according to the *Oxford English Dictionary*) in a film review. It borrowed the term “flash back,” referring to a fire dangerously jumping back. It is helpful to be reminded of the perilous connotation of that earlier usage.

I highly recommend this important book, which shows how much Holocaust films and psychoanalysis have to offer each other.

RICHARD M. WAUGAMAN (CHEVY CHASE, MD)

**FREUD AND MONOTHEISM: MOSES AND THE VIOLENT
ORIGINS OF RELIGION.** Gilad Sharvit and Karen S. Feldman,
eds. New York: Fordham Univ. Press, 2018, 242 pp.

My main question when I approached this book was: “Is there anything new which can be written about Freud’s papers, *Moses and Monotheism*, and the challenge it presents given what has been already written?” The earliest volumes were Marthe Robert’s *From Oedipus to Moses: Freud’s Jewish Identity* (1976); Emmanuel Rice’s *Freud and Moses: The Long Journey Home* (1990); Yosef Yerushalmi’s *Freud, Moses, Judaism: Terminable and*

Full Terms & Conditions of access and use can be found at
<https://www.tandfonline.com/action/journalInformation?journalCode=upag20>

that Arendt believed thinking “requires solitude” (p. 110). Many of us think best in conversation with others.

Diamond and Jurist make the paradoxical point that, for people such as Arendt, dissociation with its multiple self states can help one survive severe trauma, and eventually facilitate integration, as long as there has not been too great a “splintering of sense of self” (p. 97). They convincingly show the plausibility of Bromberg’s model of the mind, where mental health is based on optimal cooperation among one’s self states, rather than on a fully integrated, unitary mind.

Sklarew, discussing flashbacks in *The Night Porter*, observes that films have used flashbacks “to visualize the past, to explain motivation and character as in a psychoanalytic verbal reconstruction ... [and] to explicate internal conflicts derived from recovered and repressed memories through free association, dreams, and the transference” (p. 186). Commonly used now to refer to a symptom of PTSD, the word “flashback” was introduced in 1916 (according to the *Oxford English Dictionary*) in a film review. It borrowed the term “flash back,” referring to a fire dangerously jumping back. It is helpful to be reminded of the perilous connotation of that earlier usage.

I highly recommend this important book, which shows how much Holocaust films and psychoanalysis have to offer each other.

RICHARD M. WAUGAMAN (CHEVY CHASE, MD)

**FREUD AND MONOTHEISM: MOSES AND THE VIOLENT
ORIGINS OF RELIGION.** Gilad Sharvit and Karen S. Feldman,
eds. New York: Fordham Univ. Press, 2018, 242 pp.

My main question when I approached this book was: “Is there anything new which can be written about Freud’s papers, *Moses and Monotheism*, and the challenge it presents given what has been already written?” The earliest volumes were Marthe Robert’s *From Oedipus to Moses: Freud’s Jewish Identity* (1976); Emmanuel Rice’s *Freud and Moses: The Long Journey Home* (1990); Yosef Yerushalmi’s *Freud, Moses, Judaism: Terminable and*

Interminable (1993)¹ and Jan Assmann: *Moses the Egyptian: The Memory of Egypt in Western Monotheism* (1997) (Assmann has a contribution to this volume). Joel Whitebook, another contributor, has a section on *Moses and Monotheism* in his recently published biography of Freud. A volume not mentioned by any of the authors or in the footnotes is *Moses and Civilization: The Meaning Behind Freud's Myth* (the book has an index but no complete bibliography for all of the papers).² Richard Bernstein, another contributor, published *Moses and Monotheism: Freud and the Legacy of Moses* in 1998.³

It is clear that it is difficult to offer something original about Freud's *Moses and Monotheism* given the extensive literature. The promise of the volume is in its subtitle, "Moses and the Violent Origins of Religion." Freud's theory of the murder of Moses and the repressive attitude of monotheism towards followers and disbelievers certainly has to do with violence. However, in my view, Freud's conviction that the Jews murdered Moses is the least supportable assertion in his paper and I believe is offered by Freud to support his idea of the primal horde, the murder of the father/leader, which is a central argument in *Totem and Taboo*.

The violence that was a concern to Freud was the violence of anti-Semitism. Some believe that Freud was driven to write this book (and publish this book after some delay) because of his concern about the response of the Catholic Church in Austria, which he saw as a protector of the Jews, but which was less than sorry about the impending German threat to the Jews. Freud recognized the correlation between anti-Semitism and religious accusation that the Jews killed Christ but I do not believe he was aware of the connection between religion, the Jews, and Hitler's anti-Semitism. Confino discussed this in his book *A World without*

¹ See Robert, M. (1976). *From Oedipus to Moses: Freud's Jewish Identity*. New York: Anchor Press; Rice, E. (1990). *Freud and Moses: The Long Journey Home*. Albany: SUNY Press; Yerushalmi, Y. (1993). *Freud, Moses, Judaism: Terminable and Interminable*. New Haven: Yale Univ. Press; Assmann, J., (1997) *Moses the Egyptian: The Memory of Egypt in Western Monotheism*. Cambridge: Harvard Univ. Press.

² Paul, R. (1993). *Moses and Civilization: The Meaning Behind Freud's Myth*. New Haven: Yale Univ. Press

³ Bernstein, R. (1998). *Freud and the Legacy of Moses*. Cambridge, U.K.: Cambridge Univ. Press.

Jews: The Nazi Imagination from Persecution to Genocide,⁴ which I reviewed in *Journal of the American Psychoanalytic Association*.⁵

Confino's contention is that Hitler began by burning synagogues because he saw Judaism as connected to an Enlightenment worldview which he wanted to replace with his religion, the religion of a master race. The justification for Hitler's hatred of Jews is separate from the Christ's justification for hatred of the Jews: the killing of the primal father by the brothers was central to Freud's account of the murder of Moses and central to the Oedipus complex—the wish to marry the mother and kill the father.

Confino's thesis is echoed by Freud suggesting that Hitler's hatred of Jews is a hatred of *Fortschritt in der Geistigkeit*—"the advance of intellectuality"—a term which refers to Moses' strict ethical iconoclastic monotheism (I should like to add that there is no adequate translation of the German word "Geistigkeit," which encompasses "spirituality" as well as "intellectuality." It is clear that Freud employed the word to mean "intellectuality"). The authors in their introduction sum up the theme of violence in *Moses and Monotheism*. 1) The murder of the primal father. 2) The violence by which Moses imposed the strict monotheism that excludes paganism and idolatry. 3) The violence of the Jews who murder Moses. 4) The violence of those who murder Jews because of their strict ethical monotheism referred to above. Assmann is one of two contributors here to the idea that the Jews killed Moses.

Was the murder of Moses historical truth? Gabriele Schwab suggests that there is a second murder of Moses: Freud's textual murder when he tried to take away Moses from the Jewish people. She quotes Freud in his opening statement in *Moses and Monotheism*: "To deny a people the man whom it praises as the greatest of his sons is nothing that one will like to do light-heartedly, especially when one belongs to this very people."⁶ Assmann cites Sellin to support his contention that

⁴ Confino, A. (2015). *A World without Jews: The Nazi Imagination from Persecution to Genocide*. New Haven: Yale Univ. Press.

⁵ Richards, A. D. (2014). Freud's Jewish identity and psychoanalysis as a science. *J. of the Amer. Psychoanal. Assn.* 62(6), 987–1003.

⁶ Freud, S. (1939). *Moses and Monotheism*. S.E. 23, p. 7.

the Jews killed Moses; Sellin, in turn, found his textual Biblical support in Hosea.⁷

But most scholars disagree with Sellin and feel that his theory rests on “very doubtful textual emendations” (p. 161) and that Freud adopted the theory because of his affinity for a primal parricide theory that he presents in *Totem and Taboo*. Freud used the work of Sellin to support his assertion that Moses was an Egyptian and that the Israelites murdered Moses. Assmann faults Freud for not giving Sellin sufficient credit for his ideas about the impact of the repressed memory of the murder of Moses on the psychology of the Jews, particularly the centrality of guilt.

Ronald Hendel continues the discussion about Sellin as the source for Freud’s theory of Moses’ violent death, and Hosea who Hendel feels illuminates Freud’s formula “Moses created the Jews.” Hendel feels that there are problems with Sellin’s reconstruction of Hosea’s verses and that there are unmistakable signs of the violent death of Moses. Hendel makes the distinction between historical Moses and what he calls Mosaic discourse and this may advance Freud’s project. He asserts that the Jewish response to Mosaic discourse contributes to the Jewish conscience, and the rejection of Mosaic discourse causes Jewish guilt.

Mosaic discourse defines Israel as God’s chosen people. And, as Freud observes, it is a proximate cause of anti-Semitism because it defines a boundary between Jews and gentiles in favor of Jews. Mosaic discourse substitutes laws and ethics for traditional Israelite religious practices. This is what Freud calls “the advance of intellectuality,” which is one of the leitmotifs of this book. The advance of intellectuality constitutes the progress from Exodus-Leviticus to the prophets. Intellectuality is what Freud had in mind when he refers to himself as a Jew in essence.

Freud has been widely faulted for his belief in Lamarckian phylogenetic transmission of genetic traits in *Moses and Monotheism* and in *Totem and Taboo*—the idea that the murder of the primal father is an event that is passed down from generation to generation. The event becomes a part of our archaic heritage, a transmission that situates itself between biology and history. Catherine Malabou proposed the term epigenetic, the missing term between biology and history. Freud is proposing that the traumatic event, the murder of the father, is part of the psychic

⁷ Sellin, E. (1968). *Introduction to the Old Testament*. Nashville: Abington Press.

genetic code. Epigenesis is a term created in 1940 by the British biologist Carvel Waddington to specify studies on the relationship between genotype and phenotype and between the genetic code and the individual constitution and appearance.

Fast forward to the work of Rachel Yehuda who studied the genes of children of Holocaust survivors. She argues that epigenetic changes stemming from the trauma suffered by Holocaust survivors are capable of being passed on to their children. The clearest sign yet that one's personal life experience can affect subsequent generations. The conclusion is that genes containing DNA are not the only way to transmit biological information between generations.⁸ Lamarck redux, which placed Freud ahead of his time.

The epigenetic transmission of trauma marks the transition of the journey of Freud I the neurobiologist to Freud II the psychoanalyst to Freud III the neuropsychanalyst. This is consistent with the work of Solms and others who have shown that some of Freud's propositions are supported by neuropsychology.

A fifth contributor to the literature on *Moses and Monotheism* is Edward Said. He did not write a separate book about *Moses and Monotheism* as did Yerushalmi, Rice, et al, but has referred to Freud's paper in several of his volumes. His work is discussed in the papers of two of the contributors to this volume, Gabriele Schwab, and Catherine Malabou.⁹

Said tried to use *Moses and Monotheism* to support an anti-Zionist agenda and cites Freud's refusal to join in an appeal to the British to increase Jewish immigration to Palestine. I would offer, in contrast, Freud's eagerness to contribute to a fundraiser for YIVO where he notes that after the expulsion from Babylon, the Jews established an academy at Yavna, which is, of course, on Palestinian soil.

Edward Said argues that *Moses and Monotheism* provides the basis for a critique of Zionism and Jewish fundamentalism. Said reads *Moses and Monotheism* as Freud's anti-nationalist stance. Moses was an Egyptian,

⁸ Yehuda, R., Lehrner, A., & Bierer, L. M. (2018). The public reception of putative epigenetic mechanisms in the transgenerational effects of trauma. *Environmental epigenetics*, 4(2), dvy018.

⁹ Said, E. (1992). *The Question of Palestine*. New York: Vintage.

more related to various Semitic tribes than to the Israelites. The Israelites conquered the indigenous tribes and settled in the Promised Land. This was repeated in 1948 with the establishment of the Jewish state by the Jewish Europeans who saw themselves as returning to the home of their ancestors, but whom Said views as usurpers who were in fact erasing their non-Jewish, non-European history.

Said sees Freud as refusing to resolve the Jewish identity into “a nationalist or religious fundamentalism” (p. 95). For Said, Freud’s *Moses and Monotheism* is part of an anti-colonialist canon, which is advanced by the pro-Palestinian left. I view this argument as essentially spurious in regard to the legitimacy of the State of Israel. Not all the Israelites are indigenous to Palestine, nor are all of the Palestinians indigenous to Palestine.

For me, *Moses and Monotheism* is a project in which Freud struggled with the question of his own Jewish identity as well as the identity of the Jewish people, but the subtext is the concern about his own origination myth. Yerushalmi saw the book as an attempt to solve the problem modern secular Judaism faced with the challenge of assimilation in the German-speaking society. The archaic heritage of the murder of Moses provided all Jews, religious and non-religious, with a shared identity. *Moses and Monotheism* reflects Freud’s deep ambivalence about his own Jewishness. When Freud was asked what is left to you that is Jewish he replied, “A very great deal, and probably its very essence.”¹⁰

This essence is Jewish spirituality, which is expressed in the title and the third part of *Moses and Monotheism*: “The Advance in Intellectuality.” I believe Freud’s obsession to prove Moses’ Egyptian origin as an historical truth had to do with his need to deny his own lost Judaic origin and assert that he was an *echt* German Jew. Although his family came from Galicia, he asserted that the family was originally from Central Germany:

I was born on May 6th, 1856, at Freiberg in Moravia, a small town in what is now Czechoslovakia. My parents were Jews, and I have remained a Jew myself. I have reason to believe that my father's family were settled for a long time on the Rhine (at Cologne) that, as a result of a persecution of the

¹⁰ Freud, S. (1913). *Totem and Taboo*. S.E. 13, xix.

Jews during the fourteenth or fifteenth century, they fled eastwards, and that, in the course of the nineteenth century, they migrated back from Lithuania through Galicia into German Austria.¹¹

Freud and his Jewish coreligionists, all of whose parents or grandparents came from Galicia, were very embarrassed by the uncouth, unkempt Jews who came to Vienna from Galicia at the end of the nineteenth century. In an article in *Ha'aretz* published in 1940, a Jewish scholar describes a visit to Vienna close to the beginning of the 20th century where he gave a lecture about Yoshua the Prophet.

Freud and some of his colleagues also blamed Austrian anti-Semitism on the influx of Jews from Eastern Europe. I disagree with this contention. I feel it was the success of the Jewish in professions in Vienna—the doctors and lawyers—that led to envy and enmity by the Viennese. Other evidence for Freud's discomfort with his Eastern European Jewish origin is his insistence that he didn't understand Yiddish even though he visited his mother every Sunday and she only spoke Yiddish.

My question at the beginning of this review was, given the extensive literature on *Moses and Monotheism*, "Is there enough new in this book to warrant our attention?" I think the answer is yes, as I have tried to detail in the preceding. There is a lot to ponder: the questions about Freud's Jewish identity and the matter of epigenetic Lamarckian inheritance of trauma.

ARNOLD D. RICHARDS (NEW YORK, NY)

¹¹ Freud, S. (1925). *An Autobiographical Study*. S.E., Vol. 20, p. 6.