

Abusive Relations and Traumatic Development: Marginal Notes on a Clinical Case

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ABUSIVE RELATIONS AND TRAUMATIC DEVELOPMENT: MARGINAL NOTES ON A CLINICAL CASE

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This work offers a re-reading of the concept of repetition compulsion in relation to clinical work with patients who were severely traumatized at an early age. Going beyond the limit of the classical concept, which connects repetition compulsion to the death instinct, the function of traumatophilia is enlivened through the hypothesis that the automatisms of repetition may be the expression of the vital core of the Self, in search of the “transformational object.”

By presenting the detailed clinical case of Greta (a severely dissociated patient), the article seeks to show how the vicissitudes of the transformational object are played out in the transference-countertransference relationship, and how they come to life in the field through the creation of characters who are continually generated and transformed in the patient's and analyst's rêveries.

Keywords: Dissociation, traumatophilia, repetition compulsion, transformational object.

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“The repeated questions may even be what is known as repetition compulsion. But repetition compulsion may in fact be a spark of human curiosity which has hitherto failed to be extinguished by any authoritative statements from whatever source.”

—Bion 1977, p. 119

In our work with severely traumatized patients we often encounter a form of the transference that appears to be of particular complexity. What is repeated in the consulting room is not restricted to specific symptoms, attitudes, or behaviors that indicate suffering, but consists in a wide area of experience that includes the patient's whole way of being and of relating to others, upon which the trauma has left indelible marks. In other words, the patient repeats his entire traumatic experience and invests the relational field with an emotional intensity such as to determine in the analyst a counter-transference involvement which is both deep and extraordinarily powerful. Often these are patients who experienced traumas of deprivation and abuse in the relationship with the primary object during a very early stage of development, and who come to develop a real traumatophilic way of living (Ferro 2005), persisting in making object choices that constantly bring them back to the original trauma.

We are here in the environs of repetition compulsion, a key concept in Freud's work, where it was introduced as an indicator of psychopathology: one repeats “everything that has already made its way from the sources of the repressed into ... manifest personality ... inhibitions and unserviceable attitudes and ... pathological character-traits” (Freud 1914, p. 151). If we take Freud's 1914 perspective, we catch a glimpse of the idea that one might repeat instead of remembering, in life and in the transference; and it is in the transference that such repetition will “expand in almost complete freedom” (Freud 1914, p. 154) opening up the path of working through resistances and thus overcoming the illness. In defining repetition compulsion, Freud was certainly aware of its implicit vital and propulsive aspects (repetition as a means of bringing about psychic change); however, the dominant idea seems to be that repetition compulsion must be “curb[ed]” and rendered “harmless” (Freud 1914, p. 154) within a process that still remains in all respects intra-psychic and uni-personal (“One must

allow the patient time to become more conversant with this resistance with which he has now become acquainted, to work through it, to overcome it" [Freud 1914, p. 155]).

With the turning point of *Beyond the Pleasure Principle* (1920) this view established itself even more, and repetition compulsion, which seemed at odds with the logic of the pleasure principle, came to occupy a new theoretical position, becoming an expression of the death-drive. The fact is that even in his 1897 letter to Fliess, where he wrote "I no longer believe in my *neurotica*" (pp. 264-267, italics in the original), Freud had already left behind the relational and inter-subjective view of trauma, which made the intra-psychic the elective locus of psychoanalytic attention and investigation.

It fell to Ferenczi to bring back a relational perspective on trauma. In highlighting the child's natural fragility (which his concept of *mimicry* expresses with extreme clarity), Ferenczi underlined the impossibility for the child to protect himself every time he is exposed to abusive and traumatic relationships, and, with his idea of "*alien transplants*" (1932), he anticipated some of the most remarkable Kleinian and Winnicottian insights (such as projective identification and impingement). Ferenczi's paper "Confusion of the Tongues between the Adults and the Child" (1932) almost sounds like a manifesto of relational developments in the shadow of trauma; under the pressure of the caregiver's needs and misunderstandings, the child responds by establishing dissociative defences, he makes the adult's point of view his own (*identification with the aggressor*) and finds himself forced, at an early stage, to bring resources into play (*traumatic progression*) which enable him to cope with an environment that is unable to protect him.

These were innovative ideas, for which the ground had perhaps not yet been prepared. It would be necessary to wait for Michael Balint, Ferenczi's friend and colleague, to carry on his scientific legacy, redeeming it from the oblivion to which it had been condemned after his death. And in spreading Ferenczi's message, Balint seemed to expand it, emphasising—in alignment with Winnicott—the centrality of the early environment (and not of drives) in determining psychic development [regression]:

... is both an intrapsychic and an interpersonal phenomenon.
We also found strong indications that for the analytic therapy

of regressed states its interpersonal aspects were more important... . [The analyst] should be willing to carry the patient, not actively but like water carries the swimmer or the earth carries the walker, that is, to be there for the patient, to be used without too much resistance against being used. [Balint 1968, p. 167]

It is difficult not to hear the echoes of Winnicott's concept of holding.

The period we are talking about—between the 1940s and 60s—was one of particular ferment for psychoanalysis. At that time the concept of projective identification was imposing itself more and more, and it no longer seemed possible to conceive the mind as an isolated subject of study. The Kleinian revolution meant that the mind became a relational structure, where there were continual dynamic interactions between internal objects and parts of the Self. However, the fact is that Melanie Klein had started from an intra-psychic perspective, and it was this that nonetheless continued to define her thinking. The exclusiveness of the intra-psychic perspective and the concept of the death drive were then called once again into question by Fairbairn, who placed the subject at the centre of a world of relations and affects: indeed, for him, the libido was essentially a search for the object. Thus in Fairbairn, Freud's concept of repetition compulsion became detached from the death drive and was returned to an inter-subjective position: "... it is not so much a case of compulsively repeating traumatic situations as of being haunted by bad objects against the return of which all defences have broken down, and from which there is no longer any escape (except in death)" (Fairbairn 1952, p. 166).

And if Fairbairn saw the libido as a search for the object, it was Winnicott who took this assumption to its extremes: "there is no such thing as a baby" (Winnicott 1952, p. 99)—without a mother; there is no such thing as a patient—without an analyst. The time was ripe for the Bionian turning point: the mind is born from the relation between two minds. It is the product of an inter-subjective creation, which takes place in a continual transformational dialectic between "*container*" and "*contained*." With his theory of thinking, Bion expanded metapsychology and with it, the theory of technique. From that moment on, within the Bionian perspective clinical work was no longer to be "on" the patient,

but “with” the patient, and every single event—whether inside or outside the consulting room—could only be understood as an expression of something that is created and acquires significance through the analytic relationship. So the “*caesura/censure*”¹ of classical theory (the *caesura* between primary and secondary process, between conscious and unconscious, between pleasure principle and reality principle, and especially between patient and analyst) became “*caesura/synapse*” which had to be investigated and constantly transcended. On the other side of the ocean the Barangers (2008) re-conceived the entire analytic situation as an emotional field created between two minds at work; attention was shifted ever more onto the vicissitudes of the analytic field, which became a true personification with Ogden’s (2004) concept of the intersubjective analytic third.

These developments would seem to suggest that there has been a transformation of the epistemological paradigm of psychoanalysis. My proposal here is to start from a relational perspective and to revisit the concept of repetition compulsion as an element *at the service* of the clinical work carried out in the analytic field. In other words, I suggest that repetition is not to be regarded as “Eternal Recurrence of all things” (Nietzsche 1909), but as an experience which each time is new and vital: repetition gives voice to the hope that something essential for survival can be understood, accepted and transformed.

References to this view of repetition—which we might describe as “survival oriented”—are also to be found in the neurosciences. In particular, if we accept Modell’s (1990) reflections on Edelman’s theory of memory, then what we store in our memories are not simply transcriptions of events, but more specifically the potential to identify the categories they belong to. Repetition seems to perform a biological function. As Civitarese (2010) puts it very clearly, according to this model one repeats in order to consolidate patterns of perception, out of a need to

¹ Bion highlighted a peculiar misprint in the first edition of *Inhibitions, Symptoms and Anxiety*, where the well-known Freudian statement would sound as follows: “There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura (censure) of the act of birth would have us believe” (Freud 1926, p. 138). Bion pointed out how curious it was “that this term, ‘caesura’, was misprinted in the original paper by Freud as ‘censure’, so that it was even then – accidentally of course – unconsciously described as a censor, an inhibition” (Bion 1976, p. 121).

find a perceptual identity between past and present; the search for this identity has a clear adaptational meaning and is at the root of a person's experience of time and continuity of self.

Leaving aside the question of where to situate these observations (concerning the biological principles of how the mind functions), I would like here to explore repetition compulsion in a more specifically inter-psychic dimension, starting from the idea that every repetition takes place *in the presence* of the object. What I am suggesting is that the central propelling factor of repetition is the hope of finally finding an object that will respond.

In developing my ideas I shall start from a clinical situation, in order to put forward the hypothesis that in the traumatic object relation repetition contains a search for the “transformational object” (Bollas 1979), and that implied within repetition is the vital core of the Self, namely the part of the Self that is caught up in the trauma. For that purpose I have chosen the case of a thirty-year-old woman, with whom I've been conducting a four-session-a-week analysis. The clinical material refers to the first year of treatment, during which the patient was constantly immersed in trauma.

CLINICAL MATERIAL

Greta had been a child who didn't believe in Father Christmas. Not so much because she had been told that he didn't exist, nor because she had been deprived—more or less actively—of the magic of Christmas Eve. On the contrary, her family usually celebrated it with all the ritual opulence typical of the nordic tradition (her paternal grandparents were Swedish). Greta simply had always “known” that Father Christmas “didn't exist” or, perhaps, she had precociously sensed it. “My sister and I took some puppets, made a circle and sat in the middle to enjoy the Christmas tree.”

There seemed to have been very little magic in Greta's childhood; ever since her conception, she had been laden down with expectations coming from her parents, both very poor and of humble origin. Her mother, worried by her continual state of financial uncertainty and suffering from a fundamental difficulty in coping with life, was a very depressed and insecure woman, and was often intrusive towards Greta.

Her father was chronically dissatisfied and bore the burden of the failure of his plans for life: he had dropped out of university and hadn't ever been able to achieve fulfillment either as a person or in his work.

Hers was a family "without grandparents." The fact was that Greta had never met them. The information she seemed to have received about her family roots appeared fragmentary and vague. In particular her father's parents, the "Swedish grandparents" had apparently died in a car accident, after having left their children at a very young age with a distant relative, on the occasion of a trip to Italy. As for the maternal grandmother, Greta had been told that she was a strange, hot-tempered, and unpredictable woman. The version of events, as told in the family, was that she had died after spending years in a mental asylum, where she had ended up for the first time after the birth of Greta's mother. The patient's mother was in fact the last of an indeterminate number of children—all of them conceived from different men and within occasional and abusive relationships. The identity of the various children's fathers, including Greta's maternal grandfather, always remained unknown.

This was a scenario in which the state of being "without grandparents" spoke to the trauma of being an orphan, which seemed to have been passed on from one generation to the next. Just like the parents of Tom Thumb (see Perrault 2003), in the grip of extreme deprivation and unable to feed their children, had abandoned them in the woods, in the same way Greta's parents, street vendors, very poor, and without prospects for the future, who themselves had survived despite the failure of their own primary objects, could only repeat, with their children, their own history of abandonment and emotional abuse.

The First Meeting

Greta was a very pretty girl; she looked like a fairy from a nordic tale. She was twenty-nine when we first met. I still have a vivid memory of the expression on her face: occasionally she smiled, but her look betrayed a frightened child, on the alert. For quite a while she wrapped herself up tightly in her coat, perhaps to feel protected.

The seriousness of her condition was clear from the first meeting, to which Greta arrived very late and in a confusional state. The session immediately took on the characteristics of an emergency, which we would have to deal with for several months. Greta seemed to be

constantly entering and leaving a dreamlike state in which her thoughts and what she said seemed fragmentary, disorganized, and difficult to understand. She looked around and then stared into space, as if she were trying unsuccessfully and spasmodically to pay attention, or as if she were absorbed, attracted by something—perhaps images, sounds, or sensations. She touched her chest, she pressed against her heart, as if to show me that she felt a pain, a weight, an anguish there. She kept on uttering scraps of sentences or isolated words over and over again, almost haphazardly, such as “I can't feel myself,” “I am empty,” “pain.” Nevertheless, Greta would always go back to smiling, as if she were trying to contain herself, to shield herself, to alleviate the impact of unbearable emotions.

I was worried. I was reminded of the patients I used to see when I was on duty in the casualty department: seriously ill patients who had miraculously managed to get to hospital to ask for help, perhaps after gathering together their last resources, before giving up completely—patients with acute psychotic states, dissociative states, reactive psychoses, schizophrenic syndromes. In that context I would have administered her an antipsychotic drug and probably had her admitted to hospital. I remember wondering how I could contact a family member, and if there in fact *was* any reliable member of her family. At such a difficult moment some images that had started to take shape in my mind turned out to be of great help to me: the image of an ambulance, the paramedics coming up to my studio, the patient offering resistance, but finally agreeing to go with them, and then myself getting into the ambulance with her. These thoughts gave me some relief; they anchored me to factual reality, to the “managing” aspect of psychiatric work which was familiar to me and in which I had acquired some solid skills. All this represented an initial sustaining wall and perhaps also a premonition of what the two of us would have to go through together. I realized that my day-dream contained a sort of progression: first delegating responsibility to the relatives, then being “a psychiatrist on duty,” and finally being in the ambulance with the patient. In this progression the casualty department, as an “external” institutional container (admission to hospital), took the form of the ambulance which we got into together, and which with time would become the “A&E/mental function” of the consulting room, an experience of “bringing inside,” of holding inside.

However, even if my reverie seemed to point to a potential for development of the situation at that moment, at the same time I felt I ought to bear in mind the possible need to take her to hospital. It was clear to me that the patient's clinical condition was serious, even though I had not yet formulated a precise diagnosis. My predominant impression was that she might be in a confusional/dissociative state, but I could not exclude the possibility that she was suffering from a frank psychosis. Apart from any diagnostic uncertainty, I also felt the need to understand which competencies (technical, emotional, and relational) were necessary for me to deal with this patient and in this situation. What could we do together? And what personal resources (cognitive, emotional, social) did she have at her disposal? Engaged as I was with all these questions I settled down to wait for a better understanding. So I realized that I had already begun to talk to her slowly, in a calm tone of voice; it seemed to me necessary to lighten the sensory register of the conversation as much as I could in order to give her a little warmth and in the hope of reassuring her. Greta didn't seem to understand the meaning of my words, which at that moment possibly came across to her as overwhelming. I felt that I was witnessing her experience of something that was too much for her fragmented Self, a Self that lacked any containing walls. I could only be there with her and wait. At some point unexpectedly Greta began to talk to me: "I don't feel very good, it is because of my boyfriend ... what shall I do ... ?" Then she slipped back again into a sort of suspended state, and throughout the rest of the session she moved in and out of this kind of "trance." I let the session go on beyond the time scheduled, wondering until the end whether it might not be better to hospitalize her; eventually I decided to let her go, choosing a moment when I felt she was more "together" and orientated, and after she had told me that her father was downstairs waiting for her. She herself asked for another appointment.

A few minutes later I received a call from her mother, telling me that her daughter had recently been admitted to a psychiatric ward, from which she had been discharged and put on antipsychotic medication, which she had immediately stopped taking. She had also stopped seeing her psychiatrist. The mother was worried as Greta continued to be very confused: she often got lost and was no longer reliable. She should have been doing her job, she was a good physio-therapist, but for

some time she hadn't done very much, and they couldn't afford to lose her income: there was the rent to pay and otherwise they faced eviction. She also seemed to show a certain relief at the idea that now there was someone who was going to help her. A kind of legitimization in advance that left me with the sensation that I would have to give them back their daughter restored to health, so that she would be able to take care of them again. At that moment I pictured her in my mind as a sort of Tom Thumb (see *The Brothers Grimm* 2012), sold to strangers for a gold piece.

Development

The next session took place the following day. She arrived on time and she gave the impression of being more together: she was actually able to say that she had felt at ease with me. This showed me that something of the experience of our first meeting had remained with her. So I found myself thinking that the disruption I had witnessed had at that moment perhaps represented her only possible form of communication which would allow me to see something of herself. I then felt I could tell her about her mother's phone call: Greta reacted with a certain annoyance, making allusions to repeated experiences of having her boundaries violated.

What immediately entered the field was a love affair, which from then on would become the privileged site for telling a story of misunderstandings and emotional abuse, for talking about an experience of "excess" which Greta seemed to have had to cope with all her life. Her birth had awoken hopes for redemption in her parents, expectations that she would rescue them from poverty and obscurity. These expectations had cut into her like an axe and had created an obstruction in her inner space, in her potential for development; a stream of seduction had restricted all her hopes and plans. A demanding and suffocating environment, where a four-year-old girl had been expected to give milk to her newborn sister, and shortly after that had been encouraged to start various sporting and artistic activities, where she had proved to be very talented. It was as if she had been forced to become talented, perhaps in order to save her mother and to please her father; this father flattered and seduced her to the point where he insisted that she take part in the "Miss Italia" beauty competition. At that moment Greta dropped everything. She then started a traumatic adolescence, spasmodically looking

for a soul mate, and ending up in transient and abusive love affairs, and occasionally withdrawing from relationships in a very dramatic way. She would later talk of this period as something mythical, describing it as a "golden age": "I was a girl full of dreams, poetry, beauty, I was always energetic and creative ... I read my friends' thoughts and feelings, people sought me out because of my gifts as a sensitive." This narrative seemed to suggest the traumatic effect of the expectations placed on her by her parents (against which she was apparently totally defenseless, leaving her open to everybody else's "thoughts and feelings") and at the same time perhaps also gave an idea of the needs felt by a more authentic part of herself, that germinal Self waiting to find a mind ready to acknowledge and receive her.

Certainly her life story, as she related it, showed glimpses of oedipal themes, which appeared to me to be dramatically interwoven with a broader traumatic scenario. There was something disturbing, something not yet definable, which seemed to me to be related to her perception of time (the sequence of before and after, now and then); everything seemed to be there, in an absolute present that generated confusion. I started to imagine Greta as a deprived child, forced to cope with an alienating and traumatic early environment. In this environment, if on the one hand the mother appeared intrusive and fragile (Greta would later call her mother a child-woman), on the other hand the paternal functions seemed to suggest scenarios imbued with an "unhealthy" seductiveness predominantly played out in the filicide sense of the Oedipus complex (I am referring here to Laius's attempt to eliminate his son). This seductiveness however, while provoking in Greta a kind of excited involvement where all her infantile needs were radically misunderstood and neglected, had perhaps also represented for the child a sort of perverse, but paradoxically "life-giving" support on which to lean.

The fact was that for a long time the stories Greta brought to the sessions remained fragmentary and allusive, like isolated snapshots. The only element that seemed to provide stability and served as a containing wall was the setting. Analysis was four times a week and the patient would arrive with surprising punctuality. However, once the session got started, she would lose her way, drifting each time into a twilight zone which seemed to swallow her up. This situation constantly strained my

“negative capability.” For months, I had to cope with not understanding and with my feelings of concern, insecurity, and impotence.

Despite the fact that she was now seeing a psychiatrist again and was taking antipsychotic drugs, it still seemed to me that the game should be played primarily between the two of us. The sessions felt like intense “face to face” encounters, where Greta apparently needed to maintain eye contact with me and I dared not deprive her of something that gradually became her point of anchorage to sensory and therefore affective reality. Even payment for the sessions seemed to reflect her fragmentation: Greta would pay for each session as if it were an isolated event, and I felt that it would be impossible to suggest that she paid at the end of the month, because for her a month was a period of time that didn't exist, and each session was experienced as unconnected to the others.

It is difficult to describe the sessions of this period. Greta came across to me as a constantly evanescent presence, someone who slipped away as soon as I had the impression of having got through to her, like something gaseous, which expands and vanishes, pushed away by a slight puff of air. So I tried not to “move,” I tried to create a space of safety. I made very simple comments, designed to mirror and thus to give a name to her emotional states. For several months my interventions would be kept to a minimum and had the sole purpose of keeping going and holding her together as much as I could, anchoring myself to the protection provided by the setting, which guaranteed the possibility of sharing a “lightened” sensory experience: the regularity of my being there with her, my not moving.

My main impression throughout the first six months of treatment was that the patient had dissociative reactions when faced with something traumatic that she was unable to keep within herself. She seemed filled with emotions, ideas, and images which—lacking any containing wall—were almost like bombs that exploded inside her shattering all her psychic functions. So I thought that our clinical work should aim to create new containers (both mental and relational) which had never existed before (either in her or in her primary environment). And as the clinical situation was “extreme,” it was necessary to offer her something equally “extreme”: I was thinking of a kind of “never-ending” experience of holding which, by exposing her as often as possible to

emotional unison and mirroring, might help weave an affective fabric that would serve as an initial support.

This is how Greta slowly began to leave behind her dissociative state. And while at the beginning it had been necessary to contain her diffuse anguish, gradually vivid and better defined emotions such as anxiety, dejection, and fear, began to appear and to give life to real "stories." Her stories brought a series of "characters" into the consulting room and from then on they would occupy the relational field. One of these characters was "Ans," a young Rumanian she had met in the street, who had been feeding her illusions for two years, and who regularly abused her and often disappeared without warning. And every time he disappeared, Greta plunged into an abyss of despair where her Self fragmented and her psychic functions were disrupted. Then there was the "fortune-teller," who read Tarot cards for her, and who constantly gave her the impression that she was in fact reading her thoughts, with the effect that each time she lost contact with reality; another character was the "clairvoyant Pakistani," a colourful figure met at the bus stop, whom she thought was able to "perceive the supernatural" and to know what was good for her; then there was the "elderly doctor," who lured and flattered her by pretending to be in need of her professional skills, but whose real intentions were different. These enticing figures, like the witch in Hansel and Gretel, exploited her neediness by offering her the "gingerbread house," only to go on and take her captive. And each time Greta got lost in the woods, reverting to the gaseous state (which at times appeared like a pre-psychotic state of confusion).

For nearly a year, the fortune teller was the main character on the scene. Greta consulted her with extraordinary frequency, often just before coming to the session; she had the impression that the fortune teller was really able to read her thoughts with great accuracy. And even though this experience was extremely traumatic for the patient, in her eyes this ability had greatly enhanced the woman's credibility. This woman, who in our lexicon had become "the witch," sometimes seemed to be much more credible than I was: the witch *knew*, whereas all I tried to do was to understand, and this was not enough. We were repeatedly confronted with the same sequence of events: she asked the witch if Ans would come back to her, but as soon as the witch pronounced on this, Greta felt bad. The effect of the meeting was explosive and left her

desperate and empty both when the predictions were positive and when they suggested the need for patience or a period of waiting: she felt as if the witch were “robbing her of her thoughts and ruining her future” (these were her very words). And while listening to Greta's descriptions of her sessions with the witch, I started to realize, and to tell her, that when she met the witch, inside her was a scared little girl, unable to think, to take care of herself, a child who hoped and believed that she would find a mother who looked after her. This mother would “prepare a good future” for her, protect her, guide her, and love her unconditionally. But the person she faced every time she met the witch was somebody who made her feel abused and robbed of her future. I had the impression that the abuse resulted from a certain permeability, which “traumatophilically” exposed the patient to an unbearable experience within a relationship that offered her no protection. At that moment I thought of a mother invading her daughter's mind, filling her with obstructive “alien transplants” (Ferenczi 1932)—the witch's predictions and advice—showing no regard for her real needs and unable to see her in her fragility.

My interventions, however correct they may have been, seemed to be demanding from her a level of integration that was still premature, and seemed to have the effect of plunging her back into a dissociative state. The fact was that, however careful I was, I often hurt her: I myself became the “witch” from Hansel and Gretel, the “witch” who invited her to the sessions in a consulting room that constantly turned into a “gingerbread house.” And Greta demonstrated this to me every time, by slipping back into a state of dissociation and becoming once again gaseous, evanescent, and detached from reality. I then became immobile again, calibrating, weighing up the register of my interventions minute by minute. They were like little white stones, dropped in the hope of laying down a path. And yet, just as the “witch” was perceived as someone who rummaged through Greta's thoughts, extracted them, and gave them back to her all mixed up and confused with her own thoughts, likewise during the sessions, I realized that something similar was happening to us: while I tried to sum up and clarify Greta's thoughts and words, to underline them in some way, at that moment something would happen—a misjudged tone of voice, say, or a deeper sigh—that created a lack of unison and hence an experience of traumatic misunderstanding

which she saw as highly persecutory. The “witch” and the “gingerbread house” were back on the scene again.

Greta would keep on clinging to the witch with all her might, as if she were the only person who had the power to hold her together, despite the fact that every time experience demonstrated the opposite. I had the impression that she had invested the witch with “transformational” functions, in other words, that she sought—and indeed saw—in her a mother figure in every respect. And if she came back from every meeting with her feeling confused and off balance, and she rushed to me looking for help, in no time at all the scene was reversed: the witch was rehabilitated and I was the one who ended up in the oven. So in my position as guardian and guarantor of the setting and of the relationship, I tried to come closer to her delicately, making comments on how terrible it must be not to feel understood and protected, and apologizing to her for having hurt her, every time I had failed to make her feel understood and helped. These comments led to a certain lowering of the emotional temperature, and they seemed to reduce Greta’s fear that I might be “dangerous”; I realized that I became “dangerous” when, like the witch, I “pronounced” on something, in other words when I left the relational field and entered the dimension of an external and concrete reality, made up of real people and not of characters who were part of the analytic narration. It was there that the witch lost the status of “character in the field,” and became a “real” person; this was the failure of the dream function and of the symbolizing, metaphorizing, and transformational capabilities of the analyst’s mind and of the couple at work. This risk was constantly present, because the incandescence, the hyper-density and the hyper-concreteness of the trauma conveyed by experiences of reality served as powerful attractors, where every experience of containment was rendered uncertain. So, in the presence of both the “abuses” of the witch and the mistreatment perpetrated by Ans, I felt compelled to intervene, in order to rescue her from all these nasty things, but every time I had to acknowledge that Greta seemed to need to rehabilitate the image of her persecutors so as to keep herself together, because she had placed in them every hope of survival.

I was constantly faced with the problem of how to avoid becoming traumatic, however inevitable and necessary it might be to take on (to

represent), in the transference, the functions of the traumatic object. So I asked myself which rêverie, which narrations I could offer the patient, without creating an experience of “excess,” of indigestibility—which in Greta immediately turned into dissociative slippage.²

I began to realize that I gave her some relief every time I came to acknowledge the importance of her “gingerbread-house – experiences,” which not only served the repetition compulsion (the repetition of the “trauma”), but also seemed to function as narrative loci for talking about her basic needs. And if it is true that when one is really hungry, one takes whatever is there, the communication I took from her traumatophilic repetition was that it contained a need, a deep hunger experienced by a small part of herself, the part that was involved in the traumatic area. I had the impression that her repetitions served to “keep alive” in some way—perhaps the only way possible up to that point—a vital core, which these repetitions had now brought into the consulting room. This was a crucial realization, which set off the transformation of the consulting room-gingerbread house into a home with a fire burning in the hearth, where it was finally possible to let little Gretel in, with all her needs.

In this way new memories began to emerge. One was the memory of the speech therapist who had cured her of the mutacism she had suffered from at nursery school. The teacher had threatened not to let her

² If on the one hand there is a kind of “necessary” trauma, caused by the analytic device that helps gather together transference phenomena and thus opens the way to the symbolization of trauma in the transference, on the other hand there can be a trauma/setback, due to misunderstandings, lack of unison, and more generally to all those situations when the analyst's response doesn't meet the patient's needs in the here and now.

Hence the difficulty of the analyst, who has to maintain an uncomfortable position which involves being transformed into a traumatic object by the vicissitudes of the analytic field, while at the same time having to protect the patient from the “unnecessary” trauma and remaining attuned to the emotional temperature of the relationship. All this implies that the analyst must monitor the patient's reactions moment by moment, calibrating his interventions according to the patient's capacity to accept them as they come. With the expression “trauma/setback” I am referring to the transference that takes place with seriously ill patients, about which Winnicott (1955-1956, p. 298) wrote: “. . . it is at this point in my work that I found myself surprised. *The patient makes use of the analyst's failures.* Failures there must be, and indeed there is no attempt to give perfect adaptation; I would say that it is less harmful to make mistakes with these patients than with neurotic patients. . . . The clue is that the analyst's failure is being used and must be treated as a *past failure*” (italics in the original).

see her mother ever again if she didn't keep quiet. Another was when she was an adolescent, and for a moment had felt "light and free as a butterfly," wishing to open herself up to life. These were lightened states of the Self, at times even possessing a certain frivolousness, which would allow her to rediscover herself as a "born ballerina." Greta again started to go out with trusted friends, and she organized a party for her thirtieth birthday: a celebration for a "newborn" Greta who was now more together and better able to protect herself.

Many other reveries, born in the consulting room and shared with the patient, came to take shape in the relational field. Greta later broke off her relationship with Ans; "Gretel" (the character generated by the analyst's reverie and shared with the patient) gave way to the "butterfly" (generated by the patient's dreams and stories). This fact showed the progressive transformation of the traumatized, abused, and scared parts of the patient's Self into more confident ones; Greta's confusional state seemed behind her. She was now able to picture herself as a "butterfly," a butterfly that flitted from flower to flower and then settled. But she was also rebellious towards any constraint, any imposition on her identity, and would mercilessly point out every single mistake of mine, every single misunderstanding: I would then face a person who was as angry as a bull and had the memory of an elephant. This rage was generated by an early lack, and now she was finally able to let it out, within a secure situation. Within a relationship that "held," that made her feel held.

Discussion

The narrative approach that lies behind this paper seeks to focus on repetition compulsion in the traumatic object relation, and to put forward the hypothesis that what is involved in traumatic repetition is the vital core of the Self, in its search for the "transformational object" (Bollas 1979).

I'd like to start from a general statement: if the primary objects have been in some respect abusive, lacking or generically "traumatic," then very probably the choice of the love-object (I refer here to a person's ties and to the way they construct their life) will retain that imprint, until new psychic, relational instruments enabling new achievements are made available. "The traumatic infantile experience becomes the organizer of the whole of mental life and indeed the organizer and director of

life itself" (Ferro 2005, p. 103). So, the Greta who had been misunderstood, obstructed by alien transplants, not recognized in her needs, would only ever be able to find—traumatophilically—a traumatic and abusive love-object. We could say, Greta can't help doing it, nor does she know how to do anything else: she repeats and looks for what she knows.

For a long time there seems to have been absolutely no place in Greta's mind (and also in the mind of patients of this type) for formulating a request that *she* be the person helped. On the contrary, she has been expressing her desperate need for the analyst to repair her original love-object (with whom she also partly identifies). She needs the analyst to transform him, cleansing him of precisely the traumatic quality that seems to render him "unusable" as he is. Every time she and Ans met, what thrust her into the abyss of the dissociative state was not so much (and not only) the experiences of mistreatment as her inability to accept that a part of her may want to fight against them. This would have amounted to opposing the confused relationship with the object—a relationship where boundaries were blurred. This relationship, however indicative it may have been of the traumatic situation, had originally also been the elective locus of the involvement of the vital parts of the Self, which is what made it indispensable for survival. Relinquishing the traumatic object would have then meant falling into an infinite void because, together with the object also those vital parts would have been lost.

In the clinical work with Greta, every time even only remotely ambivalent feelings towards Ans emerged, the difficulty I had was what to do about them, how to deal with them, to what extent to emphasize them, because in the various forms of the transference for a long time Ans remained the mother who must be preserved, if she was to avoid falling into the abyss. This realization meant that I sometimes ran the risk of repeating the abuse myself precisely when, in order to protect the patient from dissociative slippage, instead of limiting myself to empathetic interventions, I found myself interpreting. In this scenario then Ans was the mother, that very mother whom Greta had to "save at all costs" because her own life depended upon her (him). Her love for Ans was like the love felt by a small child who wanted to be accepted by her mother and thus yielded to the "deceit" that by meeting her mother's demands she would be her beloved child. In this way she shaped herself into her abusive mother to the point of merging with her (in other

words by ignoring her own needs, so as to protect the object). Greta went as far as to make her abusive mother's point of view her own, that is to say, she identified with the aggressor (in the Ferenczian sense)—“it is not my mum who is bad, it is me who is too needy.” So, from this perspective, I think “repetition” might be conceived of as the repetition of that illusion, in a desperate search—within the trauma—for an original state, the state of being “with the mother,” however traumatic the experience may be. In Ans then Greta was looking for that mother, that environment-mother (Winnicott 1963), that first object, but the object she found was an object that, just like her mother, turned out to be equally abusive and equally “guilty” of misunderstanding her. The object was nonetheless loved, and its image needed constantly to be rehabilitated so that it could be maintained as an object to which Greta could attach her hopes for life.

On this particular point, Searles (1979) suggests that the child has a kind of innate psychotherapeutic instinct, which leads him to sacrifice his own individuality and psychic integrity to the needs of the caregiver. His therapeutic efforts are at the same time “altruistic” and “egoistic” in nature—in other words they are inspired both by love for the parent and by the need to be able to count on a sufficiently solid (“healed”) parent, on whom he can finally rely. The psychotherapeutic instinct might then be regarded as the “dark side” of Ferenczi's alien transplants, in other words it might express the gradient of receptiveness and “permeability” which, by making the child sensitive to the parent's needs, also exposes him to trauma. On the other hand, it seems to me that when Searles focuses on these relational situations, he is seeking to highlight the passionate and authentically affective element which is present in them: the love of a child for his mother, independent of and beyond all the possible vicissitudes which make up that love. This love returns traumatically, and is constantly sought, in the repetitions of life,³ until it becomes possible to (re)define the reciprocal boundaries, that is, until an encounter occurs which, by being truly and fully therapeutic, makes it possible to heal the wounded Self. By this I mean an encounter

³ If classical theory essentially allowed us to think of the existence of “repetitions of death” (one need only think of the close connection between repetition compulsion and death drive, as postulated by Freud), we might think of the existence of “repetitions of life,” which can be used for therapeutic purposes in the clinical work.

which draws new demarcation lines and thus provides the containment which was lacking in the original relationship and helps to develop the necessary emotional competencies. Because, although the psychotherapeutic drive is a resource in the psychic equipment of the child, it is also an element of vulnerability, which over-exposes the child to love for a parent who is unable to protect it adequately; this love is then inevitably traumatic.

In her evocative and poetic language, Susanna Tamaro (2013, p.12) captures the essence of this traumatic attraction:

They were young, my parents, and fervently ingenuous. They had never suspected that a child, rather than being a harpoon launched into the future, could become an anchor that, once pulled on board, dredges up relics from the past. They hadn't ever had the time to observe the eyes of a newborn baby.

They hadn't seen mine – big, wide-open, enquiring.

They hadn't noticed my sticking out ears, always pricked up, always listening. Ears/antennae, ears/radar, able to pick up even the faintest creaking in the world.

Another perspective I would like to take here to develop my line of thought is that proposed by Bollas with his concept of the “transformational object”: an object that gives and transforms life; the place of early care which, even if fraught with misunderstandings and abuse, still remains in implicit memory as “primary love” (Balint 1952); a pre-conception of the breast (the need for there to be a breast); a vital seed that has survived everything else. This vital seed is connected to the mother, to the universal “knowledge” that comes from our having been conceived, from the experience of gestation, from the biological foundation of our being alive, or perhaps from the Bionian “drive to exist.” Perhaps, then, the search for the traumatic object is primarily the search for an object that can bring us back to the original mother, like a kind of (illusional?) memory of *holding*—as it had been manifested.

As Bollas (1979, p. 97) puts it:

I want to identify the first object as a *transformational object*. By that, I mean an object that is experientially identified by the infant with the process of the alteration of self experience; an

identification that emerges from symbiotic relating, where the first object is “known” not by cognizing it into an object representation, but known as a recurrent experience of being In adult life ... to seek the transformational object is really to recollect an early object experience, to remember ... a relationship that was identified with cumulative transformational experiences of the self. [*italics in the original*]

These transformational experiences, which we retain in our “implicit” memory, occur at a stage of development during which the mother is not yet perceived as an object but is experienced in terms of the transformations that she produces. From this perspective the repetition of a traumatic object choice will reflect the search for the original traumatic transformational object, in other words, it will be a search for precisely that early care, that experience of holding, however traumatic it may have been. What I am talking about is a traumatic experience of holding which is appealing because it recalls distant memories, written in the body, of having been held in some way or other, however badly; in recalling precisely that mother (that transformational object), the traumatic object will be one that holds out the promise of security and of transformation of the Self, despite having wounded it and continuing to do so.⁴

CONCLUDING REMARKS

With patients who were severely traumatized at an early age, the relational work carried out on confusion becomes then essential—the “confusion of the tongues” (Ferenczi 1932) and the resulting merging with the object. To return to Ferenczi:

the weak and undeveloped personality reacts to sudden unpleasure not by defence, but by anxiety-ridden identification and by introjection of the menacing person or aggressor.... One part of their personalities, possibly the nucleus, got stuck in its

⁴ Furthermore, the limited mental, affective and cognitive capacity of the patient's container for a long time prevents him from accepting within himself objects which are too saturated, too “good.”

development at a level where it was unable to use the *alloplastic* way of reaction but could only react in an *autoplastic* way by a kind of mimicry. [p. 228, italics in the original]

I would like to expand here on this idea of Ferenczi's. In order to survive, "the weak and undeveloped personality" is forced to take on a different shape and to identify with the caregiver. "Repetition" brings this traumatic area back into the present, and with it also the central vital core⁵ (perhaps Winnicott's "true Self"), which needs to repeat in order to be seen and recognized, repaired—freed from merging with the object—and restored to life. Traumatophilic repetition then indicates that survival strategies are at work, in other words that the traumatized part of the Self is being kept alive (tragically, while surviving the trauma) precisely by means of repetition. Here what is emphasized is the bare struggle in "keeping oneself alive" (what we have called surviving), and it refers to patients who, caught up in the coils of the trauma, seem constantly exposed to the risk of falling into the abyss of real psychic agonies (Winnicott 1963). Were they to stop repeating (to keep looking), they would have no more hope. Hope points to the vital core of the Self. So, if this is the aim, not only are survival strategies used, but also all the various defence mechanisms—splitting, projective identification, negation, denial—can be activated, in order to maintain the illusion that the object and the Self can be retrieved.

So, in line with the approach I am taking here, the analytic work should not aim directly at eliminating repetitions, but should first try to resolve the problem of merging with the object, which represents the most seriously alienating element within the traumatic experience. In other words, it will be necessary to work on the "confusion of the tongues," accepting (through an at times "extreme" experience of holding) the traumatized part and all its repetitions. It is here that we find needs and affects—and these must be allowed to speak for themselves.

⁵ "At the centre of each person is an incommunicado element, and this is sacred and most worthy of preservation. Ignoring for the moment the still earlier and shattering experiences of failure of the environment-mother, I would say that the traumatic experiences that lead to the organization of primitive defences belong to the threat to the isolated core, the threat of its being found, altered, communicated with. The defence consists in a further hiding of the secret self, even in the extreme to its projection and to its endless dissemination" (Winnicott 1963, p. 187).

The vital parts which enter the consulting room via repetition are fragile and weak because they have never been given a place in the mind of the object (and thus also in the mind of the patient). Hence, it is important that the analyst comes to fully and authentically acknowledge all these parts; this acknowledgement should not be based solely on his implicit theoretical models, but should flow from a profound understanding of the difficulties the patient is struggling with. Because it is only by going through the trauma that a true encounter can take place in the analysis, an encounter nourished by authentic affects, and only then will the patient feel that what he is experiencing is accepted and understood. The analyst will have to become a truly “transformational object,” a mother who, whatever happens, is driven by love and an ability to accept, both of which are unconditional—and this is essential for the development of transformational reveries. The analytic holding will thus have to “survive” the “tremors” provoked by the necessary traumatic repetitions in the here and now by offering a “secure base” (Bowlby 1988) which enables the patient to have the experience of a relationship that not only promises, but also proves, to be reliable in a real and concrete sense.

In the clinical work with Greta, for example, a series of experiences allowed her to feel that it was possible and legitimate to get angry at me if I hurt her, because I remained intact and alive by her side. A further stage in the complex construction of a space for holding and receiving her was made possible by working for a long time on “giving a name” to emotions and affects. This was a completely new relational space, where precisely these emotions and affects (including for a long time her traumatic repetitions) could be given a name, thus allowing them to be mentalized for the first time and take on initial forms of thinkability. By going on this journey of acknowledgement and affective legitimization the patient had started to feel more whole and ever more clearly defined and differentiated from the traumatic object. Progressive emotional micro-unisons and the analyst’s “dream-thoughts” (Pistiner de Cortiñas 2013) and reveries helped to lay down the premises for the development in the patient of a capacity to dream and therefore to carry out real unconscious psychological work.

In retrospect it is possible to say that it was thanks to the possibility of dreaming Greta through the analyst’s various rêveries, which were

induced by the patient's unfinished dreams—Tom Thumb, Hansel and Gretel, the witch, the Rumanian, the Pakistani, the butterfly, the buffalo, etc.—that the objects and the traumatic experiences were transformed into the characters of the analytic couple's narration.

And in an ever more inter-subjective (inter-psychic) perspective, as Grotstein suggested, it is through the “dreaming ensemble” (Grotstein 2007), the shared dream, the possibility of dreaming together, that new and ever more vital versions of any of our patient's selves can come to life. And it is here, at the level of mutual dreaming, that the developmental and transformational potential of the analytic relationship is worked out.

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Unlaid Ghosts: A Discussion Of Maria Grazia Oldoini's *"Abusive Relations and Traumatic Development: Marginal Notes on a Clinical Case"*

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UNLAID GHOSTS: A DISCUSSION OF MARIA GRAZIA OLDONINI'S "ABUSIVE RELATIONS AND TRAUMATIC DEVELOPMENT: MARGINAL NOTES ON A CLINICAL CASE"

BY RODRIGO BARAHONA

Maria Grazia Oldoini's paper, "Abusive Relations and Traumatic Development: Marginal Notes on A Clinical Case," is a comprehensive treatise on the effects of trauma on the ability to form a sense of Self where the patients's entire experience in the world is not unduly oriented towards the satisfaction of the other's abusive and impinging needs. She postulates the search for a transformational object as the tragic core factor driving the repetitive traumatic enactments characteristic of people like her patient Greta. The author locates this search in the repetition of what she calls a "traumatic holding environment," which I find to be an intriguing, but problematic, idea. I offer an alternative explanation based on a careful review of Winnicott's holding concept and Bion's theory of thinking.

Keywords: Bion, Ferenczi, holding, Winnicott, trauma, traumatophilia, transformational object.

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When Antonino Ferro (2005) describes *traumatophilia*, a term he uses only scarcely in his work, he links it to the mind's dual tendency to represent as well as evacuate unthinkable experience. Let's think of the suffix *philia*, according to the *English Oxford Living Dictionary* (2019), defined as "denoting undue inclination." Subjects who have been traumatized will have an undue inclination to seek out situations or people who will recreate that trauma "in the hope of dealing with the former disastrous situation with more suitable means than those available at the time" (Ferro 2005, p. 103). "In essence," he continues, "an unsolved problem is being re-presented, in the hope that mathematics will now be available to render it less toxic" (Ferro 2005, p. 103). So far, so good, and Ferro is quick to clarify that, at least in what pertains to this part of his thinking, he is still in line with the "historical roots of psychoanalysis" (Ferro 2005, p. 103) linking childhood experiences with trauma, repetition, and the death drive.

Of course, the link between *traumatophilia* as a concept and the compulsion to repeat does not begin with Ferro, and Oldoini notes that seeds of it are implicit in Freud's (1909) analysis of Little Hans. In fact, the introduction of the term *traumatophilia* to psychoanalysis can be traced back to Karl Abraham's "bold proposal" (Good 1995) that certain children exhibited a *traumatophilic diathesis* (Abraham 1907), predisposing them to seek out traumatic sexual situations. This idea, which rapidly became problematic, was arguably an unacknowledged forerunner to Freud's (1914, 1920) work on the death drive and the repetition compulsion in *Remembering, Repeating, and Working Through* and later in *Beyond the Pleasure Principle* (Good 1995; Grotjahn 1966), though Abraham, alleging paternity in the other direction, attributed inspiration from Freud's (1901) *Psychopathology of Everyday Life* (Good 1995). What is clear is that the idea was in the air since the origins of psychoanalysis, and has gone through several phases including Fenichel's (1939) *traumatophilic persons* (or neurosis) where the repetition is an attempt at a forward-moving mastery, to the slightly more sophisticated and contemporary *pathological accommodations* put forth by Brandchaft (2007), the early history of which he traces only to Freud's (1923) notions on unconscious guilt. An important milestone throughout the development of the idea of *traumatophilia* (surprisingly overlooked by Branschaft), is Ferenczi's (1933) groundbreaking paper, "On the confusion of tongues between adults and the child" where he introduces the

idea of *identification* (or *introjection*) *with the aggressor*, which Oldoini relies heavily on to frame her thinking in this stimulating and beautifully written account of Greta. Indeed, we might conclude that what Oldoini is offering us in this paper is the idea that, to a great extent, our work with traumatophilic patients relies on our receptivity to these identifications with the aggressor both on the giving and receiving end—what she would refer to as a form of *traumatic holding*—while helping the patient disentangle themselves from their own “abusive and traumatic identifications.”

Ferenczi's work on identification is important for many reasons, not least of which is the preservation of the sense of the child's self-interest¹ in the seduction, while at the same time avoiding Abraham's mistake of adopting an adultomorphic (Good 1995) view that blamed the victim. The child and the adult speak two different languages, and as a result each experiences his own distinct reality: the reality and language of childhood tenderness and the reality and language of adult sexuality, respectively. In the context of dependent vulnerability, “under the pressure of the caregiver's needs and misunderstandings, the child responds by establishing dissociative defenses, he makes the adult's point of view his own ...” (Oldoini 2019, p. 253). The adult is now free to dissociate from his responsibility because the child, in an attempt to re-establish some control over a situation that is clearly out of his hands, complies.

In contrast to Abraham, Ferenczi took on the issue of the actual traumatic seduction of the child by the adult, a move which Freud urged him to reconsider as he felt it represented a regression to his earlier seduction theory (Good 1995; see Hoffer 1991 and Kirshner 1993). Nevertheless, this thinking allowed the psychoanalyst to note the forward direction of the patient's introjection of aspects of the traumatic object's subjectivity—“alien transplants”² (Ferenczi 1932, p. 81) from intentions to responsibility, as a way of preserving the rudiments of an already malleable and fragile self despite the cost to the child's original subjectivity and agency defined by its ability to know and act on its own intentions,

¹ I use the term “self-interest” rather than agency, which as Akhtar (2009) points out, refers to something that is conscious. The drive to protect one's self-interest in identification with the aggressor is unconscious.

² Oldoini uses the term “alien implants,” though in the English translation of Ferenczi's *Clinical Diaries*, he uses the terms “alien will” or “alien transplants” (see Ferenczi 1932, pp. 18, 81-82, 111).

needs, and desires. As Oldoini writes, “these identifications may be pernicious, yet they are crucial to the foundation of the Self” (2019).

Oldoini makes it clear that therapeutic action will consist in essence of providing the patient with new capacities for mental functioning, around which budding embryos of experience of Self may be formed. Here, the analyst's stance is a flexible fabric woven from Kohutian mirroring, Winnicottian holding, and Bionian containment. The interpretative direction begins with the analyst's experience of the patient in an effort to help him pull together the split-off strands of his subjectivity. The damage done has been severe, such that the trauma is not merely repeated in discrete episodes concerning significant others including the analyst but rather tends to become a way of life, one could even imagine a worldview based on the traumatic impingement, the patient's “whole way of being and relating to others” (Oldoini 2019, p. 252).³ Quoting Bion, however, she notes that this repetitive whole way of being contains an undying “spark of human curiosity” (Bion 1976) searching for a new object to answer the eternal questions only a fool would neglect to ask the “unlaid ghost that inevitably reappears” in the transference, to paraphrase Freud (1909). In the type of ironic bind common to psychoanalysis, this “spark” is contained in a psyche where languages and minds have been confused between adult and child, and the child/patient was never able to develop the abilities to find an object that adequately replies to its needs rather than the other way around. In keeping with this bind, “the patient defends himself, albeit traumatically, and whatever new perspective is offered, however preferable and however much it is designed to protect him, will remain traumatic for him until he is put in a position to make use of it” (Oldoini 2019).

Oldoini also makes clear that her perspective is an intersubjective one, and it is within this framework that she is able to locate the patient's repetitive self-traumatizations through the analyst when the analyst is misunderstanding, understanding, or merely staying awake and staying alive, as Winnicott recommended. In fact, Oldoini is in Winnicott's good company when she states that her hope is to explore the intersubjective

³ In this way, Oldoini's use of traumatophilia clearly resembles Branschaft's (2007) *pathological accommodations*. A satisfactory analysis of their similarities, however, is beyond the scope of this paper.

dimensions of repetition where the scene of trauma is restaged in the consulting room in “traumatophilic repetitions which take place in close relationship with the object...in which the hope placed in the object represents a central constitutive factor and driving force” (Oldoini 2019). For there is a sense in which traumatic repetitions may be part and parcel of the “depressive's capacity to hold a mood” (Winnicott 1989, p. 31), implicit in which lies the “hope of being held over a period of time” (Winnicott 1989, p. 31) while working-through takes place. This working-through will involve fostering the patient's capacity to use an object, for to be “put in the position to make use” of the analyst's “new perspective,” Oldoini will no doubt agree, entails the “patient's ability to place the analyst outside the area of subjective phenomenon” (Winnicott 1969, p. 711). Trauma, in the way that Ferenzci describes, compacts the mind, confuses and pollutes the areas around which a membrane of protection, when it holds, differentiates the Me from the Not-Me. Dodi Goldman notes that for Winnicott, aggression—and here we may include the kind of aggressive attacks that traumatized persons wage against analysts and other caretakers—“invites opposition; it seeks obstacles... the resistance of the external world establishes a boundary through which differentiation and self-definition come into being” (1993, p. 201). Here we may find the origins of Bollas' (1979) *transformational object*, and it is here where Oldoini arrives with Greta at the end of her clinical narrative.

GRETA

Oldoini implies that the traumatic encounters with the sinister characters that lurked in the dark forest of Greta's life involved forms of deep emotional and sexual violation. We are also told that there is a background of mental illness, but more importantly possible intergenerational transmission of the traumas (Scheeringa and Zeanah 2001) of loss and early disillusionment, although how the latter is manifested is unclear in her account. As we read on, an understanding of how and why patterns of interactions with caregivers lead to trauma begins to unfold, and we get the sense that the dreamlike vagueness of the presentation of the details of Greta's history has to do with the unorganized, beta-like nature of the psychical content dispersed in the sessions. The

analyst feels overwhelmed by the attack on her senses and is tempted to engage in concrete psychiatric action, warranted on one level, but on another indicative of the pressure to evacuate what she is unable for the moment to think about, or as she puts it, “to lighten the sensory register” (Oldoini 2019, p. 259). Gradually, the relief Oldoini feels entertaining these concrete emergency precautions allows her to reflect on this as a form of dreaming the patient (Brown 2007) and in the span of the first two sessions she gains confidence in her ability to help Greta. This in turn gives way to the analyst's ability to step back and allow her patient to fill the room with her presence, disjointed and troubling, but instigating in the analyst a process of reverie that included the characters (Ferro 2009) of Tom Thumb and later Hansel and Gretel, orphaned and abandoned children who in the analyst's mind represent the aforementioned possible history of an intergenerational transmission of the trauma of being an orphan. Greta/Gretel begins to find a home in the analyst's mind, and with that, a place to start from, to paraphrase Winnicott's beloved T.S. Eliot.

Fragments begin to appear of what could be better put as a traumatic early psychological development, a continuous experience of impingement at the hands of narcissistic parents who had few, if any, emotional or concrete resources. Father especially was seductive and perhaps grandiose, and mother was desperate, intrusive, and fragile. The family operated like a mixture of a dependency and pairing basic assumption group (Bion 1961), where Greta was expected to be the leader or the messiah that would pull the family out of desperation. The role of the second child, also a girl, is not explored by Oldoini, though it may be assumed that the seductive dynamic between Greta and her father was affected in some way, and perhaps implicated in her later suspicions about Ans. Still, the pressure of the impingent, or put another way, the trauma of the excess of Greta's experience on her young and fragile psyche, was reproduced for Oldoini with mother's anxious and un-boundaried phone call after the first session, where she let the analyst know that absolutely everything, not just for Greta but for the family, depended on her.

So we are able to construct what Greta's traumatic upbringing must have been like, and in the details of her life Oldoini alerts us to the violation of the patient's subjectivity, the lasting damage to the patient's comprehension of her own needs and intentions, of her own motivations

and of the place from which the subject enunciates “this is Me.” For when it comes to trauma, we should not only fear the devastation wreaked when the enemy line is breached, but also the poisoned wells left behind after the enemy retreat. Indeed, in the first session Greta proclaims, “I can't feel myself ... I am empty ... pain” indicative of a mental apparatus where evacuative processes and reversal of alpha function are already entrenched.

TECHNICAL CONSIDERATIONS

Oldini demotes the role of interpretation in favor of a more “never-ending” holding, necessarily experienced at first as “traumatic” by the patient. She makes the important point that with these patients who have invested in the traumatic holding offered them by their primary objects as better than nothing—indeed a vital core of the self depends on this experience with the object—interpretation can cast an unbearable shadow over that necessary bond, “which the patient still associates a paradoxical hope for survival” (Oldini 2019). Extra-transference interpretations involving her entanglements with Ans et al, that referred back to her bond to her mother usually led to greater dissociation and a placing of the analyst in the role of the bad object to be attacked. To a certain degree, this is to be expected when working with such traumatized minds that likely also evince personality disorders, wherein a rapid oscillation between internalized representational dyads is a major focus of attention and interpretation by the analyst (Yeomans, Clarkin, and Kernberg 2015). To be sure, Oldini does interpret by offering empathic “comments” from the patient's vantage point, in a style similar to that refined by Evelyn Schwaber (1992, 1995), who I had the good fortune of working with during my training. Already in Winnicott's clinical work one can appreciate how much interpretation forms a part of holding, as he writes on the final page of *Holding and Interpretation*, “Whenever we understand a patient in a deep way and show that we do so by a correct and well-timed interpretation we are in fact holding the patient, and taking part in a relationship in which the patient is in some degree regressed and dependent” (Winnicott 1986, p. 192). The analyst must of course wait, and perhaps this is Oldini's point, but not always “in vain” (Winnicott 1965, p. 38). “In the course of time the patient

becomes able to make use of the psychoanalytic interpretations of the original traumata as projections” (Winnicott 1965, p. 38). The analyst’s task, it must be said, is to find the right time and the right way to put into words, however rudimentary, something of the patient’s experience for them, to help ignite a thinking process that will instill a beginning sense of organization and with that, history and continuity, in what in patients like Greta is the eternal present of unbounded desperation.

Part and parcel to how to interpret is the question of *what* to interpret, and here Oldoini is very clear. The transference and extra-transference interpretations that link outside events (people) with internal objects essentially target the repetition, as in Winnicott’s “interpretations of the original traumata as projections.” As is suggested above, Oldoini argues *against* these in favor of empathic interpretations that do not take aim at the repetition (threatening the original traumatic but necessary bond) but instead address how the patient is experiencing the analyst at that moment. The aim here is to first work out the problem of merging with the object—“the most seriously alienating element within the traumatic experience” (Oldoini 2019, p. 272)—through accepting the traumatized parts as well as the repetitions. The analyst’s statements in this regard seem to be made without any implication for the patient that there could be any other way of experiencing the moment and are designed not to help the patient reflect but to experience being understood. The analyst is immersed in the field and so long as she avoids entering “the dimension of an external and concrete reality” (Oldoni 2019, p. 265), she is able to see the patient’s repetition as if from inside, for example, as a recasting of a familiar scenario of safety that holds a vital function for her. In this way, through here reverie she is able to formulate what in the patient’s mind has remained unrepresented, unformed, and part of the unstructured unconscious (Levine 2013, 2016). Although it may appear paradoxical because the aim of the analyst’s representational imperative is to help the patient disentangle themselves from the traumatic other, I would liken Oldoini’s stance here as moving towards Bion’s (1970) “O,” as through her reverie, the analyst attempts to achieve an at-one-ment with the patient, and it is from here that her observations arise. These are communicated to the patient and something new emerges. Greta’s traumatized, abused, and scared parts slowly transform into less confused and more defined and confident

ones. Lest this feel too abstract, an example of an *interpretation of the repetition* is when Oldoni tells Greta that “when she met the witch, inside of her was a scared little girl, unable to think, to take care of herself, a child who hoped and believed that she would find a mother who looked after her ... but the person she faced ... was somebody who made her feel abused and robbed of her future” (Oldoni 2019, p. 264). An example of an empathic interpretation, which due to its differentiating and representational capacity might more adequately be thought of as a *transformative interpretation*, and that Oldoni favors is when she comments on “how terrible it must be not to feel understood and protected, and apologizing to her for having hurt her, every time I had failed to make her feel understood and helped.” A second example is her putting into words an acknowledgement of the importance of her gingerbread house experiences.

Despite the wisdom of Oldoni's technical recommendations, I confess to feeling struck by Oldoni's choice to apologize to her patient as part of her interpretative comments. Undoubtedly a stroke of empathy, it is, I find, a risky intervention. Some patients with high degrees of narcissistic trauma are liable to find in an apology by their analyst—who has done nothing wrong other than failing to meet the patient's idealized expectations—evidence of the analyst's badness and untrustworthiness, and what may be worse, evidence for the power of their own omnipotent murderous fantasies and badness. However, clinical experience also dictates that it is unwise to be categorical, and it must be said that this wasn't the case with her patient, nor was it the case for Ferenzci's, who benefitted from the relinquishing of his “professional hypocrisy” (1933, p. 226), and from whom Oldoni may have drawn inspiration. But it certainly has been the case in my experience, which has been more in line with Freud's (1915) famous anecdote of the pastor and the insurance agent, and has reinforced my respect for the role of abstinence in psychoanalytic technique.⁴

⁴ According to Freud (1915, p. 165), “If he has been guided by the calculation that this compliance on his part will ensure his domination over his patient and thus enable him to influence her to perform the tasks required by the treatment, and in this way to liberate herself permanently from her neurosis—then experience would inevitably show him that his calculation was wrong. The patient would achieve her aim, but he would never achieve his. What would happen to the doctor and the patient would only be what happened, according to the amusing anecdote, to the pastor and the insurance agent. The insurance agent, a freethinker, lay at the point of death and his relatives insisted on bringing in a man of God to convert him before he died. The

REPETITIONS OF LIFE

We return now to the question of the child's self-interest in traumaphilia, with Oldoini's intriguing term *repetitions of life*. Thinking with Searles (1979), she describes how love for a parent who may not be able to protect them and indeed can cause harm, exposes the child to trauma. Love "is then inevitably traumatic" (Oldoini 2019, p. 270). The paradox here lies in the fact that it is in the utterly dependent child's self-interest to love and be close to the parent. The idea of (unconscious) self-interest, as noted earlier, was a factor in Ferenczi's identification with the aggressor. It is also more than implicit in Winnicott's (1965) theory of the true/false self, which Oldoini references. For Winnicott, the false self emerges as a defensive organization deployed to protect the true self, the seat of primary creativity. The purpose of the false self is to defend against "that which is unthinkable, the exploitation of the True Self, which would result in its annihilation" (p. 147), and indeed the false self is termed "the caretaker self" (p. 142). Winnicott (1960) writes:

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions. The mother who is not good-enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs. [p. 145]

The *repetitions of life* that Oldoini so nicely coins may also refer back to Winnicott's (1992) ideas on *primary creativity*, which he too thought of as an inherited drive towards health at the center of the mother-infant

interview lasted so long that those who were waiting outside began to have hopes. At last the door of the sick-chamber opened. The free-thinker had not been converted; but the pastor went away insured."

relationship (Abram 1996). In fact, he links it with deprivation and the antisocial tendency as an expression of hope—hope for self-cure through “finding the mother over whom he or she has rights” (p. 311)—that is, the original mother of illusion that from the child's point of view he created, but objectively speaking and despite deprivations was available enough for the child to find. Oldoini is trying to account for how patients like Greta tend to find objects in the world that are so obviously harmful, and cling to them as if everything depended on them, and in linking this compulsive choice to a search for that early experience of care and the re-experiencing of infantile omnipotence, she may be expanding on Winnicott's ideas on primary creativity and hope. The issue, however, with Greta is how much she was allowed to create that original mother of illusion in the first place. Let me explain.

While I agree with Oldoini that the patient continuously re-experiences trauma, for me, it is much harder to accept that what the patient *is looking for* in these relationships with abusers is the re-experiencing of *a traumatic experience of holding*, simply because these would “recall distant memories, written in the body, of having been held in one way or another, however badly.” The imprecise nature of this formulation leaves too much room for speculation. For instance, Oldoini justifies this recreating of traumatic holding by linking it to Bollas' *transformational object*, which is searched for in adult life as a recollection of early object experiences. Indeed, Bollas (1987) locates the transformational object within the infant-mother culture of holding, in all of its stillness and continuity of being (p. 13). The transformational object *is* the environmental mother (Winnicott 1965) when functioning as that which activates the infant's first transformations of his internal states. In Bollas' view, even a “minimally transformative mother” (Bollas 1987, p. 21) is enough to instill in the patient the need to assert the regressive object relation associated with basic ego repair, as was the case with his patient Peter. But if this mnemonic trace, for Bollas “ego memory” (p. 27), of this minimally transformative mother represents a durable-enough structure to motivate the type of life-long disposition described in both Oldoini's and Bollas' papers—Oldoini speaks of hope in this object as a “central constitutive factor and driving force”—then we are talking about an experience that was minimally good, or in other words, somewhere on the spectrum of good-enough holding. This does not seem to describe the

general environment of early and significant impingement that is characteristic of patients like Greta, with trauma severe enough to cause serious pockets of non-reality in their personalities, but of course one must make room for the fact that human experience tends to be nuanced in a way that allows for a mixture of holding experiences and impingements. I will return to this issue of holding and the transformational object below, but first some questions about Oldoini's concept of *traumatic* (experience of) *holding* that emerges in her paper, though never formally introduced.

Keeping in mind the severity of trauma in cases like these, as well as the psychological pressures they can bring to bear on the analyst's mind, I wonder in what sense is Oldoini's *traumatic holding* different from Winnicott's *ordinary devoted mother* in a state of *primary maternal preoccupation*? In one of her footnotes, Oldoini states that in these cases the analyst "has to maintain an uncomfortable position which involves being transformed into a traumatic object by the vicissitudes of the analytic field." Winnicott (1989, p. 146) had already stated that, at least within a framework of adaptation, "the mother is always traumatizing," and part of healthy mothering is to traumatize gradually (Abram 1996). If the good-enough mother/analyst will inevitably be experienced as the traumatizing mother, with these patients that have suffered trauma due to early and rapid disillusionment as many of Winnicott's child patients did, are we then speaking of degrees? If what Oldoini is describing is the recreation of an experience of holding that was traumatic outside the bounds of normal traumatization, which seems to be the case, it is fair to wonder if this can be considered a form of holding at all.

For this reason, I am skeptical that the transformational object is associated in unconscious memory with a *traumatic holding structure* internalized by the patient. Both the transformational and traumatic objects may be projected into the analyst, but this is a different conceptualization than one of a traumatic object choice "reflecting a search for the original traumatic transformational object" (Oldoini 2019, p. 271), with the aim of preserving the precarious holding bond in the hopes that the traumatic object will change. How we formulate this dynamic has implications for how we think of the patient's unconscious motivations underlying their repetitive enactments. Put another way, while I agree that patients like Greta are seeking transformation, I'm doubtful of the

implication in Oldoini's formulation that because the traumatic and transformational objects are one in the same, the patient's transformational search (transformation of self *and* object, in Oldoini's conceptualization) directs her to an object that traumatizes her because it also *holds* her. To protect or to give a false sense of security is one thing. To *hold* in the Winnicottian sense is another. *Traumatic experience of holding*, to me, seems a problematic concept. It seems more plausible (though still problematic as I will explain) that a transformational object is sought, and, independently, incapacity to feel held on the part of the patient is revealed or recreated because those structures are missing in the mind. As a result of the patient's susceptibility to impingement and their inability to represent stimuli from both within and without, the patient's experience of the analyst is unavoidably abusive and links with the unrepresented experiences of trauma from the past.⁵

The allure of the transformational object (and indeed of the concept itself) notwithstanding, I do not think it is enough to sustain the description of the phenomenon observed, namely the repetitive destructive enactments, in that while it may point to a very early, semi-structured wish that motivates this search, it does not describe the process nor the machinery that would carry this wish to fruition or frustration. This, in my view requires a more comprehensive theory of trauma. To address this I would pursue and develop further Oldoini's intuition that the transformational object connects in some way with a *pre-conception of the breast*, and that the patient's primary objects formed a *negative container*, to use Bion's language. For instance, an issue here would be to wonder if it is correct to say that in these enactments a transformative object is being recalled through ego memory, or if we are in the realm of thoughts without a thinker (Bion 1970, p. 104), untransformed proto-elements reaching for a mind it expects but has not yet encountered—a memory of an event not yet experienced. Due to defensive processes such as splitting and projective identification, differentiation between

⁵ Indeed, Oldoini writes that Greta, and by implication traumatized people like her, “would only ever be able to find-traumatophilically-a traumatic and abusive love object.” In my experience, these patients are capable of finding a wide variety of objects, from frankly abusive ones on whom they cling, to non-abusive ones who's every misstep is felt to be a form of abuse, and to whom they also cling. This speaks more to the permeability of these patients than predisposition to a particular choice in object.

external and internal, conscious and unconscious, present and past, is severely hampered in trauma, contributing to the merging effect that Oldoini notes when referring to Ferenzci's *confusion of tongues*. I would submit that as a result, the register in which the mind is operating corresponds more with an open, though not receptive, present state, rather than one that pulls transformational resources from the past.

In this sense, in trauma, the transformational object is always in the future. It is here where Bion's theory of thinking can help us understand repetitive enactments in the context of trauma and fill in Winnicott's ideas on the effects of early impingement on the nascent psyche.

From a Bionian perspective, Brown (2005) describes how repetitive destructive enactments by people who have been traumatized encapsulate attempts by the shattered ego of these individuals to expel the beta elements lodged within them. These beta elements—compacted, raw sensory experiences of the trauma(s)—are encoded concretely within the psyche and evacuated in the ego's attempt to maintain inner stability. They are encoded in beta form in order to make them suitable for expulsion through projective identification. Having been traumatically overwhelmed by these beta elements, the ego seeks to repair its “protective shield” (Freud 1920, p. 29) by constructing what Bion (1962) refers to as a *beta screen* which lends the ego a sense of cohesion and stability. However, as a rigid traumatic organization, this beta screen “comes at the cost of the capacity for play/imagination and symbol formation—both losses that tether the traumatized patient to repetitive enactments” (Brown 2005, p. 399).⁶ What the patient cannot play with, imagine, or symbolize, he repeats.

This is essential to Bion's theory of thinking and is especially the case for people whose early developmental histories are rife with impingements. But let us read Bion's (2013) own words, which I will excerpt:

I shall limit the term “thought” to the mating of a pre-conception with a frustration. The model I propose is that of an infant whose expectation of a breast is mated with a realization of no breast available for satisfaction. This mating

⁶ I would consider Oldoini's “survival strategies” a traumatic organization or beta screen.

is experienced as a no- breast, or “absent” breast inside. The next step depends on the infant's capacity for frustration... (if it) is sufficient the “no-breast” inside becomes a thought, and an apparatus for “thinking” it develops ... If . . (it is) ...inadequate, the bad internal “no-breast” that a personality capable of maturity ultimately recognizes as a thought, confronts the psyche with the need to decide between evasion of frustration and its modification

In the case of evasion of frustration:

What should be a thought ...becomes a bad object... the evacuation of a bad breast is synonymous with obtaining sustenance from a good breast. The end result is that all thoughts are treated as if they were indistinguishable from bad internal objects... Consequently, the development of an apparatus for thinking is disturbed, and instead there takes place a hypertrophic development of the apparatus of projective identification. [Bion 2013, p. 303]

To the extent that Winnicott's theory of holding implies a relatively traumatizing mother, Bion's theory of thinking can be said to be a theory of trauma. For Bion, the infant is born without alpha function, and depends on the mother's mind to contain and translate primitive proto-affects, either inherent pre-conceptions or incoming sensory stimuli (beta elements) into alpha elements, emergent forms that can be “thought” about as memories, feelings, and thoughts (Bion 1962; Grotstein 2000, 2009). As alpha elements, they become available to secondary process and form part of the thinking apparatus and of the personality, so that the unbearable parts of the patient are no longer split-off and can become integrated into his subjectivity. Absent access to secondary process, these parts are evacuated through repetitive enactments that in severely traumatized patients can become a way of life.

It may be arguing the obvious to say that what makes it possible to transform an element into something thinkable is the unwavering presence of another mind into which these affective expectations can be communicated. It is here where we find an overlap between holding and containing. For, in the analytic stance that Oldoini so admirably

demonstrates the analyst both safeguards the patient's continuity of experience of being over time and dreams the beta elements of the patient's lived emotional experience (Ogden 2004). Reis beautifully writes that "the unique context of the psychoanalytic encounter is what allows traumatic repetitions to take on the quality of an *address* rather than remain meaningless reproduction" (2009 p. 1360, italics added). Citing Loewald's (1976) distinction between enactive rather than representational memory, he reminds us that for Freud (1914), repetition was of the enacted type. Instead of repeating a dissociated or repressed memory, repetition was in and of itself an *act* of memory, or of remembering, to which the analyst must bear witness and wordlessly register, not simply translate into symbolic form (Reis 2009), a view that is entirely consistent with Oldoini's technical approach of patient and endless holding. The patient in repeating the traumatic experience *is* remembering it, but what she is remembering is not an unconscious memory but a "memory without consciousness" (Clough 2007 as cited in Reis 2009), thoughts without a thinker. This memory of the trauma, according to Reis, only becomes an address as a result of the analyst's being present to receive it as such. "The address," he writes, "is thus not in the traumatic repetition but created in the encounter." This leads me to think that what the patient repeats in the room with Oldoini is not a remembered experience of holding of any type but rather a beta screen (Bion 1962), a "rigidly structured traumatic organization that dooms the traumatized patient to seemingly endless patterns of enactment" (Brown 2005). This beta screen represents the reactivation of unformulated, unrepresented excess, remembered in the sense of Klein's "memories in feelings" (1957, 1961; as cited in Reis 2009), and in search of, yes, a transformational object as Oldoini asserts, but one that has yet to be created or realized.

I would like to thank Dr. Oldoini for this opportunity to engage with her ideas in discussing this paper. It has been personally enriching for me to think through her clinical process and rich theoretical formulations in a complicated and deeply touching case that resonated with my own clinical practice. The reader will note that my discussion did not take issue with Oldoini's technical stance or the quality of the work, which I found highly sensitive and admirable. However, I put forth another perspective on how we might view the

repetitive clinical and life enactments, not as a search for a traumatic holding associated with a remembered transformational object, but as evincing the presence of a mind that, until now, had never been given the chance to think.

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Rendering the Repetition: Discussion of “Abusive Relations and Traumatic Development: Marginal Notes on a Clinical Case” by Maria Grazia Oldoini

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RENDERING THE REPETITION: DISCUSSION OF "ABUSIVE RELATIONS AND TRAUMATIC DEVELOPMENT: MARGINAL NOTES ON A CLINICAL CASE" BY MARIA GRAZIA OLDONI

BY STUART A. PIZER

Dr. Oldoini's compelling case of Greta, organized conceptually as it is around the themes of traumatic development and the repetition compulsion, calls to mind the neglected writings of Paul Russell. I invoke, and commend to the attention of the readership, Russell's coherent and clinically useful theory of the repetition compulsion based on his concept of affective competence and the rendering of the repetition, over time, in the treatment process.

Keywords: Repetition compulsion, trauma, affect, Paul Russell, negotiation.

Maria Grazia Oldoini has offered us a compelling portrait of her patient, Greta, and the early challenges of their work, organized around the powerful influence of the repetition compulsion. Dr. Oldoini describes vividly Greta's persistent reentry into relational situations that seek a transformation of early traumatic object relations only to once again shatter Greta's mind and

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plunge her back into familiar psychic fragmentation—and “pain!” as Greta manages to utter in her first, monosyllabic communication.

Oldoini contextualizes aspects of the repetition compulsion in the terms of several theorists along the historical arc of psychoanalytic theorizing. She conjures the Freud of 1914 and the substitution of repetition for memory in forms that must be allowed to play out, and yield, in the consulting room, as well as the Freud of 1920 who places the repetition compulsion beyond the pleasure principle and sees it as darkly indicative of a Death Drive. She finds more comfort in Ferenczi's prescient consideration of environmental factors, the traumatizing “confusion of tongues,” and subsequent dissociations and identifications with the aggressor, whom the child sets out to heal.

Oldoini further locates environmental factors in the work of Klein (albeit originating in endogenous phantasy), and in the person's object seeking libido and subsequent internal object relational fate as articulated by Fairbairn, and in the Winnicottian ideas of holding and failures of holding that could not be protested by the infant. In Bion, she locates the origins of thinking in the relational functioning of container and contained: two minds shape the origins of each developing mind. Along the way, Oldoini also invokes Bowlby's “secure base” and Searles' ideas about the child/patient's efforts to heal the parent/therapist so that, finally, they may function healthily as the needed other. And she quotes Ferro's declaration that traumatic infantile experience becomes the organizer and director of a life.

Ultimately, Oldoini locates the heart of her theory of the repetition compulsion in relation to what Bollas has termed a transformational object. As Oldoini conceptualizes, “Repetition brings [the] traumatic area back into the present, and it is also the central vital core (perhaps Winnicott's ‘true self’), which needs to repeat in order to be seen and recognized, repaired—freed from merging with the object—and restored to life.” According to Oldoini, the traumatized core of the Self is being kept alive precisely by means of repetition. And these vital, traumatized parts must enter the consulting room via repetition, seeking transformation through merging with the object. Instead, the analyst must survive these “tremors” and give these vital parts a place in her mind and “thus also in the mind of the patient.” Thus, the affects embedded in the repetitions are rendered thinkable through a “journey of acknowledgement and affective legitimation.”

We might say that Oldoini has provided us with an ample corps of theorists to generate an understanding of Greta's repetitions. Nonetheless, soon I will introduce the ideas of yet another theorist, which I believe are particularly well suited to capture the nature of the repetition compulsion.

What was Greta's trauma that gets repeated? Although certainly multiply determined, Greta's developmental trauma can be summarized as a lost opportunity to develop a mind of her own in the childhood context of a "child/woman" mother who appropriated her and a needy/intrusive father who encroached on the inviolable core of her self. Greta was denied the parental scaffolding within which she could come to own and represent her feelings and thereby know her own mind. Hence, her adhesive clinging to the Fortune Teller who would know her mind for her, and Ans who told her who to be for him, each with their disorganizing impact on her state of mind.

And here we locate a central paradox in Greta's repetition. Greta's search for the transformational object is a search for an intact, affectively competent, mind of her own. She seeks out transformational objects under the assumption that they will conduct her to a mind of her own. Instead, like the original object, they intrude with their own minds, appropriate hers, and conscript her into psychic merger or fusion—and confusion. This is her repetition. As Oldoini writes:

So, the Greta who had been misunderstood, obstructed by alien transplants, not recognized in her needs, would only ever be able to find—traumataphilically—a traumatic and abusive love-object. We could say, Greta can't help doing it, nor does she know how to do anything else: she repeats and looks for what she knows.

Despite the relevance of each theorist Oldoini invokes, her statement here conjures for me the particular contributions of Paul Russell to our comprehensive understanding of the repetition compulsion. As I hope to relate, Russell's ideas fit the entire trajectory of Oldoini's work with Greta and, indeed, are quite compatible with Oldoini's conceptualizations. In Russell's writings, we find a coherent basis for conceptualizing the function of Oldoini's adaptation to Greta, her sensitively slowing her words to offer a calming setting, her holding

eye contact, maintaining stillness, and introducing names for Greta's feelings. And we understand how, despite this sensitive recognition and resolve, Oldoini is pulled repeatedly into her own state of urgency and alarm for Greta's safety and wellbeing and, out of her own urgency, rushes to "protect" Greta by "interpreting" and, thereby, "I sometimes ran the risk of repeating the abuse precisely when, in order to protect the patient from dissociative slippage, instead of limiting myself to empathetic interventions, I found myself interpreting." Oldoini recognizes that interpretation lies outside their negotiated relational field and therefore is experienced by Greta as yet another disruptive invasion of her mind. But in the street Greta repeatedly exposes herself to this very psychic danger and, thus, coerces in Oldoini a shift toward being like the original traumatizing relationships. But, unlike Ans or "the Witch" (the Fortune Teller), Oldoini recognizes her countertransference induction into the transference repetition, and she apologizes for "hurting" Greta. And, eventually, Greta finds a voice of her own with which to protest her therapist's failures. Over time, Greta, who had portrayed her therapist as merely trying to understand and had distributed her transference to her idealized, and ersatz "transformational" Fortune Teller who "knew her thoughts," and Ans, who told her who she is to be, negotiates with Oldoini a different kind of transformation: a consultation room can become a shared home with a warm hearth and a holding relational field, within which Greta can recapture earlier memories of liveliness and lightness. Parenthetically, I wish Oldoini had shared with us some details of the tone and substance of their relationship in this later phase; particularly shifts in how Oldoini related to Greta with the emergence of more freedom and ownership of feelings in their relational field. The total "transformational" process, from repetition through transference-countertransference crisis to relatedness, Paul Russell (1991/2006a) would call "the rendering of the repetition" (p. 615).

Now, because the theorists Oldoini cites would be quite familiar to the readership of the *Quarterly*, whereas Russell's work may be unknown to most of this journal's readership, I offer an extended excursion to introduce Russell's ideas to a wider psychoanalytic community. Russell remained virtually unpublished throughout his lifetime, although he was among the most sought after speakers, teachers, analysts, and

supervisors in the Boston area, and greatly influenced the thought and the clinical work of a generation of local clinicians.

THE WORK OF PAUL RUSSELL (1934-1996)

In 1988, in “The Role of Loss in the Repetition Compulsion,” in which Russell (1988/2006b) articulates his most complete formulation of the “rendering of the repetition,” he makes this succinct declaration of the relational nature of the analyst’s work. He writes, “*The expertise in the field consists of the capacity to be aware of, and to effectively repair, the interruptions of connectedness that occur by virtue of the therapist’s own internal processes*” (p. 92, italics added) [witness how Oldoini owns her urgency and apologizes when she has hurt Greta]. With this statement, Russell locates the therapist at the heart of his revised version of classical theory, which he has transformed into a theory of affect, attachment, trauma, and the negotiation of repetitions.

Russell, who regarded Hans Loewald’s (1980) writings as a personal touchstone, set out in a series of papers to develop an experientially and clinically relevant theoretical formulation of the repetition compulsion that would answer Loewald’s challenging call for an understanding of the conditions under which repetitions transition from passive and static to active and creative. Grounded in the givens of classical theory, Russell pursued through a series of unpublished but presented papers, a personal translation of structural theory and ego functioning. Russell’s project necessarily implies a theory of development, a theory of the etiology of the repetition compulsion, its phenomenology, and a model of treatment that, through the “rendering of the repetition,” seeks the transition from passive, dysfunctional repetition to active and creative repetition. The logic of Russell’s ideas constitutes a “relationalization” of classical theory.

As Russell (1971/unpublished manuscript) writes:

... one can find suggestions in Freud’s writings for ways in which ego development ... can be seen as the result of a long series of internalizations of inter-personal events. *One has only to think of ‘reality,’ which he saw the ego as mediating, as being essentially the reality of negotiated relationships, of attachments.* [italics added]

Linking the therapeutic action of the treatment process with early developmental processes, Russell establishes the essential place of negotiation in this way:

... [T]his is not simply a tactic. It follows necessarily from the nature of affect mastery, from the way the capacity to feel *has* to develop. The treatment process needs to be negotiated because negotiation is inherent in the development of the capacity to feel. These thoughts derive from the observation that treatment is a process that cannot occur alone. It requires the presence and participation of another person. *The same is true of the capacity to feel.* [italics added]

The capacity to feel, and the ownership of feelings, is for Russell the linchpin of ego functioning, or competence. Or, as Russell (1991/2006a) states it more broadly, “The discovery of what one feels is also the discovery of who one is” (p. 620). (Witness Oldoini helping Greta “to develop the necessary emotional competencies,” beginning by giving names to Greta’s feelings). In his 1991 paper, Paul (1991/2006a) places affective competence at the center of mental functioning, and as the central factor in determining the repetition compulsion and in pointing the way to its repair. He approaches this thesis rather fancifully, declaring:

Suppose that Freud had chosen, as one of the major explanatory concepts for his system, not *drive*, but *affect*. To begin with, and at a surface level, affect was, for him, a derivative epiphenomenon, a by-product of drive discharge into the body interior, serving the function of preparing the organism for whatever was at hand

Although he *knew* about the signal function very early on, he did not develop the theme in his published writings until 1926. My own history in the subjunctive would say that this is because he sensed the extent of the overhaul that would be required. The signal function puts the ego in affect terms: ego is affect. But he wasn’t in a position to say it in that way. The final organizer is always affect. [p. 612, underline added; italics in original]

As Russell has proposed, affects and affective competence develop in the context of intimate negotiated relationships. We learn to feel, and what to feel, in early family attachments to the extent that these relationships are present, engaged, noninvasive, abiding, and negotiated. Russell proceeds at this point in his paper to assert, "What I want to say can be said quite simply. The repetition compulsion represents the scar tissue of interruptions of attachment, attachments the person needed in the service of emotional growth. Interruptions, therefore, in the development of the capacity to feel" (2006a, p. 612). The outer boundary of our capacity to feel is determined by the very place where an essential relationship disengaged, disappeared, injured us, conscripted, or appropriated us into a parental projective system, or otherwise ruptured attachment. Relational trauma defines where we can feel no further, or no differently. (Hence, Greta's repetition is the adhesive attachment of her traumatized core self to would-be transformational objects that feel like the original objects; "nor does she know anything else: she repeats and looks for what she knows.") Russell continues:

The repetition compulsion, much as does an addiction, operates in lieu of a relationship. The repetition compulsion is paradoxically both an invitation to a relationship *and* an invitation to repeat the interruption of some important earlier relationship. It is both adaptive and suicidal because, in this context, relatedness is what the person most needs and cannot yet feel. [2006a, p. 612]

As Oldoini writes:

Because it is only by going through the trauma that a true encounter can take place in the analysis, and only then will the patient feel that what he is experiencing is accepted and understood. The analyst will have to become a truly "transformational object," a mother who, whatever happens, is driven by love and the ability to accept, both of which are unconditional—and this is essential for the development of transformational reveries. The analytic holding will thus have to "survive" the "tremors"; provoked by the necessary traumatic repetitions.

In “The Role of Loss in the Repetition Compulsion” (1988/2006b), Russell summarizes his understanding of therapeutic action in the face of repetition. Again, in his words:

Every repetition is... a personal creation, which holds two separate realities in hand at the same time. The first is the reality of whatever emotional resources towards healing are presently available. The second reality is a situation from the past which carries with it more pain than the person is able to bear. However repetitious, the repetition compulsion is always a new event, a new creation representing the precise titration of these two. [p. 93]

Greta’s emotional resources, according to Oldoini: her experiences with the speech therapist; whatever within Greta permitted her to see Oldoini’s exquisite calming adjustment of tone and timing and her recognizing eye contact; her inherent athletic and artistic talent; the “born ballerina.” Greta’s unbearable pain: the anxious, dependent neediness of her “child/woman” mother; the boundary encroachments of her intrusively needy father; coerced mergers that occluded Greta’s coming into ownership of her “true self,” denying her the development of her capacity to feel.

Russell (2006b) continues:

The apparent repetitiveness has to do with the need, so to speak, of setting the stage to a long and incredibly complex induction process which is necessary if any real change is ever to occur ... [p. 93]

[T]he repetition compulsion can be seen as a contrivance to control risk, the search for safety. At its most repetitious, it is the safest. The real risk consists in genuinely giving up the repetition and all that this involves. [pp. 93-94]

Hence, Greta’s recurrent return to the Fortune Teller and Ans in the face of the profoundly destabilizing impact of incipient therapeutic change that places her threateningly on the edge of plunging into primitive agonies, flying into pieces.

Russell (1988/2006b) writes:

This never occurs outside of a relationship. In fact, the repetition compulsion, to the extent that attachment and affective connectedness occur, deepens, enriches, becomes more charged, more risky, more painful, more difficult to bear all that it makes one feel, but thereby less stereotyped, more meaningful, more genuinely negotiated. In a nutshell, it is necessary to discover the specific emotional context in which the repetition compulsion is inversely related to intimacy. The individual tests all potential intimacy through the repertoire of his or her repetitions to the extent that the intimacy survives. The repetition becomes less a repetition and more a genuine negotiation. *It is this that I refer to as the “rendering” of the repetition.* As the repetition compulsion is rendered, the meaning of the phrase “search for safety” begins to change. The safety of aloneness is gradually, very slowly, relinquished in favor of an utterly new event: safety within a relationship. The experience of safety in a relationship coerces perception, then rage, and then grief at the way in fact things were in the past. [p. 94, italics added]

Thus Russell has replied to Loewald’s question of how the repetition may be transformed from passive/static to active/creative. To arrive here, Russell has had to revise classical drive and ego theory into a theory of affect, attachment, trauma, repetition, connectedness, and negotiation—a relational transformation.

OLDOINI AND GRETA

In my exposition of Russell’s ideas on the repetition compulsion, I have sought to indicate some of the links between Russell’s thinking and the deeply sensitive clinical work and understanding offered here by Oldoini. I trust that the reader’s mind will have found your own links between the two clinical theorists. I will add here one further thought. Both Russell and Oldoini communicate to us an understanding of an essential paradox in the repetition compulsion. It is both an act of destruction and an act of hope. Perhaps akin to Winnicott’s (1984) notion of the antisocial gesture, the repetition compulsion endangers relationship while seeking relationship, some contact with a recognizing

and answering intervention. As Oldoini writes, "Were they to stop repeating (to keep looking) they would have no more hope." As Russell puts it, the repetition compulsion threatens to destroy relationship just at the place and time where relationship is most needed. The repetition coerces identity. It presses the analyst to become like the same toxic relationship that ruptured the development of the capacity to feel. To Russell, this is the first crisis of the treatment: that the analyst will repeat the same traumatic relationship. To Russell, there is a second great crisis in a treatment process: when the analyst is not the same as the original objects. Such exposure to transformation can be agonizingly destabilizing to the patient. Hence, the necessary slow induction process, the working through. As Oldoini recognized with Greta, their relationship had to hold through its many iterations of trauma, tremor, and rage, which entailed Oldoini's exquisite adaptations to Greta's states, her recognition and ownership of her failures of adaptation, and a shared space within which Greta could find and come to assert her own voice. As Russell would put it, this required two people, and the development in each of them of the capacity to feel. Thus, Russell and Oldoini converge on the function of the repetition compulsion. For Oldoini, the repetition keeps alive the traumatized core of the Self as it seeks mentalization by the Other and "affective legitimation." For Russell, the rendering of the repetition eventually negotiates an "affective connectedness" that advances the development of the capacity to feel. And, for Russell, to know what you feel is to know who you are—the core of the Self!

Thus, Greta, in search of a mind of her own through repetitious pursuit of transformational objects, experiences instead through her good fortune in finding an analyst like Oldoini, a more therapeutic medium of transformation: a transformational negotiation (see Pizer 1998; Russell 1991).

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RESPONSE TO COMMENTARIES ON “ABUSIVE RELATIONS AND TRAUMATIC DEVELOPMENT: MARGINAL NOTES ON A CLINICAL CASE”

BY MARIA GRAZIA OLDONI

First of all I would like to thank Jay Greenberg and the editors of *The Psychoanalytic Quarterly* for allowing me to publish my paper alongside comments by two distinguished psychoanalysts. I would also like to thank Dr. Pizer and Dr. Barahona for the close attention they have paid to my article and for their clear and precise observations and suggestions.

Let me start my reply with a short anecdote.

During his time as a clinician at The University Psychological Clinic for Children Fairbairn “asked one child whose mother thrashed her cruelly: ‘Would you like me to find you a new kind Mummy?’ she said: ‘No. I want my own Mummy’ (...). The devil you know is better than the devil you do not, and better than no devil at all.” (H. Guntrip 1986).

Why does Fairbairn’s young patient keep looking for the devil, despite having been offered an alternative experience? Why does Greta, and like her many other patients who were seriously traumatized at a very early age, repeatedly fall under the spell of their original demons? These are the questions that run through my article and to which I feel my analytic work with Greta allows me to sketch some replies.

As I say in my paper, classical psychoanalytic theory has led us to think that it is repetition compulsion that maintains the link with the traumatic object but, as we know, Freud identified a close correlation between repetition compulsion and the death drive. In this sense, no other repetitions can exist apart from “repetitions of death.” The

proposal that I put forward in my article is that there can also exist “repetitions of life”—in other words repetitions inspired by the search of a good object.

In order to develop these ideas and after reading the comments on my paper, I feel it necessary above all to clarify my use of two expressions that I think it is useful to highlight: traumatic holding and traumatic transformational object.

When I speak of traumatic holding I refer to those original experiences of confrontation with a mother who is essentially traumatic despite having some minimal positive qualities. In such a mother, the holding function (in the sense of taking care of the child) may be expressed but is also profoundly undermined by her traumatic behavior in her relations with the child. I am thinking here of an original object that has nothing to do with Winnicott’s “ordinary devoted mother,” or with a mother in a state of “primary maternal preoccupation.” Perhaps this object is more similar to Anna Freud’s “rejecting mother” or the Winnicottian notion of a mother in a state of excessively anxious preoccupation.

And this connects with the other topic, namely the traumatic transformational object. If it is true that the transformational object is such because it transforms (alters, modifies) the child’s early experience of him/herself, then this transformation can represent an experience which generates development (if the caregiver is “good enough”) or a traumatic experience of varying degrees of seriousness. It is true that, as Barahona points out, “in Bollas’ view, even a minimally transformative mother is enough to instill in the patient the need to assert the regressive object relation associated with basic ego repair.” But what does this imply? Essentially, it is difficult to imagine a completely “pure” traumatic object; even the most traumatic transformational object (even the most traumatic mother) might have had something good about it/her. Perhaps it is a question of “distant memories, written in the body, of having been held in one way or another, however badly”; it might also have been that “original milk” which, however toxic, made it possible for the infant to survive. It is still a traumatic object, which in the patient’s mind acts as an “undigested fact” (in the Bionian sense). However, at the same time it also contains something that kept the child alive. It is after all an object which, despite everything, got something right; and in my

opinion it is in this “something right” that its dangerousness lies, because it is an object which offers an illusion, which promises the possibility of change and the possibility of healing the wounded parts of the patient’s Self. The great difficulty in working with these patients is knowing how to help them mourn for such an object and accept the fact that it will never actually change. The object cannot be transformed, at most it can be replaced by alternative objects; what can be transformed is the emotional experience that the patient can have in the relationship with the analyst as alternative object, and thus the experience he can have with the new objects in his life (“one that has yet to be created or realized,” as Barahona puts it).

I was interested by the connection Barahona makes between the transformational object and the pre-conception of the breast, and by his idea of the patient’s primary objects as negative containers. I see pre-conception as an innate idea that there can be a good object, a nurturing breast, whereas the transformational object could stand in relation to an experience that actually took place between the infant and its original environment. And if the transformational object is traumatic, what we have is a pre-conception which encounters a negative container, in other words an infant ready to suck the breast, but finding toxic milk; and yet that milk, however toxic, is what allows him to survive. So the question is: can we see such experiences as having an imprinting effect on the child? And how can this original imprinting be transformed? The object, precisely because it has allowed the child to survive, remains within the patient’s experience (in his somatic memory, perhaps?) as an object which in some way promises life, and thus it constitutes a strong attraction for the needy, wounded, and fragile parts of the Self. The question then becomes: can traumatic imprinting work as an attractor? And what lies behind this attraction? To repeat: the search for the original traumatic transformational object is not an attempt to preserve the precarious original holding bond, but to preserve the vital core of the Self which is trapped in that bond—and in my opinion one of the features of this entrapment is that all hope of life is placed or deposited in it. The analysis should also be able to accommodate these “sequestered” parts that are expressed through traumatic repetitions, in order to release the vital potential that they contain.

The analytic device itself constitutes an inevitable traumatic occasion (I am thinking of the setting, failures to achieve attunement, etc.) for seriously ill patients. And it is within this context that I would like to situate any decision to apologize to my patient. As long as a patient is so immersed in trauma, I tend to think that it is not important that his expectations are excessive or idealized, as Barahona seems to suggest. I realize that creating experiences of precise unison is impossible and unrealistic. I apologize to the patient because the trauma is a breach of the “Pietà (transference-countertransference) covenant” (Grotstein 2000), the pact according to which the child promises to survive if the mother promises to spare him all unnecessary dangers, anxieties and frustrations. *“In cases of real child deprivation and abuse, consequently, the ultimate meaning that is encoded in the transference-countertransference situation, which is the apogee of the Crucifixion/Pietà mythology in analysis, is the hope that mother and/or father will say that they are sorry!”* (Grotstein 1995, p. 499, italics in the original). So I apologize for any unavoidable lack of attunement (also resulting from the analytic device), which reactivates the original trauma within the analytic relationship, even though it may be in an attenuated form. In this case the analyst becomes a traumatic object by proxy but, unlike the original traumatic object, he takes responsibility for it. The apologies are in effect a way of assuming the responsibility that the original parent was unable to accept.

Another interesting point made by Barahona concerns the interplay between survival strategies, beta screen, and traumatic organization. I would be inclined to think of the beta screen as a defensive solution that creates in the relationship a true barrier of impermeability that causes confusion. I would think of survival strategies, however, in a slightly different way. In other words I would see them as a combination of actions, behaviors, and general experiences driven by the need to preserve the vital parts of the Self that have become trapped within the traumatic bond. From my point of view, traumatophilic repetitions can also be seen as the patient’s way of bringing on stage these vital parts in the hope of experiencing a “new” encounter that is truly welcoming and healing. From this perspective I agree that they are also symptomatic of a traumatic structure, in other words of a traumatic organization of psychic functioning.

To turn to the comments by Pizer: I would like to thank him because his suggestion of parallels between my paper and Paul Russell's ideas has led me to discover an author I did not know. I was struck by some extraordinary points of convergence that I believe it would be well worth exploring.

Pizer also showed some interest in the further development of Greta's analysis. The fact is that I focused on the initial and more problematic phases of the analytic relationship, which I felt were more relevant to the concepts I wanted to examine. What I can say is that over the course of an analysis that lasted several years I was able to observe significant psychological changes as well as actual life changes. Her relations with others improved, her vulnerability and susceptibility to abuse diminished, and the quality of her ties and relational objects improved. She managed to start working again, and then moved to another town where she met and began living with a responsible man who became her partner. I believe that using a theoretical perspective such as that offered by the idea of "repetitions of life," which highlights the vital function of processes of repetition, probably from the very beginning laid the foundations for transformational work. By having accepted unconditionally and having contained the most desperate and nameless parts of Greta's Self, but also by having recognized her elements of vitality and hope, which were also present, I think I was able to become ever more the patient's emotional experience (to become her O, in the Bionian sense). And only when Greta, independently of my interpretive work (which sought to focus on positivity rather than the negativity of her traumatic experiences or dysfunctional behaviors and thoughts), began to experience me becoming what she was, did she progressively manage to become ever more herself, in her me-ness and authenticity of her feeling that she existed. It is only through this unconditional type of mirroring, this becoming their "O," that patients such as Greta can have the experience of feeling believed, and thus give credibility to their own emotions, feelings, and thoughts. This being recognized and this self-recognition are what make it possible to gradually resolve the confusion brought about by the abusive relationship with the original traumatic object. At this point it becomes possible to share interpretive work on symbolic content, which helps broaden the meaning of everything the patient goes through. And that is what we did with Greta.

I would again like to thank both readers for the attention they paid to my paper, the kindness with which they expressed their opinions, and for the invaluable suggestions they have made; I am very grateful for having been given this important opportunity to engage in such a stimulating and creative dialogue.

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Psychic Song and Dance: Dissociation and Duets in the Analysis of Trauma

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A bar chart with the x-axis labeled 'Age' and the y-axis labeled 'Number of people'. The x-axis has four categories: 18-24, 25-34, 35-44, and 45-54. The y-axis has a scale from 0 to 100 in increments of 20. The bars represent the following values: 18-24 is 20, 25-34 is 40, 35-44 is 30, and 45-54 is 50.

Age	Number of people
18-24	20
25-34	40
35-44	30
45-54	50

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PSYCHIC SONG AND DANCE: DISSOCIATION AND DUETS IN THE ANALYSIS OF TRAUMA

BY STEPHEN D. PURCELL

The author offers observations on the nature of pathological dissociation, emphasizing the compartmentalization of unsymbolized affective experience. The irrelevance of personal agency and intentionality in the pathogenesis of dissociative psychopathology along with the deficiency in symbolization that is a sequela of trauma present special problems for traditional as well as for Relational approaches to technique. To a significant extent, “technique” must be replaced by the analyst’s way of being. The author posits, as metaphor and model for this way of being, a notion of “psychoanalytic duets” occurring in the realms of both prosody and action—song and dance. An extended clinical vignette is presented to illustrate these ideas and to point toward a transformational effect of this kind of duetting.

Keywords: Dissociation, trauma, technique, pre-symbolic, pre-intersubjective, duets, following, enactment, non-verbal communication.

*“It’s not the song, it is the singin’
It’s the heaven of the human spirit ringin’ ...”*

—Andrew Hozier-Byrne (2018)

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*"Dance me to your beauty with a burning violin
Dance me through the panic till I'm gathered safely in..."*

—Leonard Cohen (1984)

INTRODUCTION

In a letter to Melanie Klein, Donald Winnicott wrote:

The first thing I want to say is that I can see how annoying it is that when something develops in me out of my own growth and out of my analytic experience I want to put it in my own language. This is annoying because I suppose everyone wants to do the same thing, and in a scientific society one of our aims is to find a common language. This language must, however, be kept alive as there is nothing worse than a dead language. [Rodman 1987, p. 34]

What follows here reflects my efforts to find my own living language for phenomena that, to some extent, have already been described by others though, perhaps, not in just this way. I hope not to be redundant but, rather, to bring something clarifying and enlivening to our efforts to conceptualize the psychopathology of dissociation and to add something incremental and fresh to our clinical thinking about the analysis of traumatized people.

In offering some of my observations and thoughts about the complicated endeavor of psychoanalysis when trauma and dissociation are foundational elements of psychopathology, I intend mainly to address the subjectivities of both analyst and patient when we work in areas of unrepresented experience—the areas where affects are *presented*, not *re-presented* in meaningful emotions. Underlying my thinking about all of this is my impression that the important roles played by trauma and dissociated affects in the psychopathology encountered every day in our work continue to be underrepresented in the thinking of significant numbers of clinicians. To some degree, this has to do with an implicit dichotomization of patients as those who are traumatized and those who are not, while increasingly my clinical experience suggests that a traumatized dimension—certainly a dimension of unformulated experience

(Stern 1983)—is present in everyone. Before focusing in on ideas about technique some of which I will illustrate with a clinical vignette, I will need to clarify my working conceptualization of dissociation, including some illuminating and suggestive contributions from the emerging neuroscience perspective.

Techniques designed to facilitate the discovery of hidden meaning implicitly emphasize the importance of symbol and symbolization in psychopathology and in psychic functioning, generally. But in work with trauma and dissociated affects—even though one eventual goal is the making of meaning from unrepresented experience—something different is needed at the level of “technique”: a technical attitude—one of doing things *to* our patients—must largely be replaced by a way of being *with* our patients. Our clinical theory must encompass the necessity of the analyst’s being with his analysand in non-meaning as well as in symbolic communication. In being the analyst for traumatized people, technical rules and maneuvers must give way to improvisation and creativity, integral elements of an artistry that must find its place in the analyst’s attitude. Because in the analysis of trauma and dissociation there is so much of the plainly experiential and, ultimately, such a dearth of knowledge about communication and processing of dissociated affects, attempts to conceptualize alternatives to “technique” with traumatized patients are relatively primitive and incomplete. Broad conceptual guidelines and imagistic suggestion might be the best we can do at our current level of understanding.¹ I will elaborate this and attempt to describe a few models of how we might “be” *with* our patients, instead of “do” things *to* them.

Trauma and Dissociation

Reportable abuse—and, presumably, “Big T” traumas—among children is shockingly prevalent (Finkelhor 2015). Early relational trauma or

¹ The Relational “school” is a major exception to this assertion; much has been written (e.g., Bromberg 2011) about technique by members of this group. But I believe that their emphasis on working with the here and now *relationship* and their grounding in an intersubjective conceptualization of experience can lead implicitly to a focus on formulated experience and, therefore, to a relative neglect both of unrepresented affect (Grossmark 2012a) and also of the foundational experience of isolation (McGleughlin 2015) in all traumatized patients.

“subtle” (Winnicott 1989, p. 131) developmental trauma of the sort described in Winnicott’s (1971) $X+Y+Z$ model is undoubtedly even more common. The two forms of trauma can, of course, coexist in different proportions in different people; and each involves overwhelming affective experiences, including those related to implicit helplessness and aloneness. Both gross trauma and early relational trauma are characterized by the inability to transform raw experiential data (affects) into meaningful experience (Levine 2014); and both sorts of trauma induce dissociation, which results, in part, in the mind/brain compartmentalization of overwhelming and unformulated affects. Dissociation also produces “gaps” in consciousness, the ruptures in self-experience left by its imprint (Gurevich 2008; Schore 2011); and, subsequently, it interferes with many aspects of psychic functioning including affect regulation and symbolizing ability.

Trauma and dissociation are inextricably and biologically interconnected; as I am using the concept here, pathological dissociation is the life-saving and protective *reaction* that occurs *reflexively* in traumatic experience. Whereas with regard to pathogenesis dissociation is to trauma as repression is to intrapsychic conflict, the psychoanalytic notion of repression implies an integral role of personal agency and psychological intentionality, even though unconscious; while, in contrast, dissociation in response to trauma is *entirely automatic*—purposeful but *not* intentional, consciously or unconsciously. It is crucially important in considerations of technique to appreciate that pathological dissociation is a mind/brain *reaction* and not a psychological “defense.” As I understand it, dissociation is not a manifestation of agency; rather, it opposes agency, operating at a level comparable to a “fight or flight” reaction. It does not emanate *from* an intact self; rather, it creates deficits *in* the sense of self.²

In contrast, it is my observation that in the working clinical theories of many psychoanalysts dissociation is thought about as though it is a psychological defense mechanism. One important contributing factor to this confusion—and, therefore, to confused clinical theory—is related

² I am distinguishing pathological dissociation from the distraction achieved in hypnoid states, which are reversible forms of self-hypnosis and, as such, do imply important elements of agency, intention, and defense.

to the observation that the operation of dissociation as a “regulatory strategy” is “imprinted” in the developing brain (Schore 2009, p. 130) and “...becomes characterological in personalities who experience attachment trauma in early development” (Schore 2011, p. xxiv). Dissociation is, therefore, triggered in situations that appear to be only conflictual and *not* traumatic; and it seems likely that it is the manifesting of this *imprinted reaction* in circumstances that clinicians implicitly expect to elicit the use of a “defense” that supports a common inference that dissociation, too, is a defense mechanism. In other words, from the standpoint of an objective observer, a mind reflexively dissociating can be easily mistaken for a mind intentionally defending itself. And when this inference suggests an interpretive approach to dealing with dissociation, it leads to technique that is, at best, non-productive.

It can be difficult for both analysts and their patients to accept the lack of intentionality that is integral to dissociation. I stress its automatic character because I think there are very important implications for clinical technique: whatever else it includes, a “technical” stance must be rooted in a perspective that incorporates an appreciation of the patient’s lack of agency. I believe that this technical point requires emphasis because of a widely held, somewhat engrained, and often tacit over-generalization of the assumption that patients have potential control of what they experience—that we are all masters of our own psychic fates if only we can free ourselves from the grip of unconscious fantasy and defense. But in traumatic experiences—gross or subtle—a child doesn’t do dissociation; dissociation isn’t motivated; it *happens* to the child. And it doesn’t only happen in the mind; it also happens in the brain where there are structural alterations including those within the right hemisphere in areas of integral importance to non-conscious implicit processing, emotional regulation, and self-experience (Schore 2011). A traumatized person in psychoanalysis does not have control of these neurologic abnormalities or of the psychic functions which they underlie; and to suggest to him, even implicitly, that he does have it is, at the very least, to cause confusion while clarifying nothing. It is likely to instill one more experience of a defective and shameful existence.

In addition to the distinction in the essential dimension of personal agency, the reaction of pathological dissociation also differs fundamentally from typical defenses like repression (and its variants) with regard

to psychic representation; and the implications are also crucial to technical considerations. Repression is the unconsciously motivated, intentional, and defensive “forgetting” of something subject to being remembered—that is, something that has achieved mental representation and as a representation can be manipulated, e.g., forgotten and remembered. Conflict and meaning are central. In contrast, pathological dissociation is the reflexive, compartmentalizing management of overwhelming affect that is *not* represented, not symbolized, and is *without* meaning. It results in *not-conscious* mental content—unsymbolized affective experience that cannot be verbalized but which remains a serious threat to psychic functioning because of the propensity for its repetition and also because of its overwhelming intensity and/or unbearable experiential quality of non-existence. Pathological dissociation is not an intentional manipulation of meaningful psychic contents as in repression but, rather, it is a reactive alteration of perception and consciousness itself (Goldberg 2016). It can be thought of as a form of psychic amputation analogous to autotomy (Eshel 2005; Gurevich 2008; Roussillon 2011)—automatic amputation of body parts in animals; and it is accompanied by profound, if often implicit, neuropsychological dysfunction. If dissociation is automatic, passive, apart from a person’s agency, then it must be clearly distinguished from psychological defense mechanisms like repression, splitting, and distraction that, conversely, signal to us as clinicians the integral roles of agency and intention.

The analogy of autotomy not only provides an apt metaphor for what we observe clinically but also alludes to parallels in the neurological abnormalities that are part of dissociation. There is now convincing data from neuroscience showing that pathological dissociation is characterized by marked and enduring dysfunction and structural change, especially within the *right* brain (Schore 2011)—the locus of emotionality and self-experience—as contrasted with the *left* brain, the site of rationality and problem solving. The resulting “... failure of integration of the higher right hemisphere with the lower right brain and disconnection of the central nervous system from the autonomic nervous system induces an instant collapse of both subjectivity and intersubjectivity” (Schore 2011, p. xxiii). In the simplest terms, in this “vertical” dimension it results in variable degrees of separation—a dis-association—of affect and symbolic thinking. And “horizontally” it also initiates and sustains a

relative *hyper*function of the left brain, along with a degree of separation of left and right hemisphere functioning—a “functional commissurotomy” (McGilchrist 2009, p. 236). In this manner—the neuroscience here being greatly simplified—dissociation *produces* aberrations of consciousness, dysregulation of affects, and abnormalities of self-experience; and from a psychological point of view, it shapes the personality around these deficits and determines essential aspects of psychic functioning.

John, a profoundly traumatized person, more fully described below, alluded to the non-representational aspect of dissociation this way: “If the mind is overwhelmed, the brain has other tools for survival. There are no words for that.” It is important “technically” to recognize that there simply cannot be a therapeutic verbal conversation *about* unrepresented affects. The main point here is that dissociated affective experience shows up not in what is talked about but, alternatively, manifests itself in the various actions that occur in the setting of psychoanalysis. In addition to allowing a proper place for the lack of agency, an appreciation of the centrality of unrepresented affective experience in dissociative psychopathology and, consequently, of its necessary and inevitable enactment in analysis are other essential perspectives in the development of a comprehensive clinical theory. Something additional to verbal (symbolic) conversation must find its way into our clinical practice and theory.

A final general comment about clinical work with dissociation concerns the importance of understanding that trauma disrupts “going-on-beingness”; dissociative psychopathology is about psychic life and death—i.e., survival and ceasing to exist. It can be difficult to grasp that in this experiential territory, psychic death is not a metaphor but, rather, a real experience (Shalgi 2018). John observed to me, “To focus on the fact that as a child I didn’t die physically is a way to pretend that I didn’t die.” In reaction to the overwhelming affective stimulation of trauma, dissociation accompanies experiences of non-existence and/or sacrifices aspects of consciousness to provide escape from *complete* annihilation; the costs are those of real and enduring alterations of psyche and brain. Traumatic deprivation and environmental impingement causing concrete, unbearable, and unformulated experience (Stern 1983, Levine 2014) is the fundamental issue; the reality of structural change in the mind and brain is the sequela.

To summarize my view of pathological dissociation, it is an automatic reaction to an overwhelming amount of affective stimulation associated with real impingement or shocking absence (Gurevich 2008) causing mind/brain deficit and dysregulation. It is an imprint of trauma, not an intentional adaptation or a psychological defense. Dissociation happens to a passive person and is linked contextually to unbearable helplessness and aloneness. A meaningful psychoanalytic “technique” requires an understanding of how all of this works; it must take into account the fundamental roles both of reality and lack of agency in pathogenesis and also of the centrality of unformulated experience and action found in the resulting psychic organizations.

TECHNIQUE

Much has been written about elements of traditional technique to be minimized or avoided in the analysis of psychopathology rooted in trauma and dissociation (e.g., see Bromberg 2011). A significant part of this critique has to do with the perspective that we cannot—through confrontation and interpretation—humanely ask dissociated people to tolerate powerful affects and to think meaningfully about emotional experience—fundamental elements of traditional psychoanalysis. These mental functions are goals of analysis and, therefore, cannot be implemented as means—i.e., as techniques. If dissociation is not done by patients—i.e., it happens passively and automatically—then neither can it be undone by them in response to our asking them, through interpretation and insinuation, to do so.

As a specific instance of how these incapacities might manifest themselves in relation to traditional technique,³ consider how when we

³ I am using the term “traditional” to highlight differences between interpretive approaches and other ways of working with traumatized patients. I mean the term “traditional” to refer to techniques designed to serve goals of treatment when issues of intrapsychic conflict and hidden meaning are fundamental. Important among these latter techniques are transference, defense, and “resistance” interpretation. I realize, of course, that no technique exists in a pure or monolithic form and that any technique must be flexible enough to allow adaptation to individual need. In addition, while I am also referring to traumatized patients as if they might somehow be members of a homogeneous category, of course, they are not. There are as many different *kinds* of traumatized patients as there are traumatized patients, who function simultaneously and alternately at multiple levels of psychic organization and with varying ability to symbolize experience.

interpret transference—i.e., the “here and now” relationship with the analyst—we are asking our patients to tolerate and to think about an intensely affective experience. Especially the dependent dimension of a relationship with an analyst can resonate with and threaten to elicit a flood of traumatic affects or evoke the ruptures in self-experience that originated in an earlier dependent relationship with a caretaker. From a neuroscience perspective, Alan Schore writes that, “Intimate social relationships are habitually appraised at a nonconscious level to be dangerous, because these contexts are always potential triggers of ‘vehement emotions’” (2012, p. 273).

This kind of emotional storm of “vehement emotions” can be the downfall of a therapeutic relationship: patients with dissociative psychopathology are not, as a rule, equipped to feel and think meaningfully about the affective dimensions of the inherently dangerous relationships with their analysts. And yet, most of the clinical theories of the major psychoanalytic schools—and I imagine most of the individualized “schemes of reference” (Baranger 1996) used by psychoanalysts—include some tacit or explicit emphasis on working with “here and now” experience, which can be intrusively re-traumatizing. Furthermore, in working with unsymbolized affects, transference interpretations, by forcing an interpersonal perspective onto a pre-symbolic and pre-intersubjective experience, can push the patient into creating or complying with pseudo understandings arising from an exaggerated “left brain”—i.e., rational and intellectual—management of affective experience. The result, in that case, would be a compliant and intellectualized *patient* but not a more fully present person. In Winnicott’s (1965) way of putting it, one is then doing analysis with a False Self rather than with a traumatized core, potentially a real self.

The main point here is that traditional notions of psychoanalytic technique, which are intended to discover meaning and to provide understanding—as well as Relational approaches grounded in intersubjectivity and emphasizing work in the here and now of the analytic relationship—can be insufficient or misapplied to patients when trauma and dissociated affects are central. Analysis of the psychopathologies of dissociation rests less upon confrontational and deconstructive techniques and depends more on constructive approaches (Levine 2012, Stern 1985). And from this perspective, it is not primarily the things an

analyst *does*—the technique—but, rather, it is his *way of being* itself that is fundamental; this way of being is complex but it must encompass the patient's need for unformulated experience (Stern 1983) somehow to be received and for dysregulated affects to be regulated *relationally* before the ability to do this can be internalized. Looked at in this way, much more of what transpires in analysis necessarily depends on the actual person of the therapist and can't be reduced to technical prescriptions and objective behaviors.

In thinking about a shift away from technique and toward a way of being, it seems to me that there are two fundamental dimensions of traditional clinical theories and techniques that are essentially turned upside down in the psychoanalysis of trauma and dissociation. One of these upendings has to do with words and action and their relative importance and value. "Talk therapy," obviously, takes place through a verbal medium, in a symbolic realm where action has often had the status of an obstacle to the expansion of conscious experience. But in patients suffering with the sequelae of trauma, the problem is, at bottom, one of *unformulated* experience, overwhelming but meaningless affects and states of "beingness" that are not symbolized. As previously noted, the implications are that these experiences are not perceived as feelings that can be accessed and expressed in words and, consequently, that the only available mode of expression and communication is that of action. In analysis with traumatized people, then, the importance of words as communicating symbols is often subordinate to that of action and also to that of words as things—inversions of the traditional conceptual hierarchy.

Stated differently, the communicative importance of enactment—i.e., the totality of what happens and what is done, not-consciously, between patient and analyst—eclipses that of the meaning of what is said. Of course, the analytic couple still talks to one another—with degrees of meaningfulness that vary across patients and at different moments for any given patient; but it is in the physical and performative aspects of speech and language, words as "things" and what is done with them, where the more important communications actually occur. As my patient John put it, "you can use words to express feelings, but you can also use words to *make* feelings."

Furthermore, there is a great deal that happens between analyst and patient that involves words *not at all*; in various ways we act on and

through each other all the time. We are accustomed to thinking about circumscribed instances of “non-verbal communication”—e.g., what might be conveyed by facial expression or bodily posture—but there is always multi-faceted, implicit, non-verbal communication through action and enactment going on in psychoanalysis. For example, both Schore (2011) and Bromberg (2011) emphasize the therapeutic role of “direct right brain to right brain communication” and “state sharing,” forms of communication that are poorly conceptualized at the clinical level. In the analysis of dissociative psychopathology, enactment, not word, predominates; it is the prime channel of communication and, therefore, the source of the most valuable data as well as the locus of the therapeutic process.⁴

A second important conceptual inversion implicated in working with the unrepresented experience of trauma and dissociation has to do with the analyst’s customary role as “leader” in relation to the patient’s role as “follower.” In different ways, traditional technical stances have explicitly acknowledged the importance of various kinds of following by the analyst—e.g., close listening, following associative links, tracking transferences, etc.; but I mean something more subtle, though of crucial importance. In traditional clinical theory, the analyst does these sorts of tracking and following in order that he might lead. He follows so that he might, then, implement an effective technique to achieve various analytic goals. In this manner, the analyst’s following is preliminary and subordinate to his leading, his interpreting; he is cognitively oriented toward opportunities to “lead.” Even in those moments when an analyst manifestly appears to be following, he might be positioned implicitly to be a “leader,” or a technician delivering a treatment through a technique that acts on the patient. Though the specifics of how this plays out will differ from analyst to analyst and from theory to theory, this “leading” of the patient is common in analysts of all theoretical persuasions (Greenberg 2001). And while this orientation is often only tacit, I believe it is frequently a powerful determining factor in an analyst’s mode of being: in positioning himself to administer a treatment, he is first silently and then explicitly taking a leading role. The intrusive effect

⁴ Enactment is, of course, simultaneously an important medium of impasse and re-traumatization.

of assuming this role can have profound effects on the patient, can close off an analyst, and can deform a therapeutic process.

In working with early trauma and dissociation, something diametrically different is required: the analyst must *actually* be the actual follower. He must adapt and improvise. The patient—as much as possible—must determine what is done, what happens; because of the deficit in symbolization, he must be allowed to “do” and to replace free associating with a mode of “free-being” (Grossmark 2012a). The analyst *must* follow because he cannot usefully lead—only the patient “knows,” not consciously, what must be enacted; and the analyst must follow because his or her leading—e.g., through interpretation or other intentionally therapeutic techniques—is so readily experienced as a disruptive and possibly re-traumatizing impingement on the discovery and telling of a story that can unfold only through action, over time.

One essential element in an improvisational way of being that is related to the “upended” functions both of words and of following has to do with the analyst’s language and speech. While meaningful symbolic communication is at best only intermittently possible, the patient is always doing things with words as things; and, from the patient’s point of view, so is his analyst. I believe that analysts often lack a sustained awareness of the fact that to these patients our words are *things* that we are using to act on them. An enhanced appreciation of this non-symbolic aspect of words can reduce the level of disruption caused inadvertently by the tacit assumption that our words are symbols with shared meaning. Conversely, it can also serve as a reminder that at times analysts, too, must intentionally use words as things, not relying solely on their symbolizing function. For example, the analyst’s words must serve functions such as mirroring, containment, and soothing; and, inevitably, his words will also do unwanted things like over stimulate and re-traumatize. Symbolization is neither the exclusive function of words nor the only goal of analysis.

With traumatized patients, an analyst must be able to employ his vocabulary in a manner that resonates with, and sometimes emphasizes, the dissociated and *unrepresented* affects in his patient, including the catastrophic nature of the fundamental experiences at issue. This kind of resonance is foundational in the analytic relationship and integral to the establishing of the most fundamental level of contact—i.e., entering into

and being with a patient in a non-symbolic, sensate dimension of shared experience (Goldberg 2012). On occasion this vocabulary might seem hyperbolic; but language that fails to resonate with the patient's fundamental perceptions of unbearable and unformulated affect will not support the patient's feeling understood, and the development of the trust and safety required for a therapeutic process will stall. Words that do resonate with and mirror the existence of not-conscious and unrepresented perceptions of affects—e.g., states of panic or non-existence—promote their transformation into bearable emotions and provide a shared and alive experience, implicitly countering the experience of isolation in traumatized people.

An effective therapeutic language is more poetic and layered and implicit, less explanatory and explicit. It is a language in which words have value because of their physical, imaginative, and aesthetic qualities, not for their functions of exposition or rational explanation. It is attuned to an implicit emotional experience. At times, this language might be neologistic, or it might be only vocal and not verbal at all (Grossmark 2016); it is characterized by immediacy and embodiment and aliveness (Wright 2009). We aim to use an enlivened language because the patient cannot; and the *prosody* of the analyst's speech—the non-verbal aspects like rhythm, tone, inflection—conveys extremely important information and performs crucial functions. This therapeutic language has intrinsic value as a mode of affective communication; it accommodates to the characteristics of the listener, not to meaning or to rational content—i.e., implicit meaning and the music of affect are more foundational than words. In patients suffering from the sequelae of trauma, it is affective experience that is dissociated; and it is affective experience and not a rational understanding that must be grasped by our language.

Although I am alluding here to an analyst's purposeful use of words as things, I am thinking about the prosodic and embodied qualities of language and vocabulary not primarily as elements of intentional technique but, rather, as aspects of who an analyst is—in essence, how “connected” he is to himself and how connected he can be to the affective experience of an other. As I conceive of it, using words with dissociated patients is more intuitively purposeful than intentional; and I agree with Ogden (1999) that an analyst's deliberate effort “... to be

poetic ... in the analytic dialogue ... will severely impede, if not destroy, the analytic process" (p. 989). Here words are not instrumental but, rather, reflect a way of being, and the bottom line is that the analyst's personality—especially his intuitive (Ogden 2015) and his "as-sociative" abilities—is, inescapably, a major component of a creative and improvisational "technique." In working with trauma and dissociation, it matters most of all who the analyst *is* (Kite 2008; Stern 1987); the analyst's personal qualities are essential and cannot be compensated for by what we are used to thinking of as technical expertise. While the personality of the analyst has always been recognized as one important factor in psychoanalysis, with dissociation at center stage it takes on a vital role; and the whole notion of "technique" seems much less relevant or, at least, in need of major revision.⁵

Doing psychoanalysis with these perspectives in mind puts a lot of pressure on the analyst at a very personal level. Working to ameliorate real alterations of consciousness caused by dissociation, he or she must operate much more in a real register, in the *real but asymmetrical* relationship with the patient. For example, when trauma is inevitably repeated with the analyst acting as the new traumatizer, he does not then think or speak in abstractions or in an "as if" mode—e.g., about phantasies or about dependent transferences; rather, he acknowledges what he has done (Ferenczi 1995; Gurevich 2008). Really. And, emotionally speaking, this can be a very hard thing to do. No analyst wants to feel he has injured his patient; and most want to make or feel they should make interpretations—helpful, supportive and explanatory interventions—that will provide the patient with understanding and insight into his problems and alleviate his distress. But when trauma and dissociation are the issues, this kind of "interpretation" is at best an appeal to the patient's "left brain" while the problem is in the "right brain," literally and figuratively. Too often the result is that what might be an intimate duet becomes a failed solo performance by the analyst and a re-injury for an isolated patient. What does this real engagement required of the analyst look like? And how does it feel?

⁵ Bromberg (2011) suggests that we are probably in the midst of a major paradigm shift. He describes this, in part, as a shift "...from the primacy of cognition to the primacy of affect, and a shift away from (but not yet an abandonment of) the concept of technique" (p. 126).

DUETS

In a series of interesting papers, Robert Grossmark (2012a, 2012b, 2016) has conceptualized, from different angles, his understanding of what the nature of the analyst's optimal involvement is with dissociated patients. He describes the therapeutic process as a "flow of enactive engagement" (2012a), which is directed by the patient but within which the analyst is *actively* yet *unobtrusively* engaged (2012b). He further describes this kind of intimate and deep but un-impinging contact as "psychoanalytic companioning" (2016). He is, I think, making a contribution to our understanding of ways of being that supplement or replace a traditional "technical" approach.

In my own clinical experience, actualizing this ideal of unobtrusive engagement has seemed essential but elusive; especially when we are oriented by a *technical* approach, it is not easy to imagine or describe an active therapeutic engagement that does not obtrude. What Grossmark believes will foster it is an increased focus (in the analyst) on enactment and a respect for its crucial and necessary role in expressing and narrating unformulated experience (2012a, p. 289, p. 291), the unrepresented affective experience belonging to trauma and dissociation. In his view, enactment replaces free association in contemporary psychoanalysis; enactment is what *happens* in psychoanalysis and serves both as the primary mode of communication and also as the key to the therapeutic action of the treatment of traumatized patients (2012a). Grossmark also emphasizes that a patient's words are *things* to be experienced, not followed for their denotative meanings (2012, p. 290); I think he is, in part, addressing the music of what happens in psychoanalysis (Ogden 1999).

In Grossmark's (2012a) thinking about therapeutic engagement, the focus on enactment follows from the assumption that the dissociated and unrepresented affects, the sequelae of trauma, cannot be accessed through a verbal register but do enter the analysis:

...via the actual happenings and doings of the analytic relationship (p. 291). In contrast to "free associating," the patient engages in free being [within] ... the environment provided by the analyst ... [who] ... listens with his or her full experience, emotional, physical, intellectual; always partly

conscious and always unconscious, always both present and partly dissociated. [It is] ... a process that the analyst simultaneously gets out of the way of and with which he or she is completely engaged. [p. 290]

It requires a great deal of receptivity, improvisation, and mutual trust to approximate this kind of contact. It is related to what I mean by “following” the patient.

Grossmark’s concept of enactive engagement and his clinical illustrations are compelling and have intuitive appeal; but his verbal descriptions also beg for elaboration of this way of being in yet more experiential ways—i.e., not in the verbal register. As clinicians, we need access to the “music” along with the lyrics; we need to know what it feels like to be deeply but unobtrusively engaged. Though difficult to implement, a notion of unobtrusiveness seems relatively straightforward. But what models might we use to support us toward an *active* engagement that isn’t obtrusive? Are there other media and modes of being that offer parallels for an analyst’s therapeutic way of being with the unformulated experience of trauma?

The central positions of action, prosody, and following in clinical work have led me to think about the optimal involvement of the analytic couple as variations on duetting: the primacy of action is suggestive of dance duets, while the communicative importance of prosody leads me to think of vocal duets. In either type of duetting with dissociated people, the therapist *must follow*—i.e., be able and willing to take the role of subordinate partner, surrendering to the process and providing versions of Grossmark’s psychoanalytic “companioning.” I will offer some descriptions and metaphors that I intend to be emotionally evocative and, perhaps, to deepen or expand the notion of an engaged “following” that is integral to analysis for dissociated patients.

With regard to a notion of “action duets,” the sort of finely attuned partnering and following suggested by Grossmark seems analogous to some types of “partner dancing,” which have one person leading and the other sensitively following in physical modes of receptivity and expression. Ballroom dance is a good example of this form of duet: the follower must be alert to the cues—both physical and emotional—provided by the leader and accommodate him/herself to what the leader is

doing. Contrary to appearances, the follower is not at all passive but, rather, is sensitively and *actively* engaged with the dance “leader.” If the follower—and by analogy here, the analyst—should convert his role to that of leader, even for a brief moment, it throws everything off completely. Imagine Ginger Rogers dancing with Fred Astaire and suddenly shifting her role to that of leader: the dance collapses. In the analysis of pathologically dissociated patients, an analyst who is “leading” (interpreting) or “choreographing” instead of following is likely to be intruding him/herself into the patient’s mode of being. The result is that a holding environment needed by a mind trying to form becomes impinging; the patient is re-traumatized; and a crucial therapeutic opportunity for living a shared experience is lost.

Years ago, as an amateur ballroom dancer, I had a professional teacher who was remarkably talented. One day, attempting a difficult waltz in which I, the student, led *her* around the perimeter of the dance floor at a pace beyond my skill and talents, I literally tripped over my own foot, lost my balance and fell toward her, out of control. Amazingly and almost instantaneously, she *followed* my stumbling and falling, while simultaneously “catching” me with her strength. She didn’t stop dancing or attempt to execute the dance that she had in mind for us to do. For a couple of steps, she was stumbling perfectly *with* me, though out of sync with the rhythm of the music she had chosen and outside of the choreography she had imagined.

Grossmark (2012a), following Bettelheim (1982), expands the meaning of “free association” to a kind of “falling together”—an integral aspect of enactive engagement. Because my teacher followed me and “fell” with me, I was able to recover myself and re-find my balance and the dance went on—I think to a casual observer almost like nothing untoward had happened. And, yet, the subjective experience for me was profound. The attunement implicit in her response, the synchrony I experienced with her, the trust instilled in me, the shared sensual feeling of falling together and being perfectly “caught,” have lived on vividly in my memory. It is not overstatement to say that in some way the experience was transformative, and it was also completely non-verbal. I believe that my teacher’s following my stumble brings to the foreground something that she—and any following partner—does all the time, more subtly, in the background. Clearly, in the enactive “dance” of psychoanalysis

there are psychic equivalents to this kind of experience occurring in the moment-to-moment shifts in “states” and in “state sharing” (Schoore 2011) and in ways of being. When an analyst can follow and “catch” his patients, it is analogously transformative for them. I want to emphasize that the dance duet I am highlighting here was the one “improvised” by my teacher and me—not the one that was choreographed. In the analysis of the psychopathology of trauma, the analyst’s following (and *not* following) involves a combination of underlying therapeutic intent and, most importantly, enactment—a kind of not-conscious improvisational response—in both behavioral and experiential dimensions of engagement.

In the vocal medium, where prosody is a key ingredient, there is also a central role of following by singers and by analysts. There are different forms of vocal and psychoanalytic duets; but the one I want to call attention to here is a duet in which one singer—in analysis, the analyst—is reliably in the role of a harmonizing companion. There can be meaningful psychoanalytic duets involving both unison and an alternation of solo voices; but the type of duet I want to highlight is one of a continuous, synchronous, ideally seamless flowing of the harmonizing voice with the lead voice. It is different from the unison of merger: there are always two voices (and sounds) but they are combined into one subjective experience.

The singer Emmylou Harris is widely recognized as doing this kind of duet to near perfection—especially in her early partnership with Gram Parsons. Her voice is the perfect “companion” for his. Her singing flows all around his voice—above, below, and alongside; but she is always following and complementing him, *harmonizing* with him, and in doing so—from her own different and varying musical positions and distances—implicitly recognizing and delineating his vocal lead. In the aural realm harmony can add dimensionality to and perspective on the melody in a manner analogous to how in the visual realm photographing an object from different angles and distances defines and elaborates that object. Different harmonies, with the same lead, make different songs—in analysis, affect songs that are “heard” and “sung” not-consciously by each person.

To my ears, Harris seems to wrap her voice flexibly around Parsons’ and follow where he goes. If you listen carefully to their performances,

you can hear him “bend” notes and hear Harris seamlessly “bend” with him. Her close musical companionship—not in unison but in harmony—is incontrovertible evidence that the lead voice has been “heard” and is being responded to, followed in the same idiom by an other. In this role, she is integral and essential to the duet but also remarkably unobtrusive. Asked about her experiences as a harmonizer, Ms. Harris said, “In duet singing, you have every note available to you, except for the lead It’s like a dance. You’re following someone else’s lead, and you just hope for the best” (Redford 2014). Parsons, himself, believed their harmonizing depended on their eye contact (Parsons 2006). Apparently, their dance-through-song was intimately intuitive. Singing with Parsons, Harris is essential and vital to the emotional communication within and by the partnership; she is very active but she is completely unobtrusive with her embrace as well as with her accompaniment. An analyst’s ability to sense the patient’s “music,” i.e., is to hear the prosody of the patient’s vocalizations and verbalizations, and to follow prosodically, not verbally, is an essential element of an analogous psychoanalytic duet.

Parsons’ father committed suicide when Parsons was twelve and his mother succumbed to her alcoholism on the day he graduated from high school. He died at twenty-six from an overdose of alcohol and morphine. His voice, as I hear it, is built around a deep aching that bridges an abyss of despair and aloneness. As an example of their duetting, in the Parsons/Harris song “Hearts on Fire,”⁶ Harris’ voice—through her harmonic partnership—recognizes and supports Parsons’ “lead” of pain. In this song she “follows” exclusively with harmony; but it is also interesting that, diverging briefly from her role as subordinate companion, there are two moments (“Lord, what have I done?” and “Sleep escapes me still”) where Harris relates to the anguish by singing above Parsons and with greater emotional intensity than he. The song continues as a duet, but with Harris briefly becoming the dominant singer; her momentary greater intensity amplifies the harmonic tension, perhaps the way our spoken language must at times sound hyperbolic to convey fully the affective power of

⁶ The reader can hear this duet at <https://www.youtube.com/watch?v=QMM3UVLEjY4>.

the experience.⁷ It seems likely that Parsons would have felt contained or held when Harris, first, shared in and, then, took on his pain in this way; at the very least, I don't think he could have felt alone.⁸

One of my intentions here is to suggest that these forms of song and dance duetting can serve not only as orienting metaphors for an important dimension of clinical work but also as inspiration to develop the requisite abilities in ourselves. Whether through dance or song, these duets rest upon the follower's intuitive capacities and upon his or her willingness and ability to be the follower. It seems likely to me that more—actually, any—singing and dancing in analytic training and in the lives of analysts would facilitate the psychic song and dance of being with our patients.

In analysis, the duets I am referencing here are pre-symbolic and are most relevant to a therapeutic process occurring in areas of unrepresented affects. They are, therefore, pre-intersubjective duets in that they are about a *sharing* of raw affects originating in the traumatized patient, as contrasted with an experience of emotions emanating from a jointly constructed encounter of two minds. It is about contact with something *in* the patient; and, therefore, it is more about the analyst's permeability and resonance and "reaching toward" than it is about his participation in co-construction. Ideally, the "following" analyst gives himself over to the singing and dancing of the patient and partners there; he lends the patient his subjectivity, he doesn't impose it. Even when the singer goes off key or the dancer stumbles, the companioning partner accompanies—he doesn't persist with preexisting music or choreography. This sort of following and companioning with dissociated patients is, I think, the hardest thing for a hopeful/helpful analyst to do: at times it feels like descending into chaos and darkness, where it is impossible to partner effectively in song and dance that is set to our own personal scores of therapeutic ambition or fear. It is in this territory where analysts are most likely to dissociate from what could be a shared experience and, in

⁷ I am grateful to Dr. Adam Blum for this "reading" of the vocal performance and for his help in understanding certain aspects of music theory and musical dynamics related to my clinical notion of "duetting."

⁸ I encourage the reader to listen to this song, focusing, not on the lyrics per se, but on the relationship of Harris' voice to Parsons'.

the process, do something retraumatizing rather than be someone therapeutic.

CLINICAL ILLUSTRATION

John, the patient previously mentioned, is a middle-aged man who at the time of this vignette had been in analysis for ten years. As a child John suffered almost unimaginable, relentless trauma: his father was largely absent or very destructively present, and his mother was bipolar and from his infancy on had many lengthy hospitalizations before she committed suicide when John was seven years old. When he was roughly five years old, he and two younger siblings were left completely alone for days, probably with no food, and possibly on multiple occasions; police broke through the apartment door and he was taken in briefly by a relative. Suffice it to say that as a young child he was grossly deprived and frustrated, over stimulated affectively and sexually, suffered serious physical injury, and experienced multiple losses and abandonments. And, of course, these “Big T” traumatic events occurred in the context of more “subtle” and severe relational trauma: John was, in effect, forgotten in a childhood that never really was (Grotstein 2010). In the beginning of the analysis, John talked in a manner that was often literally unintelligible and reflected a severe state of dissociation. He spoke almost inaudibly at times, with extreme hesitancy and stalling, and his enunciation was very indistinct. His is a remarkable story of determination and survival, which he told me was made possible only by making his “consciousness as thin as possible.” As reported above, later in his analysis he also told me that he died many times in his childhood, warning me not to pretend that he didn’t die.

In a way that is reminiscent of the Peanuts cartoon character “Pig-Pen,” John seems to go through life surrounded not by physical dust and grime but, rather, by a sonic cloud of psyche-soma chaos and dissonance. He always “huffs and puffs” even while at rest, breathing with loud sounds on both inspiration and expiration and frequently clearing his throat, sighing, yawning loudly, or simply vocalizing; I often feel pushed away or held at a distance by this aura of intervening noise. In addition, he belches and farts loudly and forcefully; despite my having

experienced these expulsions of gas many times, they always disrupt me, eliciting spontaneous startle reactions and involuntary withdrawal.

Like “Pig-Pen,” who is proud of his uncleanness, John seems to be wearing this “cloud” of noise and dissonance almost like a badge of honor—maybe, I have thought, as a communication that he has survived, if only survived. He is among the “walking yet *severely* wounded.” I have deep sympathy for him as a survivor; but the total effect of these visual, auditory, and olfactory perceptions of him can sometimes be a repellent one and has seemed to function as a kind of protective “force field,” keeping me at some emotional distance. I originally thought of this noisy persona as reflecting a kind of very primitive false self organization, one that is also very effective in its protective function. Slowly, John has evidenced a “regression to dependence” (Winnicott 1955), the state that he and I now exist in and negotiate literally every hour that we meet. For a couple of years he has come to his sessions wearing as few items of clothing as possible, an expression of a cherished wish to remove all of his clothes, lying naked like a baby on a blanket that he would bring with him.

The hour I will describe here was a Friday hour. We normally meet Monday, Tuesday, Wednesday, and Friday. This week I had cancelled our Wednesday hour, so we had not met since Tuesday. John walked through the door with a familiar jangled and jangling facial expression and the noisy aura about him. As I had experienced on many other occasions, right away I felt myself disengage. But on this day as this large, muscular man closed the door behind him and lumbered slowly toward me and the couch, he surprised me by looking me directly in the eyes; and, then, holding both arms out in front of him, slightly elevated, his face red and contorted, he cried in a very loud voice, “I want to touch you!” As he screamed these words his outstretched arms shook repeatedly in forceful, “spastic” movements; and I had the slightly alarming reaction that he intended actually to come to me to do something physical. (Only in retrospect, was I able to see both a terrified toddler reaching for a parent to pick him up and a desperate person inviting me to “dance” with him.) Falling on to the couch, he said (in reference to his fantasy of nakedness and orienting me to his state of mind), “I thought today about bringing *two* blankets: one to lie on and the other to cover myself with.” Following a silence and in a desultory manner that literally

disavowed the powerful feelings he had just conveyed, I made a few gentle but ultimately useless comments interpreting his withdrawal into his fantasy, his now leaving *me* alone, his defense against feelings evoked by my cancelling.

These interpretations seemed to fall into nowhere and were met with verbal silence, accompanied only by the characteristic screen of loud sighing, forced breathing, and motor restlessness. Then unexpectedly John said, "I feel so sad." This simple communication was unusual in its directness and was voiced in a strikingly clear way and uniquely plaintive tone that effectively conveyed a genuine and profound sadness to me; and my attitude toward and feeling about him changed instantly and automatically. I didn't think about what he said; rather, his tone resonated deeply in me and I felt both sadness and a very deep sympathy for him. I think at this point I had begun to "follow," in contrast to an earlier implicit orientation toward choreographing, toward managing him, toward interpreting. In simple terms, I felt much more "with him," more partnered and compassionate (Burton 2016). It is essential here to note that it was not his words in a narrow sense—not their denotation—that affected me; I think his words were simply vehicles for multiple affects—not only the sadness addressed directly by the words. It was the prosody of his communication that acted in me, providing the "music" for an intimate duet that was beginning. My way of being with him had changed.

After a short pause, John said, "I need you to hold me." I said, with sincere compassion for his emotional needfulness, "Yes, you do." He responded, "I mean *really* hold me." He was leading and we were starting to develop a rhythm. At first, I didn't know what to say, though *something* had to be said in order to continue what was now starting to feel like a duet—I was hearing his communication of emotion and, undoubtedly, he was hearing unusual prosodic accompaniment from me. So I asked suggestively and earnestly, "Can you *imagine* my holding you in a way that might *feel* real?" He thought and, then, replied, "No, I'm too big." I pondered, concretely, for a moment the literal question of whether he was too big for me to hold; I thought not. I visualized my holding him like a child and I imagined the sensation of his body against mine. I said, "*I can* imagine that we could find a position in which *I could* hold you." I felt neither seductive nor provocative in saying this to him; I think we

had established by this point a communication that was deeper and more intuitive than the words themselves might convey.

John cried softly for a moment, and then there was complete silence and profound stillness—things that had never before occurred—and with them came a novel sense of intimacy. There were no more of the breathing sounds and vocalizations that I find off-putting or of the familiar, constant, and effortful “tossing and turning” on the couch. But in minutes I sensed a growing distance and asked him what was happening. He responded, “I’ve made my consciousness thin.” I asked if he knew why he was doing that, and he answered quietly with one piercing, staccato word: “Danger!” I said, “Yes, there is *great* danger in letting me hold you.” He responded, “You could kill me.”

Here I felt for the first time in this hour the horror of what I had done to him with the Wednesday cancellation: it wasn’t that I *could* kill him; I *had* killed him. Now I could understand why he imagined bringing a second blanket: it was to be used to cover a corpse. Clearly, this morbid reaction to the Wednesday cancellation was very different from his accommodation to the recurring non-meeting on Thursdays: over time, these routine disruptions had become part of our rhythm and part of the frame. This week I had broken that frame, “dropped” him, and retraumatized him—more accurately, killed him again, repeating a childhood catastrophe. Up to this point in the hour, I had been unaware both of my horror at his psychic death and also of my guilt about killing him. Suppressing an urge to ask for his forgiveness, I realized that what he needed now was for me to *be* with him—to sing and dance with him—in his pain and desperation and non-existence.

There followed then another lengthy, completely novel, and very still silence during which I felt an unusual degree and unique quality of contact with John; and I had the implicit convictions that in this silence he *felt* my involvement and that he, too, felt involved with and connected to me. I experienced none of the familiar and troubling distance in the silence but, rather, I had an activated feeling of close engagement with him. It is difficult to describe well my state of mind—I was mostly not deliberately thinking, and I *felt* fully engaged, filled up physically and psychically and lost in the moment. I was only faintly aware of anything extraneous to what was happening between us; I listened to the barely perceptible breathing sounds—now heard as signs of life—that broke

the otherwise total silence; and I noticed a kind of complex and paradoxical experience in me of simultaneous focus and diffusion. I think I was located in a certain kind of expansive oneness with him and a seemingly contradictory but *simultaneous* experience of observing what was happening. On reflection now, I think I was following him and duetting with him.

During this silent song and dance, I remembered vividly a close-up photograph of John at age three that he had shown me years before; the crushed and terrified look in his eyes had brought me to tears. Also floating in and out of my mind were vivid, visual and tactile memories of my actual experience of my infant son lying asleep on my chest, of a kind of fusion with him, and a stillness in me that was at once both intentional and also an intuitive response to my son's need for sleep. As I looked at my patient's motionless, rounded form and fetal position on the couch, I "saw" the pleasing form of a rounded infant's or toddler's body. I thought John might be actually sleeping; and I felt it to be mandatory that I not move lest I disturb him and our duet. I sat completely still and silent, and eventually my state of mind evolved to a more self-conscious experience of protectively watching over him. As I began to be more reflective, I became aware that something very unusual and profound had occurred; I felt both renewed and satisfied and, somehow, personally changed by the experience.

Eventually, I had to "wake" John because the session was over. I said, "I'm sorry to disturb you but we have to stop." Then, in a familiar tone and mode of real playfulness, he retorted, "That is really terrible! You are the worst!" As he sat up on the side of the couch, he looked at me and his eyes were clear and focused—a rare occurrence—and he seemed calm and "oriented" to and in his self. The "Pig-Pen" penumbra had lifted. As he stood, erect, at the end of the couch slipping on his shoes, he looked at me with a new, warm smile and said, "I want to kiss you. See you Monday."

DISCUSSION

Initially I chose the analytic hour just described mainly to illustrate some of the "technique" relevant to my notion of psychoanalytic duetting. But following this session, it became apparent that there were changes in

John that were quite substantive, and they have proved to be lasting; what ensued in the analysis now seems also to illustrate a transformational effect of primitive duetting that in its definition and clarity was unexpected.

When John returned on the following Monday, he talked about the Friday hour in an openly interested and direct way saying that he had felt “complete acceptance” and changed by the experience. His speech was clearly communicative. He also spoke about his “terror” of being held by me, saying that he wanted me to watch over him and feed him but not hold him because I might drop him or crush him: “You will always be a person who did bad things to me; you can’t make it up.” On this day and frequently thereafter, his gaze was clear and direct, his speech was largely fluid and his posture was upright. His face had a unique presence and calm expression and he seemed very much “in his body”; he, very literally, looked like a different person. Soon after the reported hour he commented on a different experience of himself: “I want you to love me because I’m special and I want you to love me because I’m not. It’s a conundrum: I want to be good and bad ... *just being is comforting.*”

In the weeks and months following, John continued to be more self-aware and my sense was that, while his awareness had expanded, his self had also become more actual and sturdy. The moments of stillness and silence were intermittently recurrent, and he began to pay attention for the first time to the cacophonous sounds he made—labeling one as “an exhalation of terror”—and to the ways that he made himself “disgusting and slovenly” to keep people at a distance. He spoke about “making noise” as having been an alternative to a failed strategy of silence: “Noise is what *I* make. *I* make it. Making noise is seeing that I exist by hearing. Pain, terror, and rage: I’m not happy about that but I do have a lot of life in me.” To John, his noise making proved his aliveness. It became clear that the sonic cloud had been the noisy “presentation” of alive, unsymbolized affects inside him that existed largely in place of an experience of being; the new silence and stillness signaled the restoration or, perhaps, the creation of a self. There were also the undeniable beginnings of a true intersubjectivity: “I’ve never thought before of your sharing your feelings with me. I’ve only thought about your feelings as

things you might use to poke me or hurt me.” John and, to some extent, I felt like we were different and with different people.

Surrounding the atypical clinical moment reported here, there was, even in this analysis of very profound psychopathology, a good deal of what might be described as ordinary and “traditional”: there was “conversation” about anxiety, defense, and transference. There was much more of what looked like symbolic communication, though I suspect now that much of it was pseudo-symbolic. And, regarding duets, we were most often out of key, out of step, “falling” separately ... and recovering. A case might be made that those more typical phenomena would be where a therapeutic process were located, while the reported clinical moment of introversion and interpenetration described would be seen as being more illustrative of withdrawal and/or merger as a defense against emotion associated with separateness. I am proffering, of course, that it is the converse: the regression into the primitive state described here was crucial to the therapeutic process and to mistake the merger for defense—i.e., to interpret it—would be to rob the patient of an experience foundational to his evolution toward an eventual wholeness and tolerable separateness. It occurred in the context of regression to dependence, which Winnicott believed reflected an “... ego-organization which enables regression to be a healing mechanism ... in correction of the original adaptive failure” (1955, p. 16) of parenting. Also central to the therapeutic process and to my emotional receptivity was my eventual acceptance of a role as victimizer—or, in this case, the role of Ferenczi’s “undertaker” (Ferenczi 1995, pp. 51-53) or executioner, which made possible the sharing of John’s implicit traumatic experience. Prior to my acknowledgement to myself of what I really had done, I was incapable of duetting with him.

I offer this vignette of the regressed and silent patient with the still and silent analyst in reverie as a picture, painted in bold strokes, of the unobtrusiveness that was a necessary accompaniment to a kind of deep engagement—harder to depict—that is vital in a therapeutic process which addresses the primitive, unformulated, dissociated experience that is the sequela of trauma. With this example, I mean to bring to the foreground phenomena—referred to metaphorically as duets—that are most often part of the not-conscious, ongoing background of a therapeutic process. I also want to emphasize that, while I was unobtrusive for

most of this hour, I was not at all passive but, rather, very actively engaged. The stillness and silence were only the outward and observable manifestations of a simultaneous, complex, psychic singing and dancing. Though it is hard to describe in detail, I had *done* things, actively and intrasubjectively, which then led to a change in my patient. While I want to highlight my “following,” *subjectively* something very important had happened in me and then between us, not only prosodically but also in the silence (possibly while the patient slept). My participation reflected elements of both spontaneous and deliberate imagining, my use of intuition, and a kind of interpenetration of my mind with his (Burton 2016)—all of which were psycho-somatically active while also being unobtrusive (Grossmark 2012b). It is not yet clear how this operates therapeutically.

This mainly silent clinical duet is offered here as an instance of the sharing of pre-symbolic and pre-intersubjective experience that is more often much less apparent but that is, nonetheless, a crucial part of a therapeutic process and of the background to a “flow of enactive engagement.” It required of me a deep openness and receptivity and involved my active and intuitive following and psychic “harmonizing” with John. Although his ability to symbolize seemed to improve following our duet, I want to underscore my impression that the clinical phenomena I am highlighting here seemed to have little to do with my putting “lyrics” to the music, with my “capturing” affective music in words. It wasn’t the song but, rather, it was the singing (Hozier-Byrne 2018) that was decisive. To wit, I do not think that the representational elements of my reverie experience—i.e., my “seeing” the photograph or my “feeling” my infant son sleeping on me—were the most foundational elements in the transformational aspects of the duet. While these experiences might also contain meaning that was constructed intersubjectively, I want to emphasize the possibility that they are epiphenomena accompanying the establishment of a kind of direct “brain to brain” and “mind to mind” holding of and connection between something dysregulated in John and something regulating in me. The actual duet was occurring not consciously, beneath or alongside the conscious and intersubjectively constructed reverie. In other words, I think my memories and images were what my psyche did in response to a crucial, pre-symbolic contact between John and me. I am suggesting that the therapeutic

effect was not about making something symbolic but, rather, about being in and sharing something pre-subjective and pre-intersubjective.⁹

This sort of engagement—"duet"—I am positing here is very hard to conceptualize at our current level of understanding of the communication and processing of unrepresented affective states. I think it is likely that it rests most fundamentally upon a foundational, implicit, non-symbolic, and interpenetrating communicative process, which some investigators (Bromberg 2011; Schore 2011) refer to as "direct right brain to right brain communication" and "state sharing." Neuroscientist Schore writes that "... the relational change mechanism embedded in the therapeutic alliance acts not through the therapist's left brain explicitly delivering *content* interpretations to the patient's right brain, but through right-brain to right-brain affect communication and regulation *processes*" (2011, p. x). As I currently understand it, this kind of implicit communication is essential to the pre-symbolic duetting described here. From this point of view, the *implicit* catastrophe and desperation of "I feel so sad" were conveyed prosodically and led to my non-verbal harmonizing with John. It was as if when his cacophony of unrepresented affect penetrated into me, I "followed" through my own "singing and dancing" which entered him and gave form to his overwhelming affect and unformulated experience (Goldberg 2018). This "form"—not fundamentally verbal and symbolic—allowed psychic movement that had been obstructed. Importantly the sharing of "music" also alleviates the isolation implicit to traumatic experience; "capturing" it in words might do something of this, but it is not the same.

The analyst's state of mind—"way of being"—is absolutely fundamental and essential to this duetting. Though the relevant clinical material is not described, I knew quite well that my patient was extremely—if stoically—destabilized by all disruptions in our scheduled meetings. In the vignette reported here, my initial emotional distance

⁹ It is not clear to me if John was aware of my dawning realization that I had killed him. I think he was not; if I am correct this supports my argument for the importance of non-symbolic communication. It is, of course, possible that he was aware of it and that the observed therapeutic effect also had something to do with an implicit communication (interpretation) of meaning, not only with a sharing of pre-symbolic experience. The activities of "duetting" and interpreting are not mutually exclusive and each is necessary at different times with traumatized patients. I have emphasized the role of duetting because of analysts' inclination to overvalue symbolic functioning.

was the result of my own dissociation from the experience of his inner despair and collapse, as it was being registered in me. In retrospect, this seems patently and painfully obvious. As a result of and in support of my dissociation, I tried to draw him into the symbolic and the intersubjective—i.e., away from his *experience* (Greenberg 2001)—with transference and defense interpretation, resulting in a failed solo performance. When I was able to recover myself and my receptivity—experienced initially as genuine sympathy for his deep sadness—I was able to let in and connect with, duet with, his unbearable experience, the solitary management of which was leaving him alone, desperate, and exhausted.

The models of song and dance duets that I have offered here are ultimately only metaphors and are meant mainly to be suggestive of modes of being with dissociated patients—ways of being that partially take the place of technique. Psychoanalytic duets are creative, improvisational, and spontaneous; they cannot be implemented as a technique. The greatest obstacle to primitive duetting is the analyst's dissociation, and in the example offered here, my initial emotional distance reflected my dissociation from my patient's most horrific experience and from the guilt in me. That initial state of mind represented an empathic failure and an interference with right brain to right brain communication, which is foundational in a primitive pre-symbolic duet. My dissociation was "...not only intrasubjectively experienced but implicitly communicated..." (Schore 2011, p. xviii), and, at first, a *technique* superseded a crucial way of being. It led me to objectify my patient and be obtrusive, to do things *to* him—i.e., to interpret—rather than to be *with* him (Benjamin 2013). Though I was initially disconnected from John, eventually I followed the implicit invitations of his action and his vocal prosody to allow the creation of one experience composed of two, an intimate duet in which the sharing of unformulated affective experience was in some way transformative.

CONCLUSION

In summary, an embodied and enlivened language helps to establish a primitive, non-symbolic kind of contact; it supports an experience of resonance and performs aspects of what we sometimes call mirroring and containment. The song and dance duetting of analysis requires and rests

upon intuition, attunement, and following; it builds trust, helps regulate affects, and supports a natural development of psychic structure. These kinds of companioning are vital to the early phases of psychotherapy for dissociative pathology. They are part of the foundation of a frame, and of the trust in it, that allows the safer return of dissociated affects within the therapeutic relationship, where eventually there might be the capacity and freedom for meaningful verbal communication. At that point, the repeated linking by the therapist of alive, emotional experience and circumstance—most importantly the interpersonal circumstance—helps compensate for and, perhaps, repair the early rifts in the self, the experiences of non-being caused by dissociation. This linking helps the patient re-present the experience and enter more fully into a symbolic realm, with all the benefits that accrue from that kind of thinking. When the dissociated affects are expressible and received within the therapeutic relationship, the therapist's acknowledgement of his or her role in re-traumatizing the patient helps to repair the most decisive damage—the break in object relatedness—caused by the original absence of a containing object, the absence of an aware and acknowledging person (Gurevich 2014).

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CASTRATION, CIRCUMCISION, BINDING: FATHERS AND AGENTS OF SOCIALLY ACCEPTED VIOLENCE

BY EFRAT EVEN-TZUR AND URI HADAR

This paper focuses on the psychology of a neglected phenomenon—that of socially accepted violence. It offers a Lacanian informed model for the understanding of those who are granted with the authority to carry out particular forms of sanctioned violence—parents in relation to their authoritative role as agents of Law in the family. The paper discusses both the rite of circumcision and the biblical story of the Akedah as paradigmatic examples of socially accepted violence and builds on them to explore potential psychological configurations that parents may assume when they are socially expected to apply violence as part of their parental role. The paper concludes by applying the model on agents of law who choose to avoid or refuse the use of sanctioned violence, and

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with an emphasis on the role of social discourse and social conventions in the individual's psyche.

Keywords: Socially accepted violence, Lacan, parenting, law, circumcision.

INTRODUCTION

The notion of *aggression* has received much attention in the psychoanalytic literature, especially in explaining hostile tendencies and destructive phantasies. By contrast, the issue of the actual infliction of violence has gained much less attention (Yakeley and Meloy 2012).¹ The little psychoanalytic attention that violence has nevertheless received concerned primarily its transgressive manifestations and took violence to be an expression of individual pathology (for example, Perelberg 1999; Winnicott 1956; Yakeley and Meloy 2012). However, unlike unlawful violence, *socially accepted violence* is considered legitimate in the social environment of those who apply it, and thus involves very different psychological processes than those involved in transgressive violence (Even-Tzur 2018). Sanctioned violence is not usually treated as requiring psychological explanation and has therefore, on the whole, escaped psychoanalytic discussion.² The present paper suggests that this omission marks a blind area in psychoanalytic thought. It offers a model for the understanding of the subjective experiences and positionings of those who carry out a particular form of violence that is socially acceptable.

The word “violence” is emotionally and ethically charged and its usage usually carries a critical and negative connotation (Muehlenhard and Kimes 1999). Consequently, those to whom violence is ascribed tend to respond defensively or in some other kinds of antagonism. However, the phrase “socially accepted violence” does not necessarily

¹ Many definitions of violence can be found in the literature with no general agreement on any one of them (Bufacchi 2005; de-Haan 2008). For the purposes of this paper, we follow the definition of violence as a behavior involving physical injury to living beings.

² An important exception is in the realm of group analysis (e.g., Kernberg 2003), which gives relatively more attention to collective processes than to individual subjective ones.

imply condemnation of the related acts. We hope to make it apparent that, in the context of the current discussion, the adjective “violent” does not necessarily entail a moral judgment—contrary to the intuitive and more daily uses of the term. Moreover, part of the challenge that we are trying to address here is not to “other” violence, but rather explore it as a set of practices in which we ourselves are also socially involved.

The definition of “socially accepted violence” is furthermore problematic due to including, necessarily, an element of ethical judgment that is contextually determined. This may lead to cultural relativism: What is viewed as socially accepted violence by one group of people might be seen as abhorrent and totally unacceptable by another (Ahmadu 2000; Bonomi 2009). This creates a duality in the understanding of “accepted,” once in the normative sense and once in the descriptive sense, which may cause much confusion.

Despite of the above conceptual difficulties, it is undeniable that aggressive behavior is, to greater and lesser extents, an everyday phenomenon in the life of most people. Moreover, it is not hard to identify in every society a relatively well-defined set of violent practices that are perceived as permissible, sanctioned or desirable by the majority of its members. For example, modern societies sanction the violent actions of agents of state-law such as the military, the police and the penal system (Elias 1989). In mainstream political studies, these bodies are taken to embody the state's monopoly on violence as part of their role in asserting the state authority over transgressive behaviors. Similar acceptance of violence is extended towards state-approved rites of passage. In some cases of religious rites of passage, the violent act may even be viewed as virtuous inasmuch as it elevates its target to a higher social order. Circumcision is clearly a case of this kind and we discuss it here at some length, in order to investigate the workings of this form of socially acceptable violence.

Circumcision (of either males or females) is a ritual common in many communities, involving the surgical removal of a small part of the genital sex organ. In the different cultures that practice circumcision, there is much diversity in terms of the physical extent of organ removal, the degree of the pain and suffering involved, the meanings ascribed to it and the kind of controversy it elicits. In the present paper we examine the Jewish rite, termed “Brit Milah,” which literally means “the covenant

of the word/circumcision.”³ Focusing on the Jewish rite is motivated, of course, by the fact that we ourselves are Jewish and therefore entertain privileged familiarity with the related discourse.

In Judaism, the newborn male baby is usually brought into the covenant of circumcision when he is eight days old. Circumcising the newborn boy—a ritual incision of the foreskin covering the tip of the penis—traditionally symbolizes his admittance into the Jewish community and, in some ways, also helps establish the boundaries of that community. Circumcision appears in the Bible as a commandment which symbolizes one's covenant with god and is first mentioned in the book of Genesis as part of the story of the covenant between god and Abra(ha)m, “the first father.” In this story, Abraham promises that he, his sons, and all his male descendants will be circumcised. The tradition of circumcision endured in Judaism throughout the generations and, to this day, both religious and secular parents are expected to carry out the same social custom that is originally attributed to a divine decree.

While this custom is widely popular in Jewish communities across the world, several countries have begun a moral and legal debate of the legitimacy of circumcision. The opponents of this practice stress the physical injury and pain that it inflicts on a person who never consented to it and is helpless to resist it (Denniston, Hodges, and Milos 2008). Similar reservations are currently recognized in growing (though still very marginal) circles of the Jewish community itself (Ahituv 2012; Greenberg 2017).

In this paper we discuss circumcision as an instance of socially accepted violence.⁴ While opponents of circumcision may object to its depiction as morally “accepted” (in the normative sense), they too will

³ The words *Brit* and *Milah* are highly complex and heavily pregnant with meanings. *Brit* is “covenant” or “alliance.” It is an act that commits two or more parties to a common fate. Its use is wide and cannot be captured by a single term in English. An example of its diversity may be seen in the fact that it is also the word used as “testament” in the Hebrew for “The New Testament.” Its use in circumcision is one of its earliest Hebrew usages, probably indicating the habit of marking alliances on the bodies of the participant parties. *Milah* is the Hebrew for “word,” but in many explanations it is treated as a different lexical entry that refers specifically to a symbolic, genital marking of the body.

⁴ This paper is a part of a broader project dealing with the neglected topic of the psychologies of socially accepted violence. For our discussion on other aspects of the topic, see: Even-tzur, 2017; Even-tzur and Hadar, 2014, 2017a, 2017b, in press).

agree that, factually (and descriptively), many communities devoutly practice—and hence accept—this custom. Similarly, members of the circumcising communities might be outraged by its inclusion in the category of “violence,” which is usually perceived as pejorative. Still, even those who advocate circumcision will find it hard to deny the fact that it requires parents to choose to apply a degree of aggression towards their son, cause him pain, and injure (though not severely) the body of a helpless baby. Circumcising parents can thus be thought of as agents of socially accepted violence. As mentioned, this definition does not necessarily entail condemnation, but points to tensions inherent to the role of parents as what we call here “agents of Law,” i.e., agents of societal rules and cultural norms and their implementation and enforcement within the family. The handling of these tensions entails particular psychological configurations that we hope to clarify in the present paper.

Circumcision is thus taken here as an example of actual violence (even if restrained and limited), applied by parents in the name of social Law. However, Freudian theory suggests that one cannot ignore the manifestations of aggression inherent in the parental position *as a whole*. According to classical psychoanalysis, a certain degree of parental aggression—expressed in various interdictions and prohibitions, for the purpose of socialization or for maintaining the child's safety—is a prerequisite for the normal development of the child.

Notwithstanding the important and complex task parents are entrusted with by society, the vast majority of psychoanalytic writing about parental figures addresses their role in the development of the subjectivity of the child (e.g., Abelin 1975; Trowell and Etchegoyen 2002) and less authors have addressed the subjective experience of parents themselves (Palgi-Hecker 2005 and Ross 1982).⁵ The lack of

⁵ Palgi-Hacker (2008, p. 303) points out that the subjective experience of mothers, in particular, is not reflected in theory and devotes her book to extracting relevant psychoanalytic observations from existing theories. While this is not her stated object, she explicitly mentions that the subjective experience of the father is likewise insufficiently discussed in psychoanalytic writings, even when the discussion revolved around the father and fatherhood. One possible reason for such omission of psychoanalytic thinking is the focus of classical psychoanalysis on the unconscious inner world—a focus that entails devaluation of the influence of the actual parents. These entered psychoanalytic literature gradually—but even then, with little attention to their subjective experience.

attention to the psychologies of the non-transgressive (or, at least, the not-definitively transgressive) aspects of parental manifested aggression that is socially accepted is particularly poignant.

In this paper we use the key concept of *subject positions* in order to examine the discomfort that is sometimes aroused in contemporary parents when using socially accepted violence.⁶ We hope to show how the notion of subject position is related to Freud's implied notion of parental authority, as well as Lacan's notion of the parent as Other, namely, as a purveyor of cultural Law.⁷ Based on these Freudian and Lacanian ideas, we offer a psychoanalytic model comprised of a range of possible subject positions in parents with regard to the violence that is inherent to their parental responsibilities and parental authority.⁸

The following sections present different approaches and interpretations (*Midrashim*) of rituals involving the manifestation of parental aggression and in particular of circumcision. We generalize from these different readings in order to describe a model with four basic parental positions that are largely derived from Lacan's writings. We first present the position of radical identification of agents of Law with a *Living Father* and subsequently the opposite position of identification of agents of Law with a *Dead Father*. We then present two intermediary positions, which we call the *Perverse Position* and the *Neurotic Position*. We conclude

⁶ The term "subject position" refers here to the psychological patterns through which the individuals cope with the place they occupy in the social web, including unconscious components such as identification processes and phantasy formations (Fink 1995). Referring to subject positions, we likewise use the term "psychic configuration." The choice to apply this original term is the result of an attempt to stay in proximity to the more familiar term "structure," which is more common in Lacanian writing. However, while "structures" refer to more stable and psychically comprehensive clinical diagnostic categories (Evans 1996; Fink 1995), the "configurations" discussed here are assumed to be less firm and they do not necessarily concern the whole personality.

⁷ The Lacanian Other, as explained by Hook (2008), can be defined as the phantasmatic embodiment of Law, e.g., symbolic codes, rituals, roles, and institutions –the "rules that govern the game," that define a given social situation. Following Lacan, both "Law" and "Other" will be written here with a capital letters, to mark the broad, symbolic sense of the terms.

⁸ Choosing to analyze one particular facet of parenthood rather than another is problematic, because the various facets of the parental role are intricately interrelated. However narrow, taking this perspective on parenthood, we hope to show, allows some analytic clarity and may promote our understanding of the parental role.

by showing how the presented model may be applied not only to cases in which aggression is apparent, but also to cases in which aggression is denied, concealed or rejected by parents who are socially expected to use it as agents of cultural Law.

CIRCUMCISION AS A RELIC AND THE *LIVING FATHER*

One of the key points in exploring the subjective experience of the circumcising parent arises from the connection, found in several of Freud's writings (1910, 1913, 1916, 1918, 1933a, 1938, 1939), between the custom of circumcision and castration—and hence the father's assumed inherent aggression towards his son.⁹

In Freud's (1924a) portrayal of the Oedipus complex, castration anxiety and fear of the father's preponderant power drive the child to repress and relinquish the satisfaction of socially unaccepted desires. In his discussion of circumcision and castration, Freud (1933a) proposes the then-prevalent prohibition of masturbation as an example of the dynamic of curtailing the son's drive-satisfaction. The prohibition is reinforced by threats of punishment (e.g., castration) by both parents (the punishment is attributed sometimes to greater powers like god, for example). While such explicit threats are not an essential part of the father's role, the father is still expected, to some extent, to show aggression and assert his authority in a manner that exhibits (among other things) a threatening effect. The fear of castration, in Freud's view, is one of the central factors enabling the child to properly resolve the Oedipal complex: the child eventually internalizes and identifies with the father, who represents the norms and customs of society.

⁹ While we do not believe that parental authority should be exclusively identified with the male parent, parts of this paper focus on the role of the father, since it has served as the central backdrop against which took place, over the years, the psychoanalytic discussion of the aggressive aspect of parenthood. For similar reasons and despite similar reservations we focus on the male child, setting aside issues of female authority and identification, despite their vital importance. In our view, gender distinctions are not essential here, as evident in Lacan's reading of the Freudian desire (see footnote 10 below). For an elaborate discussion of some of these aspects, see Ogden (1989). For a critical discussion of the equation of parental authority with the figure of the father, see Benjamin 1988 and Butler 2000.

Much like the Oedipal storyline, Freud's account of social development also includes a stage at which the explicitly aggressive father is internalized and a lawful substitute is established. In his *Totem and Taboo*, Freud (1913) depicts the emergence of civilization from an ancient horde whose members collude in murdering their tyrannical father and constituting a social law. The law acquires its psychological power from the father's authority, de-personalized, and internalized. In a later work, Freud (1933a) revisits this story and adds the idea that circumcision is a relic of a custom that prevailed in primordial times, when the cruel father would literally castrate his sons to mark their subjugation to his will.

This line of thought allows two polarized kinds of identification that are available to the parental subjects in their role as authority figures. One is with the tyrannical and castrating Father of the primordial horde and one is with the Law as a substitute for the primordial Father. In the former case, the parent can be thought of as identifying with a *Living Father*, who relishes his ability to subjugate the other and set arbitrary rules from which he himself is exempt. The arbitrary power implied in this position has no need for justification and is not grounded in perceived legitimacy. The term "living" that appears here refers to enjoyment (of the Father), namely, to a dynamic and drive-laden subjecthood (Lacan 1948, 1986). This libidinal enjoyment is fused with aggression in a sadistic manner and exercises violence as an inherent part of its constitution.

Accordingly, those who object to circumcision often adduce arguments that associate this act with the despotic figure of a *Living Father*. For example, one columnist has argued that circumcision is "a brutal and invasive action, an abuse of a helpless baby," adding that it marks a principle contradiction with the rule-of-law (Misgav 2014). Similarly, in the documentary "The Barbaric Consensus" (Libsker 2001), one father describes his and his wife's decision to circumcise their infant son by saying, "we did what we wanted, we had our way with him." The father clearly objected to his own choice here, regretfully disclosing its capricious aspects.

Early 20th century studies have also regarded circumcision as a manifestation of the father's aggression towards his son, arguing that its earlier forms expose its original brutality (Reik in Zimmerman 1951).

Benyamini (2012) mentions several scholars who studied rites of passage and consider circumcision to be rooted in child-sacrifice rituals. It is interesting to note that, in the Bible, the first mention of circumcision appears in marked proximity to the story of the binding of Isaac, giving rise to many texts that connect between the two (Goldin 2002). These texts further support the idea that circumcision is rooted in child-sacrifice rituals. This idea is explicit in various commentaries on the binding of Isaac—both traditional and modern (Weiss in Feldman 2010; Spiegel 1950). For example, the well-known poem, “The Parable of the Old Man and the Young,” by the British World War I poet Wilfred Owen (1920), concludes with a description of Abraham's passion in cruelly slaughtering his son. Similarly, in his discussion of “The Names of The Father,” Lacan (1963a, p. 93) follows an interpretation by French Torah-commentator Rashi in describing both Abraham's eagerness in binding his son and the circumcision as two expressions of Abraham's desire to draw blood from his son's body. According to one possible interpretation, Abraham represents a paternal figure that would derive pleasure from inflicting violence on his the son (and as is shown below, Lacan eventually suggests a very different reading).

Here, the circumcising father is one who derives enjoyment from castrating, binding and slaughtering. Lacan uses the term “enjoyment”—*jouissance*—as the kind of pleasure that goes beyond the pleasure principle (Hook 2017). Identification with this *Living Father* is the first position we propose in explaining the motivational forces that serve parents in implementing socially accepted violence as part of their role as agents of Law. Following Lacan, we now turn to present another position, which views circumcision as an act that may stem from an entirely different standpoint than the enjoyment of cruelty.

CIRCUMCISION AS A SYMBOLIC SUBSTITUTE AND THE *DEAD FATHER*

Most of Lacan's discussion of circumcision focuses, however, on its symbolic function and on the father's role in it. Like Freud, Lacan associates circumcision with castration, but his reading elaborates its cultural, rather than concrete effects. In Lacan's view, castration does not necessarily involve the child's biological genitals, but is seen as related to the

principled responsibility of parents to introduce the child into the symbolic order. This involves, of course, subjugating the child to the Law—societal and cultural norms and the rules of language. These fundamental structural principles upon which social relations are based come roughly under the auspices of *the name of the Father* or the *symbolic function* (Lacan 1953).¹⁰

Much like Freud, Lacan associates normal development with accepting castration, but for him this means accepting one's existence within a symbolic system in which absence and lack are inherent and, similarly, accepting of the necessary failure of *Symbolic* and *Imaginary* measures to fully capture and represent the *Real* (Even-tzur 2015; Hadar 2009). This involves relinquishing idealizations of the *Imaginary* such as the phantasy of full autonomy and an absolute freedom of choice, or the possibility of a complete harmonious, incestuous union with the (lost) object. In the imaginary phantasy of harmony, the limitations and prohibitions imposed by language and Law do not exist and the subject dwells in the realm of unlimited *jouissance*, of abundant physical and psychic excitation. However, for Lacan this is precisely where pleasure leads beyond the pleasure principle and becomes excessive, dangerous, and painful (Fink 1997; Evans 1996; Hook 2017; Lacan 1991). Castration and, with it, being subjugated to *the Law of the Father* protects the child from painful excessiveness, inserting a distance from both the object and desire.

Lacan considers the paternal function as the central axis for the processes that are embodied in castration, that is, the processes that initiate the child into the human social order or *the symbolic order*. Here the paternal function becomes a *Symbolic Father* or a *Dead Father* (Lacan 1959; Perelberg 2009, 2013).¹¹ Lacan explains:

¹⁰ Lacan's symbolic reading construes gender differently from Freud because for him castration applies to both boys and girls. This allows us to treat the role of the Father as separate from the concrete parent's sexual identity. Lacan's reading implies that, as far as the symbolic function is concerned, the parents' anatomy is less relevant for their gender roles than their subject positioning in relation to the paternal function and the Law (Cornell 1995; Mitchell and Rose 1983).

¹¹ In addition to Lacan, Perelberg (2013) mentions other writers who have proposed similar conceptual distinction, including Guy Rosolato, Jean-Claude Stolf, Maurice Godelier, and Jacques Hassoun.

... the necessity of [Freud's] reflection led him to tie the appearance of the signifier of the Father, as author of the Law, to death—indeed, to the killing of the father—thus showing that ... the symbolic father, insofar as he signifies this Law, is truly the dead Father [Lacan 1959, p. 464]

The symbolic Father is dead not only in the manner of *Totem and Taboo* where, in the process of establishing social law, he is killed by his sons, but he is also “dead” in that he is unable to experience unlimited satisfaction. Unlike the *Living Father*, he no longer serves as an absolute ruler. In the post-patricidal community of *Totem and Taboo*, the sons prevent the Father from experiencing full drive gratification, but they themselves must also relinquish the possibility of full enjoyment and sacrifice it in order to maintain society (Sharpe 2005). The death of the Father means that the law does not aim to maximize enjoyment or serve the realization of personal desires (at the expense of the others' desires), but instead serves the advancement of civilization at large.

Lacan associates circumcision with this agreement by the sons to limit their own *jouissance*. In his view, circumcision represents by metonymy the readiness to abandon the unlimited enjoyment of the Father (or god, who is a manifestation of the Father in classical psychoanalysis) for restrained and limited satisfaction, which is itself modulated by the Law. In the spirit of Lacan, the other meaning of the Hebrew word for “circumcision” (*Milah*), which means “word,” can be interpreted as closely related to the meaning of circumcision.¹² As a unit of meaning in the symbolic-linguistic system, the word, like circumcision, encompasses the absence of the signified or the evanescent thing (The Lacanian/Freudian “das ding”).

In the scene of the binding of Isaac there is one protagonist, namely, the *ram*, who substituted for Isaac as the primal sacrifice (Genesis 22, 13). Reik (1919) discussed the Shofar, a ritual Jewish trumpet made of a ram's horn, as signifying past greatness and might. Following Reik, Lacan states that the ram could be considered a totem animal, a symbol of the primordial Father, so that, rather than realizing the desires of a *Living Father*, the binding eventually reenacts the killing of the ram and

¹² It should be noted that, while both words are spelled in the same way, they are derived from different Hebrew verb-roots.

thus the murdering of the Father, his “deadening,” as Lacan saw it (Lacan 1959). In a similar vein, Perelberg (2013) propose that the ram symbolize the necessary sacrifice made by the father himself, and by Fathers in general—the regulations and limits set upon desire and sexuality.

In addition, in Lacan's reading, the knife featured in the binding story is not only an instrument of injury or slaughter, but also as the blade that separates desire and the *jouissance* of its fulfilment (Lacan 1963a). Lacan is thus joining a long line of commentators whose reading of the binding story emphasizes not the willingness or the intention to sacrifice Isaac—but the definitive moment in which the swung knife is halted in mid-air, which marks the transition into a culture where child-sacrifice is prohibited (Boehm 2016; Feldman 2010; Frosh 2010; Perelberg 2013; Spiegel 1950).

For Lacan, the binding of Isaac is tied up to circumcision by being a sign of the relation between god and Abraham: primordially, he states, the commandment of circumcision is born from this relation, “as a sign of the covenant between the people and the desire of he who has chosen them what?—that little piece of flesh sliced off” (Lacan, 1963a, p. 94). In other words, the commandment of circumcision is meant to protect the son from the father's murderous desire. Lacan asserts the limitation of god's desire, but to this we may add that, in the biblical story, Abraham is required to circumcise not only his son—but himself as well (see: Genesis, 17), perhaps as an indication that the symbolic Father is equally subjugated to the Law and is likewise castrated and circumcised.

The symbolic option, which views circumcision as a substitute, still involves some manifested aggression, if only in the sense of inflicting potentially traumatic physical injury on the genitals.¹³ In addition, as Derrida (1991) notes, beyond the physical dimension, circumcision also involves far reaching and irreversible dimension of symbolic aggression:

¹³ In this context, see the medieval Midrashim, or exegetic homilies, quoted by Spiegel (1950) concerning the “cut,” “bruise,” or “mutilation” inflicted by Abraham on Isaac. See also the poem “Heritage” by Israeli poet Haim Gouri (1960), which unfolds the dire inter-generational consequences of the binding, which was engraved on the son's psyche, even though the planned slaughter was never carried out: “Isaac, as the story goes, was not / sacrificed. He lived for many years, saw / what pleasure had to offer, until his / eyesight dimmed. / But he bequeathed that hour to his / offspring. They are born with a knife in / their hearts.”

the admission of the son into the covenant of circumcision imposes upon him an identity that is none of his choice. Derrida calls this ritual “the heteronomic covenant” and views it as traumatic (Derrida 1991, p. 136). Nevertheless, in circumcision, the manifested aggression is restrained and encompasses a less destructive dynamics, psychologically speaking, than the absolute repression or denial of parental aggression (and see Bernstein 2013 for a useful account of the dangers stemming from the denial of parental aggression).

From the parents' perspective, circumcision may enable them to feel that they can responsibly carry out their role as those charged with admitting the child to civilization, without entertaining excessive, cruel *jouissance*—despite the aggression that is involved here. The legitimacy that circumcision lends to violence is one that is limited and confined by the stipulations of the commandment. By embracing this position, parents as agents of Law are identifying with a *Dead Father*; the socially accepted violence they implement in the name of Law is then restrained, limited, and symbolic in nature.

THE PERVERSE POSITION: THE DEAD FATHER RESURRECTED

A careful reading of Freud shows that in different papers he inconsistently oscillates between portraying circumcision as a “relic” of primordial castration (Freud 1933a, pp. 86-87) and portraying it as a “milder substitute” (Freud 1910, 1938, 1939). Thus far, we have endeavored to show that there is a significant difference between these two options. As a relic, circumcision is held as a violent act that facilitates the tyrannical father's “living” enjoyment. As a substitute, circumcision acts as a signifier that subjugates the Father himself to the order of Law and of the tradition into which he initiates his son. In this later reading, circumcision sublimates parental aggression and libidinal enjoyment and renders the Father “dead” in the sense that his desire is not realized but rather sacrificed for the sake of social order. This is clearly the position that Lacan (1963a) took in his Introduction to “The Names of The Father,” where the limitation of *jouissance* is shown to apply not only to Abraham as a concrete father but also to god himself, the originator of the Law,

whose will the “first father” seeks to represent. He is no longer presented as total and unlimited.

As mentioned above, Lacan's discussion of circumcision is informed by his view of Judaism as a system of commandments which sets limitations on the pagan ecstatic celebration rites associated with child-sacrifice and unlike these rites, circumcision functions as a substitute signifier. However, following Freud, Benyamini (2009b) reminds us of the “living” side of circumcision, saying that, in Judaism (as in every other culture) “behind the symbolic covenant” lurks the castrating Father and, with him, the wish to be engulfed by god's obscene desire, especially in times of crisis. Benyamini warns us of the possibility, always already present, of bringing this obscene father back to life; such a possibility may manifest in the identification of certain parents with an omniscient *Living Father* while founding the assumed legitimacy for sacrificing others from the command of an allegedly *Dead Father*.

As mentioned above, a full identification with a *Living Father* entails no need for justification. In that sense, the Abraham of the binding story cannot be seen as fully identifying with a *Living Father*, because he attributes his actions to the will of god as a Third and views god's desire as a justification for his actions. However, Benyamini's claims turn our attention to the fact that this may not be the god of a well-ordered system of commandments, but a god of capricious and unexpected desires. Furthermore, many thinkers, including Kant (1798), have criticized Abraham for acting without any doubts, without taking into account that his interpretation of the divine decree may be wrong. The absolute knowledge that Abraham attributes to himself with regard to the will of god, which leads him to such extreme as the willingness to “slaughter his own son like a sheep” (Kant 1792, p. 180), may imply that he is operating from the *Perverse Position*.

In the *Perverse Position*, as described by Lacan (1963b),¹⁴ subjects see themselves as agents of the will and desire of a phantasmatic Other—a Father, a god, a ruler or any other source of absolute justice and truth—who is not subjugated to the law but stands above it. Unlike the position

¹⁴ Lacan, by distinction from other readings of perversion (for example, those mentioned by Yakeley and Meloy 2012), considers it not as an abnormal deviation or a cluster of pathological symptoms, but rather as a clinical structure (one of three basic structures, alongside neurosis and psychosis), or a basic stance the subject may adopt towards the Other (Evans 1996; Fink 1995).

that entails direct and full identification with a *Living Father*, subjects who adopt the *Perverse Position* are not relying on preponderant power. Rather, they are wielding a set of justifications that is based on acting “in the name of the Father” and as his agents. They view the application of the Law of the Father as a virtually sacred moral mission, while they are only the faithful messengers, “only following orders” or acting in line with the Father’s commands. In many cases, the *Perverse Position* entails identifying with what is presented as a proper, exalted and fair Law—that of a *Dead Father*—while keeping the *Living Father* alive and partaking in fractions of the drive gratification attributed to him.

According to this reading, Abraham’s desire leads him to exceed the commandment he was given. With excited fear and trembling, he takes upon himself the realization of what he perceives to be god’s desire (Benyamini 2009b). However, several *Midrashim* mention how the angel of god had to call out to Abraham two times—rather than just once—before he desisted from slaughtering his son. On this background, one may reason that the first father was suspiciously “over-motivated.”

Furthermore: as group-analyst Robi Friedman (quoted in Hadar & Frosh 2009 and in Hadar 2011) explains, the binding story still includes the sacrifice of a living being, even after the appearance of the angel who stops Abraham from offering his son. This indicates that the presence of the ram as a substitute for the proposed sacrifice does not *eliminate* violence but simply *displaces* it onto actions that may be socially sanctioned—but that can still express the obscene enjoyment of a *Living Father*.¹⁵

¹⁵ In light of René Girard’s writing about sacrifice (1972), Yael Feldman (2010) notes that the substitute for the original offering may be a *scapegoat*—an alternate victim whose injury is socially accepted, because it is excluded from the community. Girard writes about socially accepted violence by highlighting the relationship between violence and the sacred, viewing the religious-cultural paradigm of sacrifice as a paradigm for Law and for social institutions in general. According to Girard, institutions of law serve civilization’s need for a controlled and supervised discharge of powerful drives through their confinement in a vise of rules and prohibitions that are given a sacred status. Thus, for example, he demonstrates how in many communities the attendant victim is selected and qualified in keeping with a precise set of rules. He highlights the strict laws of purity by which the priests who implement ritual violence, that is, agents of Law, are bound. A key element of his quasi-mythical depiction is the notion of violence as having both destructive and benevolent aspects at the same time—and his notion that the line between these two aspects is dangerously slippery and fine (and see further in Even-tzur and Hadar, in press).

The notion of “ordeal” or “trial” is a key motif in several interpretations of the binding focusing on Abraham's perspective. Kierkegaard's famous reading, for example, views Abraham as the “knight of faith.” Kierkegaard reasons that the pain Abraham feels is “his assurance” for the truth in his deed (1843, p. 80). However, in Lacanian terms, that which is portrayed as torment for the sake of a just cause may involve a denial of the thrill derived from obeying the *Living Father* and the indirect identification with him (Rothenberg and Foster 2003).

As far as circumcision is concerned, parents who adopt the *Perverse Position*—with its implicit and unconscious denied identification with a *Living Father*—claim to have absolute knowledge about the right and the morally appropriate choice and seem free of any internal conflict about injuring their son. In addition, careful observation is expected to reveal signs of over-motivation or traces or fragments of a thrilling joy at the suffering or humiliation of the son (Sharpe 2005)—even if their experience is not fully conscious, while the conscious experience may be that of torment and an ordeal, or a satisfaction from the fulfilment of a sacred, vital, mission.

THE NEUROTIC POSITION: THE GUILT-RIDDEN FATHER

In relation to the question “is the Father alive?” parents who assume the *Perverse Position* will reply with a resolute “no,” perceiving themselves as the representative of the symbolic law. This disguises the Father's actual vitality, his teeming, eager desire, and his enjoyment. While the *Perverse Position* entails absolute certainty, the *Neurotic Position*, especially some of its obsessive manifestations, involves a burdensome doubt—a ceaselessly nagging question about “being a father” (Lacan, 1981, p. 293). Parents in the *Neurotic Position* ruminate upon this question without granting it a final answer. In extreme cases, this gnawing doubt becomes pestering.

The *Neurotic Position* is manifest in agents of Law through a persistent inability to make peace with the use of force. Instead, they sink into a burdensome sense of guilt and bad conscience. In the context of the binding story, Israeli poet T. Carmi's (1993) poem titled “Deeds of our Fathers” stands out. The poem depicts Abraham's attempt at a kind of manic reparation in relation to Isaac after the binding. Abraham spoils

his son with life's delicacies in a virtually compulsive manner. However, this interpretation, attributing Abraham with a retrospective sense of guilt regarding his choice to bind his son and swing the knife with an apparent intention to kill, is interestingly very rare among the various *Midrashim*.

Conversely, in the aforementioned film *The Barbaric Consensus* (Libsker 2001), we see a father who feels both committed to the custom of circumcision and, at the same time, ambivalent about it, and extremely troubled by the pain it involves. He is unable to fully identify with the social norm his choice represents, exhibiting exceptional sensitivity about the act's violent and coercive aspect. He expresses remorseful guilt at having made such a choice and appears to be deeply tormented by his encounter with his son's suffering, which he portrays with harsh words such as "torture," "slaughter," and "abuse":¹⁶

That's what we're facing. For him to be considered Jewish, we have to go through this hell.... My son not being considered Jewish is out of the question.... There's no other way. No choice. Did I get a choice? We didn't get to choose anything. It's not fair. I'm not talking about this, about getting some treat, there, he won't get circumcised and still be considered Jewish through and through, but why does such a thing exist? God in heaven, why? I'm sorry to say that we spoke on his behalf, we did what we wanted. We had our way with him because that's what the establishment dictated. In my humble opinion, this system is rotten to the core. I get to choose on behalf of a child that's about to be tortured. Where are all the enlightened people? I am abusing him. That was the decision and that was what they did. They never asked me and they never asked him. Today you see his suffering, all this pain, would he have chosen that? So what is he, I don't know what he's thinking, what is he, blaming us, is he saying we're difficult, we're bad, I don't know, I don't know. I have this

¹⁶ In the film, this effect is somewhat exaggerated because of the relatively late age at which this child undergoes circumcision (about three years old), but the same argument in a milder form may apply to circumcisions that are carried out when the infant is eight-days old, according to custom.

feeling that he's pointing at us, that he thinks we are to blame. But what could we have done.¹⁷

Even if we accept Lacan's view regarding the symbolic role of circumcision as a defense against uninhibited desire, we must admit that at least in some cases, the act of circumcision evokes an experience of guilt and self-punitiveness (Devereux 1982). That should be seen as a sign indicating a disturbing proximity to the *jouissance* of the *Living Father*, who elicit pleasure out of the application of violence. For parents in the *Neurotic Position*, the Law they are supposed to represent is no longer a useful instrument for regulating the proper distance from the perils of *jouissance* (and the pain it involves). It becomes a source of unease—precisely because the perverse option is lurking on the horizon and because the traces of *jouissance* are seen as a sign of the menacing presence of the *Living Father*.

The neurotic reluctance to serve as the instrument of the Other's desires, and thereby get rid of one's unease, leads to the attempt to annihilate *jouissance*, which manifest in bad conscience. Following Freud, such agonizing guilt may also be identified with the need for self-punishment but, paradoxically, it sometimes serves only to increase the sense of unease since, as mentioned above (regarding the *Perverse Position*), conscious agony itself may conceal an unconscious, yet threatening, excitement.

Interestingly, various *Midrashim* and artistic interpretations of the bindings story have speculated on the agonizing inaction of Isaac's mother, Sarah, who kept either silence or crying while permitting Abraham to take her son to the slaughter (Metzer 2009; Sperber 2003). Similarly, in the context of circumcision, it is interesting to think about the familiar emblem of the cries of mothers during circumcision (Lucas Relles 2011): assuming these parents have consciously and voluntarily chose to perform this traditional rite on their son, the cry may reflect a guilt-ridden stance, in line with what was termed here a *Neurotic Position*.

It seems reasonable that agents of Law who assume the *Neurotic Position*—in spite of their ambivalence and agony—use various

¹⁷ Hebrew transcription taken from the anti-circumcision website *Ben Shalem* ("Intact/whole Son"): www.britmila.org.il.

psychological tools in order to persevere in bearing their unease while representing what they still consciously perceive of as a proportional and just Law, that is, as acting in the name of a *Dead Father*. However, both in regard to circumcision and other cases of socially accepted violence, critical voices decisively reject the legitimacy of the violence in spite of its widespread social acceptability. In some cases, these opponents may demand the agents to desist from performing their authority role and instead choose an act (which is, perhaps, also an anti-act) of refusal.

THE REFUSING FATHER AND THE SHIRKING FATHER

“Not my son/And not/To the alter”

—Raya HERNIK 1983

Thus far, we have outlined a model for understanding psychic configurations typical to parents who implement socially accepted violence as part of their role as agents of cultural Law, as in the case of Jewish circumcision. The model extends between two polar subject positions—that of an identification with a *Living Father* and that of identification with a *Dead Father*. The model further includes two intermediate positions—the *Perverse* and the *Neurotic Position*. These various positions involve diverse emotional tones, such as sadistic abusive, responsible, devoted, and guilty. We now wish to explore how the presented model can be used to understand the positions of those agents of Law who choose to resist or manage to avoid the use of violent practices as part of their role, and disobey the demand to use violence (Aristodemou 2014). In the context of parents, we refer here to those who distain from either circumcision, (symbolic) castration, or the execution of a sacred decree demanding them to scarify their children for a greater cause.

In the previous sections we equated the *Dead Father* with a “fair and impartial” Law (Fink 1997, p. 189) that does not serve personal satisfaction at the expense of those who are subjugated to it. In the context of identification with a *Dead Father*, refusal to play the part of the symbolic castrator amounts to a refusal to represent the Law. This is how Lacan

(1957) construes the case of “Little Hans” (Freud 1909):¹⁸ by failing to exercise the castrating function, Little Hans’ father left his son exposed to fears of far greater violence. Lacan’s view suggests that a parent’s refusal to fulfil the authoritative paternal function may have dire consequences for the child’s development and her/his socialization.

According to this view, despite the understandable reluctance to apply aggression, a parent’s refusal to serve as an agent of the symbolic Law may turn out to be irresponsible and damaging, regardless of the benevolent motivation it might stem from. Indeed, Omer et al. (2013) have pointed out how many parents today frequently fail to fulfil important developmental needs of their children due to the reluctance to play an authoritative role. These parents view any authority as authoritarian, i.e. overly aggressive, punishing and hierarchical. Consequently, they leave the child deprived of the type of presence, structure, and security that may come with a more benevolent type of authority.

What about a different type of refusal, that which relates to the opposite position—the identification with a *Living Father*? In principle, a possible position in the proposed model in its application on agents of Law who refuse to practice violence would be that of a refusal that relies on preponderant power. In fact, while some examples for this may exist, these are rare and do not serve us well in understanding parenthood or the general conduct of agents of Law. Still, we may conceive of a more implicit and perhaps unconscious form of identification with a *Living Father* that supports a refusal to undertake the castrating role—which stems from the *Perverse Position* (in the Lacanian sense). Here, the agent claims to represent the Law, while actually identifying with the capricious desires of the presumed source of the Law.

Indeed, this position is not solely reserved for agents of Law who actively apply socially accepted violence: it may also characterize other

¹⁸ Freud’s case study (1909) is presented in his paper *Analysis of a Phobia in a Five-Year-Old Boy*. His analysis suggests that the refusal on the part of Hans’ father (who treated his son under Freud’s supervision) to interrupt the dyadic relationship created between Hans and his mother led the child to replace him with a phobic object and develop a fear of horses. For Lacan, the father is supposed to appear as the third that severs the infant-mother dyad. It is the Law of the Father that protects the child from the dangerous state of total incestuous union with the mother. In Lacan’s (1959) words, it is the “name of the Father” (Nom-du-Père), which is also the father’s stern prohibition, “the ‘no’ of the Father” (Non-du-Père).

claims to absolute truth, including the *refusal* to inflict sanctioned violence. Consider, for example, Omri Boehm's reading of Maimonides (Boehm 2016, p. 116). He suggests that, in the original binding story, Abraham decided on his own to refuse and disobey god's decree, in the name of an absolute truth he possessed, which outranked the immoral demand to slaughter his son. Boehm thus portrays Abraham as a conscientious objector, who explicitly refuses the use of violence and claims to righteously represent the ultimate symbolic moral Law.

Finally, what type of refusal would be the result of a more ambivalent identification? This guilt-ridden make up characterizes the *Neurotic Position* (in the Lacanian sense) and implies a profound aversion to the possibility of deriving *jouissance* from displays of authority. Some agents of Law who practice socially accepted violence are ambivalent towards the authority they impose and thus experience bad conscience and acute unease, especially when they become aware of their own *jouissance*. In others who reject the use of violence, such ambivalence and distress may manifest itself in a distinct form of refusal—a doubtful, undeclared, avoidance of duty, which we may call “shirking.”

Such neurotic version of a refusing Abraham features in Benyamini's (2015) paper on a letter that Kafka wrote to a friend. Benyamini describes a fictional “alternative” Abraham who appears in Kafka's letter as a compulsive procrastinator. He is described as “incapable of performing the sacrifice because ... the household needs him, there is always one more thing that must attend to” (Kafka in Benyamini, p. 157). Benyamini (pp. 159-160) states that Kafka's fabricated Abraham seems to:

... evade, in convoluted and possibly unconscious ways, the Other's desire because of [his] own intimate, domestic needs The Other (qua absolute) cannot comprehend these everyday longings, desires and needs without first shedding his absoluteness.... Ironically, the domestic is already immersed in obsessive preparations for an idealized goal and therefore hinders its actualization, for the sake of which and in the name of which it supposedly operates.¹⁹

¹⁹ In Benyamini's book (2011), *Abraham's Laughter*, he elaborates on this portrayal of Abraham as operating vis-à-vis a capricious god/a *Living Father* and on the sophisticated and sarcastic manipulations he employs in averting the divine decree without necessarily confronting it explicitly.

Kafka's compulsively (or shrewdly?) procrastinating Abraham, then, does not *explicitly* denounce his role as an agent of the Law, but avoids fulfilling his duty as such—without claiming to rely on any absolute knowledge or truth. The common feature he shares with Little Hans' father and with Boehm's "first father" as a conscientious objector is the need to know that the violence involved in their role is justified and legitimized.

In the context of circumcision, it is interesting to note that according to the best available knowledge (Bonomi 2015; Geller 2007), Freud himself chose to avoid circumcising his sons. Due to lack of available resources regarding the motivation for this choice and its significance for him, we are left with some open questions: has Freud—like Little Hans' father—absolved himself of his parental responsibilities, failed to "fulfil his duties" (Bonomi 2015, p. 115) as the symbolic castrator, and thus deprived his children of important "sources of energy" (Geller 2007, p. 137)? Or whether, like Boehm's Abraham, Freud refused this Jewish commandment with full certainty it is wrong and immoral to hurt helpless infants (and thus avoided it despite the certain disappointment of his Jewish family)? Or is it that Freud—like Kafka's Abraham, and like many parents today—did not feel he obtains absolute knowledge regarding the right did, and thus "shirked," decided not to decide until it was just too late (and thus didn't leave any documentations of his thoughts on the matter)? Each of these choices represents a possible psychic configuration and a different subject position.

CONCLUSION: THE ALWAYS-UNSTABLE JUSTIFICATION FOR VIOLENCE

In this paper we have presented a Lacanian informed model for the understanding of those who are granted with the authority to carry out socially-accepted violence in the name of Law, and specifically of parents in relation to their authoritative role as agents of Law and, as such, symbolic "castrators." In its last section we have used the model in order to hypothetically examine psychic configurations typical to agents of Law who choose to avoid or refuse the use of socially accepted violence. The current discussion, we believe, reveals the central psychological role of

justification and legitimation, i.e., the role of social discourse and social conventions in the individual's psyche.

From the vantage point of justification, the position of a *Living Father* represents a hypothetical stance with no need to justify the use of violence. This position relies solely on preponderant power. The polar opposite position represents identification with a *Dead Father*, in which the legitimation for violence stems only from the benevolent, fair, and restrained Law it serves. Between these two polar positions, we have suggested two intermediary positions that are marked by essential uncertainty regarding the final legitimation for violence: while the *Perverse Position* represents the disavowal and denial of uncertainty and claims absolute justification, the *Neurotic Position* is bound up with haunting doubts that amount to an obsessive, guilt-ridden experience.

As Lyotard (1988, p. 107) reminds us, Abraham has no objective way of knowing that god's voice is not some trick or illusion; even if he could assume that god's decree is always right and just, he has no way of proving that the voice he heard is indeed that of god. This uncertainty, we suggest, plays a central role in the psychic stance of parents as agents of Law. In the context of circumcision, parents as agents of cultural Law have no way of knowing for certain if the violence they inflict on their son is a relic of raw, primordial violence—or whether it is its symbolic and benevolent substitute that keeps the injurious affliction at bay.

In the spirit of Žižek (1999, p. 365), one can say that agents of Law may know that *there is* a Law, but they never know for certain (nor can one know at all) *what* is the proper application of that Law, what is the ultimate just action. If they agree to face their doubts and forgo the *Perverse Position*, they must relinquish all hope of clear-cut solutions. They—as all of us, in effect—are doomed to grope around in the dark for the proper distance from unjustified violence. A potential anxiety, it was shown here, is held in either of the choices—whether going on to represent the assumingly “dead” cultural Law, or rejecting it in an act of refusal to its “*living*” vicious dimensions.

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"England Hath Long Been Mad": Declamatory Outcry and Prescient Dream in *Richard III*

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"ENGLAND HATH LONG BEEN MAD": DECLAMATORY OUTCRY AND PRESCIENT DREAM IN RICHARD III

BY MELVIN R. LANSKY

This paper continues the discussion of the role of the conscience in Richard III put forward in an earlier paper and explores the backdrop of ruthlessness in the play and the response in royal persons of adopting the role of conscience. The eerie ambience throughout the drama results in part from the taking of the role of conscience in the use of blessings, curses, prophecies, and dreams. I shall emphasize the importance of underlying shame dynamics. In the play blessings, curses, and prophecies take the form of declamatory proclamations made only by widowed women who were, had been in line to be, or had been, queens of England. The wish for magical revenge conveyed by their blessings, curses, and prophecies assumes a wishfully omnipotent stance on the part of the helpless widowed royal women, who deploy them. Additionally, after-worldly innuendos marking many speeches in the play add to its sinister ambience as it relates to the tottering world of England during the War of the Roses and its resolution by the accession of the House of Tudor. The ambience created by the wishfully omnipotent blessing and curses imparts a powerful sense of the uncanny not only on those receiving the blessing or curse, but on the audience experiencing the play. Dreams, which seem prescient only after the dream is dreamt, are reported by all the men of royal blood:

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King Edward IV, George, Duke of Clarence, Richard, Duke of Gloucester (later, King Richard III) and Lord Stanley, father-in-law of the Earl of Richmond, later King Henry VII. These blessings, curses, prophecies, and dreams cloak the play in an after-worldly and pervasive, omnipotent, and sinister ambience.

Keywords: *Richard III*, Shakespeare, uncanny, blessing, curse, dream, prophecy.

INTRODUCTION

This paper continues an exploration of the sidestepping of conscience in *Richard III*. In this discussion, I draw attention to the dramatic impact of declamatory blessings, curses, prophecies, and dreams in the play, as well as to the emotional impact of the pervasive sense in the entire second tetralogy (*Henry VI*, parts I, II, and III and *Richard III*) that Richard's mother hated him. I shall forefront the significance of shame dynamics throughout. In an earlier paper, (Lansky 2015) I drew attention to some of the overt discussions of conscience in the play—one ironically comic discussion of conscience as an explicit adversary in *Richard III*, (1, iv, 122-155) in which two assassins hired by Richard to murder his brother, George, Duke of Clarence, next in line to the throne after his dying brother, King Edward IV, and later in the play several soliloquies by Richard, later King Richard III, himself, prior to his leading his troops into battle after having received his mother's curse. I developed the argument emphasizing Richard's sense of himself as cheated because of his physical deformity and inevitable unlovability because of that deformity. But he also carried with him a sense that his mother hated him. Richard says so directly in III Henry VI, (III, ii, 151-171), which I discussed from the point of view of his physical deformity (*Richard III*, I, I, 1-40). I will consider that passage again in the light of, not just his villainy and sense of entitlement and burning ambition, but from the point of view that his mother hates him and has hated him since before he was born:

Why, Love foreswore me in my mother's womb:
 And, for I should not deal in her soft laws,
 She did corrupt frail nature with some bribe,
 To shrink mine arm up like a withered shrub,
 To make an envious mountain on my back,
 Where sits deformity to mock my body;
 To shape my legs of an unequal size;
 To disproportion me in every part,
 Like to a chaos on an unlicked bear-whelp
 That carries no impression like the dam.
 And am I then a man to be beloved?
 O monstrous fault, to harbor such a thought!
 Then, since this earth affords no joy to me,
 But to command, to check, to o'erbear such
 As are of better person than myself,
 I'll make my heaven to dream upon the crown,
 And, whiles I live, t'account this world but hell,
 Until my misshaped trunk that bears this head
 Be round impaled with a glorious crown. [3 *Henry VI*, III, ii,
 151-171]

I am considering this and following passages in terms of the eerie ambience that is transmitted to the reader, or viewer of the play, especially as that person becomes mindful of the violent tenor of the times. The eerie quality of the play is stirred up very early in the play even to readers who don't know the historical backdrop of the savageness of the War of the Roses and do not realize that *Richard III* is the fourth in a tetralogy of plays, 1, 2, and 3 *Henry VI* and *Richard III*.

It is not only the political backdrop of the play that leaves us with an eerie sense of the times, but also the sense that Richard is keenly aware of his mother's hatred not simply because of his treacherous murderousness of close kin, nor because of his deformed body, but prior to his birth (3 *Henry VI*, 151-171, quoted above). Indeed, the Duchess of York, in the act of cursing him after he murdered his two nephews (IV, iv, 175-227), does so not because of his appearance or because of his

treacherousness, but prior to his birth. In his adult life, prior to his battle against Richmond, the Duchess of York curses him:

Therefore take with the my most grievous curse,
Which in the day of battle tire thee more
Than all the complete armor that thou wear'st!
My prayers on the adverse party fight,
And the little souls of Edward's children
Whisper the spirits of thine enemies
And promise them success and victory!
Bloody thou art, bloody will be thy end;
Shame serves thy life and doth thy death attend. [*Richard III*,
IV, iv, 188-196]

This curse, however, is preceded by her account of Richard's lifelong strain on her. Richard says:

And came I not at last to comfort you? (IV, iv, 165).

The Duchess replies:

No, by the holy rood, thou know'st it well
Thou cam'st on this earth to make the earth my hell.
A grievous burden was thy birth to me;
Tetchy and wayward was thy infancy;
Thy schooldays frightful, desp'rate, wild, and furious;
Thy prime of manhood daring, bold, and venturous;
Thy age confirmed, proud, subtle, sly, and bloody
More mild, but yet more harmful, kind in hatred.
What comfortable hour canst thou name
That ever graced me in thy company? [IV, iv, 166-175]

The Duchess, cursing Richard on his way to his final battle, evokes a lifetime of difficulties with him, and, perhaps, her outright hatred of him. The many who bless and curse are the Duchess of York, dowager queen and widow of King Edward III, mother of King Edward IV, George, Duke of Clarence, and Richard, then Duke of Gloucester, later, King Richard III, and grandmother of Edward's sons, Crown Prince Edward and

Prince Richard; Queen Margaret of Anjou, widow of the Lancastrian King Henry VI, overthrown by Edward Plantagenet, and murdered by Richard, who took the throne as Edward IV; Queen Anne, daughter of the Duke of Warwick, the “kingmaker,” who married Richard and who had a prescience that she was doomed to be slain.

I will explore the blessings and the curses in some detail.

Sections II and III deal with the omnipotent state of mind, which is, the obverse of helplessness, and, in a clinical setting, would be seen as an obvious defense against that feeling of helplessness and the freedom from the shame that goes with the powerlessness and aloneness of widowhood in those royal women. Blessings and curses conveying as they do a sense of wished-for omnipotent power assumed in being one who blesses or curses relieves those dark disempowered emotional states. The fact that they presage actual death and disaster leaves us not only with a sense of these women’s psychological and political prescience, but also with a sense of omnipotence and of transcendent and overarching destiny that accompanies the curse, for example, Lord Hastings’ remarks (III, iv, 96-97) referring to Queen Margaret’s curse as he goes to his execution. Richard was, in fact, defeated and succeeded by Henry Tudor, Earl of Richmond, a Lancaster, who was the grandfather of Queen Elizabeth I.

Richard Plantagenet’s sense of himself as cheated, and therefore an exception (Freud 1919) applies not only to his physical deformity and misshapen appearance, but also because he senses strongly and says explicitly in his soliloquy that love foreswore him before his birth. His uncontrollably aggressive and destructive character is not simply because of a sense of inevitable unlovability—he has friends and a wife until his treachery divorces him from all love and camaraderie.

ADOPTION BY ROYAL WOMEN OF A WISHFULLY OMNIPOTENT ROLE OF CONSCIENCE USING BLESSINGS AND CURSES

The voicing of blessings and curses, a topic that is scarcely mentioned in the psychoanalytic literature, is an act of omnipotent fantasy because in the activity of blessing or cursing, the person who blesses or curses deploys a stance presuming or transcending the actual force that the words currently

have. In the words of the Duke of Buckingham, "... curses never pass/The lips of those that breathe them in the air" (I, iii, 285-286).

A blessing or curse, if taken by the one blessing or cursing as exerting a force on future events, is an act of magic is also experienced as an evocation of a transcendent and supernatural force, and for that reason, should be seen as an expression of omnipotent fantasy, perhaps shared with the person receiving the blessing or curse. As the play progresses and as various of the high ranking characters prepare to meet their deaths, they recall with horror, Queen Margaret's curse as though it had exerted after worldly force on events, not merely the angry affect of the banished Queen.

The extent to which blessings and curses occur in this play is considerable, and it is noteworthy how many of the major critical texts (Asimov 1961; Bloom 1998; Goddard 1965) overlook them completely. Viewed traditionally and especially religiously, a blessing or curse was felt to be not simply a magical wish or a statement of good or bad will, but pronouncements delivered by loved or high ranking persons that could exert actual force in the world as though they could influence future events, a usage dating to ancient times and from many cultures. A blessing or a curse might serve simply to express the feelings of the person delivering it or might be felt, somehow to enact the omnipotent fantasy of playing conscience to the actions of another or of eliciting divine good or bad will toward the recipient and to exert a supernatural force on future events. The youthful Jacob's stealing of Isaac's blessing (Genesis 27) is one prominent example, and Jacob's blessing of his twin grandsons, the younger over the elder (Genesis 50), and Job's curse (Job 3), are among the many examples in the Bible.

These widowed women who deploy these wishes are rather like a chorus: powerless, but strongly emotionally expressive as they comment on the murderous action as the play progresses (Fradenburg 2010, personal communication). One might speculate about why this is so. Perhaps both their very high rank, now undermined by their widowed powerlessness has left them enraged at having fallen from power. Each, in response to her loss of status, undergoes a regression to the omnipotence inherent in the act of delivering blessings and curses as though such pronouncements have power in the world. The vehement claims of the widowed queens have a powerful dramatic impact on the play.

The play contains only one scene involving a blessing, one that is more like a curse—the Duchess' blessing. Shortly after the death of Clarence is announced, and right after Edward IV has died, Richard enters the room in the palace where his mother is present. He is now her only living son. He suddenly realizes that he had not taken cognizance of his mother's presence:

Gloucester: Madam, my mother, I do cry you mercy.
I did not see your grace. Humbly on my knee
I crave your blessing

Why the consummately ruthless Richard's apology is followed by a request for a blessing is, for a modern reader at least, not at all clear. The Duchess of York replies, "God bless thee; and put meekness in thy mind,/Love, charity, obedience, and true duty!" The Duchess' back-handed blessing is brief and ironically forceful in its implication that Richard utterly lacks all of those moral qualities. Richard replies with a sarcastic aside to the audience, "Amen; and make me die a good old man!/That is the butt-end of a mother's blessing/I marvel that her grace did leave it out" (II, ii, 104-111).

She wishes on him the values of those virtues and an attitude of subordination to conscience (Ruth) that she knows he does not have and does not want, that is to say in dynamic terms, an undoing of what we may call his splitting off of his conscience in the service of his ruthlessness. Richard's request for the Duchess' blessing begins as a seductive attempt at getting into his mother's good graces, but, as he soon realizes, is an attempt that backfires. His use of the term "butt-end" aptly suggests that the blessing has been deliberately wielded like a weapon.

The passage is enigmatic. We are left to wonder why Richard so craves his mother's public blessing at this moment. That wish seems at odds with his more customary confident and self contained diabolical character, who is also the play's narrator, whom we have come to know, one who does not appear to need a blessing or other sign of goodwill from his mother.

The Duchess is fully aware of Richard's villainous character, and the tension between mother and son is intense, though understated. Richard's craving for the blessing is not simply public show; it seems to

be a declaration of his need for reassurance of love from her. It makes the more sense in context if he privately fears that she actually hates him. The blessing that he receives does not convey love, but instead puts forth standards for him that by insinuated comparison, and condemns his villainous character. The blessing and Richard's sardonic aside to the audience take place in a strikingly comic vein likening the blessing to a blow from a blunt weapon. Her blessing, then, is a powerful public reproach to her son who she knows full well lacks all of the attributes that she wishes for him in the blessing. But despite Richard's cold-bloodedness and ruthlessness, we are best to realize that, somehow, Richard's mother's blessing means much more to him than we might have presumed, given his villainous character.

In like fashion, I shall argue below, the Duchess' curse in Act IV affects him more powerfully than one might at first imagine and instigates his fearful dream in Act V on the night before the battle with Richmond at Bosworth, where Richard is slain. Richard's reference in his comical aside to the audience—the platitude of dying “a good old man,” as “the butt-end” of his mother's blessing, likens that blessing, perhaps aptly, to an attack, a blow from a club. I turn now to curses, all made in the wake of Richard's murderousness. Those who curse do so from positions of weakness and powerlessness.

Anne's Curse and Her Relenting

Anne, widow of the Lancastrian Crown Prince Edward, in I, ii, following her father-in-law, King Henry VI's body to Chertsey for burial (before the entrance of Gloucester) proclaims over the corpse of the dead king:

Cursed be the hand that made these fatal holes!
 Cursed be the heart that had the heart to do it!
 Cursed the blood that let this blood from hence!
 More direful hap betide that hated wretch,
 That makes us wretched by the death of thee,
 Than I can wish to adders, spiders, toads,
 Or any creeping thing that lives! [I, ii, 14-20]

She continues, “If ever he have wife, let her be made/More miserable by the life of him/Than I am made by my young lord and thee!” (I, ii, 27-

28). Her curse is, without naming him, leveled at Richard, who killed both her fiancé or husband, Prince Edward, and his father, the pious King Henry VI, yet in the very same scene (lines 202-203), she accepts a ring from Richard. Richard's seductiveness in appealing to her powerful wish to be queen and her prescience that Richard's ruthlessness would propel him to become King, has served to unite her in marriage to the murderer of her husband and father-in-law. There is again a sense of the uncanny in the grieving Anne, who senses that, in accepting the ring of the unattractive and ruthless Richard, she may again be in line to be Queen of England. It is another of the rich ironies of the play that her own curse on the wife of he who slew her fiancé/husband falls on herself.

Queen Margaret's Curse and Her Claim that She is a Prophetess

Margaret of Anjou, widow of the Lancastrian Henry VI, serves in many ways as counterpoint to Richard, voicing the ruthless sense of entitlement that Richard enacts. After her fall from power and sentence of banishment, Margaret hurls diatribes at the York nobles. These curses serve to keep us in touch with the struggle against conscience itself that the York faction does not consciously express. The now powerless Margaret is embittered and rageful because of the lack of respect and deference shown her. She makes her claim clearly; she deserves to remain queen even after Henry's death and continue to receive the honor and deference that she enjoyed as Henry's queen. Her rage, her sense of entitlement, and her hatred of the York regime are voiced explicitly and shamelessly.

In I, iii, a scene in the palace, the Queen and her kinsmen are in the midst of a quarrel when Margaret, who has been hidden, listening to the quarreling nobles and making sarcastic asides to the audience asserting her right to the throne, comes forward berating the nobles for failing to honor her in the fashion due a queen. Margaret has been banished to her native France. However, she has remained at court in hiding, a humiliated outsider, now completely ignored, sidelined, and powerless. Her curses come from this humiliated state of mind. She begins by cursing Edward IV, who replaced her husband as king. Richard berates her: "Have done thy charm, thou hateful, withered hag!" (I, iii, 214). Margaret replies:

And leave out thee? Stay, dog, for thou shalt hear me.
 If heaven have any grievous plague in store
 Exceeding those that I can wish upon thee,
 Oh, let them keep it till thy sins be ripe,
 And then hurl down their indignation
 On thee, the troubler of the poor world's peace!
 The worm of conscience still begnaw thy soul!
 Thy friends suspect for traitors while thou liv'st,
 And take deep traitors for thy dearest friends!
 No sleep close up that deadly eye of thine,
 Unless it be while some tormenting dream
 Affrights thee with a hell of ugly devils!
 Thou elvish-marked, abortive, rooting hog ... [I, iii, 217-228]

In fact, all of the items in her curse come to pass, lending an aura of omnipotence and afterworldliness to the entire play. Striking to one who recalls this passage after reading the play or seeing it in performance are the words, "The worm of conscience still begnaw thy soul" (line 222), as though her words had willed the future into being rather than revealing her political acumen concerning the turbulent political atmosphere.

Later, in III, I, 188-214, when Queen Elizabeth and the Duchess of York bewail their lot after the death of the princes, Margaret steps forward. When she emerges into view, she berates Richard's mother, the Duchess of York, because Richard killed her husband and her son. When Queen Elizabeth bewails the recent death of her sons, the princes, Margaret steps forward and again competes with Elizabeth for whose sorrow is greater:

If ancient sorrow be most reverend,
 Give mine the benefit of seniority,
 And let my woes frown on the upper hand.

(sitting down with Queen Elizabeth and the Duchess of York)

If sorrow can admit society,
 Tell o'er your woes again by viewing mine:

I had an Edward, till a Richard killed him,
I had a Harry till a Richard killed him:
Thou hadst an Edward, till a Richard killed him;
Thou hadst a Richard till a Richard killed him ...
From forth the kennel of thy womb hath crept
A hellhound that doth hunt us all to death. [IV, iv, 35-43;
47-48]

Margaret has joined these disempowered and sidelined widowed queens who form something of a chorus with their laments. Margaret is spiteful, envious, and enraged, having, in her view, unfairly, fallen from power. Since her husband and son were slain by Richard, her power has been lost, and she has been banished. She is shortly to depart in disgrace for her native France. She is a disruptive, disturbing character, which is perhaps why, though she is a major character in the play, she is entirely left out of the celebrated cinematic versions of *Richard III* by Lawrence Olivier and by Ian McKellen. In these and other performances omit her role, the viewer is deprived of an opportunity to appreciate the ongoing events at court in the light of the rageful entitlement that she voices so strongly and her adoption of the role of conscience through her curses. Her part is included in the BBC production in which the play ends with an added silent scene portraying a heap of dead bodies with that of Richard on top and with Margaret playing triumphantly with Richard's corpse.

Some of those who heard her curse are, at first, skeptical of the power of curses to influence the future. Later, facing his own imminent execution, Buckingham ruefully recalls Margaret's curse. Indeed, throughout the play, there are frequent references to Margaret's curse, as one by one, characters face their doom. Yet the power of Margaret's curse is left deliberately ambiguous. We are left to wonder, does it represent insight coming from the knowledgeable and experienced former Lancastrian Queen into the horrors of the political climate of the day and the psychological impact of being close to the terrors she predicts? Does it have uncanny supernatural power? Is the fact that all of the proclamations in her curses come to pass entirely a coincidence? We are left with an ambiguous, eerie, overarching, and uncanny sense of supernatural power accompanying the act of cursing and the heightened sense of dramatic impact that such ambiguity conveys.

Margaret and Richard have complementary roles. Richard enacts his overbearing ambition and is seen as ruthless, not crazy. The powerless, banished Margaret is seen as crazed. Her curses bear the tinge of the supernatural, especially when, in the unfolding of the play, what she predicts comes to pass. But she is a prophetess only in having the perspective of a fallen power who is worldly wise, but now powerless as she beholds the people at court go through the machinations that no longer involve her. Margaret voices the grandiose fantasies, ambitions, and lust for power that we may presume underlies Richard's ruthlessly ambitious actions. She is socially split off, banished in fact, and residing illegally at court without power or love. She is, perhaps, a reminder to others in the play of the underside of limitless ambition, the horrors, and humiliations of being powerless in the midst of the powerful nobles at court.

As Margaret is about to depart in banishment for France, she makes her last appearance onstage just after Queen Elizabeth finds out that her sons, the princes, have been murdered. Queen Margaret says, "[to the Duchess of York] Farewell, York's wife, [to Queen Elizabeth] and queen of sad mischance/These English woes will make me smile in France" (*Richard III*, IV: iv, 113-115). Queen Elizabeth replies: O thou well skilled in curses, stay awhile,/And teach me how to curse mine enemies!" (lines 116-117).

Elizabeth's request of Margaret points unmistakably to the power of the word, the curse. The ability to curse in which Queen Elizabeth wishes instruction is not simply a method of expression of ill intent or wish or a negative judgment, it involves the wish to have the omnipotent powers of prophecy that influence the future—that eerie sense of power that Margaret's reference to herself as a prophetess conveys.

Elizabeth would like the cover of an omnipotent shell encasing one who curses so that she too may have some shield from grief and powerlessness. Elizabeth's words convey the sense of power felt amongst the characters to be inherent in the curse. Margaret responds, instructing Queen Elizabeth: "Queen Margaret/Forbear to sleep the nights, and fast the days;/Compare dead happiness with living woe;/Think that thy babes were fairer than they were,/And he that slew them fouler than he is./Bettering thy loss makes the bad causer worse:/Revolving this will teach thee how to curse" (*Richard III*, IV, 4, 118-123). Margaret is the widow of a defeated and (by Richard) slain King. Her ruthless, self-

righteous voiced sense of entitlement, and shame-rage dynamics, mirror that of Richard. When she accosts and curses the nobles (IV, iv, 266-279), these shame-rage dynamics are so clear in the widowed, banished Margaret's ranting as to give us a sense of the underside of shame—the veiled companion of Richard's ruthless ambition, of which underside he only hints.

Buckingham:

Peace, peace, for shame if not for charity!

Margaret:

Urge neither charity not shame on me (turning to the others)
 Uncharitably with me have you dealt,
 And shamefully my hopes by you are butchered. My charity is
 outrage, live my shame,
 And in that shame still love my sorrow's rage. [IV, 4, 273-278]

Buckingham's attempts to silence Margaret have brought her in explicit touch with her shame over her powerlessness that drives the omnipotent curses into being.

I shall return in section IV the final curse of the play—that of Richard's mother—as the instigator of his final dream in Act V. I will note only in passing that Shakespeare makes frequent reference to dogs in the play in ways that suggest cursing. For example: in I, I: "... that dogs bark at me when I halt by them." Margaret, after cursing others and realizing that she has not yet gotten to Richard, "Stay, dog ..." (I, iii 217-228); and Richmond after the final battle, proclaims, "The day is ours; The bloody dog is dead (V, I, 2-3).

THE SENSE OF BEING HATED AS THE INSTIGATOR OF ENVY, THE MALIGNANT UNDERSIDE OF AMBITION

I turn now to a consideration of the dynamics of envy. Richard's sense of aloneness and unlovability find expression in 3 *Henry VI*, just after he kills King Henry:

Then, since the heavens have shaped my body so,
 Let hell make crook'd my mind to answer it.
 I have no brother, I am like no brother;
 And this word "love" which graybeards call divine,
 Be resident in men like one another
 And not in me: I am myself alone. [V, vi 78-83]

The dramatic impact of the play is enhanced by the fact that so many of the characters, Richard's intimates included, are powerless to oppose the forces of contentious envy that break loose after Edward's death. Envy, especially in Richard's makeup, is a central, even defining trait. It is a particularly important aspect of Shakespeare's nuanced portrait of a powerful but physically deformed man.

That portrait points us the relationship of envy to the felt sense of unlovability or, more strongly, that of being hated, not just in prospective amorous projects, but also by his mother—lifelong, to the shame-driven rage that results. Richard's physical deformities are thus accompanied by psychological dynamics that set him apart from others who are not hopeless about being loved. If we consider it a plausible inference from the texts of 3 *Henry VI* and *Richard III* that his mother hated him, his hopelessness and envy would be the greater. I have argued at length elsewhere (Lansky 1997, 2007) that envy is both instigated by shame and, when exposed as such in the envious person, often gives rise to intense shame in the envious person. Neither Klein nor her followers, including Bion (1977), Joseph (1989), Rosenfeld (1965), and Segal (1973) appreciate shame as a significant affect or show a robust awareness of the central role of shame dynamics in the instigation of envious wish or outright attack or maneuvers to control objects. However, envy is incompletely conceptualized in a purely Kleinian formulation (Lansky 1997, 2006), which exclusively centers on aggressivity and its vicissitudes while ignoring the central dynamic of the play, which points clearly to the underlying shame and the sense of hopeless unlovability that give rise, in this case, to Richard's ruthless ambition and vengeful hate, which result in destructive action. Though he repeatedly refers to a sense of unlovability because of his physical deformities, he does not voice the experience of shame per se, but only expresses the enraged ruthlessness that defends against the awareness that shame. Guilt arises in reaction to

the destructive consequences of this ruthless shame-rage cycle, in which shame instigates the ruthless acts for which Richard, presuming that he has gotten rid of his conscience, can sidestep.

Richard as Self-Styled Villain

Shakespeare has shown us that Richard's unrelenting ruthlessness comes from his hopelessness about being loved. Richard has resolved, therefore, to be ruthlessly ambitious. This ambition necessitates, in Leon Wurmser's (1978, 1987, 2000) felicitous phrase, a "flight from conscience—his ego ideal will subject him to shame if he is inhibited from enacting his treachery because of the anticipation of guilt" ("conscience" in Shakespeare's usage). Though Richard has in soliloquies which reveal his mind's inner workings declared himself unlovable, not ashamed, we may think of that entrenched and enduring sense of unlovability as a variant of shame, but we should not presume that Richard has ever consciously acknowledged or come to terms with that sense of shame. Lewis (1987, 1990), Retzinger (1991), and Scheff (1990) have developed a deep understanding of shame dynamics often sidestepped previously (see also Lansky 1996, 2001, 2007). Shakespeare does not use the word shame for Richard's awareness of his defect and consequent unlovability which results from his sense of defectiveness—but I think that we may confidently presume, especially in the light of the opening soliloquy, that his intense and enduring, albeit unacknowledged shame is a defining part of his characterologic makeup and drive his diabolical ruthlessness. Richard's villainous personality fashioned deliberately, as he tells us in I, I, does not allow of acknowledgment of guilt. In fact, we can see in this conscious espousal of the persona of villain the defensive function of such a persona in keeping both his shame over his felt unlovability and his guilt over his ruthlessness from consciousness. Early in the play, Richard speaks to us as though he had gotten rid of his conscience, at least the part of it (the superego proper, not the ego ideal, which is concerned with ambition) that it generates. We see later in Act V, in his dream following his mother's curse, which his conscience has finally surfaced.

Richard's character makeup is central to the play, in part because it corrupts and catalyzes the manifestation of the character flaws and strivings for power of each and every character in it. The rage and

underlying shame is the kind of psychodynamic that Wurmser (1978) has called “the hidden dimension” of dynamics (see also Lansky 2005; Lewis 1987; and Morrison 1987). Richard will “send Machiavel to school.” The tension between superego and ego is what Rangell (1974) has called the compromise of integrity. Rangell argues convincingly that this tension between superego and ego, seriously neglected in psychoanalytic discourse, is every bit as significant for analytic thinking as is the tension between ego and id that we call neurosis. Richard had voiced his ambition for the throne in 3 *Henry VI*:

And yet, between my soul's desire and me—
 The lustful Edward's title buried—
 Is Clarence, Henry, and his son young Edward,
 And all the unlooked-for issue of their bodies,
 To take their rooms, ere I can place myself:
 A cold premeditation for my purpose!
 Why then do I but dream on sovereignty:
 Like one that stands upon a promontory,
 And spies a far—off shore where he would tread,
 Wishing his foot were equal with his eye,
 And chides the sea that sunders him from thence,
 Saying, he'll lade it dry to have his way. [III, ii, 128-139]

Only through the attainment of absolute power and control can Richard imagine being compensated for his unlovability. It is this character structure dominated by splitting and consequent capacity for ruthlessness that allows him to exploit the power vacuum that has been left by the social, political, and moral disorganization in the time between the beginning of the reign of Edward IV and the beginning of the reign of Henry Tudor (Richmond), the first monarch of the Tudor dynasty. On the battlefield, Richard distinguished himself for his valor. But, “In these piping times of peace,” his envy turns “the winter of ... [his] ... discontent” into “summer” because of his envy, especially of his brother, Edward. Envy involves a self-conscious comparison of the self with the one whom one envies. The dynamics of envy always involve shame conflict (Lansky 1997, 2007a.) For envy to occur, there must be shame arising from not having what the other has, but because one feels oneself

diminished and unlovable in comparison with a more lovable other or others. Richard's self conscious comparison with Edward, "this son of York" is a homosexual preoccupation with the hated other that highlights deficits in himself. It is similar to and foreshadows the attraction and hate that Iago feels for Cassio in *Othello*. Iago says of the handsome, polished Cassio, whom Othello, bypassing Iago, promoted to lieutenant says, "He hath a daily beauty in his life/That makes me ugly ..." (*Othello*, V, I, 19-20).

Envy is not simply covetousness, the wanting of something desirable that someone else has, though envy may include this wish. The envy in Richard's character is not confined to his ruthless ambition to gain and maintain the crown. It goes further. One who is envious hates not simply one who has something one wants, which is jealousy, but the hate for the one who has it. At the beginning of the play, Richard makes clear that "the winter" of his discontent is made "glorious summer by this sun of York," referring to his brother, Edward, the "son" of the Duke of York, now king, whose heraldic symbol is the rising sun. Edward, Richard's brother, is, as Richard says to Queen Elizabeth, "a handsome stripling" (I, iii, 101). Richard's envy of his brother includes, but goes far beyond simple covetousness of his throne.

Envy exerts its influence powerfully after Edward's death when Richard's ruthless machinations serve to make him dominant in the period of chaos after Edward dies. Richard's hired assassins have murdered the Duke of Clarence, Richard's and Edward's brother, in the Tower shortly before Edward's death. Later, the young Edward V, too young to govern, is murdered by Tyrrel and his assassins in the Tower, again hired by Richard. This attribution to Richard of the murder of the princes may depart from historical truth. Evidence is still controversial; some believe that it points to Richmond, not Richard as the murderer of the two Princes (Bloom 1998; Tey 1951).

Richard is then crowned king. Yet, his ruthlessness does not relent. He fears all who might challenge his right to the throne. More slaughter ensues. Eventually even his closest accomplice, the Duke of Buckingham, is mistrusted, lied to, and later, after he has fled to join Richmond, captured and killed. Envy and villainy flourish. As Margaret's curse predicted, Richard trusts nobody and is trusted by nobody. Terror rules the land, and many flock to Henry Tudor, Earl of Richmond, who

has claimed the throne. To secure his hold on the throne, Richard hoped to marry his niece, Edward's daughter Elizabeth. To that end, Richard arranges for the death of his wife, Anne, and attempts to browbeat his sister-in-law Queen Elizabeth into convincing her daughter to marry him. His suspiciousness and ruthlessness are now unbounded, and his hatred and destructiveness spread to his own kin.

DREAMS AND NIGHTMARES IN THE PLAY: OMNIPOTENCE AND PRESCIENCE. THE DUCHESS' CURSE AND RICHARD'S TERRIFYING DREAM, AND THE RETURN OF REPRESSED CONSCIENCE

The dream figures powerfully in *Richard III*; each of the three York brothers, Edward, Clarence, and Richard have a terrifying nightmare on the night before he dies. Those terrifying dreams point both the dreamer and the reader to anxieties about the risk of being murdered that has become so much a part of court intrigue and ambition for the throne. Edward's dream, somehow instigated by Richard's machinations, is that his heirs will be murdered by someone with a name beginning with the letter "G." This confronts his vulnerabilities about succession after his death. Edward takes this to refer to George, the Duke of Clarence, but, ironically, the prophecy points also to Richard, who is then Duke of Gloucester, a name that also begins with "G," and who does murder Edward's sons.

Clarence, on the night before he is murdered, dreams that he has escaped from the Tower and is on ship with his brother, Richard, headed away from England, when Richard accidentally bumps into him, sending Clarence overboard to his death by drowning. His dream is prescient: when he has been knifed by the two murderers but is not yet dead, he is thrown into a vat of malmsey wine in which he drowns.

Later in the play, Lord Hastings, awakened by a messenger from Lord Stanley, is told that he has been awakened at four in the morning: "he sends you word/He dreamt tonight the boar [Richard's heraldic symbol] had razed his helm./Besides, he says, there are two councils held,/And that may be determined at the one/Which may make you

rue at the other" (III, ii, 10-14). Hastings, somewhat annoyed, agrees to go, but protests, "Tell him his fears are shallow, wanting instance./And for his dreams, I wonder he is so fond/To trust the mockery of unquiet slumbers" (26-28). Hastings later realizes that he had dismissed the significance of a dream that predicted the decapitation he is imminently to suffer. Later, just before he is led to the block to be beheaded, he rues the fact that he did not take Stanley seriously about the danger of Richard's treachery.

Richard's dream on the night before his final battle and death reveals to him that he has not only a conscience, but also a much more powerful one than his outward demeanor or his internal conscious experiences suggests. His imperviously ruthless persona only protects when he is awake. Richard's dream occurred on the night after his mother has cursed him and before the battle of Bosworth (in which he will be slain by Richmond) is one component of an unusual dramatic device, a shared dream—one in which Richard's slain victims appear to him as accusers and to Richmond as presences encouraging and promising victory. By giving the dream such power and the suggestion of originating to express the presence of a higher moral order, Shakespeare invests the actual historical data, gleaned largely from Hollingshead, with an eerie sense of the supernatural experience of his own conscience and a transcendent moral presence that makes its presence felt through the dream.

To Richard's surprise, reproach from his conscience for murders he has committed is not at all absent; it had only been sidestepped and kept from view by the dictates of his ruthless ambition. It is the overriding of conscience—together with the fantasy that that conscience had been split off and gotten rid of—that is at the core of Richard's psychological makeup and his fantasy that he can be rid of his conscience, his tragic flaw, which we see unfold in the immediate wake of his mother's curse, he sees as an adversarial relationship with and domination by a cowardly agency.

Shakespeare understood at a very deep level this quite specific dynamic and crafted the unfolding revelation of it as a central issue of the play's progression. The dynamic is this: Richard's sense of shame at his unlovability and being hated has given rise to relentless destructive rage and to boundless ambition and shame at any inhibition of the

destructiveness necessary to achieve his goal. His assumption that he has banished conscience and is free from internal restraint opposing his ruthlessness has been, however, an illusion. Such an illusion is sustained most easily in conditions of strife or battle, when he is in combat or ruthlessly pursuing his ambitions. When he is pursuing ambition or in combat, Richard does not have to face his conscience. Only in peacetime is he tormented unless he can corrupt, seduce, intimidate, or exploit factionousness in court. Nietzsche, in *Beyond Good and Evil* (1886) wrote, "In times of peace, the warlike man attacks himself."

Richard, awakening from his nightmare terrified, understands full and well that the dream is a manifestation of his own conscience. He is shocked at his own vulnerability and at what appears to be his unbearable guilt. Thinking psychoanalytically, we may presume that splitting as a defense has failed to keep him at a distance from the attacks of his conscience. That conscience has revealed itself in the dream as present and powerful. On awakening from the dream, Richard is terrified not only because of the dramatic message from his attacking conscience, but by the inescapable and mortifying awareness that he has a conscience, "Give me another horse: bind my wounds!/Have mercy Jesu!/Soft! I did but dream./O coward conscience, how dost thou afflict me!" (V, iii, 176-180). Richard's psyche is split in the dream; and, on awakening, he sees clearly the unwanted insight into the struggle between shame-driven ruthless ambition and unbearable guilt. For the first and only time in the play, Richard sees himself as divided, and as fearful:

Cold fearful drops stand on my trembling flesh.
 What do I fear? Myself? There's none else by.
 Richard loves Richard, that is, I am I.
 Is there a murderer here? No. Yes, I am:
 Then fly. What, from myself? Great reason why:
 Lest I revenge. What, myself upon myself?
 Alack, I love myself. Wherefore? For any good
 That I myself have done myself?
 O, no! Alas, I rather hate myself
 For hateful deeds committed by myself!
 I am a villain. Yet I lie, I am not.

Fool, of thyself speak well. Fool, do not flatter.
 My conscience hath a thousand several tongues,
 And every tongue brings in a several tale,
 And every tale condemns me for a villain.
 Perjury, perjury, in the high'st degree,
 Murder, stern murder in the direst degree;
 All several sins, all used in each degree,
 Throng to the bar, crying all, Guilty! Guilty!
 I shall despair. There is no creature loves me;
 And if I die, no soul shall pity me. [V, iii, 181-201]

Hitherto, Richard has been best able to hold an integrated view of himself only on the battlefield where sanctioned splitting between opposed forces keeps him from the torments of conscience. If he is situated in the battlefield, where the split between friend and enemy is already defined, the murderous part of his makeup can be projected outward onto the enemy and deployed without internal psychological conflict.

Rallying his troops for the final battle, Richard regains his composure sufficiently to resume his defiance of conscience and to proclaim:

Go, gentlemen, every man to his charge!!
 Let not our babbling dreams affright our souls,
 Conscience is but a word that cowards use,
 Devised at first to keep the strong in awe.
 Our strong arms be our conscience, swords our law. [V, iii,
 308-312]

He has been shaken, not simply because something supernatural has descended upon him in sleep, but by the realization that, despite the fact that he had "determined to prove villain," he has a conscience that, in the dream, is actively and unmistakably reproaching him. It seems to me a compelling hypothesis that this dramatic surfacing of Richard's conscience is a direct consequence of his mother's curse. The Duchess' curse in Act IV, as is the case with her blessing in Act II, has much more impact on him than he would like to acknowledge. He enters the fray. He fights fiercely. Catesby remarks, "The king enacts more wonders than a man" (V, iv, 353). To understand the final dream from a

psychoanalytic point of view, we must consider the instigation of that dream, his mother's curse in IV, iv.

THE DUCHESS OF YORK'S CURSE AS INSTIGATOR OF RICHARD'S DREAM AND HIS SUICIDE

In Act IV of the play, when Richard is leading his troops to Bosworth for the battle with Richmond, he encounters Queen Elizabeth, Queen Margaret, and his mother, the Duchess of York. Facing the mothers of his murdered victims, he attempts to use military fanfare to drown out the reproaches of the women for his murder of kin and other courtiers. His mother approaches him with a plea to be heard, after which she will never speak to him again. Richard signals his soldiers to wait, and the Duchess proceeds:

Either thou wilt die, buy God's just ordinance,
Ere from this war thou turn a conqueror,
Or I with grief and extreme age shall perish
And never look upon thy face again.
Therefore take with thee my most heavy curse:

Which in the day of battle, tire the more
Than all the complete armor that thou wear'st!
My prayers on the adverse party fight;
And there the little souls of Edward's children
Whisper the spirits of thine enemies
And promise them success and victory.
Bloody thou art, bloody will be thy end;
Shame serves thy life and doth thy death attend. [IV, iv,
184-195]

The Duchess, as always, sees through Richard completely. Richard seems at this point to regard her as a nuisance, but the unfolding of the rest of the play suggest that her curse, as had her blessing earlier in the play, means a great deal more to him than he can acknowledge. The Duchess' blessing and curse and their impact give us a window into his

vulnerability that he and others presumed was not detectable, even by himself, through his persona of villain.

Freud (1900) is emphatic about the importance of contemporaneous conflicts in the day residue serving as instigators of the dream, and as the contemporaneous conflicts resonate with the earlier ones from childhood, drive the dream into being. Thinking psychoanalytically, we are on firm ground to consider his mother's curse as the conflictual day residue that instigates Richard's final dream in V, iii. There seems to me nothing else in the play, not even the dangers of the upcoming military conflict with Richmond, that could plausibly be seen as the instigator of the dream and the activator of Richard's conscience. I am assuming that, just as her blessing was surprisingly important to Richard in II, ii, so the Duchess' curse in IV, iv is truly devastating to Richard, far more so than is evident in his immediate conscious reaction to it—and that it instigates the dream which unmistakably reveals and affirms to Richard himself the power of his hitherto disowned conscience. It is a modest inference that hitherto repressed awareness of the workings of his conscience has returned in the dream. His fantasy of splitting off and ridding himself of parts of himself to shape a villainous character has collapsed, and Richard's only recourse to psychological intactness is to deploy the splitting between foes that takes place on the battlefield. I have been focusing on Richard's experience of a dream, the characters in which also spoke encouragingly to the sleeping Richmond. Richard and Richmond in this shared dream experience are visited by all of Richard's murdered victims: Prince Edward, King Henry VI, Clarence, Rivers, Vaughn, Grey, Hastings, the young Edward V, and his brother Richard of York, his wife, Anne, and Buckingham. In chronological order of their murders, they curse him and bid him "despair and die." We see the same ghosts in Richmond's tent offering him encouragement and blessing. The dream seems as clear-cut a dream from conscience as one could imagine, contrasting Richard's guilty conscience with Richmond's clear conscience. Richard awakens in fear and trembling, utterly terrified at the realization of what he has done; then, as he recovers his poise, decries his conscience as "coward conscience." Quite apart from what he finds himself guilty

about, he is horrified to have to acknowledge that he does have a conscience.

Richard plunges into battle and, despite the fact that he was a far more experienced commander than was Richmond and his army three times the size of Richmond's, goes to his death. In the final battle at Bosworth Field when Richard ventures into enemy lines and, his horse slain, he is offered another horse, he replies, "Slave, I have set my life upon a cast,/And I will stand the hazard of the die" (V, iv, 9-10). The pun on the word, die, is not mere wordplay. It is more than plausible to consider his death a deliberate act of suicide instigated by his mother's curse.

I am placing very strong emphasis on the mother's blessing in II, ii and on the curse in IV, iv because those condemnations from conscience stimulated by the Duchess' curse point to the shock Richard feels when he is confronted with his need for his mother's love and approval and accentuate very powerfully the moral and dramatic impact of the actual historical events that Shakespeare took from Hollinshed (1537). As with the dream, the blessings and curses in the play heighten the sense of moral inevitability that drive the drama and so bridge the gap between historical facticity and dramatic and poetical impact.

CONCLUSION: THE EERIE AMBIENCE OF RICHARD III

The texts of 3 *Henry VI* and *Richard III* are consistent with a reading of them that sees these blessings and curses as acts of expressed volition that take the of the omnipotent role of conscience in widowed and powerless queens.

These blessings, curses, and prophecies made by these Queens provide an overarching uncanny ambience to the play that stretches beyond the natural world. The blessings and curses made by (the future) Queen Anne, by Richard's mother, the Duchess of York, the Dowager Queen, and by the curses and claim to be a prophetess by Henry VI's widow, Queen Margaret of Anjou provide for readers or viewers of an atmosphere of omnipotence and magic in a predetermined world. Uncanny acts are presaged in the dreams, starting with Richard (then "Gloucester") announcing in his narration to the audience that he has

poisoned the mind of his brother, King Edward IV by claiming that “G” shall be the murderer of Edward’s heirs. Edward, responding to Richard’s urging, takes “G” to be his brother, George, and orders his execution. Ironically, G—Gloucester, Richard, himself—is in fact the one who later orders the murder of the young sons of Edward.

This hinted-at magic world adds some counterpoint to the actual doings on in the action, since the Earl of Richmond announces late in the play that he will “unite the white rose and the red” (V, v, 19), that is to say, end the War of the Roses by a marriage between himself (a Lancaster) and Princess Elizabeth (a York). Richmond’s surname is not mentioned in the play at all. He is Henry Tudor, Henry VII of England, who, by slaying Richard ended the War of the Roses and founded the Tudor dynasty, of which his granddaughter, Elizabeth I was a member. The reference to the Earl of Richmond without referring to him as Henry Tudor, is therefore another addition to the sense of eerie indirectness in the play. It should be noted that *Richard III* is not entirely a solitary unit, but the fourth play in Shakespeare’s first tetralogy, following the seldom produced *I, II, and III Henry VI* plays. In the three preceding plays in the tetralogy, the saintly King Henry, whose wife, Queen Margaret, is also his principle military commander is, himself, heimlich—warm, loving, strongly affected by the sufferings of his subjects—in a political and military maelstrom of upheaval and revolt. As Freud has told us, the heimlich and the unheimlich—the canny, cozy, familiar, and the eerie, uncanny, and treacherous—coexist. The politics of the War of the Roses is made more subtle by the forefronting of the after-worldly world of blessings, curses, and prophecies which surround the strictly political doings and introduce a backdrop of almost divine inevitability and predestination into this last play of the first tetralogy.

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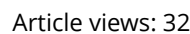
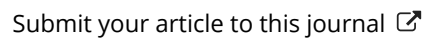
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An Expansion of Intersubjective Theory: *Beyond Doer and Done To: Recognition Theory, Intersubjectivity and the Third.* By Jessica Benjamin

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AN EXPANSION OF INTERSUBJECTIVE
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RECOGNITION THEORY, INTERSUBJECTIVITY
AND THE THIRD*. BY JESSICA BENJAMIN

BY ROBERT EHRLICH

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Jessica Benjamin has been examining the issue of recognition in much of her work. In *The Bonds of Love* (1988), *Like Subjects, Love Objects* (1995), and *Shadow of the Other* (1998), she explores aspects of this phenomenon, especially in the context of her interests in feminism, human development, and relations between parents and children as well as between men and women. In *Beyond Doer and Done To*, she acknowledges that she is speaking from a particular position; that is, as a white woman who experienced many difficulties growing up in relatively privileged circumstances in the United States, while also identifying beginning in her teens with the oppressed, despite the fact that in her community she was one of a distinct minority.

In the process of doing this, she locates her work in the psychoanalytic tradition, particularly the intersubjective perspective as defined by Stolorow, Atwood, and Orange. Benjamin speaks of their work in the

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context of the earlier emergence of object relations theory which privileges the relationships between people, both real and imagined, in contrast to Freud who thought that the basic foundation of human development was the instincts, conceived of as biologically rooted.

Nevertheless, she utilizes parts of Freud's work that are useful to her in presenting her ideas. For me, one of the strengths of her book is her ability to use certain aspects of the thinking of various theorists whose work in general is understood as belonging to a different school of psychoanalytic thought than her own. She does this primarily by relying on attempts to speak about clinical matters that are less abstract, rather than the meta-psychology of these theorists, which can often be experience distant and more easily contestable. She skillfully weaves into her book those ideas in the work of these theorists that help to illuminate her own perspectives on recognition theory. In doing this, she demonstrates her commitment to avoid binary thinking, which is a major concern in her book since she spends a considerable amount of time exploring the tendency on the part of so many people to view their own point of view as the truth and too often dismiss the thinking of others who do not share their perspectives.

For example, Benjamin makes use of some of the ideas of Melanie Klein, whose work is rejected by many psychoanalysts. More generally, with regard to object relations theory, Benjamin is concerned that it does not emphasize sufficiently the importance of the issue of recognition as she explores it. She is concerned that object relations theorists tend to view one person as the subject ("the doer") and the other person as the object ("the done to") (*passim*). What is absent at times for Benjamin in object relations theory is how people are constantly affecting one another in the course of their communication. Moreover, she believes that, in general, object relations theorists "assumed, but did not formulate, a tacit phenomenology of recognition" (p. 10). She argues that most tend to focus on "internal relations that could only develop on the basis of a broad spectrum of interactive experience whereby one's feelings and actions are affirmed or disconfirmed" (p. 10). According to Benjamin, for those who embrace her intersubjective framework what becomes more central is "the intent of those actions (as we see when they are affirmed, not alienated)" in terms of how we share "what we each reciprocally apprehend about the other's mind or feeling" (p. 10). It is the degree of success that can be achieved in meeting each

participant's desire to share what is occurring internally that becomes central to human development. Without having this desire met, one is likely to become so compromised psychologically that "the self cannot actually feel its 'full I-ness'" (p. 10).

In addition, she also distinguishes her perspective from the work of intersubjectivists like Stolorow, Atwood, and Orange who are more concerned with the idea of mutual influence conceived of systemically and do not sufficiently discuss the ways each of us is also separate psychologically. For example, Stolorow and Atwood (1996) state that "intersubjectivity theory is a field theory or systems theory" (p. 180). In addition, they believe that the "unconscious organizing principles" of the child are "forged within the crucible of the child-caregiver system" (p. 182, p. 183). But according to Benjamin, they do not adequately examine "how we actually come to the felt experience of the other as a separate yet connected being with whom we are acting reciprocally" (p. 22).

This is central to her idea of recognition. Therefore, Benjamin defines recognition theory "as the reciprocal response to each other's minds, regardless of its specific form—the awareness of the other as subject rather than object" (p. 10). This requires the ability of people to both acknowledge and appreciate the desire on the part of each participant to make an effort to enter the inner world of the other. She explores this issue primarily in the context of her interest in the relationship of the earliest caretaking figure and the child, the relationship between the analyst and the patient, as well as the highly problematic features of public life that involve dysfunctional forms of communication about political and social issues between people both nationally and internationally.

In this context, for Benjamin, it is the ability to encounter others who are not only similar to oneself in terms of how they think and feel but also different which is essential to human development. It is especially the ability to tolerate difference that gives rise to another one of Benjamin's ideas that she elaborates upon in her discussion of the relationship between the mother and child as well as the analyst and the patient. This is her concept of the "Third," which was shaped by Winnicott's ideas about transitional space and potential space and "refers to a position constituted through holding the tension of recognition between difference and sameness, taking the other to be a separate

but equivalent center of initiative and consciousness with whom nonetheless feelings and intentions can be shared" (p. 4).

Benjamin contrasts this style of relatedness to modes of subjugation in which one or more people attempt to control the other. Under these circumstances, the possibility for dialogue between equals diminishes as each becomes entrenched in their own point of view. Utilizing the work of Racker (1957, 1968), she describes this as an example of complementarity in which each participant is more likely to feel "done to" (*passim*) and not as a more freely engaged agent. If this occurs, the temptation to fall into a position in which one is thoughtlessly "reactive or impotent" (p. 25) takes over.

Regaining one's subjectivity as a responsible and thoughtful agent then becomes crucial to restoring creative forms of communication. This is particularly important for the therapeutic process to proceed adequately. Nevertheless lapses are inevitable, even for prolonged periods of time, which generally requires the ability of both participants to recognize their own role in getting "stuck in complementary twoness" (p. 26).

Benjamin distinguishes her idea of the Third from other perspectives offered by psychoanalysts from different schools of thought. Utilizing the work of Aron (1999), Britton (1988), and Crastopol (1999), she states that "the concept of the Third" "has been used to refer to the profession, the community, the theory one works with—anything that one holds in mind that creates another point of reference outside the dyad" (p. 23). She adds that her "interest is not in which 'thing' we use, but in the process of creating thirdness—that is, in how we build relational systems and how we develop the intersubjective capacities for such co-creation" (p. 23).

Therefore, she is primarily interested in exploring how the real interactional basis between mother and child as well as analyst and patient, shape the intrapsychic world of all the participants. In addition, Benjamin is less concerned with the co-created fantasy of the Third rooted in the unconscious of the respective participants, but rather in their actual interaction. Here she tends to be dismissive of the power of the unconscious in the creation of the Third and loses the possibility of enriching her view of the nature of intersubjective theory which emphasizes so much the importance of interpersonal experience in shaping

inner life. Benjamin tends to speak of the unconscious primarily when interpersonal relations turn into a power struggle as in her discussion of the relationship between “*the doer*” and “*the done to*” (*passim*). She does not discuss sufficiently the role of the unconscious when she explores the nature of the “*analytic Third*,” which for her is tied to the conscious collaborative dimension of the relationship between patient and analyst,

In this context, referring to the work of Ogden, she suggests that his concept of the “relational dynamic” of the “*analytic Third*” appears to form outside of our conscious will” and takes “on a life of its own” (p. 25) beyond the actual interpersonal encounter and is woven into the unconscious fantasies of the respective participants. According to Benjamin, Ogden’s concept of the analytic Third tends to be equated with “the *subjugating Third*” (p. 25) in which both participants are locked into some form of complementarity. For her, this way of thinking does not consider sufficiently the possibility for each of the participants to extricate themselves from the dilemma of complementarity through self-awareness and communication. Here, I do not believe that Benjamin’s analysis captures the full nature of Ogden’s argument since he (2004) speaks of the need to overcome “the *subjugating Third*” through “the analyst’s interpretation of the transference-countertransference and the analysand’s making genuine psychological use of the analyst’s interpretation” (p. 166, pp. 193-194).

Nevertheless, Benjamin (like Ogden) shows how, in part, she arrived at her idea of the analytic Third by utilizing that part of Winnicott’s (1968) work which underscores the mother’s and the analyst’s capacity to tolerate a great deal of anger and to survive the infant’s and the patient’s attacks without retaliating. Benjamin highlights this issue when she links this ability to the process of recognition specifically and the intersubjective perspective generally. For she states that Winnicott’s theory of the mother’s and the analyst’s ability to survive destruction “is what creates the sense of a shared, external reality distinguished from the inner world of objects under one’s fantasied control” (p. 85). It is these ideas that help Benjamin formulate her perspective on the importance of recognition as well as the Third.

In dealing specifically with the concept of recognition, Benjamin again demonstrates the scope of her thinking when she draws on her reading of Hegel’s idea of the master-slave relationship. For Benjamin, it

is very important for each person to become aware of their respective situations whether they are in a position of authority or submission. In the worst scenario, the master and slave are essentially locked into the position of “the doer” and “the done to” (*passim*) respectively. But this can give rise to another psychological position, the third, which would not only involve the slave acknowledging her vulnerability but also the master confronting a similar predicament because the slave’s very existence confirms her own. For they share a “mutual vulnerability and need for recognition without denying dependency” (p. 16). For the master, the major problem is being “trapped in omnipotence” without sufficient “intersubjective relatedness” (p. 14). For the slave, the psychological consequences of being dominated by the other is the loss of a sense of fullness that can accompany the experience of having one’s inner life “adequately reflected back by an object” (p. 15). However, in this situation, the master tends to deny her dependency while the slave falls into a condition of helplessness and hopelessness.

Benjamin explores this issue, in part, by pointing to “the possibility of alternative relations that articulate and transform the conflict between belonging (socially recognized identity) and recognition of desire” (p. 17). This kind of reconciliation is very difficult to bring about not only because of the existence of entrenched roles but also because individuals have the propensity to simply reverse roles and thereby remain stuck in debilitating interactions. Nevertheless, she is hopeful. For even if we are often repeating old ways of behavior, thinking, and feeling, new modes of relating to one another can come into being because of our capacity to engage in self-reflection, especially with another person who is both sympathetic and understanding.

In the course of speaking about the Third, Benjamin describes how it develops starting from infancy through various forms of intersubjectivity. She suggests that there is an inborn quality, rooted biologically, about each of these forms, which turn into expectations about relatedness that should be fulfilled. They are essentially phases that emerge chronologically but are never lost. In fact, they become interwoven with one another as part of human development.

She begins with a discussion of the form of the “*rhythmic Third*” (p. 30), which originates in the first year and consists of experiences in which we feel joined with others and can yield at times to their wishes.

These are “present in the earliest exchange of gestures between the mother and child” on primarily procedural and nonverbal levels and include “affective attunement,” “the felt experience of being one with the other” (p. 30). The mother’s ability to accommodate to the baby’s needs is very important here. This leads the baby to accommodate in such a way that forms of infant relatedness begin to appear which are the basis for the emergence of the ability of each to recognize the other.

Benjamin distinguishes the kind of accommodation that the baby engages in from imitation. Accommodation is “a hard-wired pull to get” both mother and baby “into alignment, to mirror, match, or be in synch” (p. 31). It is a natural, biologically based phenomenon. Therefore Benjamin stresses the idea that both mother and baby create and sustain a form of relatedness that requires each of them to possess the ability to be open to each other “at affective and sensory-motor levels of interaction” (p. 79) and to be able to communicate in a nonverbal manner.

The creation of a “*rhythmic Third*” provides the basis for the emergence of the “*differentiating Third*” (p. 27) in which the intentions of each of the participants are acknowledged. For example, Benjamin is particularly concerned that the baby can feel coerced if the mother is too quick to impose her own needs without being sufficiently attuned to what the baby wants. She is also concerned that the mother may feel coerced by her infant and will act merely in a mechanical obligatory manner when seeing her infant’s distress. For this can lead the mother “into a persecutory experience of being depleted, losing empathy, being devoured” (p. 37). Under the best circumstances, the mother’s sensitivity to her baby will allow her to prioritize the baby’s needs at the same time that she maintains an awareness of her own which are different and can be satisfied later. As part of her discussion of the “*differentiating Third*,” Benjamin refers to one of its features as “*symbolic thirdness*” (p. 28). This state is the culmination of the ability to enter into the phase of the “*differentiating Third*” since “*symbolic thirdness*” “includes narrative, self-reflection, and observation of self and other” (p. 28).

Finally, there is the “*moral Third*” (p. 51), which consists of the ability to restore a sense of thirdness when disruption or breakdowns in communication occur either at the level of rhythmicity or the level of differentiation. More specifically, the “*moral Third*” “depends upon acknowledgment” by the offender of “disruptions, disappointments,

violations of expectancy, and more broadly upon acknowledgment of injuries and traumas that challenge principles of fairness, and respect for human dignity" (p. 51). Here Benjamin speaks of the importance of "ethical values" (p. 28), especially those based on "recognition of the other's separateness, the space that permits desire, the acceptance of loss" (p. 29).

In infancy and childhood, it is the parents who carry the major responsibility inherent in the idea of the "*moral* Third." Disruptions in this phase as well as the others are inevitable, and they can cause significant distress depending upon their duration, intensity, and the possibility for repairing the particular breach. Whatever the breach, Benjamin stresses the necessity for both the parents and the analyst to become aware of their "feelings of shame, inadequacy and guilt" (p. 39). For the analyst, some of this awareness may have to be woven very carefully into interventions.

This extension of her analysis of the phases of the development of thirdness into her discussion of the therapeutic process is a very important part of her book. For she demonstrates how she utilizes her awareness of them in her work with patients. Here Benjamin compares the attitude with regard to the therapeutic process of relational and intersubjective analysts and those who are more classically oriented. She tends to valorize the former for what she believes is their greater sensitivity to the need for emotional attunement and their greater willingness to see the limits of interpretation, especially with regard to the creation of thirdness. When speaking of analysis with adults, she states that one of the biggest hindrances to the process is the tendency of both analyst and patient to retreat into a stance in which each participant is convinced of the truth of their own psychic reality as opposed to that of the other. This can come to dominate the analytic situation so that "the exchange of blame" (p. 40), as a form of projective identification, makes other kinds of communication difficult, because of the rapidity with which this takes place.

According to Benjamin, to become extricated from this situation, the analyst should consider utilizing some form of self-disclosure. For the process of recognition must be a mutual one in which both parties voice their own vulnerability. Benjamin, then, advocates that the analyst acknowledge her lapses when confronted: for example, that she has

been insufficiently responsive to her patient or has been unable to comprehend her. In addition, Benjamin states that in showing the patient such feeling states as one's "shame," sense of "badness," and "tendencies to dysregulation" (p. 107) the analyst may indirectly encourage the patient to experience similar feelings that have been outside of awareness. In one instance in which she engaged in self-disclosure, Benjamin says that this allowed her woman patient not to pretend "to be simply strong, the Tough Mama who would be the complementary opposite to" the "needy child" (p. 108) who was such a strong presence in the patient's inner world. In addition, in acknowledging her failure to be sufficiently attuned, Benjamin states that she acted as a catalyst for this patient to welcome "the little girl who was too much, too angry, too mean" (p. 108). As part of this, "the Third felt renewed and vital, rhythmic and differentiated, a co-created process that had room for two subjects, each the other's other" (p. 108).

Although she speaks of the benefits of self-disclosure, Benjamin wisely points out that it can be highly problematic. Here one of the common problems is that the analyst becomes overly self-disclosing which can induce anxiety in the patient. To minimize this possibility, the content of what is exposed should speak directly to the patient's inner experience. The patient's emotional state must be at the center of the analyst's attention so that the danger of increasing the patient's vulnerability to an intolerable level at the expense of preserving the analyst's subjectivity is a matter of utmost concern. In this instance, sufficient care must be taken so that primitive fears of the patient of being cannibalized by the analyst are avoided. The analyst, then, is in the precarious position of allowing for a degree of spontaneity, which is often looked upon dubiously upon by some of those who are more classically trained. Yet, for Benjamin, without more spontaneity by the analyst than has often been accepted, opportunities for a greater exploration of the patient's inner life may be missed.

It is, in part, in the context of her discussion of the issue of self-disclosure that Benjamin speaks at great length about enactments, especially those initiated by the analyst. For despite the intention not to cause harm and to be helpful, the analyst may not see that she has become so immersed in the patient's internal world that identifications occur of a complementary nature that are outside of the analyst's

awareness. The analyst's own personal history may be the basis for the identification. This may result in the analyst speaking to the patient in a way that misses the major anxiety that the patient is currently experiencing. According to Benjamin, the analyst may become entrenched in her identification and initiate an enactment, often in the form of an argument, which then must be addressed collaboratively.

In this context, Benjamin refers to play as a form of communication that can extricate both participants from the enactment. In speaking of play, Benjamin uses the example of the mother who "simultaneously exaggerates and mirrors the baby's reaction" to a painful situation to "show she understands the fear or pain but does not think the situation is serious" (p. 149). For Benjamin this kind of reaction can encourage the child to think that under ordinary circumstances its expectation for care and a sense of safety can often be met.

In the analysis of adults, this expectation can lead the patient to point out the analyst's misattunements. In response, the analyst must be able to take in the patient's criticism, which is likely to follow such misattunements, and be able to survive without retaliation what may be perceived as an attack. To get to this point, Benjamin speaks of play as a "back and forth between" both participants that involves openness and tolerance, an ability to "safely rely upon the other's knowing and responding to one's own states" that does not impede "the coordination of intentions" (p. 189). This leads to the resurrection of the "*rhythmic Third*" which involves "recognizing what it feels like to be in the patient's mind, a way to play together as an equivalent to play therapy" (p. 189).

Benjamin acknowledges that this is not an easy task. As she puts it: "we are able to note that how some dyadic or individual self-states can move or play together almost naturally, while others, those holding very painful, anxious, or shameful experiences, must go through an enactment, which only gradually opens up into play" (p. 191). In addition, in play, the participants are able to have opposing perspectives without becoming overly unsettled.

This is particularly important when enactments occur between the analyst and the patient. Benjamin believes that it is necessary for the analyst to explore the nature of enactments, especially the mistake that the analyst has made that may have led to them. With regard to her mistakes, it is necessary for the analyst not only to point them out but also to

engage in self-disclosure by speaking about them in the context of revealing details about her own inner life in the past and/or the present. For Benjamin, this may help restore more rhythmicity to their contact in the sense that the patient may feel that the analyst's communication resonates more emotionally. Benjamin believes that with a willingness on the part of the analyst to engage in this kind of self-disclosure, the patient may follow the analyst's lead and return to a narrative that consists of a fuller discussion of her inner life, including her past, in relation to the impact of the enactment that has occurred in the present. This may lead to greater mutual recognition.

It is the concept of mutual recognition that Benjamin constantly returns to in order to foster better communication between the analyst and the patient. This is also a central issue in Benjamin's discussion of the nature of sexuality, and how it is dealt with in the consulting room. In her discussion of sexuality, Benjamin differs from Freud who views sexuality primarily in relation to his concept of energy that requires discharge. For at the heart of her perspective is the idea that "the sexual" is to be "understood as an effect of the other and of otherness" (p. 115). Drawing on the work of Laplanche, Benjamin states that one example of this is the way the infant is affected by the parent's sense of becoming overwhelmed by sexuality which at times is felt to be excessive and then possibly rendered unconscious. Benjamin suggests that "the excess that is sexuality for all human infants begins with an enigmatic or compromised communication from the Other in the course of real interaction involving the child's care" (p. 114). In addition, the excess may include the "'noise' of the adult's unconscious sexuality (Laplanche 2011)," that "takes shape within the self as a question—'what does the other want of me'—which must be translated or processed through fantasmatic activity" (p. 114). It is the mother's ability to manage this excess for both herself and the child that is essential in this situation.

Furthermore, utilizing the work of Stein (1998a, 1998b, 2007, 2008), Benjamin states that excess in the realm of sexuality is preceded by excess in other realms in the course of human development. Especially important here is the sense of emotional excess that accompanies early experiences of helplessness which can give rise to very intense anxiety. What is required, especially in the earliest stage of infant development, is an adult figure who can provide for the infant sufficient

holding according to Winnicott and containment according to Bion. This requires the mother not only to attend carefully to her infant but also to be able to manage her own powerful emotional states. It is only under these conditions that a foundation can be developed that will allow for mutual recognition and mutual regulation. Under the best circumstances, mother and infant become rhythmically attuned so that as development proceeds sexuality is not primarily associated with fear and the sense of being emotionally overwhelmed. Failure here may lead to a retreat into autoerotism or the desire to remain isolated from others as ways of engaging in dysfunctional modes of affect regulation.

Benjamin is particularly concerned with situations in which the "child is forced into the position of container for the unregulating and dysregulated parent" (p. 119). This can ultimately lead to traumatic results for their offspring. Since Benjamin understands sexuality in such a way that it is a product of relatedness, it is very possible that in traumatic situations the experience of excess as it occurs in any context between parent and child can be sexualized.

In saying this, Benjamin is once again challenging what she believes is Freud's one-person psychology with its emphasis on sexuality conceived of as unbridled instinct which diminishes the importance of the object. For Benjamin, at times "sexual discharge means using the body to solve the problem of mental excess, that is, emotional content which cannot be held in the dialogically created mental space is transposed into the register of physiological arousal and resolved at that level" (p. 121). In addition, other motives, rather than simply those of a sexual nature, may be involved in what appears as an essentially sexual experience. Here Benjamin emphasizes how sexuality may be used to manage intolerable feelings that arise in the context of human relationships.

Benjamin is especially alert to the origin of this condition in the child's early life when it is extremely vulnerable. Forms of domination and submission may be resorted to on a repeated basis in order to compensate for feelings of helplessness. At one point she states that "sexuality" can be "a means of expressing the need to get me into you or get you into me" (pp. 121-122).

Moreover, the use of domination and submission is most often gendered. The urge to assume the active role is valorized and associated with masculinity, while the inclination to take on the passive role is

denigrated and aligned with femininity. Here Benjamin speaks about the way passivity may become a way to contain excess that “can lead to a splitting between an active part-self (phallic, mental) and a passive part-self (container, bodily)” (p. 125). Passivity itself may accompany the child’s experience of abandonment, which can induce a sense of extreme helplessness. Then this may produce compensatory feelings represented in the desire for mastery through identification with the father who is equated with autonomy and a repudiation of the mother who is associated with painful feelings of dependency, particularly the need for soothing.

The consequences for the adult if this process becomes habitual can be highly problematic. For this emotional constellation will make it difficult for men and women to accept and utilize both active and passive modes of being. This, in turn, can lead to a breakdown in communication and compromise the possibility for mutual recognition and the creation of the sense of a shared Third. Both participants can become overly entrenched in the opposition between domination and submission that constitutes traditional gender roles. According to Benjamin, “complementarity can develop around dominance and powerlessness, leading to an impasse in which each partner feels frightened of being wounded, subject to being dropped, in danger of being invaded or controlled” (p. 135). Therefore, she embraces “a subject who owns passivity, with its pleasure and vulnerability,” who “need not *passivize the other* in the form of domination” (p. 130, italics in the original).

For Benjamin, these issues are often central to the therapeutic situation. Returning to her comparison of the relationship between mother and child in relation to the experience of the analyst and patient, Benjamin states that without early adequate maternal care, the adult patient may suffer from the inability to self-regulate. This can give rise to a sense of weakness and then shame in the patient who comes to identify with “the baby parts” of herself which are tied to the “need” for “maternal care” (p. 137). The patient may then try to deal with this painful state by burying shame and weakness through an assertion of illusory confidence and strength, which are so often associated with a paternal presence. Powerful “complementary oppositions” may be set up between analyst and patient through mutual projective identification, so that it

will be necessary to restore "a thirdness of mutual regulation and recognition that contains the too-muchness" (p. 138).

Finally, Benjamin also uses recognition theory to try to understand and find a solution for larger social and political conflicts that involve oppression in many parts of the world. In the course of her analysis of these issues, she points to the possibility of linking psychological problems, especially those pertaining to human development, with the suffering that results from the unjust use of power in the larger social sphere. Therefore she states "the principle of repair through acknowledgment in individual attachments is isomorphic with that expressed in relation to social injustice, despite the language that assigns them to separate domains" (p. 246).

In referring to social and political realities, she speaks primarily about some of the conditions in the twentieth and twenty-first centuries, such as the problem of racism embodied in the attitudes and behavior of many white people toward African-Americans in the United States, the horror of the Holocaust perpetrated by Nazi Germany, the experience of apartheid in South Africa, and the problems between the Israelis and the Palestinians in the Middle East. In each of these situations, Benjamin states that for those who have been victimized it is imperative that they be viewed in such a way that their suffering is addressed, especially core problems related to the disruption of a sense of self.

Furthermore, Benjamin speaks of the need for the victim to develop the capacity to empathize with the perpetrator. Though she does not acknowledge sufficiently the difficulty of doing this, her argument is interesting. It is based on the belief that there is a vulnerable side to the perpetrators that is hidden when they engage in acts of victimization. This does not mean that the perpetrators should be forgiven, but that it is necessary for the victim to realize that the acts have already taken place and are irreparable. What is also necessary, however, is that the perpetrator's view of her acts should involve the acknowledgment of the loss of her own humanity.

Moreover, while exploring in a psychological context attempts to oppose oppression, she is concerned about how victims may turn into perpetrators by engaging in a certain kind of binary thinking which involves the failure to recognize in oneself the tendency to engage in violence. Just as there is a vulnerable side to the perpetrators, there is a

highly destructive side to the victims that, Benjamin believes, is a reflection of the complex and contradictory aspect of human nature.

In her understanding of how one responds to political and social oppression, she extends her discussion to include an analysis of those who may not be directly involved in deplorable acts. Here she refers to her idea that "the failure of recognition" is "the problem of the 'failed witness'" (p. 216). According to her, even if one has not actively engaged in acts of victimization, simply knowing about them and doing nothing intensifies the anguish of those who have suffered. Benjamin links this idea to the concept of the "*moral Third*" and advocates that people engage in active resistance to oppression to the extent that they can. For this to happen, one must be capable of moving beyond an all too prevalent interest in one's own well being in order to develop more sensitivity to the suffering of others. This involves embracing "a form of the Third" (p. 217) that includes identifying with the victim. Benjamin makes it clear that the need for witnessing on a personal level must be accompanied by a legitimate institutional process so that justice can be served in the public world.

In embracing this perspective, Benjamin is very much aware of the problems involved if one chooses this path. For example, over-identification with the victim can lead to a sense of guilt if one holds a privileged position in society in relation to the oppressed. In addition, if one does not consider the oppressor to be totally malevolent, one may alienate those who are sympathetic to one's position. Furthermore, many of those who share one's own identification with the oppressed may not share in the same totalistic manner one's own views about how the oppressed are responding to their situation, especially if that response is not sufficiently militant. This tendency to think in totalistic terms can lead one to try to make others feel guilty because of the limited nature of their response. Even worse, one may engage in acts of violence in order to emphasize the purity of one's own point of view about the totally vile nature of the oppressor, which, according to Benjamin, may disguise a process of projective identification in which one evacuates one's own feelings of "that which is abject, fecal," and "disgusting in the human body" (p. 225).

In the end, Benjamin calls most of these problematic responses to those who are being victimized the logic embodied in the idea that "only

one can live" (p. 229) which is too often reflected in current forms of nationalism and imperialism. Instead, Benjamin calls for us to develop a sense of "mutual responsibility for maintaining the attachment to a representation of the social order, one that preserves respect for all and links our individual actions to a larger picture of the lawful world" (p. 234). She embraces the capacity to protect the concerns of one's own group while sympathizing with the problems of one's opponents, all of which is essential to the creation of thirdness in the public world.

By speaking in this manner, Benjamin artfully recasts her analysis of dominance and submission as they occur in personal life into terms that are able to accommodate what is taking place in the political sphere. Therefore, she speaks of the need to realize "that denying acknowledgment to others damages the social fabric and our own bond to the lawful world of the *moral Third*" (p. 219). Since she is especially interested in the suffering of victims, she very much supports the creation of Truth and Reconciliation Commissions and similar institutions modeled perhaps on that which was created in South Africa. In this context, it is important to keep in mind her own work as a political activist to heal the divide between Palestinians and Israelis by encouraging both sides to communicate with one another in order to voice their grievances fully. It is clear that Benjamin has hope that the emotional power of these dialogues might become similar to what happens in a productive analysis when words take on more meaning as they are infused with feeling as opposed to words that feel too empty because they are uttered in a routinized manner and may deaden the atmosphere. This is part of her hope that a psychoanalytically informed ethics might be created whose starting point would be the ability to have "remorse and recognition of our wishes to escape both the painful identification with vulnerability and the hateful projection of it into the Other" (p. 245).

Benjamin's decision to end her book by utilizing her psychoanalytic perspective to explore social and political problems is indicative of the breadth of her thinking. This is one of the many striking examples of her work that is rich in analysis. She is wedded to the idea that the issues that she is exploring do not allow for full clarity but rather foster further questioning that cannot lead to any incontestable conclusion.

Nevertheless, her analysis of both what is occurring in the public world, as well as personal life, tends at times to be too hopeful. This is

especially the case in her discussion of political conflict. One of the most glaring examples of this is her commentary about the relationship between Israel and Palestine. This is a conflict that has been going on for a long time and involves competing claims of a complex nature that have already included many attempts at reconciliation that have not been successful. Benjamin's use of her theoretical framework centering on "the doer" and "the done to" (*passim*) is very interesting and useful, but in itself is highly unlikely to result in the kind of change that she hopes for. What she provides is a foundation for communication about problems between Israel and Palestine that will require a great deal of communication about (at the very least) political, economic, geographical, cultural, and legal issues that she minimally refers to.

A similar problem is evident in her discussion of some other contemporary political and social conflicts for she tends to be overly optimistic about the future. For example, her observation that "at the moment, we are witnessing millions of people joining together with an inspiring will to resist and struggle against lawlessness without being drawn into violence or lapsing into despair" (p. 20) does not take into account how in the past many social movements against oppression have been unable to sustain themselves.

With regard to her discussion of personal life, especially inner experience and the therapeutic process, she is much more explicit about the complexity of the issues she raises than she is about matters pertaining more to the public sphere. Her case presentations illustrate this idea since they serve not only as illustrations of her theoretical perspective but also are portraits of people whose lives require an awareness of both the "symbolic multiplicity of meaning" (p. 214) of psychological experience and the difficulty of maintaining a sense of rhythmicity as the therapeutic process unfolds. However, at times Benjamin's commitment to the intersubjective perspective can limit her case presentations. For I would suggest that periodically she can shape her case material in such a way that it confirms her theoretical orientation which she believes has great potential in promoting psychological transformation.

Benjamin goes so far as to indicate her support for attempts to "develop a theoretical framework in which the action of recognition" is

“the basic element or building block of relationships” (p. 2). In saying this, I believe that she is being reductive. There are simply too many factors that are important in understanding how relationships develop. Her attempt “to weave together insights held by many quite different thinkers regarding the need to know and be known by other minds” (p. 10) is impressive. However, her discussion of biological issues is limited. She is much more thorough when she discusses the work of those thinkers who focus upon the psychological and social dimension of relationships. But even here she is highly selective because she is committed to her own particular intersubjective perspective.

In addition, her exploration of the psychological realm tends to be too optimistic. At one point, she says that “compassionate and self-preservative” “self states” “exist in most people” (p. 229). For me, Benjamin tends to emphasize the compassionate side of people but does not explore sufficiently the more destructive aspects, especially as they operate unconsciously. Although she does acknowledge the “self’s own aggrandizement and even monstrosity,” (p. 19) she does not focus upon these destructive features as much as many other psychoanalytic theorists. In this context, she does not discuss fully in an explicit manner the possibility that aggression may be innate. For example, there is nothing to suggest in her book, as Freud does in *Civilization and its Discontents* (1930), that human beings may ultimately succumb to the destructive forces in themselves, which are biologically rooted and include sadism and masochism. Given the amount of cruelty and violence in the world both past and present, particularly the possibility today of a nuclear confrontation which could have immense consequences for much, if not all of the world, Benjamin’s generally optimistic stance is contestable.

Though I do not share her optimism and believe that there are other problems with her work, I highly recommend this book because of the manner in which Benjamin develops her ideas about a number of aspects of intersubjectivity. More specifically, her discussion of recognition theory, as well as her understanding of the “*analytic Third*,” provides valuable lenses through which one can view clinical phenomena. In addition, her presentation of theoretical issues is complemented by her compassion for others, which is inspiring, and one necessary antidote to the oppressive actions of those in power in many

parts of the world today. Finally, since the intersubjective perspective has become increasingly woven into a significant amount of psychoanalytic thinking, the book has additional value given the way that she often indicates the relationship between her ideas and the history of psychoanalysis.

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A WOMB OF HER OWN: WOMEN'S STRUGGLE FOR SEXUAL AND REPRODUCTIVE AUTONOMY. Edited by Ellen Toronto, JoAnn Ponder, Kristin Davisson, and Maurine Kelber Kelly. London: Routledge, 2017.242 pp.

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BOOK REVIEWS

A WOMB OF HER OWN: WOMEN'S STRUGGLE FOR SEXUAL AND REPRODUCTIVE AUTONOMY. Edited by Ellen Toronto, JoAnn Ponder, Kristin Davisson, and Maurine Kelber Kelly. London: Routledge, 2017. 242 pp.

Sad to say for women, this book is timely in our present United States political climate that is striving against social progress. The authors address the ongoing resistance in society and individuals to women's basic rights to have dominion over their own bodies and minds. This same story of female subjugation goes back at least to the ancient Greeks.¹ Women themselves alas can echo that conscious or unconscious desire, perceiving it as their best survival strategy.

These tragically abiding struggles in society and individual hostilities generated by treating "female" as a negative "otherness" will be no surprise to most psychodynamic therapists. What is perceived as "other"—in this case embodied women and I believe especially in their procreative roles—calls forth aggressive desires to master and to regulate them.² Such features of women's lives can be readily exemplified and explored in relation to social history, the law, and institutions. These topics are gathered into this wonderful contemporary volume of writings. The collection also encompasses and examines the complex psychic processes that result in many of the contemporary subjective discomforts of being female, and inhabiting the female body in a recalcitrant society.

The editors Ellen Toronto, JoAnn Ponder, Kristin Davisson, and Maurine Kelber Kelly have done an excellent job of maintaining a

¹ See, for example Laqueur on the medical "one-sex" theory: Laqueur, T. (1990). *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge: Harvard Univ. Press.

² Balsam, R. H. (2012). *Women's Bodies in Psychoanalysis*. London & New York: Routledge.

balance between offering conceptual guidelines and a structure about how to think more searchingly on the topics, while offering plenty of intimate individual details of personal struggles. People at every level in the mental health profession can benefit from this book. I also recommend the essays as good teaching texts for seminars in psychiatric residencies and psychotherapy and analytic training programs.

The book is arranged in four sections. Each is introduced by one of the four editors. Serially they address the culture of oppression as an overview; women and sexual trauma; women defining motherhood; the therapist as mother, and vice versa. The thirteen contributors—eleven of whom are psychologists and two of whom are social workers—are all female except for one male author, who brings a gay male perspective to women's reproductive rights. Most are psychoanalysts, with a few psychotherapists and academics, and all come from sophisticated cities across the United States. JoAnn Ponder, one of the editors, brings up the regretted absence of writers of color and lesbian topics. The papers are consistently knowledgeable and contain much cogent discussion. The psychoanalytic orientation is relational, or ego-oriented object relational, and consequently these authors are in sync with one another. A virtue of this professional homogeneity is that one sees a consistent liberal vision of a better hope for society's future. A reader feels that these patient dilemmas (for which society is also responsible) are in good therapeutic hands. The downside, though, is that the progress implied in the struggle may be too optimistic. One wonders about the thinking of conservative mental health workers who *oppose* abortion, for example, or the contemporary “#MeToo” movement (that calls out unwanted male sexual behaviors towards women). Therapists of different political persuasions could perhaps reflect society's struggle better. Talking together might help us to accumulate more psychodynamic data about these conflicts.

A feature of the book's writing style is that a number of the authors tell their own stories as a method of dramatizing their points. These newer interactional psychoanalytic trends are less rigid about “non-disclosure” than in past eras, knowing that our patients also read our books. In addition, self-disclosing writing is also a hallmark of modern academic feminist writing. Chapter 11, “Get a Grip,” Kristin Reale's writing on her own postpartum depression is in this vein and is extraordinarily moving and beautifully written. The pain of her fall from denial and

illusion broke my heart to read. It is a rare and uncommon gift that this writer gives to her reader. This chapter should especially be part of the education of those who have a solely neurobiological take on postpartum depression. One has to write extremely well to be able to accomplish this task, which is not only personally revealing but remains educative. It reminds us that Freud's "Interpretation of Dreams," among other things, was a brave and shared study of his own psyche.

In the following remarks about the book, for the sake of space, I regrettably need to pass on some materials that I admire. Everything in this book is interesting.

After Maurine Kelber Kelley's introduction, Ellen Toronto sets the stage as the first chapter in her ranging look at the history and mythology about women in patriarchal societies. She updates the thinking on old-fashioned gender polarization. Doris Silverman's chapter is a good choice to follow. It is a scholarly and concise overview of feminism's role in these debates, and the history of the social and feminist shifts that influentially underlie psychoanalytic theory. Richard Ruth then describes a new topic to me—the misogyny of gay men. There has been a shift from gay liberation to gay civil rights. The legal equal rights of gay marriage can clash with women's liberation, in their celebration of being empowered by being single. The case presented is of a boy with two fathers who belittled him for being too "feminine." The therapist perceived this as a projection of these men's own fear of being seen as and denigrated for being "feminine." Ruth's original point is that a therapist may not be able to take a patient further than the mores of the surrounding culture. This may be why some patients terminate prematurely. Marilyn Metzl bookends the section with rousing legal and social cultural details of this ongoing "war on women."

The second section on "women and sexual trauma," introduced by Kristin Davisson, expresses internalized and externalized appropriate angers. A chapter on "Date Rape and the Demon Lover Complex" by Susan Kavalier-Adler is clinical, highly dramatic, emotionally charged, and so fast-paced and intense that I had a hard time trying to keep up with the torrent of conceptual explication of the patient's dramatic swings, her behaviors and her inner life in relation to the therapy along a described path to "repairing the mother connection and turning female submission around." Kavalier-Adler's patient, Sherry, vividly

mourned preoedipal maternal failings—especially problematic for a woman whose father was perceived as a sadistic “demon-lover.” “Repair” to this bystander therapist would seem a monumental task. Kristin Davisson next shares well-crafted qualitative data from her interesting research on the secondary effects of one person’s witnessing and absorbing another’s sexual trauma. Women supporting women are shown to identify and empathize readily with the victim. They feel not only fear and rage on the others’ behalf, but find their own long-term sense of safety in the world negatively impacted. I believe that these findings add another dimension to the (Holocaust) trauma literature on “witnessing witnessing.”³ Katie Gentile then changes gear to consider institutions. She brings immense experience and thoughtfulness to dealings about sexual harassment and assault within societies—particularly within the university and psychoanalytic cultures. Rightly, she also differentiates them. She highlights the psychological limits of sharp legal divisions into victim or perpetrator. A more intersubjective psychoanalytic approach between doer and done-to, within the also culpable surrounding culture is offered. This intervention employs guidelines of “restorative justice” that theoretically aim to keep all parties viable within that society. In practice that “resolution” sounds like an ideal and emotionally intelligent even-handedness. Yet, I imagine with an unwieldy group, it could prove as thorny as the old common division, victim and perpetrator. Gentile fully conveys that ambiguities can abound. Working at Yale University, I appreciate Gentile’s points about the finally effective push for deserved attention that was affected by the more aggressive approach of the aggrieved women through the governmental involvement of Title IX. Nowadays—I believe in a way Gentile would approve—the SHARE Center (Sexual Harassment Assault Response and Education Center at Yale begun in 2006), is not cordoned off as a “women’s center issue” as she decries at other universities. Yale’s is a campus-wide place for help, staffed by the University, and directed by a senior female psychologist who is a faculty psychoanalyst from the Western New England Institute. The Center does campus-wide outreach, for incoming freshmen, for example, and counsels faculty and graduate student teachers,

³ Trezise T. (2013). *Witnessing Witnessing: On the Reception of Holocaust Survivor Testimony*. New York: Fordham Univ. Press.

say, on staff-student dilemmas. Gentile does not mention the misogynistic hangover of the former single-sex colleges, or the fraternity culture that leaves a similar legacy—often now unconscious, and potentially thus more hazardous. Sexually abusive issues also in our analytic training organizations can use all the help possible. Gentile's work, well situated as she is in John Jay College of Criminal Justice, is creatively helpful to all those in the trenches.

The third section on "women defining motherhood," introduced by Ellen Toronto, is particularly interesting to me. I liked very much the arresting article on "Childfree Women: Surviving the Pushback and Forming an Identity in the Internet Era" by Adi Avivi. I was helped to think more about the impact of living childfree in this society. I learned the acronym "CF" (child-free) and the term "pronatalist culture." The reported research, full of individual voices, had an explicitly self-generated motive. The author wanted to research the contemporary environment to look for like-minded women who were going against the grain. She discovered an enthusiastic response on the Internet, and she thought deeply about the lives before her. I cannot possibly do justice to the richness of the considerations, internal and external that she describes. Suffice to say that the decision not to have a child is certainly not indicative of "immaturity"! The linguistics wonderfully dramatize the difference that language makes in the construction of our emotional comprehension of others. One subject conveyed it this way. I love and stress the FREE in: ". . . childfree, for as I have learned in online forums, we are not 'less' anything in our lives" (p. 158).

The chapter on "A Perfect Birth: The Birth Rights Movement and the Idealization of Birth" by Helena Vissing is fascinating. She leads too with her interests in her own pregnancy. Growing up in Denmark in socialized medicine, there had been no chasm between obstetrics and natural childbirth, as in the USA. The ideologies therefore stand out for her. The Birth Rights Movement, begun in the 1970s, sees the quality of birthing as vital for a woman and her new baby, but approaches the event on behalf of women with religious fervor. Vissing explicates the politico-philosophical pendulum swings pro and contra feminism that affect childbirth attitudes. She argues that the lack of integration of negative aspects of birthing leads to a suspect forced idealization that ultimately reproduces "the oppressing tendencies it sets out to fight" (p. 175). She

fears that the authentic complexities of women's subjectivity thus get lost. This is a searching study of the vicissitudes of the idealization of the birthing process. A psychoanalytic author with an interest in childbirth is very rare, I note appreciatively. I do hope she keeps exploring this amazingly little touched area that I believe is quite erased from metatheory, and is vital to understanding more than we do about sex and gender.⁴

JoAnn Ponder, also working from personal motives, writes a beautiful chapter on the adoptive mother. She naturally weaves in the deep ambivalences—"under the best of circumstances, the adoption does not result in an instantaneous identity ... [but] a gradual process of coming into being" (p. 185). Using a Heideggerian idea here, whether accidentally or on purpose, sets the tone for the article, which is interested in the kind of process transformations of the psyche that interested Hans Loewald. She weaves in her own psychological narrative of she and her husband adopting a Chinese child. She speaks of the searing loss of infertility, akin to bereavement, but different because it involves a child that never was. She speaks of the formation of bonding and the cross-cultural currents; of the birth mother and the psychological parents: "... [A]dopted child and adoptive parent both can become satisfactory replacements for the lost objects" (p. 199). This is another valuable article, replete with a fine case example.

The final section on "Mother as Therapist/Therapist as Mother" has two chapters introduced by Ellen Toronto who uses her own mother's story of a stillbirth, a miscarriage, and two live births to show in her own analysis how she learned that she was a replacement child. What better learning for an analyst than this kind of powerful experience! And what greater understanding of Virginia Woolf's famous statement that we think back through our mothers, if we are women. (I need to acknowledge her too as inspiration for the title of this book from "A Room of One's Own"). Toronto also—empathically for the upcoming account of an interrupted treatment—uses her own impossible experience of her own patient who had suffered pained miscarriages being a neonatal

⁴ See Balsam, R. H. (2012). *Women's Bodies in Psychoanalysis*. London & New York: Routledge and Balsam, R. H. (in press, 2019). Reflections on the body and its confusing place in mental life. *J. Amer. Psychoanal. Assn.* 67.

nurse where Toronto gave birth successfully for the fourth time. Needless to say, that treatment floundered!

Meredith Darcy asks in her title: "Too Warm, Too Soft, Too Maternal: What is Good Enough?" It is a fitting beginning to the working out of Toronto's truism: "There is no doubt that a pregnant therapist complicates the treatment" (p. 207). This treatment interrupted after five years due to Darcy's maternity leave. Leon Hoffman now has statistics on the high frequency of occurrence of just that situation, and I have personally supervised two cases with this fate. At least in one of them, everything possible had been done well by the young analyst. Darcy describes how assaultive in manner her patient was, and how she glossed this over because of similarities to her own family. There is detail offered here about their interaction. Finally, in the therapist's pregnancy, there occurred for both parties, a loss of the idealization of all-good mothering. Prior to the Darcy's pregnancy, the middle-aged patient indulgently viewed her as "a baby," (she was so young). Later she collapsed in misery confronting Darcy as a new mother. The patient decided to leave Darcy and continue to work with the covering therapist during the maternity leave. The losses were just too great to bear. The therapist reflected that she had become constrained and pseudo-maternal, and had not been free to confront her own gathering rage at this patient. Darcy says she never saw her again, in spite of the five years of largely constructive experiences. Such is the breathtaking power of the thrall of maternal transference, enacted with a pregnancy in the room. This paper is welcome as an addition to the existent literature on "the pregnant therapist."

In conclusion, I join Ellen Toronto in saying that she feels such hope for the younger generation's interest in this still underserved topic of female reproduction and sexuality. The papers here are so compelling that I hope more male as well as female psychoanalysts can become open to hearing these materials. Toronto noted that she had never thought that a woman could have PTSD from a childbirth experience. Few have noted that fact, but that is likely to be far more common than we realize. Most of our adult woman patients have had babies in the past. Little girls (as well as boys) see these mothers and learn about their own bodies in interaction.

The emphasis in this book is a remedial one for our literature. This is a "radical" shift to an interest in the adult woman's bodily experience. Although one regrets that the crucial nature of these materials still needs to be appreciated as "radical." This book has recently been nominated for the

2018 Gradiva Award of the National Association for the Advancement of Psychoanalysis. It would surely make a most worthy winner.

ROSEMARY BALSAM (NEW HAVEN, CT)

FREEDOM TO CHOOSE: TWO SYSTEMS OF SELF-REGULATION.

By Jack Novick and Kerry Kelly Novick. Astoria, NY: International Psychoanalytic Books, 2016. 236 pp.

Freedom to Choose: Two Systems of Self-Regulation represents the culmination and distillation of fifty years of clinical work and research by two prominent child, adolescent, and adult psychoanalysts. In clear and compelling language, Jack and Kerry Kelly Novick describe their model of two systems utilized by individuals for self-regulation and conflict resolution. The closed-system is based on the hostile, magical power to control others and is static and self-perpetuating, whereas the open-system is attuned to reality, receptive to new experience, and enables competence. Their two systems model attempts to explain the tenacious persistence of a patient's self-defeating and sadomasochistic functioning while also allowing for creative solutions to conflict.

The book is divided into two sections. In the first section, the authors review developmental phases from pregnancy through old age. They identify a specific challenge for each phase and describe how that challenge may be met with either open-system or closed-system responses. In the second part of the book, the authors demonstrate how their model informs clinical decision-making and technique. They suggest that by attending to both types of responses, the analyst can better position him or herself to analyze closed-system defensive functioning while also allowing for the emergence of more open-system adaptive functioning.

At first glance, the book appears overly simplistic and schematic. The format resembles that of an introductory handbook complete with straightforward chapter headings, italicized sidebars highlighting the main points, and succinct chapter summaries. This format both enhances the accessibility of the material and belies the complexity of the Novicks' thinking. The authors developed their ideas over decades studying individuals with varying

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At first glance, the book appears overly simplistic and schematic. The format resembles that of an introductory handbook complete with straightforward chapter headings, italicized sidebars highlighting the main points, and succinct chapter summaries. This format both enhances the accessibility of the material and belies the complexity of the Novicks' thinking. The authors developed their ideas over decades studying individuals with varying

degrees of destructive and self-destructive sadomasochistic behavior. I would have liked to have seen a more extensive explication of the theoretical and research underpinnings of their model as part of this book. Fortunately, an annotated bibliography of their publications is included so the reader can easily locate additional readings on subjects of particular interest.

The authors state in the Introduction that their clinical interests evolved from their wish to understand problems in treating especially difficult children and adolescents at the Anna Freud Centre (then the Hampstead Clinic) in the 1960's. When they looked at the records of the most problematic treatments in the clinic, they discovered evidence that each one of these difficult patients harbored a beating fantasy. They studied beating fantasies in children, concluding that the fantasy can exist either as a transitional component of postoeidipal development in girls or as a fixed fantasy in males or females that organizes the individual's psychosexual life and occurs in the context of severe pathology.

The Novicks went on to study sadomasochism, which they defined as "the conscious or unconscious, active pursuit or infliction of psychic or physical pain, suffering, or humiliation in the service of adaptation, defense and instinctual gratification at all developmental levels" (p. 2). They found that sadomasochistic functioning existed to some extent in all of their patients rather than occurring as a discrete diagnostic category relevant only to some individuals.

The authors observed an intimate connection between sadomasochism and omnipotence. In their view, omnipotence is not considered to be an inevitable aspect of normal development, nor is it equivalent to oceanic feelings, grandiosity or primary narcissism. The Novicks emphasize the role of the environment and actual parent-child interactions in the development of omnipotent beliefs. Omnipotence evolves in response to traumatic events and serves to protect the developing individual from experiences of overwhelming helplessness. They write:

Omnipotent beliefs are created in response to reality failures in order to protect the person from physical or psychological trauma. We define omnipotence as a conscious or unconscious belief in magical power to transcend all the limitations of reality in order to control others, to hurt them, to force them to submit to one's own desires, ultimately probably to force one's mother to be a "good enough," competent, protective, and loving parent. [p. 8]

It is significant that the authors conceptualize omnipotence as involving not only an attempt to exert unlimited power and control over others but, specifically, to hurt others. The triad of sadomasochism, omnipotence, and pain is central to their thinking. They write:

At each point in the development of sadomasochistic functioning we discerned an underlying omnipotent belief, and in turn the sadomasochistic behavior was felt to justify the persistence of the belief. The critical link was pain – pain is the affect which triggers the defense of omnipotence, pain is the magical means by which all wishes are gratified, and pain justifies the omnipotent hostility and revenge contained in the sadomasochistic cycle. [p. 3]

This persistent focus on pain, omnipotence, and sadomasochism harkens back to their early research on beating fantasies and anchors their conceptualizations of development and psychopathology.

Reading this section of the book, I found myself considering what the authors omitted or glossed over by privileging the concepts of omnipotence and sadomasochism in their theory. Many topics of recent interest in psychoanalysis, such as fragmentation of the ego, psychotic aspects of the personality, unrepresented or unsymbolized states, and the capacity for reflective functioning, to mention only a few, are not adequately addressed. Also, I wondered what the Novicks' theory might have looked like if they had begun with research interests other than children's beating fantasies. While their proposed developmental theory describes the evolution of sadomasochistic functioning across the life cycle, it falls short as a comprehensive theory of psychopathology and development.

In the second part of the book, the Novicks look at the two-systems model as it applies to clinical technique. They divide the treatment process into distinct phases beginning with the Evaluation phase and continuing through the Termination and Post-termination phases. They provide concrete, practical advice on matters such as conducting the initial phone call, setting the frame, and assessing readiness for termination.

Treatment is viewed through the lens of the therapeutic alliance. The authors consider the alliance concept to be indispensable to their work and lament its demise in much of contemporary psychoanalytic thinking. They identify a specific therapeutic alliance task for the patient, the therapist, and the patient's parents or significant others for

each treatment phase. For example, in the Beginning Phase, the patient's task is to "be with the therapist," the therapist's task is to "feel with the patient," and the significant other's task is to "allow the patient to be with another." Resistances arising from closed-system functioning may challenge each specific therapeutic alliance's task.

Consistent with their views on psychopathology, the Novicks attend to the patient's omnipotent, sadomasochistic functioning in their treatment approach. They are sensitive to impasses stemming from the analyst's closed-system functioning. Yet, they state unequivocally that they do not view a patient's sadomasochistic responses in the treatment relationship to be largely co-created phenomena. Instead, they consider such responses to be reflective of a "generalized transference" in which the patient attempts to engage the therapist in a familiar sadomasochistic relationship.

The authors recommend that therapists work continually with the patient's open- and closed-systems functioning throughout the treatment. They describe two differing forms of clinical technique relevant to the two types of functioning: one form elucidates closed-system functioning and another form enhances open-system functioning. They summarize the utility of two differing forms of clinical interventions as follows:

Closed-system phenomena require the drive/defense, classical approach of transference and resistance analysis, with the aim of putting the patient in the active center of his pathology. But defense and transference interpretations of open-system functioning can pathologize and drive away competence.

Mirroring, empathy, reconstruction, validation, support, and developmental education, to list but a few, link open-system phenomenon with the analyst's functions beyond serving only as a transference object. These techniques applied to closed-system functioning, however, may be at best a palliative waste of time; at worst, they may serve to reinforce a passive, helpless, victimized stance on the part of the patient. [pp. 83-84]

I would have appreciated a more thorough explanation of these definitive assertions. How exactly do defense and transference interpretations pathologize and interfere with an individual's competence? And how do interventions such as reconstruction and validation enhance a patient's

open-system functioning? The Novicks present some intriguing ideas concerning technique but do not provide detailed theoretical rationales for those ideas in this publication.

The book includes a variety of interesting clinical vignettes, some quite brief and others more detailed. Although the brief vignettes illustrate the applicability of their ideas to a wide range of individuals, I found the in-depth examples to be more satisfying. One such example involves Mrs. T, whom we are introduced to in the Evaluation phase and continue to learn about through the Termination phase. Mrs. T, a married mother and businesswoman, tries to coerce her analyst into taking care of her. Patient and analyst together explore Mrs. T's current relational patterns and the origins of her belief in her capacities to control others. The description of her treatment illustrates, by example, the authors' ideas concerning psychopathology and treatment.

To conclude, the Novicks have given us an elegant model of two systems of self-regulation and conflict resolution. This model provides an in-depth understanding of the evolution of omnipotent, sadomasochistic functioning in individuals and a treatment methodology for working with these same issues. The book is readable, intellectually engaging, and practical—all at the same time. The authors' approach attends to intrapsychic dynamics and environmental influences, offering insights to clinicians of varying theoretical orientations. It should be of particular interest to newer analytically oriented practitioners who might readily apply what they have just learned to their clinical work, and it offers food for thought for more seasoned practitioners, as well.

CAROL W. COUTU (BELMONT, MA)

**FEMININE LAW: FREUD, FREE SPEECH, AND THE VOICE OF
DESIRE.** By Jill Gentile with Michael Macrone. London: Karnac,
2016. 290 pp.

This is a book which I found myself rooting for, and which fulfilled some of my wishes, very much disappointed others, and delighted me in

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Richard Reichbart

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This is a book which I found myself rooting for, and which fulfilled some of my wishes, very much disappointed others, and delighted me in

unexpected ways. It is an ambitious work, in fact a tour de force, in the way that it draws seamlessly on many different sources, and in its attempt to bridge the gap between "free association" in psychoanalytic practice and "freedom of speech" in our democratic political and legal ethos. In the writing of it, Gentile apparently surprised herself by discovering the concept and importance of exploring what she refers to as "feminine law," denied and neglected by the masculine way we think legally. And so there are three concepts melded together here: "free association," "freedom of speech," and "feminine law."

I was rooting for this work for two reasons. There has been a tendency to deny the importance of "free association" in clinical practice or actually oppose both it and the employment of any version of the fundamental rule, most strikingly by Ogden who contends the patient's privacy should not be infringed upon by a statement of any kind resembling the fundamental rule. While Gentile only glancingly acknowledges this controversy when she speaks of relational psychoanalysis (Ogden in fact is cited approvingly in places), she establishes in no uncertain terms throughout the book the importance of "free association" in clinical practice. This is very welcome. I was also rooting for the work, because Gentile's attempt to show that "free association" and "freedom of speech" are interconnected is important. In fact, as we know only too well, our profession cannot successfully exist in an authoritarian society which limits "freedom of speech," a fact which appears particularly cogent in these fraught political times in the United States. Happily, Gentile makes this case, but then at times she goes too far by attempting to tether both concepts together in abstract ways that to my mind simply do not work, and thus the disappointment.

For example, Gentile cogently argues that both "free speech" in our democracy and "free association" in psychoanalysis attempt to create for the citizen and for the patient a safe space where he or she can talk freely. To do so, she contends, these two principles necessarily admit of carefully circumscribed limits in practice. Legal interpretations through case law limit "free speech" when it directly threatens others as in the classical case of a person yelling "Fire!" in a crowded theater or more recently expressing "hate speech." There are boundaries. Similarly, extrapolating from an interesting case of her own, where the patient's increasing tendency to speak freely eventually led to the patient having frequent "startle" reactions that

discomfited the therapist and appeared to represent an assault on her (resulting in the interesting intervention by Gentile that she would end the session early if such aggression continued) Gentile contends that the “free association” frame we establish in psychoanalytic practice has built-in boundaries. In this respect, the limits on “free speech” in democratic society and the limits on “free association” in analytic practice are an intrinsic part of creating a safe space.

When Gentile argues in this way, she makes you think. But when she goes to the details of constitutional cases, as compelling as her progressive sense and legal knowledge may be, one feels that she is artificially grafting legal particulars onto her argument, like encrustations, that have no essential meaning. For example, the Supreme Court’s majority opinion in *Citizen’s United* may incense many readers, but however unfortunate it may be, it has little to do with Gentile’s general contentions. There are numerous similar examples where she stretches her argument unnecessarily.

Gentile is at her most fascinating in her discussion of issues of feminine metaphor. She presents a definitive exegesis of how space, related to the sense of the female genital, is metaphorically so important, rather than the concept of “lack” that attached to femininity and pervaded so much of phallogentric psychoanalysis. In two chapters entitled “Metaphors of Space” and “Phallic Fantasy and Vaginal Primacy” she draws on the writings of Balsam, Bassin, Bernstein, Bion, Bromberg, Elise, Pichon-Riviere, and Winnicott (to mention just a few) in order to make a convincing argument that recognition of the vagina and a feeling of space—space to play and expand and feel content—are co-equal internally for both men and women. Equally, she contends that phallogentric law eschews even naming the vagina much less incorporating principles that address femaleness. I would recommend this aspect of her book to any psychoanalyst.

She completes this exegesis with a few compelling clinical examples: a child who sprawls on the floor in front of Gentile and sketches and erases shapes that resemble mountains, convex and concave shapes at one corner of his sketch pad, until eventually he is able to draw a triangle that is both curvy and breast shaped, and then finally a rocket that can enter “far into space”; an adult patient who has a sense of “faux phallic control,” “shooting blanks,” as he tries to assert control over the analyst, until eventually there emerges a sense of mutuality where there is real space and real phallic power; a woman who begins to recognize that her vagina exists (the first

time she has spoken the word in analysis) and who now feels that she has emerged from a “fog” that obscured not only her vagina, but aspects of herself and her bodily experience, so that now she longs to be penetrated.

Gentile’s tour de force tends to pronounce things from on high, as she slides seamlessly from one source to another. She is masterly (or should one say mistressly, simple words being so fraught with gender) in this regard, and one can learn an immense amount from her. But her very strength, this very surface that she creates, provides little foothold, and as a result one tends to forget what she has said. What I yearned for throughout this work was a clinical accompaniment, a feeling of struggle and ambivalence, a recounting of transference and countertransference, an attempt at interpretation or construction, that comes from the fuller presentation of clinical cases—and which could have incorporated the concepts she discusses. Nonetheless, this powerful and dynamic work hopefully will educate us and be a fecund source to inspire us to continue to explore the ground she has cultivated here.

RICHARD REICHBART (RIDGEWOOD, NJ)

DIVORCE: EMOTIONAL IMPACT AND THERAPEUTIC

INTERVENTIONS. Edited by Salman Akhtar. Lanham, MD:
Rowman and Littlefield, 2017. 140 pp.

It is notable that the psychoanalytic literature has relatively few articles and books on the topic of divorce, given how common it is within society and within our consultation and play rooms, and how profound the emotional impact is on those affected. A recent Pep-Web search for specific divorce-related articles reveals a total of 55 publications, including a few books and a relative paucity of journal articles that can be divided into traumatic affects in adult patients going through divorce, occasional child analytic case reports, autobiographical accounts of divorce and, even rarer, scientific studies. Thus, *Divorce: Emotional Impact and Therapeutic Interventions* is a welcome addition to this body of literature and is the latest contribution to the Margaret S. Mahler series of books

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Susan L. Donner

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based on the annual Philadelphia symposium in her honor and is again edited by Salman Akhtar.

This slim but rich volume shares the six presentations from that day-long conference in 2016 as well as an introductory chapter by Akhtar with Shawn Blue and a concluding chapter by Suzanne Benser. The contributions of the eight psychoanalytically-informed authors, spanning the fields of individual adult and child therapy and analysis, couples' and family therapy, and forensic psychological and legal work, highlight various points of information and intervention in the life cycle of a marriage and family system. The overall tone of directness and pragmatism along with vivid clinical vignettes bring alive the conflicts, affects, anxieties, cruelties, and challenges and expand the possibilities of thoughtful and effective interventions. A wide spectrum of legal and mental health practitioners, from students to seasoned professionals, will benefit from the psychoanalytic perspectives and wisdom that shed light and help to orient readers in the face of these complex, affectively intense, and disorganizing experiences.

Framing divorce within the psychoanalytic perspective, Suzanne Benser writes that divorce is "about the loss of Eden rediscovered: the rupture of the adult relationship that is intended to banish isolation forevermore through lifelong union and intimacy" (p. 103). The rupture and ultimate loss of the marital holding environment creates a breach that allows for previously contained or mitigated primitive and/or traumatic affects, fantasies and actions to emerge, often with a collapse of reflective functioning in these individuals and the larger family systems under stress. Furthermore, the potential for further polarization of conditions and structures, including the legal and psychotherapeutic supports, can further worsen clinical outcomes.

Akhtar begins the volume by reviewing the "Emotional Impact of Divorce" and organizes the epidemiologic and psychoanalytic data about divorce and also highlights topics that need more research, for instance, antecedents to marital discord. He presents Kaslow's and Wallerstein's differing concepts of how to organize the stages of marital breakdown and stresses a major theme found throughout the book, that the major task of the "aftermath of divorce involves mourning." He also identifies three "special" cases of divorce often ignored and worthy of greater consideration: same sex couples,

immigrants, and mental health practitioners. Importantly, he introduces the subject, later addressed in more detail by other contributors, of the import for differentiating between the perspectives and clinical sequelae of the affected adults and children. He refers to Leonoff's concept of "Two Homes, One System" as adding to "the children's sense of identity and definition and help[ing] them navigate their new environments" (p. 15).

In that vein, Martin Silverman passionately argues in his chapter "Divorce is Not Good for Children and Other Living Things," for greater attention to be paid to the emotional states of the children and the irrevocable impact on their development, "even if not every divorce results in terrible consequences for the children" (p. 45). He cites Linda Gunsberg's observations from a 2016 APSaA presentation about the damaging clinical effects of separations in very young children, often designed for the fairness to both parents (pp. 35-36). He further demonstrates quite convincingly in the powerful vignettes that children are often used as the depositories of guilt and projections, especially with overwhelmed parents and stepparents in high-conflict cases. It is crucial that adult therapists and analysts be alert to the complexity of the situations, including idealizations and devaluations, multidirectional projections and regressions that that may be split off and not necessarily be brought into clear focus an adult treatment. He strongly recommends that both *What About the Kids? Raising Children Before, During and After the Divorce* by Wallerstein and Blakeslee¹ and *The Rights of Children in Separation and Divorce: The Essential Handbook for Parents* by Prall² be suggested to the adults and professionals involved in divorce.

Corinne Masur begins her chapter by summarizing Silverman's eight most important points and then elucidates her own: that hostile and destructive aggression between parents is toxic to children and distorts the development of "healthy" aggression from a Winnicottian perspective. "Failure of the marital relationship to absorb the powerful libidinal energies in either parent leaves the child vulnerable to having

¹ Wallerstein, J. and Blakeslee, S., (2003). *What About the Kids: Raising Your Children Before, During and After Divorce*. New York, NY: Hyperion.

² Prall, R. C., (2000). *The Rights of Children in Separation and Divorce*. Kansas City, MO: Landmark.

these energies inappropriately directed towards him or her" (p. 50). She examines the child's difficulties managing overwhelming affects, loyalty conflicts, and complex and conflictual identifications that impact emotional and other developmental domains in real time. In contrast, she presents the Icelandic approach to civilized adult relationships post-divorce, without the hostile destructiveness, which allows for cooperative co-parenting. This fresh perspective is initially startling in its initially "foreign" approach but may offer practical alternatives to embedded cultural uneasiness with separation and divorce.

Joshua Ehrlich, a forensic psychologist and adult analyst, demonstrates that the need for the legal system to come to a "fair" conclusion may oversimplify and compromise particular parties' needs, often specifically those of the children. He uses an example of custody schedules, which typically are designed for the practical convenience of the adults as opposed to the needs of developing children.

Additionally, in his chapter, Ehrlich examines "Countertransference Challenges in Working with Divorcing Adults." He focuses on the pitfalls and dynamics that mental health practitioners can succumb to given the difficult unconscious demands and identifications in these cases and family systems. His 2014 book, *Divorce and Loss*, cited frequently in the Akhtar chapter, expands further on helping families with mourning the many losses in divorce.³ Stephen Anderer, from the perspective of a psychologist and attorney, contributes a similar and most valuable chapter to assist those in the legal system: mediators, attorneys, and judges. Both forensic experts dispense sage advice about the emotional forces that can act on the disputing parties as well as the professionals and compromise the process of dissolution as well as the clinical outcomes.

The final clinical chapters by Elizabeth Thomas and Kathleen Ross address elements of psychoanalytically informed work with individual and couples in marital distress and conflict. Circling back to Akhtar's wish to examine more closely the antecedents of marital discord and divorce, these contributors, with their individual style and theoretical influences, both describe how to create a therapeutic space that allows for growth and development of the individuals and their relationship, whatever form that eventually takes. Ross, from a

³ Ehrlich, J. (2014). *Divorce and Loss*. Lanham, MD: Rowman and Littlefield.

relational perspective, refers to the goal of generating conditions that can lead to the development of a “mature” and “creative couple,” much like an analytic dyad with a new capacity for hope, possible repair of the container, and the potential of a new element of “synergizing potential” between the partners (pp. 97-98). Reading the beautifully written analytic process of couples’ therapies is engaging and stimulating and may inspire readers to expand their clinical repertoire. Both Thomas and Ross address “The Edge” in their titles and this connection takes psychoanalysis to an edge of further exploration that can help couples create space and possibilities within their relationship, with or without divorce. The leading edge encouraging healthy development can only assist our field in embracing the different configurations psychoanalytic interventions can take.

Akhtar and the other contributors have created a kind of holding environment for the reader that organizes disparate components but allows for the expression of each contributor’s voice, experience and perspective. The frequent references to each other’s contributions, along with the introductory and concluding chapters, weave these components into a whole which models mutual respect and cooperation for professionals involved in these complex family situations. Helping a family system to shift into more open and flexible organism might allow for an experience for the adults and children to develop new “emotional muscle,” to quote Jack and Kerry Kelly Novick’s phrase, in order to cope with the feelings of separation, loss, and grief through mourning of the marriage and the former familial structure.⁴

In addressing the limited psychoanalytic references to divorce, Akhtar suggests that the field has had a tendency to distance itself from the complexities of marriage and divorce, being “averse to hybrid concepts that cross over from the intrapsychic to the interpsychic” (p. 1). Perhaps the destruction of the marital bond opens up the frame encircling the family that can make psychoanalysts uncomfortable and disturb the relatively safe position of analytic neutrality.⁵ Perhaps the

⁴ Novick, J. and Novick, K. K. (2010). *Emotional Muscle: Strong Parents, Strong Children*. Bloomington, IN: Xlibris.

⁵ Hoffer, A. (1985). Toward a definition of psychoanalytic neutrality. *J. Amer. Psychoanal. Assn.*, 33:771-795.

psychoanalytic distancing from the divorcing couple and the family is related to the helplessness of the witness in the face of the intense and even destructive affects released and the unavoidable impact on all the family members, especially the developing children, no matter how “friendly” or “benign” the split is. Perhaps the relative avoidance is due to what Ehrlich’s emphasizes as the importance of mourning and the powerful defenses against loss that wield so much power not just in these families but in the psyches of the professionals as well (pp. 56-57). With that in mind, the chapters in this volume should be integrated into the curricula of mental health and legal practitioners, including those of psychoanalytic institutes. If there is to be an understanding and impact on the antecedents of divorce, it is critical that there be an expansion of research, education, and interventions rather than a detachment from the messiness of divorce.

SUSAN L. DONNER (WOODLAND HILLS, CA)

**THE MINDBRAIN AND DREAMS: AN EXPLORATION OF
DREAMING, THINKING, AND ARTISTIC CREATION.** By Mark
Blechner. London & New York: Routledge, 2018. 340 pp.

In his very introduction, the psychologist Mark Blechner sets forth his challenge to the traditional distinction between the class of “the brain” and the function of “the mind,” and of “linguistic” from “non-linguistic” thought. His task, pursued in some 19 chapters, is to apply his clinical experiences, as he has for some decades, to the enrichment of Freud’s conceptions of the dream through the application of his own concept of “the mindbrain” as a functional unity.

Early chapters are devoted to the elaboration of such theoretical concepts as condensation and transformation as they appear in dream imagery. Of particular note is the extensive Chapter 5, dedicated to the phenomenon of Metaphor, which he defines as “one way the mindbrain connects and transforms different ideas, casting one into the shape of the other” (p.

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Age Group	Number of People
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25-34	50
35-44	40
45-54	70

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45). "Dreams," he says "pictorialize metaphors" (p. 59). A section on "Nonlinguistic metaphor" covers "music, visual arts and advertising" (p. 67) and is enriched with illustrations (especially the work of Magritte). "In dreams," he concludes, "we see the mindbrain representing its activities more in pictures and emotions than in words" (p. 92). Further, Blechner develops extensively the role of "Symbols" in Chapter 9 (pp. 120-133), elaborating at length Freud's views on the subject.

In the second half of the text, the author devotes his attention to clinical practice, delineating "New ways of conceptualizing and working with dreams" (p. 185). Questioning Freud's view that dreams are characteristically disguised and censored, he maintains that they are mental events that occur regularly throughout the night. "There may," he contends, "be more than one process in the instigation and construction of dreams" (p. 185). He takes explicit contest with the view of the Kris Study Group in its conviction that "you cannot get anything from the dream that cannot be gotten from free association" (p. 193). He concludes with the suggestion that "the truth may be that most of our thinking occurs in images and affects, and these affective/imagistic units are converted into conscious thought" (p. 301).

The Mindbrain and Dreams is altogether a thoughtful, well-developed, if at times extensive, book that addresses at length and in at times provocative language the complexities that persist in the psychoanalytic study and practice of "dream analysis." Blechner has devoted a career to this field, and the reader—be he more or less attached to Freud's "Interpretation"—will profit from his theoretic and clinical exploration.

AARON H. ESMAN (NEW YORK, NY)

MOURNING FREUD. By Madelon Sprengnether. New York: Bloomsbury, 2018. 288 pp.

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45). "Dreams," he says "pictorialize metaphors" (p. 59). A section on "Nonlinguistic metaphor" covers "music, visual arts and advertising" (p. 67) and is enriched with illustrations (especially the work of Magritte). "In dreams," he concludes, "we see the mindbrain representing its activities more in pictures and emotions than in words" (p. 92). Further, Blechner develops extensively the role of "Symbols" in Chapter 9 (pp. 120-133), elaborating at length Freud's views on the subject.

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interview, Sprengnether clarified that she intends the title of her latest book to have a double meaning, alluding to our loss of Freud and how we have coped with it; as well as to Freud's struggles with mourning—a major theme of her book. For example, she examines Freud's complex reaction to his father's death, including its impact on his seduction hypothesis. She might have mentioned that when a parent has been abusive, those memories often become derepressed only upon the death of that parent. Of her seven chapters, only the last one is published here for the first time. Some of the others developed over many years and were revised for this book.

One of the book's central claims is that "The subject that Freud most clearly failed to confront in his life and his work, I maintain, is mourning" (p. 1). No, Sprengnether does not ignore "Mourning and Melancholia." Her focus, though, "is on the inhibited or failed aspects of Freud's mourning and his consequent 'inability' to acknowledge the full impact of loss" (p. 92, n. 26). The author continues to explore the thesis of her earlier book (*The Spectral Freud: Freud, Feminism, and Psychoanalysis*)—namely, that Freud could not theorize the preoedipal period because he failed to come to terms with his own history of early loss. And she asserts, "Yet psychoanalysis as a discipline rests ... on the Oedipus complex" (p. 7).

However, Freud reminded us that theory merely serves as a "scaffolding" to assist in our understanding of the mind. He was so creative partly because he had an unusual tolerance for complexity. He said he tended to think in dualities, which allowed him to play with the dialectic between apparently conflicting ideas. So with his tolerance of the apparent dichotomy between traumatic versus intrapsychic etiologies of neurosis; and with his tolerance of the confluence of oedipal and preoedipal sources of pathogenesis. As Harold Blum observes, "he [Freud] incorporated, over the years, the reconstruction of preoedipal reactions and influence, so evident in character, into psychoanalytic theory and technique. Preoedipal determinants and imprints were discerned in psychic structure and oedipal conflict, in the form and content of the infantile neurosis"¹ (1977, p. 759). Blum's article deals with the impact

¹ Blum, H. (1977). The prototype of preoedipal reconstruction. *J. Amer. Psychoanal. Assn.* 25:757-785.

on Freud of the death of his younger brother Julius; it is surprising that Sprengnether fails to mention it.

Sprengnether gives an incomplete description of the Oedipus complex, omitting its negative component, which Freud said is always present. In turn, this omission (which, sadly, is widespread in our field) may limit her view of the impact on Freud of the death of his father. (She does refer to the child's "love for the parent of the same sex" [p. 215] but, as Sprengnether might say, she does not "theorize" it.) Sprengnether cites Freud's childhood suspicion that Philipp fathered one of Freud's younger siblings. (Did Freud even wonder if Philipp was his own father?) This is naturally relevant to his conflicted mourning for his "father." Sprengnether quotes Freud's statement to Fliess, "I had treasured him [his father] highly" (p. 38). Freud's oedipal theory states that the boy's father is in fact the most important man in his life; he loves his father deeply, and resents having to share him with his mother. This is the boy's negative Oedipus complex, and it always accompanies the better-known positive Oedipus complex. Freud described it in 1923, "Closer study usually discloses the more complete Oedipus complex, which is twofold, positive and negative, and is due to the bisexuality originally present in children."² Further, she cites Freud's earlier term, "the nuclear complex of the neuroses" (p. 65). Since she complains repeatedly about the narrowness of the Oedipus complex, she might have noted that Freud included conflicts with siblings in his earlier definition—"It is the complex which comprises the child's earliest impulses, alike tender and hostile, toward its parents and brothers and sisters."³ The pivotal impact of the death of Freud's younger brother Julius doubtless sensitized him to the role of siblings in core neurotic conflicts.

The author cites Freud's description of his childhood nursemaid as his "prime originator" [of his neurosis] and his "teacher in sexual matters."⁴ It is ironic that, as Freud exonerates his father of his past suspicion of sexual abuse, Freud does not openly consider the possibility

² Freud, S. (1923). The Ego and the Id, *S.E.* XIX, p. 33.

³ Freud, S. (1909). Notes upon a Case of Obsessional Neurosis, *S.E.* X: p. 206, n. 1.

⁴ Freud, S. Letter to Fliess, October 3, 1897. Jeffrey M. Masson, ed. and trans., *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904* (New York: Belknap Books, 1986). Freud does not tell this story elsewhere.

that the person who sexually abused him in childhood might have been his nursemaid, not his father. Pedophiles often rationalize their sexual abuse of children with the self-serving lie that children enjoy the sexual attention. It is indeed troubling that Freud turned away from his discoveries about the pathogenic role of childhood sexual abuse in adult psychopathology, and instead maintained that children feel sexually attracted to their parents.

Sprenghether astutely notes some discrepancies between Freud's formulation of the Oedipus complex, and some of the prominent conflicts he was dealing with in his personal life at the time he constructed it:

Freud was exploring not his childhood rivalry with his father and desire for his mother, but rather his feelings of being displaced or betrayed in an evolving family dynamic that included a dismissed nanny and a mother whose attention was given elsewhere, if not to the distraction of an affair (with Freud's brother Phillipp), at least to the very real demands of pregnancy and confinement. [p. 79]

She believes that feminist theory continues to be "obstructed" by its failure to challenge the theory of the Oedipus complex more vigorously (p. 82).

The author devotes several pages to Freud's thoughts about *Hamlet*. However, she omits Freud's crucial disclaimer that "I no longer believe William Shakespeare the actor from Stratford was the author of the works which have so long been attributed to him."⁵ Freud retracted his earlier theory that the recent loss of Shakespeare's father influenced the composition of *Hamlet*.

Sprenghether offers fresh insights into Freud's adolescent and early adult development through her perceptive readings of his correspondence with his friend Eduard Silberstein, and with his fiancée Martha Bernays, respectively. One is struck by the intensity of his affection for Silberstein, with whom he corresponded from 15 to 25 years old. Freud once wrote to Silberstein, "I believe we have come so far that the one loves the very person of the other and not, as before, merely his good

⁵ Freud, S. (1927). *An Autobiographical Study*, S.E. XX, p. 63, fn. 1.

qualities" (p. 41). The author plausibly speculates that "Freud's involvement with Martha served in part to fill the gap left by Silberstein ..." (p. 40).

Sprengnether is persuasive about Freud's failure to acknowledge his anger at his mother—e.g., over the births of his seven younger siblings (p. 54). It may have partly been because his mother was still living for most of Freud's adult life that he censored what he wrote about such feelings, not wanting to injure her. When she died nine years before Freud, he wrote to Ernest Jones that her death offered him an "increase in personal freedom."⁶ With respect to her feminist views, Sprengnether cites J. J. Bachoven's 1861 theory of an early matriarchical family organization. She might have mentioned Robert S. McElavaine's *Eve's Seed*, that argues persuasively for a prehistoric matriarchical structure of human society, until women invented agriculture and pushed male envy beyond its tipping point.⁷

The author repeatedly criticizes Freud for limiting his self-disclosures. For example, "One senses that Freud deliberately chose not to pursue lines of association [to his Irma dream] that might have led to personal embarrassment. . ." (p. 115, n. 3). However, we need to remind ourselves of Freud's acknowledgement of his reticence:

But if I was to report my own dreams, it inevitably followed that I should have to reveal to the public gaze more of the intimacies of my mental life than I liked, or than is normally necessary for any writer who is a man of science and not a poet. . . Naturally, however, I have been unable to resist the temptation of taking the edge off some of my indiscretions by omissions and substitutions. But whenever this has happened, the value of my instances has been very definitely diminished. I can only express a hope that readers of this book will put themselves in my difficult situation and treat me with indulgence ...⁸

⁶ Quoted in Jones, E., *The Life and Work of Sigmund Freud*. New York: Basic Books, 1957. Vol 3, p. 162.

⁷ McElavaine, R. (2001). *Eve's Seed*. New York: McGraw-Hill.

⁸ Freud, S. (1900). Preface to First Edition of *The Interpretation of Dreams*, pp. xxiii-xxiv.

Sprengnether believes that Freud's Irma dream uncannily predicted his later oral cancer (p. 114). She cites Thomas Hersh's conjecture that Freud's dream reflected an underlying physical condition. Freud himself quoted Aristotle's observation that the earliest symptom of a physical illness may in fact be a dream.

Sprengnether summarizes the ample evidence that Freud may have thwarted his daughter Anna's independence to gratify his own needs. Surprisingly, she does not mention that Freud's noted article "A Child is Being Beaten" contains a disguised account of Anna's own beating fantasies about her father.⁹ Sprengnether frequently contrasts the views of other analysts (e.g., Abraham, Jung, Klein, Lacan) with those of Freud. This is eminently fair. Yet it is mostly with Freud that she uses aspects of his biography to weaken some of his theoretical claims. This creates something of an uneven playing field.

For me, Chapter Six, "Literature and Psychoanalysis" was especially fascinating and illuminating. Sprengnether has expertise in both fields, so she is well qualified to discuss their relationship. She begins provocatively, with an epigraph from Roland Barthes' notorious announcement of the "death of the author." Nothing could be further from a psychoanalytic engagement with literature. Sprengnether avoids oversimplification as she explores this topic. Like lemmings, later literary theorists have sometimes followed Barthes in downplaying the relationship between a literary work and its author. Sprengnether wisely pushes back against this distorted view, quoting David Lehman's comment, "wouldn't it make more sense to suppose that the life and thought of a philosopher, a writer, or a literary theorist must interact in numerous and complex ways?" (p. 20).

She notes that both psychoanalysis and literary studies are multifarious in their complexity. Further, she suggests that we can most productively read Freud just as we read literature—open to multiple interpretations, which may expand and deepen over time. Sprengnether is a close reader of Freud. At moments, though, I felt she was attributing to others insights that began with Freud. For example, she credits Bion and Ogden with positing unconscious communication between patient and analyst, when it was Freud who famously advised that the analyst

⁹ Person, Ethel (ed.) (1997). *On Freud's "A Child is Being Beaten."* New Haven: Yale Univ. Press.

“must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient.”¹⁰

In her survey of current literary theory, she gives a fascinating account of “trauma theory,” which applies to literature psychoanalytic studies of childhood trauma, of combat trauma, and of the Holocaust. It has produced writers such as W.G. Sebald, who defies literary convention as he struggles to come to terms with the Holocaust. She faults Freud for the omissions of his theories, but she might instead regard these omissions as an inevitable result of his own traumas. Some of us treat patients with dissociative identity disorder, which richly illustrates her points about trauma.¹¹ I would argue, however, that Sprengnether is misleading when she states that “A consensus has emerged among psychoanalysts and neuroscientists regarding a specific aspect of trauma: its inaccessibility to verbal processing and (hence) narrative construction” (p. 176). The actual picture is far more complex. The healing integration of traumatic memories often includes emotionally activated verbal processing of the trauma. While the acute release of stress hormones may indeed interfere with explicit memory, that release may simultaneously reinforce implicit memory. As a result, expressive therapies (art therapy, movement therapy, etc.) often play a valuable role in treating trauma survivors. Yet many analysts have worked successfully with victims of severe trauma, while paying special attention to traumatic defenses such as dissociation. Patients with dissociative identity disorder regularly have dissociated parts of their mind that contain traumatic memories, kept separate from the rest of the patient’s consciousness. If the analyst is trained in working with such patients, we regularly have the experience of dissociated self states telling us about traumatic details that are unknown to the rest of the patient’s mind.

The vital role of implicit memory in the impact of and recovery from trauma has an intriguing connection with creative literature. Literature uses imagery as a crucial ingredient. Imagery helps appeal to emotionally important but less verbal aspects of the reader’s mind. As I have written elsewhere:

¹⁰ Freud, S. (1912). Recommendations to Physicians Practicing Psycho-analysis. *S.E.* XII, p. 115.

¹¹ See the 2018 novel *Freshwater*, by Akwaeke Emezi, for a semi-autobiographical account of what many of us would label dissociative identity disorder.

I suggest that an essential aspect of our appreciation of art is the artist's ability to stimulate our responsiveness at several levels in our psychology—cognitive and affective, as well as conscious and unconscious—and to form new syntheses of previously unintegrated aspects of our implicit and explicit memory systems.... The writer uses literary techniques that activate emotional elements of the reader's implicit memory, in ways that may often bypass our conscious awareness.¹²

Sprengnether touches on this perspective when she comments that Freud's exceptional skills as a writer allow readers to engage in a sometimes-unconscious "conversation" with him (p. 180).

Sprengnether is neither a Freud worshipper nor a Freud basher. Instead, she approaches Freud as the highly respected scholar that she is. She delves deeply into Freud's correspondence, which is not always as well known to clinical analysts. With the objectivity we expect from such a fine intellectual, she leads us to an admirably balanced view of Freud in all his complexity. Her capacity to tolerate complexity helps lead her readers away from the pitfalls of oversimplification and false dichotomies. I strongly recommend her book to all who wish to understand Freud better.

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¹² Waugaman, Richard M. (2003). "Unconscious Communication and Literature." *Psychiatry*, 66:214-221.