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ONTOLOGICAL PSYCHOANALYSIS OR "WHAT DO YOU WANT TO BE WHEN YOU GROW UP?"

BY THOMAS H. OGDEN

The author discusses differences between what he calls epistemological psychoanalysis (having to do with knowing and understanding), for which Freud and Klein are principal authors, and ontological psychoanalysis (having to do with being and becoming), for which Winnicott and Bion are principal architects. Winnicott shifts the focus of psychoanalysis from the symbolic meaning of play to the experience of playing, and Bion shifts the focus from the symbolic meaning of dreams to the experience of dreaming in all of its forms. Epistemological psychoanalysis principally involves the work of arriving at understandings of unconscious meaning; by contrast, the goal of ontological psychoanalysis is that of allowing the patient the experience of creatively discovering meaning for himself, and in that state of being, becoming more fully alive.

Keywords: Ontological, epistemological, understanding, experiencing, being, becoming.

A friend who was stationed in London as a U.S. Army psychiatrist during the Second World War regularly attended Winnicott's rounds on the Adolescent Unit of the Paddington Green Hospital. He told me that Winnicott asked this question of every adolescent he saw and placed great weight on their response to the question: "What do you want to be

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when you grow up?" (Ira Carson 1983, personal communication). This question is perhaps the most important question any of us asks ourselves from very early in life until the moment just before we die. Who would we like to become? What kind of person do we want to be? In what ways are we not ourselves? What is it that prevents us from being more the person we would like to be? How do we become more of the person we feel we have the potential to be and the responsibility to be? These are the questions that bring most patients to therapy or analysis, though they are rarely aware that this is the case, being more focused on finding symptomatic relief. At times, the goal of treatment is to bring a patient from a state of not being able to form such questions to a state in which he is.

Having begun by focusing on the second half of the title of this paper, I will now turn to the first half—"Ontological psychoanalysis"—while trying all the while to hold in mind the question, "What do you want to be when you grow up?"

I. EPISTEMOLOGICAL AND ONTOLOGICAL PSYCHOANALYSIS

A radical change has occurred, rather unobtrusively, in the theory and practice of psychoanalysis in the course of the past 70 years, a change for which, until recently, I have not had a name. That transformation involves a shift in emphasis from *epistemological* (pertaining to knowing and understanding) psychoanalysis to *ontological* (pertaining to being and becoming) psychoanalysis. I view Freud and Klein as the founders of a form of psychoanalysis that is epistemological in nature, and I consider Winnicott and Bion as the principal contributors to the development of ontological psychoanalysis.[1] Finding words to describe this movement in psychoanalysis holds a good deal of personal significance

[1] Though it is beyond the scope of this paper to review the work of the many analytic thinkers who have contributed to the development of the ontological aspect of psychoanalysis, I will refer the reader to the work of a few of those authors: Balint (1992), Berman (2001), Civitarese (2010, 2016), Eshel (2004), Ferro (2011), Gabbard (2009), Greenberg (2016), Grinberg (1980), Grotstein (2000), Laing (1960), Levine (2016), Milner (1950), Searles (1986), Semrad and Day (1966), Stern et al. (1998), Sullivan (1962), Will (1968), and Williams (2019).

for me. This paper is, in a sense, an account of the movement in my own thinking from a focus on unconscious internal object relationships to a focus on the struggle in which each of us is engaged to more fully come into being as a person whose experience feels real and alive to himself or herself.

It is important for the reader to bear in mind throughout this paper that *there is no such thing as ontological psychoanalysis or epistemological psychoanalysis in pure form.* They coexist in mutually enriching relationship with one another. They are ways of thinking and being—sensibilities, not "schools" of analytic thought or sets of analytic principles or analytic techniques. So there is much in the work of Freud and Klein that is ontological in nature, and much in the work of Winnicott and Bion that is epistemological.

Epistemological psychoanalysis, as I am using the term, refers to a process of gaining knowledge and arriving at understandings of the patient, particularly understandings of the patient's unconscious inner world and its relation to the external world. These understandings serve to organize one's experience in a way that is of value in addressing one's emotional problems and achieving psychic change. The analyst's interpretations are meant to convey understandings of the patient's unconscious fantasies, wishes, fears, impulses, conflicts, aspirations, and so on. As Laplanche and Pontalis (1973) put it, "Interpretation is at the heart of the Freudian doctrine and technique. Psychoanalysis itself might be defined in terms of it, as the bringing out of the latent meaning" (p. 227). They continue, "Interpretation reveals the modes of the defensive conflict and its ultimate aim is to identify the wish that is expressed by every product of the unconscious" (p. 227).

From a similar perspective, Klein (1955) describes her work with a child in analysis:

> … the child expressed his phantasies and anxiety mainly in play, and I consistently interpreted its meaning to him … I was also guided throughout by two other tenets of psychoanalysis established by Freud, which I have from the beginning regarded as fundamental: that the exploration of the unconscious is the main task of psycho-analytic procedure and that the analysis of the transference is the means of achieving this aim. [p. 123]

The most important clinical intervention, from an epistemological vantage point, is the interpretation of the transference: the analyst conveys in words to the patient his or her understanding of the ways in which the patient is experiencing the analyst as if he or she were a real or imagined figure from the patient's infancy or childhood. "In the transference, infantile prototypes re-emerge and are experienced with a strong sensation of immediacy" (Laplanche and Pontalis 1973, p. 445). Experiencing the present as if it were the past blocks psychic change: it constitutes a closed loop that repeats itself endlessly, allowing little or no room for new possibilities to develop.

By contrast, I am using the term *ontological psychoanalysis* to refer to a dimension of psychoanalysis in which the analyst's primary focus is on facilitating the patient's efforts to become more fully himself. Winnicott (1971a) concisely describes the difference in perspective between ontological and epistemological psychoanalysis:

> I suggest that in her writings Klein (1932), in so far as she was concerned with play, was concerned almost entirely with the use of play [as a form of symbolization of the child's inner world] … This is not a criticism of Melanie Klein or of others who have described the use of the child's play in the psychoanalysis of children. It is simply a comment on the possibility that … the psychoanalyst has been too busy using play content to look at the playing child, and to write about playing as a thing in itself. It is obvious that I am making a significant distinction between the meanings of the noun 'play' and the verbal noun 'playing.' [pp. 39-40]

Winnicott is making a distinction here between the *symbolic meaning* of "play" and the *state of being* involved in "playing." Arriving at understandings of the symbolic meaning of play is the domain of epistemological psychoanalysis; working in and with the state of being involved in playing is the domain of ontological psychoanalysis.

From an ontological perspective:

> *Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. The corollary to this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.* [Winnicott 1971a, p. 38, italics in the original]

The analyst's role, as described in this passage (and in Winnicott's work as a whole) is quite different from role of the analyst in the analysis of a predominantly epistemological sort. While in epistemological psychoanalysis the analyst's role centrally involves conveying in the form of interpretation the analyst's understanding of the leading edge of anxiety in the present moment of the analysis, in a predominantly ontological psychoanalysis the analyst had better "wait" (Winnicott 1969, p. 86) before conveying his or her understandings to the patient:

> It appalls me to think how much deep change I have prevented or delayed … by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever. [Winnicott 1969, p. 86]

From the perspective of ontological psychoanalysis, it is not the knowledge arrived at by patient and analyst that is the central point; rather, it is the patient's experience of "arriv[ing] at understanding creatively and with immense joy," an experience in which the patient is engaged not predominantly in searching for self-understanding, but in *experiencing* the process of becoming more fully himself.

Winnicott (1971b), in one of his late papers, "Dreaming, Fantasying, and Living," reaches a conclusion that lies at the heart of his opus and differentiates his approach from Klein's, in particular, and epistemological psychoanalysis in general. For Winnicott, unconscious fantasy is a vicious cycle that entraps one in one's inner world. In describing a portion of an analysis, he writes:

> For me the work of this session had produced an important result. It had taught me that fantasying interferes with action and with life in the real or external world, but much more so it interferes with dream[ing] and with the personal or inner psychic reality, the living core of the individual personality. [1971b, p. 31]

Winnicott (1971c), almost in passing, in his "Transitional object" paper, uses a phrase that I view as the process underlying successful psychoanalysis and every other form of psychic growth: we "weave other-than-me objects into the personal pattern" (p. 3). In other words, we

take something that is not yet part of us (for example, an experience with a spouse or a friend or in reading a poem or listening to a piece of music) and weave it into who we are in a way that makes us more than who we were before we had that experience, before weaving the experience into our personal pattern. Winnicott, here, in developing the ontological aspect of psychoanalysis, is inventing language as he goes—"to weave other-than-me objects into the personal pattern"—a way of speaking about psychic growth that I have never come across anywhere else.

When the patient or analyst is unable to engage in playing, the analyst's attention must be directed to this problem, for it precludes the patient and analyst from *experiencing* "the overlap of two areas of playing." If the analyst is unable to engage in playing, he must determine whether his inability to engage in this state of being (playing is not simply a state of mind, it is a state of being) is a reflection of what is occurring between him and the patient (possibly a profound identification with the patient's lifelessness) or a reflection of his own inability to genuinely engage in playing, which would likely require that he return to analysis.

It might be argued that what I am calling epistemological psychoanalysis and ontological psychoanalysis are merely different ways of looking at a single analytic endeavor. There are, indeed, vast areas of overlap of the two. For instance, the analyst may offer a sensitively worded, and well-timed, interpretation of the patient's fear that only one of the two of them—the patient or the analyst—can be a man at any given time because if both are men at the same time, they will inevitably enter into a battle to the death of one of them. The outcome of such an understanding may not simply be enhanced self-knowledge on the part of the patient, but as importantly, a greater sense of freedom to be himself as a grown man.

It is not difficult to find ontological thinking in the work of Freud and Klein. Take, for instance, Freud's (1923) idea that the analyst attempts "to avoid so far as possible reflection and the construction of conscious expectations, [and attempts] not to try to fix anything he heard particularly in his memory, and by these means to catch the drift of the patient's unconscious with his own unconscious" (p. 239). "He [the analyst] should simply listen, and not bother about whether he is

keeping anything in mind" (Freud 1912, p. 112). "Simply listen[ing]" is a state of being, a way of being with the patient.

Also representative of Freud's ontological thinking is his famous statement, "*Wo Es war, soll Ich werden*": "Where id [it] was, there ego [I] shall be" (Freud 1933, p. 80).[2] What had been experienced as other to oneself ("the it") is incorporated into one's being (who I am, who I "shall *be*," who I am becoming).

Notwithstanding the overlap and interplay of the epistemological and ontological dimensions of psychoanalysis and the fact that neither ever exists in pure form, it seems to me that there are a great many experiences that occur in the course of an analysis that are predominantly epistemological or predominantly ontological in nature. To my mind, these two aspects of psychoanalysis involve quite different modes of therapeutic action. Therapeutic action characterizing the epistemological dimension of psychoanalysis involves arriving at understandings of previously unconscious thoughts, feelings, and bodily experience, which help the patient achieve psychic change. By contrast, therapeutic action characterizing ontological psychoanalysis involves providing an interpersonal context in which forms of experiencing, states of being, come to life in the analytic relationship that were previously unimaginable by the patient (for instance, the states of being involved in *experiencing* transitional objects and phenomena (Winnicott 1971c) and in *experiencing* the silent communication at the core of the self (Winnicott 1963).[3]

[2] Freud (1926) was explicit in his instructions not to use "orotund Greek names" (p. 195) in translating psychoanalytic concepts, and instead "to keep [psychoanalytic concepts] in contact with the popular mode of thinking" (p. 195). Thus *Das Ich* is better translated as "the I" and *Das Es* as "the it."

[3] It is beyond the scope of this paper to compare what I am calling the ontological dimension of psychoanalysis and the rather diverse set of ideas grouped under the general heading "existential psychoanalysis." Much of existential psychoanalysis is concerned with conscious awareness, intentionality, freedom, and responsibility, which are seen as inextricably linked (which undercuts the Freudian concepts of unconscious pressures and limitations of freedom). Major contributors to existential psychoanalysis include Ludwig Binswanger, Victor Frankl, Rollo May, Otto Rank, and Jean-Paul Sartre.

Neither will I take up the philosophical underpinnings of ontology and epistemology. I am restricting myself to a general linkage of the former with being and becoming, and the latter with gaining knowledge and understanding.

II. BEING ALIVE, FEELING ALL THE SENSE OF REAL

I will now attempt to state in more detail what I have in mind when I refer to the practice of ontological psychoanalysis. I will focus first on the work of Winnicott and later on that of Bion.

Winnicott, in almost every paper he wrote, introduces and describes states of being not previously recognized in the analytic literature, for instance, the state of "going on being" (Winnicott 1949, p. 245), a phrase that is all verb (verbal noun) and devoid of a subject, thus capturing something of a very early subjectless state of being; the state of being involved in the mother surviving while being destroyed by the infant (Winnicott 1969); and the state of being involved in "primary maternal preoccupation" (Winnicott 1956).

Perhaps Winnicott's most significant contribution to ontological psychoanalysis is his concept of "transitional objects and phenomena" (1971c), which he describes as:

> … an intermediate state of *experiencing*, to which inner reality and external life both contribute. It is an area that is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated. [p. 2]

The infant or child's capacity to develop a "state of being" (Winnicott 1971c, p. 14) bound up with experiencing transitional objects and phenomena requires a corresponding state of being on the part of the mother (or the analyst) in which:

> … *it is a matter of agreement between us and the baby that we will never ask the question: 'Did you conceive of this* [object] *or was it presented to you from without?' The important point is that no decision on this point is expected. The question is not to be formulated.* [Winnicott 1971c, p. 12, italics in the original]

The state of being underlying transitional phenomena is paradoxical in nature:

> In health the infant creates what is in fact lying around waiting to be found. But in health *the object is created, not found* … This has to be accepted as a paradox, and not solved by a restatement that, by its cleverness, seems to eliminate the paradox. [Winnicott 1963, p. 181, italics in the original]

This state of being underlies "the intense experiencing that belongs to the arts and to religion and to imaginative living" (Winnicott 1971c, p. 14). (When Winnicott speaks of the mother-infant relationship, he is using this as a metaphor that not only includes the mother-infant relationship, but also the analyst-patient relationship as well as every other significant relationship experienced by infants, children, and adults.)

Also prominent among Winnicott's contributions to ontological psychoanalysis is his conception of the state of being that resides at the core of the self:

> the non-communicating central self, for ever immune from the reality principle [immune to the need to respond to anything external to the self], and for ever silent. Here communication is not non-verbal; it is, like the music of the spheres, absolutely personal. It belongs to being alive. And in health, it is out of this that communication naturally arises. [1963, p. 192]

This state of being that lies at the core of the self constitutes an impenetrable (utterly unknowable) mystery that is the source both of lively communicating and absolute silence. The silence at the core of the self is not verbal in nature, but what makes the state of being at our core unimaginable is the fact that it is also "not non-verbal." Silence that is neither verbal nor non-verbal is beyond human comprehension. "It is, like the music of the spheres, absolutely personal." The metaphor of the music of the spheres is derived from Pythagoras' Fifth Century BC conception of the music produced by the movement of celestial bodies, a music of perfect harmony, but inaudible to humankind. How better to describe the inconceivable secret that each of us keeps at the core of our being, a secret that is "absolutely personal. It belongs to being alive."

III. BION'S CONTRIBUTIONS TO ONTOLOGICAL PSYCHOANALYSIS

As I read Bion, throughout his opus, he is principally an ontological thinker. Just as Winnicott shifted the focus of analysis from play to playing, Bion shifted the analytic focus from (the understanding of) dreams to (the experience of) dreaming (which, for Bion, is synonymous with doing unconscious psychological work [cf. Ogden 2007a]).

Bion insists that, as psychoanalysts, we must shed the desire to understand and instead engage as fully as possible in the *experience of being* with the patient. We must "cultivate a watchful avoidance of memory" (Bion 1967, p. 137) because memory is what we think we know based on what no longer exists, and is no longer knowable. And we must renounce "desires for results, 'cure,' or even understanding" (p. 137). Memory of what we think we know and desire for understanding of what has not yet occurred (and consequently unknowable) are both a "hindrance to the psychoanalyst's intuition of the reality [of what is occurring *in the present moment* of a session] with which he must be at one" (1967, p. 136). This is Bion's brand of ontological thinking: being has supplanted understanding; the analyst does not come to know or understand or comprehend or apprehend the reality of what is happening in the session, he "intuits" it, he *becomes* "at one" with it, he *is* fully present in *experiencing* the present moment.

Bion's (1962a, 1962b) conception of "reverie" also reflects his ontological bent. Reverie (waking-dreaming) is *a state of being* that entails making oneself unconsciously receptive to experiencing what is so disturbing to the patient (or infant) that he is unable to "dream" (to do unconscious psychological work with) the experience. The analyst's (or mother's) reveries, waking dreaming—which often take the form of his most mundane, quotidian thoughts (Ogden 1997a, 1997b)—constitutes a way in which the analyst (or mother) unconsciously experiences something like the patient's (or infant's) unthinkable, undreamable experience. In the analytic setting, the analyst makes available to the patient the transformed (dreamt) version of the patient's "undreamt" or partially dreamt experience by speaking (or relating in other forms) *from*, not *about*, reverie experience (Ogden 1994).

Bion speaks in terms of states of being when he describes psychic health and psychopathology, for example, psychosis is a state of being in

which the individual "cannot go to sleep and cannot wake up" (Bion 1962a, p. 7).

I view Bion's (1962a) theory of alpha-function as a metaphor for the transformation of beta-elements (raw sense impressions that are bodily responses to experience, but which do not yet constitute meaning, much less *being* oneself) into alpha-elements, which comprise components of subjectless being, much like Winnicott's "going on being." Alpha elements are linked with one another in the process of producing "dream-thoughts," which in turn are used in the process of dreaming. Dreaming is the psychic event in which the individual becomes a subject experiencing his own being. When, in severe forms of psychopathology (which I will describe in the clinical portion of this paper), alpha-function ceases to process sense impressions, not only does the individual lose the capacity to create meaning, he also loses the capacity to experience himself as alive and real.

For me, Bion's ontological thinking comes alive in a particularly vivid way in his "Clinical Seminars" (1987). I will offer a few examples that hold particular importance to me.

To a presenter who is worried by the "mistakes" he made with a patient, Bion comments that only "*after* you have become qualified and have finished your own analysis—then you have a chance to find out who you really are [as an analyst] (1987, p. 34, italics in the original; see also Gabbard and Ogden 2009 on becoming an analyst). Here, Bion is differentiating between learning how to "do analysis" and the experience of *being and becoming* "who you really are" as an analyst.

I would add that becoming an analyst involves developing an "analytic style" (Ogden 2007b) that is uniquely one's own, as opposed to adopting "a technique" handed down from previous generations of analysts. In so doing, we "invent psychoanalysis" (Ogden 2018) for each patient and develop the capacity to respond spontaneously in the moment, sometimes in words, at other times non-verbally. There are times when spontaneous response takes the form of action. Such actions are unique to a particular moment of the analysis of a particular patient; they are not generalizable to one's work with other patients. When asked, for example, if I would go to a patient's home for a session, or take a severely ill patient in my car to a hospital, or meet with the patient's family, or accept a patient's gift, I say, "It all depends."

One of Bion's (1987) comments to a presenter entails a particularly vivid example of his ontological thinking. The presenter says that his psychotic patient told him he had a dream. Bion asks, "Why does he say they are dreams?" (p. 142). The presenter, nonplussed, replies, "He simply tells me so" (p. 142).

A bit later, Bion describes the way in which he might have spoken to the patient, a manner that addresses the patient's state of being:

> So why does the patient come to see a psycho-analyst and say he had a dream? I can imagine myself saying to a patient, "Where were you last night? What did you see?" If the patient told me he didn't see anything—he just went to bed—I would say, "Well, I still want to know where you went and what you saw." [p. 142]

Here, Bion is imagining talking with a patient in a way that focuses not on the content of what the patient is calling a dream, but on the state of being of the patient—"Where did you go?" "Where were you?" "Who were you?" "Who did you become when you got into bed?" This response strikes me as a remarkably adept way of talking with a psychotic patient about his state of being while asleep.

IV. ONTOLOGICAL PSYCHOANALYSIS AND OBJECT-RELATIONS THEORY

For object-relations theorists (for example, Freud in some of his writings [cf. Ogden 2002), Fairbairn, Guntrip, and Klein) alterations of unconscious internal object-relationships (and the resultant change in relationships with external objects) constitute the medium through which psychic change occurs.

For Freud (1917), Klein (1946), Fairbairn (1940, 1944, 1955) and Guntrip (1961, 1969), to name only a few "object-relations theorists," internal object relationships take the form of relationships among split-off and repressed parts of the ego. For Fairbairn, the relationships among the repressed, split-off parts of the ego are internalizations of the unsatisfactory aspects of the real relationship with the mother. The internal object world is a closed system of addictive relationships with tantalizing and rejecting internal objects (Fairbairn 1944). A driving

force for the individual, from infancy onward, is the wish to transform the internalized unsatisfactory object-relationships with the mother into satisfactory relationships characterized by feelings of love for and from the mother, and the feeling that she recognizes and accepts one's love (cf. Ogden 2010). It is the patient's release from the closed system of internal object relationships and entry into the world of real external objects that is the aim of psychoanalysis (Fairbairn 1955).

For Klein (1961, 1975), who is an object-relations theorist of a sort different from Fairbairn, the patient's anxieties are derived from the dangers emanating from phantasied internal object relationships. Unconscious phantasies (the psychic manifestations of life and death instincts) are often concerned with what is occurring inside the body of the mother/analyst, for instance, attacks on the babies or the father's penis inside the mother. These primitive anxieties are manifested in the transference and interpreted in such a way that they ring true to the patient and help diminish the patient's persecutory and depressive anxieties which are impeding psychic growth.

Klein's object-relations theory differs from Fairbairn's in many ways. Their primary difference lies in the way Fairbairn views internal object relationships as internalizations of actual unsatisfactory experience in the mother-infant relationship, while Klein views internal object relationships as unconscious phantasies derived from the infant's experience of envy (the principal psychic manifestation of the death instinct).

I do not view Winnicott and Bion as object-relations theorists (reference to internal object relationships is rare in the work of both of these authors). They are not primarily concerned with understanding and interpreting the pathological internal object relationships in which the patient is ensnared. Their focus is primarily on the range of states of being experienced by the patient (and the analyst) and the states of being the patient (or analyst) is unable to experience. For object-relations theorists, psychic growth involves freeing oneself from the persecutory and depressive anxieties generated in his internal object world (Klein) or freeing oneself from the addictive ties between internal objects, so one can engage in relationships with real external objects (Fairbairn and Guntrip). As I have discussed, for Winnicott and Bion, the most fundamental human need is that of *being and becoming more fully oneself, which to my mind, involves becoming more fully present and alive to one's*

thoughts, feelings and bodily states; becoming better able to sense one's own unique creative potentials and finding forms in which to develop them; feeling that one is speaking one's own ideas with a voice of one's own; becoming a larger person (perhaps more generous, more compassionate, more loving, more open) in one's relationships with others; developing more fully a humane and just value system and set of ethical standards; and so on.

Not only are unconscious internal object relationships rarely mentioned by Winnicott and Bion, Winnicott rarely makes mention of the unconscious and Bion creates a new conception of the nature of the unconscious. *States of being infuse every aspect of oneself; they transcend the divide between conscious and unconscious aspects of mind, between being asleep and being awake, between dream-life and waking life, between "the psychotic and non-psychotic parts of the personality"* (Bion 1957, italics added).

V. CLINICAL ILLUSTRATIONS OF ONTOLOGICAL PSYCHOANALYSIS

"Ontological psychoanalysis" is a conception of psychoanalysis, which, like every other understanding of psychoanalysis, can be hardened into a mindless ideology. "Ontological psychoanalysis" is a dimension of analytic theory and practice that coexists with many other dimensions (ways of thinking) including, but not limited to, an epistemological dimension. But as I have said earlier, it is also true that, for me, there are large sectors of analytic thinking and practice that are predominantly ontological or epistemological in nature.

I will now briefly illustrate clinically what I have in mind when I refer to the ontological dimension of psychoanalysis. It must be kept in mind in the clinical portion of this paper that my interventions are meant as illustrations that pertain only to a given patient at a particular moment in his or her analytic experience and *do not represent an analytic technique.* I believe that an analyst's rigid adherence to any set of rules of clinical practice (for instance, a technique associated with a school of psychoanalysis) not only feels impersonal to the patient, but also limits the analyst's capacity to be creative in working with his or her patients. I speak with each patient in a way that is different from the way I speak to any other patient (see Ogden 2018).

Haven't You Had Enough Of That By Now

The patient, a thirty-year-old man, several years into the analysis, had a falling out with his father and had not spoken to him for a year. We had discussed this situation in many forms over the years. Just before the end of a session, I said, "Haven't you had enough of that by now?"

In this fragment of an analytic session, I told the patient in a highly condensed way, that continuing to not talk to his father was *a way of being* that no longer reflected who the patient had become in the course of the previous years of analysis. Not talking with his father may have suited the person who the patient once was, but not the person he is now.

The patient called his father that evening. His father, too, had changed and welcomed hearing from his son. The patient told me in the closing months of the analysis that he would never forget my saying to him, "Haven't you had enough of that by now?" That moment in the analysis to which he was referring was less an experience of arriving at an understanding, and more an experience that altered something fundamental to who the patient was.

Of Course You Are

Ms. L., at the beginning of our initial analytic meeting, sat in her chair, her face drained of color. She burst into tears and said, "I'm terrified by being here." I replied, without planning to do so, "Of course you are."

Spontaneously responding in the way I did (saying something that I had never said to any other patient) felt to me in the moment to be a way of being fully accepting of the patient's terrified state. Had I asked, "What's frightening you?" or "Tell me more," I think that the patient very likely would have felt that I was backing away from the intensity of her feeling by asking her to engage in secondary process thinking aimed at finding reasons and explanations, as opposed to *experiencing* the patient's way of introducing herself to me (telling me who she was at that moment). (See also Ogden 2018 for further exploration of this experience.)

Do You Watch TV?

I met with Jim on a long-term adolescent in-patient ward five times a week. He did not come to the sessions on his own and had to be brought by one of the nurses. Jim did not object to seeing me, but when the two of

us were seated in the small room on the ward used for psychotherapy, he seemed not to know why the two of us were sitting there. He was silent most of the time. I learned that asking him questions led only to perfunctory one-word replies.

As time went on, he began to talk with me about events on the ward—new patients arriving, others leaving—but the words he used sounded imitative of things he had heard other people say at ward group meetings and community meetings. I said to him, "It's hard to know if you're coming or going." He looked bewildered.

I found the sessions trying and had the feeling that I did not know the first thing about how to work with this patient, or with any other patient, for that matter.

About five months into the analysis, Jim was brought to his session walking in a listless way. His face was utterly expressionless; his eyes were like the eyes of a dead bird. He said to no one in particular, "Jim is lost and gone forever."

I felt something of relief that the thin charade covering an immense psychic catastrophe was over, but I also felt that a psychic death had occurred which could easily become actual suicide. A patient on the ward, a year earlier, had committed suicide, and the memory of this event had become part of the (usually unspoken) culture of the ward.

I said, "Jim has been lost and gone for a very long time, and only now is the word out."

He looked into the glare of the reflected sunlight in the Plexiglas window, his eyes unfocused.

I was silent for some time feeling the immense emptiness of what was happening. As this was occurring, I began to feel strongly that the danger of suicide on the ward was grossly underestimated and the ward should become a locked ward in which the patients could only leave the ward with permission of the staff, and usually accompanied by a staff member. I became aware of the distance that I was creating between the patient and me. He was now a "dangerous" patient who frightened me. I was now "managing" him, a person who had become a thing.

After some time had passed in the session, I noticed that the usual background noise of my mind—the thoughts that came and went, the "peripheral vision" of reverie, even the bodily feelings of my heart pumping, my breath moving, were absent. I felt frightened

that not only had Jim disappeared; I too was disappearing. Everything was becoming unreal—the small room in which we were seated ceased being a room; it had become a collection of shapes, colors, and textures; everything seemed arbitrary. I felt the terror of drowning, but at the same time, I was an indifferent observer, simply watching myself drowning.

As the session continued, I was reminded of a frightening experience I had had as an adolescent when, alone in the kitchen after dinner, I repeated the word *napkin* out loud over and over again until it became a mere sound, no longer having any tie to the thing it once named. I was at first intrigued by this phenomenon when I began the "experiment," but quickly became frightened that if I were to do with other words what I was doing with the word *napkin*, I would lose the ability to speak or think or have any connection with anyone or any thing. For many years after that event, the sound *nap* followed by the sound *kin* did not name anything; they were simply sounds that caused me to doubt the stability of my connection to anyone, even to myself. In the session with Jim, I felt momentarily relieved to have a mind that could remember a past that was continuous with the present, but this relief was only a momentary respite from my fear that if I stayed in the room with Jim, I would lose myself.

I dreaded the daily meetings with Jim. For several weeks, we sat together, mostly in empty silence. I did not ask him questions. I, now and again, tried to describe what I was experiencing. I said to him, "Sitting here feels like being nowhere and being no one." He made no response, not even the slightest change of facial expression.

For the six weeks following Jim's telling me he was lost and gone forever, I felt adrift and directionless with him. To my great surprise, in the middle of a session, Jim said with an expressionless voice, as if to nobody, "Do you watch TV?"

I took his question, not as a symbolic comment on feeling like a machine that displayed images of people talking to one another, but as his way of asking me, "Who are you?"

I said, "Yes, I do. I watch quite a lot of TV."

Jim made no response.

After a while, I said, "Have you ever seen someone strike a match in a place that's completely dark, maybe a cave, and everything lights up, so

you can see everything—or at least a lot—and then, a moment later, everything gets dark again, but not as dark as it had been."

Jim did not reply, but it did not feel to me that the silence we returned to was as empty as it had been.

I looked at my watch and found that we had gone half an hour past the end of the 50-minute session. I said, "It's time to stop." He looked at me and said, "Is it?" It seemed to me that he was correcting me: the experience we had had was not one that could be measured in, or dictated by, "clock time."

In the first of the sessions I have described, I was for quite a long time completely immersed in a state of losing my sense of being someone. Jim and I were "lost and gone forever," and initially we were each absolutely alone in that state—we did not exist for one another, any more than we existed for ourselves. I refrained from asking the patient questions about what was happening or what might have led him to feel as he did. I simply experienced a terrifying sense of losing myself, which was essential if I was to ever be of any use to him. In not being anyone, I was experiencing something akin to what he was feeling in the session, and probably for the entirety of his life.

My reverie about my own experience as an adolescent helped me, at least for a moment, to be both in the situation with the patient and to bring to it some of my own sense of living at the very edge, *but not over the edge*, of losing myself.

The patient's asking me, about six weeks into this period of the analysis, "Do you watch TV?" felt to me as if I was hearing a dog speak. His addressing me, acknowledging me, was astounding. I was not the least bit inclined to take up possible symbolic meanings of watching TV, for to do so, would have decimated the living experience that was occurring, an event having everything to do with being, and little to do with understanding.

I told the patient in response to his question, that I watched quite a lot of TV. But the more important part of my response to his question took the form of my *describing* (not explaining) by means of a metaphor, something of the state of being I felt was occurring: the sensory experience of the striking of a match and illuminating for a moment what had been invisible (the two of us as separate people), followed by a feeling that the darkness was not quite as absolute as it had been.

How To Begin?

I have for most of my career been fascinated by the initial analytic meeting by which I mean the very first time I meet the patient (Ogden 1992). Many of the clinical examples I have provided in this and in other analytic papers have been taken from initial sessions. In writing this paper, I have come to appreciate an aspect of the initial meeting that I have not been able to name until now. I now suspect that the depth and intimacy and suspense I feel in the first meeting derives in part from the fact that in that meeting, for the patient, one question is of more importance than any other: "*Who is this person* whom I hope will help me." And I am asking, "*Who is this person* who is coming to me for help?" These are fundamental ontological questions. Responses to these questions arise in the experience with one another that unfolds. I hope that at the end of the meeting, if the patient asks how I practice psychoanalysis, I can say, "Just as you've seen today."

I will describe an initial meeting that illustrates a way a patient in effect asked me, "Who are you?" and the way I replied.

Mr. D. told me in his first session that he would never begin a session. He had seen six previous analysts all of whom had unilaterally terminated the analysis. In these aborted analyses, the analyst had refused to begin sessions, as the patient had asked them to do, and instead used "hackneyed analytic tricks" such as beginning the session by asking him what it feels like not to be able to begin the session. If we were to begin a therapy, it would be up to me, Mr. D. told me, to begin each of the sessions. I said that that would be fine with me, but it might take me some time to begin the sessions because I would begin each meeting by telling him what it felt like being with him on that particular day. He said that that would be okay with him, but there was thick skepticism in his voice regarding my willingness to carry through with what I was promising.

In this exchange, the patient and I were introducing ourselves to one another, showing more than telling who we were at that moment, and who we were in the process of *becoming with one another*. The patient was asking me to respect his way of being, his way of allaying his terrors, and I was showing him that I honored his request that I be the analyst he needed me to be.

In the course of the analysis, I began the sessions. The patient was gradually able to reclaim parts of himself, parts of his unlived life as a child, which had been too brutal, too frightening to experience at the time they occurred (see Ogden 1995 for a detailed discussion of this case).

Because She Was Dead

A clinical experience in a group setting conveys a good deal of what I mean by the ontological dimension of psychoanalysis. The experience occurred in a "Balint Group" in which I participated for a year at the Tavistock Clinic. The group of seven GPs (General Practitioners) met weekly with the psychoanalyst who led the group for two years to discuss their clinical work. In the group in which I participated, each meeting began with the analyst asking, "Who's got a case?" In one of these meetings, a GP in his mid-40s said that he had received a call from a patient saying that her elderly mother had died in her sleep at home. Both the woman who called and her mother had been patients in his practice for many years. He told his patient that he would come by that afternoon. When he arrived, the daughter took him to her mother's room where he examined her.

The GP said he then called the mortuary. The analyst asked, "Why did you do that?" The GP, puzzled by the question, said, "Because she was dead."

The analyst said, "Why not have a cup of tea with the daughter?"

Those words—"Why not have a cup of tea with the daughter?"—have stayed with me for the 44 years since I heard them. Such a simple statement captures the essence of what I mean by the practice of ontological psychoanalysis. The group leader was pointing out that the GP took haste in getting the body of the mother out of the apartment, and in that way, foreclosed the opportunity *to live the experience with the daughter* by simply being with her in that apartment where her mother lay dead in the bedroom (for further discussion of this experience, see Ogden 2006).

What do you want to be when you grow up?

I will close by describing an experience with a patient that holds great importance to me.

Mr. C., a patient with cerebral palsy, had begun work with me in a twice-weekly psychotherapy because he was in great distress, with intense suicidal thoughts, in response to unreciprocated love of a woman, Ms. Z. (who had no physical disabilities). He described how, as a child, his mother had thrown shoes from her closet at him to keep the "slobbering monster" away from her. Mr. C. walked in awkward, lumbering strides and spoke in poorly articulated speech. He was a college graduate who worked well at a demanding technical job. In the course of working together for some time, I became very fond of Mr. C. and when he bellowed in pain, with mucus dripping from his nose and tears streaming down his face, I felt a form of love for him that I would later feel for my infant sons.

Several years into our work, after considerable change had occurred regarding his desperate longing for the love of Ms. Z., Mr. C. told me a dream: "Not much happened in the dream. I was myself with my cerebral palsy washing my car and enjoying listening to music on the car radio that I had turned up loud."

The dream was remarkable in that it was the first time Mr. C., in telling me a dream, not only mentioned the fact that he had cerebral palsy, he seemed to fully accept it as a part of who he was: "I was myself with cerebral palsy … " How better to recognize and accept himself for who he was in a loving way? No longer the monster he had once felt himself to be, he was, in the dream, a baby being joyfully bathed and sung to by a mother who took delight in him just as he was. The dream was not a manic picture of succeeding in winning the love of an unreachable mother, it was a part of ordinary life: "Not much happened in the dream."

I had not the slightest inclination to talk with Mr. C. about my understanding of the dream. I said to him, "What a wonderful dream that was" (for a detailed discussion of this clinical work, see Ogden 2010).

Being able to recognize and tenderly accept himself, just as he was, might be thought of as Mr. C.'s response (at that moment) to the question, "What do you want to be when you grow up?" Himself.

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The Interpersonal Words of the Infant: Implications of Current Infant Language Research for Psychoanalytic Theories of Infant Development, Language, and Therapeutic Action

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THE INTERPERSONAL WORDS OF THE INFANT: IMPLICATIONS OF CURRENT INFANT LANGUAGE RESEARCH FOR PSYCHOANALYTIC THEORIES OF INFANT DEVELOPMENT, LANGUAGE, AND THERAPEUTIC ACTION

BY JEANINE M. VIVONA

Daniel Stern's The Interpersonal World of the Infant *(1985) revolutionized psychoanalytic thinking about both infant development and therapeutic work with adults. An enduring legacy of Stern's opus is the belief that language plays a minor role in infant development. By contrast, recent research demonstrates that infants use others' spoken words to understand their interpersonal experiences beginning in the first year of life. Indeed, word meanings emerge from lived experiences. The research compels us to think anew about the connectedness of lived experiences and the words of language, and has implications for understanding both infant development and therapeutic action.*

Keywords: Language, idiolect, infant development, infant research, therapeutic action.

In the 1970s and 1980s, the burgeoning field of infant research was challenging widely accepted beliefs about infants. Daniel Stern, a psychoanalyst and infant researcher, was positioned to bring these fields

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into conversation. His 1985 book, *The Interpersonal World of the Infant,* revolutionized psychoanalytic thinking about infant development and its implications for the therapeutic process with adults. In the intervening three decades since its publication, *The Interpersonal World of the Infant* has been cited almost 15,000 times, according to Google Scholar. Many authors have recognized the ongoing influence of Stern's work on contemporary psychoanalysis, in particular regarding our understanding of infant development and of lifelong nonverbal or implicit modes of being and knowing in contrast to verbal or explicit modes (e.g., two recent volumes of *Psychoanalytic Inquiry*: 37(4) in 2017 and 38(2) in 2018).

Drawing on his own research and that of others, Stern (1985) argued that infants are competent participants in the interpersonal world from an early age and that they make sense of their interpersonal experiences; these early experiences become an enduring foundation of aspects of self that persist throughout life. He effectively dispelled the prevailing notion that the infant experiences self and other as undifferentiated (cf. Mahler, Pine, and Bergman 1975), marshaling evidence that infants accurately perceive the happenings of their interpersonal worlds, particularly interactions with their mothers during moments of caretaking and play. These perceptions, he theorized, form the basis of sensorimotor representations of self interacting with other, which he called *Representations of Interactions that have been Generalized* (RIGs). Stern emphasized that these representations are not symbolic or verbalizable, yet they are the foundation of the sense of self that develops over the first two years of life and influences interpersonal experiencing ever after.

Of course, Stern did not ignore the maternal speech that commonly imbues mother-infant interactions. On the contrary, his own research investigated the prosodic or musical qualities of maternal speech. He understood speech prosody to be an important means through which the mother relates, attunes, and conveys meaning to her infant. Regarding word meanings, Stern theorized that young infants experience the words of speech as interpersonally meaningful and negotiated, serving particular ways of relating with a particular person; he referred to these as *we meanings*, and cited Dore (1985) for the idea that the infant's early words function as transitional objects à la Winnicott. These ideas are consistent with current research, as we shall see.

Yet ultimately, Stern wrote, the particular intimacy of the mother-infant dyad is drained from words as language becomes a mode of verbal relatedness. Consistent with most theorists of the time and the research he conducted and reviewed, Stern dated the onset of the capacity for verbal relatedness at the age of 15 to 18 months, subsequent to the development of the subjective self and characteristic ways of being with others. At that point, he believed, language becomes both a powerful mode of sharing inner experience with others and of understanding oneself through narrative, and a mechanism of disconnection from enduring sensorimotor foundations of self and interpersonal experiencing.

In an often-quoted passage from *The Interpersonal World of the Infant*, Stern elaborated these lifelong costs of language acquisition:

> But in fact language is a double-edged sword. It also makes some parts of our experience less sharable with ourselves and others. It drives a wedge between two simultaneous forms of interpersonal experience: as it is lived and as it is verbally represented … . Language, then, causes a split in the experience of the self. It also moves relatedness onto the impersonal, abstract level intrinsic to language and away from the personal, immediate level intrinsic to the other domains of relatedness. [1985, pp. 162-163]

In this way, Stern averred, the power afforded by the abstractness of language also inhibits language (and symbol systems more generally) from participating fully in many sensorimotor experiences of self and relatedness. Viewed this way, language offers a paradoxical mode of relatedness, one that is impersonal and abstract rather than interpersonal and embodied.

Jointly, the nature of language as abstract and the irrelevance of language during the developmental origins of the sense of self implied to Stern that some lifelong self experiences are *essentially* nonverbal, in that they are not, never were, and never need to be formulated symbolically or verbally. This notion channeled Stern's clinical theory (e.g., 2004). For instance, at the outset of a paper entitled *The Clinical Relevance of Infancy,* Stern wrote, "By default, the baby's world is nonverbal" (2008, p. 177). Not only the baby; the baby's *world.* This notion is also reflected in

Stern's collaborations with the Boston Change Process Study Group (BCPSG), whose overarching aim has been to bring attention to implicit embodied modes of being, particularly by differentiating verbal and embodied modes and demonstrating the operation of therapeutic processes that do not involve language (e.g., BCPSG 2005, Stern et al. 1998). Subsequently, the BCPSG softened its stance regarding the inherent limitations of language and expanded its vision of the potential intersections between the verbal and experiential realms of being (e.g., BCPSG 2008).

By contrast, Stern (2004, 2010) continued to envision an implicit experiential realm as distinct and disconnected from a verbal realm of being and relating. Moreover, his understanding of the nature and role of language during infancy remained consistent with his 1985 vision. For instance, in *Forms of Vitality*, the book Stern published two years before his death, he wrote:

> Why did nature plan for babies *not* to speak and *not* to understand words for the first year or so of their lives? Our answer would be, infants have too much to learn about the basic processes and structures of interpersonal exchange. In particular, they have to learn the forms of dynamic flow that carry social behaviors. In addition, they have to learn this before language arrives to mess it all up. The basic structures are all non-verbal, analogic, dynamic Gestalts that are not compatible with the discontinuous, digital, categorical nature of words. [2010, p. 110, italics in the original]

Knowledge of the infant's mind has expanded dramatically in the three decades since initial publication of *The Interpersonal World of the Infant*. A focused review of the recent research offers psychoanalysts an opportunity to update our understanding of infancy and reconsider its implications, particularly regarding the role of language in both early development and therapeutic action. Knowledge of the typical contexts, processes, and outcomes of infant language development, albeit as seen through the impersonal conditions of scientific study, can and should inform psychoanalytic developmental theory, particularly regarding the ways in which verbal modes of relatedness typically develop within the infant's interpersonal world.

To that end, I describe a realm of language development research that examines the processes by which *young infants*, those in the first year of life, come to understand and learn the meanings of words. The research shows that young infants in Western cultures[1] learn words while engaged in interpersonal interactions with important others, particularly parents,[2] who communicate meaning through speech as well as multiple other forms of communicative action (e.g., facial expressions, eye contact, gestures). As we shall see, the interpersonal interactions during which infants learn words are not vocabulary lessons. They are the everyday moments of playing, reading, eating, and being with another person that constitute the interpersonal world of the infant. They are the same interpersonal experiences within which the infant learns about self and other, about relationship, about being in the world.

Importantly—and contrary to our accepted view of infancy—the research demonstrates that linguistic abilities are evident during the first year of life. For the infant, words are an important mode of understanding the world, including the interpersonal world, even before the infant begins to speak. Thus, others' spoken words are available to assist the infant in understanding the "forms of dynamic flow that carry social behaviors." Moreover, because the infant's ability to make meaning of the other's speech and communicative actions develops within the lived interpersonal moments that are the foundation of interpersonal relatedness, the words of speech participate in the development of the sense of self and relatedness occurring during that time. Consequently, infants are initiated into verbal relatedness while the foundation of the sense of self and relatedness is being laid, not afterward.

When we envision a place for words within the interpersonal world of the infant, we discover clinical implications of infancy that diverge from Daniel Stern's. Following the review of the research, I explore the role of speech and spoken words within the infant's interpersonal world and consider how the early interpersonal world may be carried forward

[1] Cultural patterns of relatedness are an important source of variability in language learning and use, and as such are likely to imbue the clinical situation. Examination of these cultural patterns is beyond the scope of the present work, however.

[2] "Parent" here refers to any adult in a primary parental or caretaking relationship with the infant.

through one's language, through ways of relating that are at the heart of speaking and listening.

In that discussion, I focus on the personal and individual form of language known as *idiolect*, in contrast to the universal, species-wide form of language as an abstract system of signs (see Saussure's [1959] distinction between *parole* and *langue*, respectively). Idiolect comprises one's personal lexicon of word meanings as well as one's personal pragmatics, that is, particular ways of using language in particular contexts. Idiolect reflects the ways one has learned to use, and thus uses, the abstract system of language. Idiolect is the form of language we encounter and use in psychoanalysis. For psychoanalysis, then, there is value in exploring the idea that idiolect is a legacy of one's early relational experiences and thus one's ways of speaking and listening may manifest what one has learned about the potentials of language for understanding self, relating to others, and acting in the world.

YOUNG INFANTS UNDERSTAND WORD MEANINGS

Word learning is a lifelong process. One's lexicon changes over time, as words enter and fall away; the meaning of any word may expand or contract. This process was theorized to begin in the middle of the second year of life because that is when infants were thought to attain the capacity for mental representations on which the understanding of a word as a symbol depends (e.g., Piaget 1952; Stern 1985). Over the last few decades, new methods have fueled a wave of research that is challenging the accepted timetable of infant cognitive and linguistic development. Regarding the latter, prior to the 1990s, most researchers inferred infant language ability from the infant's expressive vocabulary (words the infant produces) or infant behaviors, such as whether the infant points to or picks up an object when a speaker names it. Yet these methods underestimate infants' receptive vocabulary (words the infant understands in others' speech) because they require the infant to make complex behavioral responses that have their own developmental timetables and contingencies.

Recent research obviates those more complex responses by using brain scanning methods, such as EEG, and a behavioral method known as the Intermodal Preferential Looking Paradigm (Golinkoff et al.

1987). The Intermodal Preferential Looking Program (IPLP), commonly used for studying young infants' speech comprehension, utilizes infants' predictable tendency to look longer at events and objects that are familiar, novel, surprising, or matched to other present stimuli (Golinkoff et al. 2013). In studies of word comprehension, for instance, infants are presented with an auditory recording of speech including a target word ("Look at the spoon") and multiple (usually two) visible objects, one of which is a referent of the target word; an infant who looks longer at the matched object than the unmatched object is deemed to comprehend the word. The IPLP is also used in the *violation of expectation paradigm*, based on the knowledge that infants tend to look longer at surprising outcomes compared to expected outcomes. By comparing infant responses in different experimental conditions, researchers make inferences about infants' expectations. In the research review that follows, statements about infant expectations and interpretations derive from such research designs.

Many studies using the IPLP point toward the conclusion that the process of learning word meanings begins in the first year of life, not the second. At four and a half months of age, infants in Western cultures recognize their own names (Mandel, Jusczyk, and Pisoni 1995). By six months of age, they have begun to comprehend words for objects, such as *apple* and *spoon* (Bergelson and Swingley 2012), and parts of the body, such as *hands* and *feet* (Tincoff and Jusczyk 2012). Importantly, six-month-olds recognize the relationship between these familiar words and the unfamiliar objects presented to them in the laboratory; for instance, they look at a spoon they have never seen before when the experimenter says, "Look at the spoon." This suggests that young infants expect a spoken word to refer to a range of similar objects rather than to a particular object, such as the familiar spoon at home. Moreover, even at this early stage of word learning, infants' semantic memory appears to be organized categorically, as is the semantic memory of older children and adults. For instance, six-month-olds take more time to decide which object relates to a word they hear when they must choose between objects from the same category, such as *milk* and *juice*, compared to objects from different categories, such as *milk* and *foot* (Bergelson and Aslin 2017).

Young infants can also learn names for individuals. For instance, at seven months, infants expect that parental terms such as *Mommy* and

Daddy refer to their own parents and not to women and men generally (Tincoff and Jusczyk 1999). They also know meanings of words other than nouns. At ten months, infants begin to understand meanings of adjectives and verbs (e.g., *wet*, *eat*) as well as words that denote a change in state, such as *more* and *all-gone* (Bergelson and Swingley 2013). At 12 months, infants comprehend the pronoun *my* (Saylor et al. 2011), whose meaning depends on who is speaking. By the time of their first birthday, often before they have begun to speak, typical 12-month-olds comprehend the meanings of 70 words or more (Fenson et al. 1994).

Learning word meanings is possible for the young infant in part because others' speech infuses infants' daily lives and ongoing interpersonal interactions. Infants hear spoken words within a context rich in social and nonsocial information that stimulates all their senses (Akhtar and Gernsbacher 2008). The typical infant's interpersonal environment offers robust experiential cues for word learning and the typical infant can use those cues to detect relationships between others' spoken words and the objects and events in the world (Namy 2012). It is within the infant's multisensorial interpersonal experiences that words and world connect. As we shall see, this connection occurs as a result of a confluence of parent behaviors, which create the experiential conditions for word learning, and infant capacities, which infants use to make sense of the meanings conveyed to them, in particular by interpreting the communicative and referential intents that motivate interpersonal uses of language.

In the review that follows, I begin with research examining the ways parents typically create the experiential conditions for infants to understand their communicated meanings, particularly word meanings; the first section focuses on infant-directed speech and the second on the confluence of speech and bodily communication cues. This research details how language emerges from the infant's lived interpersonal experiences, and suggests that particular parent-infant relational qualities shape the particular language that emerges therefrom. Then I present research demonstrating that infants treat others' speech and communication cues as inherently interpersonal actions; the three sections demonstrate infants' understanding that communication is human action, speech is communicative, and words are referential. Together, this research supports the view that the infant experiences and comprehends language as mode of interpersonal relatedness, and sets the stage for the

concluding discussion of the personal aspects of language as idiolect that are mobilized and used in psychoanalysis.

AFFECTIVE, RELATIONAL, AND LINGUISTIC MEANINGS IN INFANT-DIRECTED SPEECH

Parents nurture their infant's genetically given word-learning capacities when they spontaneously, yet often unknowingly, create the experiential conditions for infants to understand the words of their speech. Infant-directed speech (formerly called motherese) is the best known of these spontaneous adaptations, due to the pioneering work of infant researcher Anne Fernald (e.g., Fernald 1989, 1993). Infant-directed speech has unique acoustic, affective, and linguistic qualities that facilitate infant understanding. Relative to adult-directed speech, infant-directed speech has higher pitch, wider range of pitch, distinctive pitch contours, elongated vowel sounds, and greater articulation of vowels and consonants; speech is slower with shorter utterances and longer pauses (Cristia 2013; Englund and Behne 2006). Affectively, infant-directed speech typically conveys positive emotion and effectively engages infants' attention (Saint-Georges et al. 2013). Infant-directed speech is used by speakers of diverse languages, such as European, Asian, and Middle Eastern languages, and in gestural form in American Sign Language (Saint-Georges et al. 2013); it is used by speakers as young as three years of age (Fernald 1991) and its unique prosody infuses singing to infants as well as speaking (Falk 2011). Young infants prefer adults who use infant-directed speech over those who do not (Schachner and Hannon 2011).

Parents mobilize infant-directed speech prosody to express emotion, affect infant behavior, and teach the infant about the world. In fact, five-month-old infants discriminate another person's emotion more accurately in their speech than in their facial expressions (Fernald 1991); therefore, speech is a particularly powerful medium through which parents convey emotion to infants. For instance, parents use affective prosody to assist infants in regulating emotion and arousal during the first months of life, as demonstrated by research conducted by Stern and colleagues in the 1980s (reviewed in Stern 1985). Mothers raise the pitch of their speech in

response to the positive affect of their four-month-olds by (Smith and Trainer 2008), thereby encouraging the infant's positive emotion.

Parents also use distinctive prosodic patterns for distinct caretaking functions, such as to express approval ("good girl"), to communicate prohibition ("no, don't touch!"), and to provide comfort ("poor baby" [Fernald 1989]). The prosodic patterns for conveying approval and disapproval may be universal, as they are similar in English, German, Italian, and Japanese (Fernald 1993). Fernald (1989) concluded that "the melody is the message" when parents speak to infants because prosody and semantics convey a single meaning. That is, words and vocal tone are matched, such that infants hear "good" spoken with approving prosody and "no" with prohibiting prosody. By the age of five months, infants demonstrate affectively-consistent responses to approving and disapproving infant-directed speech, smiling in response to the former and frowning in response to the latter (Fernald 1993), suggesting that the young infant receives the message as conveyed through the marriage of tone and word.

Relatedly, parents tend to adjust both the content and the affective prosody of their infant-directed speech as they attune to their infant's developmental level and expanding capacities (Cristia 2013). For instance, the predominant affective tone of maternal infant-directed speech differs across the early stages of infant development; specifically, mothers generally speak in a comforting tone with infants younger than three months old, in an approving tone with six and 12-month-olds, and in a directive tone with nine-month-olds (Kitamura and Burnham 2003). This progression in the use of speech—from comfort to approval and encouragement to direction—is consistent with the developing capacities of infants who, over the first year of life, are expanding their abilities to engage interpersonally and to act in the world. Infants show corresponding preferences for those affect tones across the first year of life (Kitamura and Lam 2009), suggesting that maternal use and infant preference are generally coordinated and mutually reinforcing. Moreover, these age-related differences suggest associated but unassessed semantic differences, since prosody and semantics are typically matched in infant-directed speech (Fernald 1989).

Parents also use affective prosody to convey information about objects and events in the infant's environment. For instance, a parent may speak in a fearful tone to discourage the infant from touching a sharp object.

Twelve-month-olds both avoid and dislike a novel toy when their mothers speak about that toy with fearful prosody, even in the absence of other emotion cues, such as facial expressions (Mumme, Fernald, and Herrera 1996). Thus, by twelve months of age, infants can use affective information conveyed through speech prosody to learn about the world and to guide their behavior. Through speech prosody, then, parents communicate their beliefs, attitudes, and fears to their infants.

To be sure, several psychoanalytic authors have theorized the young infant's ability to understand and respond to affective and relational meanings conveyed through the prosody of parents' speech (e.g., Beebe and Lachman 1988; Blum 2013; Lichtenberg 2013; Rizzuto 2003; Stern 1985). However, none has fully theorized the infant's ability to process the *words* of that speech. Yet an important function of infant-directed speech is to facilitate infants' recognition of words and thus their comprehension of semantic meaning (Fernald, McRoberts, and Swingley 2001). Indeed, the ability to parse, discern, and remember the sounds of words in infant-directed speech is present in utero (Kisilevsky et al. 2005); by contrast, children under three years of age cannot reliably recognize words or learn word meanings from adult-directed speech (Ma, Golinkoff, Houston, and Hirsh-Pasek 2011). Speakers using infant-directed speech highlight important words by stressing those words vocally and positioning those words at the end of sentences where infants can hear them most clearly (Fernald 1991). They also use a high proportion of proper nouns, questions, and redundant words (Saint-Georges et al. 2013). As we shall see, parents adjust the verbal content of their speech, as well as their speech prosody, in response to their infant's momentary relational activities. Thus, parents relate to their infants using both content and prosody of speech.

Given the rich and varied information conveyed normatively through infant-directed speech, it is not surprising that infants are disadvantaged when such information is attenuated. Research on maternal postpartum depression provides an example because depression hinders the degree to which a mother's speech to her infant is linguistically rich, affectively engaging, vocally responsive, and behaviorally contingent (Bettes 1988). Infants have difficulty learning in the context of such speech. For instance, four-month-old infants who heard speech of a depressed woman were less likely to learn associations between the

recorded voice and visual images, compared to infants who heard speech of a woman who was not depressed (Kaplan et al. 1999). The ability to learn from a speaker's voice about things in the world is essential for language development, as well as much else. Notably, the effect occurred in infants whose own mothers were not depressed and in the context of speech alone; that is, infants did not see or interact with the speaker. The diminished ability to learn about the world from others' speech may have pervasive effects for infants whose own mother's speech, as well as her emotional availability and behavioral responsiveness, is hindered by depression. Indeed, infants of depressed mothers become less able to learn from infant-directed speech over time, even when the speaker is not depressed (Kaplan et al. 2012). In addition to demonstrating the effects of maternal depression on infant-directed speech and thus infant learning, this research provides one example of the effects of qualities of parental speech on infants' ability to learn about the world, as well as about relatedness, from within their interpersonal experiences.

Thus, parents' infant-directed speech conveys a confluence of emotional, relational, and linguistic meanings, which the young infant understands and uses to make sense of ongoing interpersonal experiences. For instance, the way a parent uses the coordinated semantics and prosody of infant-directed speech to address the infant's emotional experiences teaches the infant about both meanings of emotion words and the ways emotion words may, or may not, be used in relatedness. Conversely, the infant's ability to understand and make use of the linguistic elements of infant-directed speech implies that the parent's spoken words also participate in infant relational development. In these ways, parental infant-directed speech affects relational and language development simultaneously and mutually.

INFANTS LEARN WORD MEANINGS WITHIN MULTISENSORIAL INTERPERSONAL EXCHANGES

Broadening our scope from speech alone, I will now consider the full interpersonal context within which infants experience and thus learn the meanings of words. Parents speak and sing to their infants

regularly and characteristically as they engage together in the routine activities of life: bathing, getting dressed, eating, playing, reading books, going for a walk or a drive, going to bed. These everyday activities, which are inherently interpersonal and embodied, provide infants with repeated and consistent experiences in which to hear their parents use words in particular ways and in the context of particular interpersonal interactions and bodily experiences (Rohlfing, Wrede, Vollmer, and Oudeyer 2016).

Yet simply hearing words is insufficient for infant word learning. To learn word meanings, infants must engage with speakers who bring word and meaning together in the infant's experience. Just as parents typically adjust their speech to infants, so too they adjust their bodily communication cues to facilitate infant understanding of their words. In fact, infant-directed speech is considered the auditory mode of the multisensorial form of expression that adults typically use when they communicate with infants (Csibra 2010). Infant-directed embodied communication cues—such as facial expressions and eye movements, gestures, and other communicative motions—are similarly exaggerated, elongated, and emphatic. These embodied cues are a way of referencing, akin to words. Indeed, infants do not learn word meanings if a speaker does not use embodied cues to meaning (Yu, Ballard, and Aslin 2005). Infants between six and thirteen months of age prefer, and thus attend more, to infant-directed forms of bodily communication than to their adult-directed counterparts (Brand and Shallcross 2008).

Parents use a confluence of communicative actions and infant-directed speech to draw the infant's attention to important aspects of lived interactions and thus to facilitate the infant's ability to process and understand the communicated meanings. For instance, by speaking words that relate to the particular focus of the infant's ongoing attention, parents create opportunities for infants to perceive the simultaneous sound of the word and sight of the named object or event. In this way, the parent brings word and meaning together experientially for the infant. To the degree that parental communicative behaviors are didactic, multimodal, responsive to the infant's momentary experiences, and consistent with the infant's language abilities, they facilitate infant word learning (Tamis-LeMonda et al. 2014).

The interpersonal dance that fosters word learning begins in the first days of life as infant and parent share eye contact. From birth, infants have some ability to initiate eye contact, maintain mutual gaze, and respond to the eye contact of others. By the age of six weeks, infants synchronize their gaze with the speech of adults, as Beatrice Beebe's research shows (e.g., Crown et al. 2002). That is, the infant looks at the adult's face when she speaks and looks away when she pauses; correspondingly, the adult speaks and pauses in response to the focus of the infant's gaze. Thus, from very early life, parents and infants synchronize with face and voice in proto-conversation, establishing a mode of relatedness to which words will soon contribute.

As early as the age of two or three months, infants can alternate their gaze between an adult and an interesting object (Perra and Gattis 2010). Adults tend to interpret the infant's gaze alternation as an invitation to share the infant's interest in the object, and to label the object with a word (Tamis-LeMonda et al. 2014). The more often the adult provides words for the objects of the infant's attention, the greater the infant's comprehension vocabulary is likely to be subsequently (Carpenter, Nagell, and Tomasello 1998). Perhaps this parental action also conveys to the infant the degree to which the parent values verbalization as a mode of knowing and communicating.

Most infants begin to point toward objects between ten and twelve months of age and infant pointing similarly invites adults to supply words for aspects of the infant's ongoing experiences and interests (Colonnesi, Stams, Koster, and Noom 2010). The infant's gaze following ability predicts the use of pointing (Matthews, Behne, Lieven, and Tomasello 2012), which suggests a common capacity or motive underlying these interactional skills. Together, parental recognition of the infant's communication cues and the objects or events of the infant's attention in combination with the tendency to say words related to those objects or events is associated with the size of the infant's receptive vocabulary during the first year of life (see also Goldin-Meadow et al. 2007).

In addition to following the focus of the infant's interest, parents may direct infant attention using their own eye gaze and gestures. Infant gaze-following ability, like gaze-alternation ability, predicts the size of the infant's comprehension vocabulary both concurrently and

subsequently (Morales et al. 2000a, 2000b; Meltzoff and Brooks 2007). Following the gaze of another person to locate the object of that gaze requires coordination of several abilities; such gaze following ability first emerges between three and four months of age (Perra and Gattis 2010) and stabilizes between six and eight months of age (Gredebäck, Fikke, and Melinder 2010). At eight months of age, infants follow the gaze of a person whose eyes are open but not closed, consistent with the idea that infants follow the other's gaze specifically to see what the other person is seeing (Caron 2009). Indeed, eight-month-olds expect to find an object at the location of an adult's gaze, suggesting that they expect a person's gaze to be referential or object-directed (Csibra and Volein 2008).

Thus, infants do not mindlessly follow the other's communicative actions; instead, they understand that such communication cues indicate the other's intention to communicate with them, for instance to convey information about the objects of their shared attention (e.g., Yoon, Johnson, and Csibra 2008). Importantly, infants learn word meanings when they perceive that they are involved in a communicative exchange. Evidence comes from a naturalistic study of word-teaching strategies (Gogate et al. 2006). To teach their six- to eight-month-olds a word for a novel toy, mothers typically spoke the new word while moving the toy toward the infant and into the infant's line of sight and shaking the toy. Synchrony of these maternal actions is necessary for the infant to learn the word. Indeed, infants as old as 14 months of age may not learn the new word if the adult does not move the toy, or does not synchronize the toy's motion with her speech (Matatyaho and Gogate 2008). Yet such synchrony is not sufficient. Infants learned the new word only when they were looking at their mother when she said the word and then shifted their gaze from their mother's face to the toy as she moved it; infants did not learn the word if they were already looking at the toy when their mother named it (but cf. Pruden et al. 2006). This suggests that infants learn the meaning of a word when they notice that their mothers are communicating with them about a named object or event, and that they correctly interpret the communicative significance of their mother's speech and bodily motions.

Finally, parents use speech content in particular ways to participate in their infant's activities. For instance, when thirteen-month-olds engage their mothers by presenting objects to them, mothers' verbal

responses differ depending on whether the infant is moving or stationary (Karasik, Tamis-LeMonda, and Adolph 2014). If the infant is walking or crawling, the mother is likely to respond with a suggested action ("Let's put that in the box"), consistent with the infant's active state. By contrast, if the infant is stationary, the mother is likely to respond with speech that provides information about the object ("That's the blue one"), with affirmative or social speech ("Thank you"), or with no speech at all. Relatedly, when fourteen-month-olds initiate independent exploration of objects such as toys or books, mothers tend to join in this exploration both behaviorally and verbally, touching and holding the object with the infant and simultaneously speaking in a way that provides information or promotes thinking about the object (e.g., "That's your truck. What color is it?"; Tamis-LeMonda, Kuchirko, and Tafuro 2013). By contrast, when infants are not exploring objects, mothers are more likely to use speech for regulatory purposes, such as for directing infant behavior. Thus, parents typically use speech to participate in the infant's momentary activities and interests so that the infant experiences parental speech as a form of engagement. Moreover, such speech both expresses and expands aspects of infants' embodied experiences, providing the kinds of words that are likely to be meaningful and useful to the infant in the moment and that are part of the multimodal engagement in which the two are involved.

Taken together, these studies demonstrate that the infant's ability to understand and learn word meanings is grounded in the infant's ongoing embodied experiences of interpersonal action. Two related qualities of parent-infant interactions emerge as important for infant word learning: linguistic qualities, such as the types of words parents offer to infants, and relational qualities, such as the tenor and precision of the parent's attention and responsiveness to the infant's momentary actions and experiences. The studies described above identify these qualities but do not assess their longer-term impacts.

A large body of longitudinal observational research demonstrates that both linguistic and relational qualities of parent-child interactions have long-term impacts on children's language and scholastic ability (see the integrative review in Zauche et al. 2016). Regarding linguistic components of parental speech, qualities such as lexical diversity, linguistic and syntactic complexity, and intonation and prosody are

associated with language ability in toddlers, as evidenced by expressive vocabulary size, linguistic processing speed, and linguistic productivity. Regarding relational qualities, degree of parental responsiveness, participation in joint attention, contingent communication, and positive affect are associated with early language development (e.g., receptive and expressive vocabulary size) and age of subsequent language development milestones (e.g., first word, use of past tense). Moreover, these effects extend into the early school years; for instance, toddlers of verbally responsive parents approach school age with heightened school readiness, reading comprehension, and academic performance. Consistent with the research on the process of infant word learning discussed previously, relational qualities are at least as strongly related to child language ability as linguistic qualities are (Zauche et al. 2016). Thus, children's longer-term language development is nourished by the same kind of parental sensitivity, responsiveness, and valuing of infant experience that many theorists, including Stern, identify as important to children's relational development.

Of course, adults differ in their ability to respond to their infants with vigor and sensitivity. To give one example, Beebe and Lachmann (2017) demonstrated that maternal personality characteristics affect mother-infant gaze patterns when the infant is four months old. Specifically, the contingency and coordination of mother-infant gaze is affected by maternal characteristics of self-criticism and interpersonal dependency. Self-critical mothers and their infants tend to withdraw visually from one another, whereas interpersonally dependent mothers and their infants remain vigilant to changes in the other's attention and emotion. These maternal personality characteristics might compromise the communicative uses of gaze by both mother and infant that are important for infant word learning. In particular, the former pattern could limit experiences of mutual gaze whereas the latter could limit experiences of gaze following and visual referencing of objects by infant and mother. Thus, this research provides examples of the ways particular parent characteristics infuse parent-infant relational patterns and thus shape the experiential contexts within which infants develop their simultaneous understandings of words and relatedness.

YOUNG INFANTS INTERPRET COMMUNICATIVE INTENT IN ACTIONS AND SPEECH

The research discussed thus far demonstrates that infants learn word meanings when they engage with speakers who use multiple communication cues to bring word and meaning together in the infant's experience. The infant's language development is shaped by the manner in which parents use words and communicative actions to participate in and respond to their infant's activities and abilities. Below I explore the implications of the idea that every person's language may retain features of the particular interpersonal experiences from which it emerges.

The importance of the interpersonal context for infant word learning is not in doubt. However, there is disagreement about precisely what infants learn in these contexts and how they learn it. Some theorists dispute the idea that young infants have the capacity to learn words and to interpret the communicative intent that underlies communicative actions (Gogate and Hollich 2010; Namy 2012). Yet recent evidence, as we have seen above, challenges these longstanding views. Moreover, there is direct evidence that infants understand the communicative functions that motivate speech and the referential functions inherent in the use of words (Csibra 2010). For instance, as we shall now see, young infants interpret speech and communicative actions as communicative only when *people* use them. Thus, language is not merely embedded in interpersonal action; it is understood as such by the infant.

A series of studies demonstrates that young infants imbue genuine interpersonal interactions with meanings particular to people; that is, they interpret communicative actions as communicative when used by a person but not when used by a robot. Okumura and colleagues (2013a, 2013b, 2013c) investigated the responses of twelve-month-olds to a person compared to a humanoid robot with human-like eyes, body, and hands. Infants saw a video of each agent gazing toward them to establish eye contact and then shifting gaze in the direction of a toy. In one condition, the robot spoke in a recorded human voice, addressing the infant verbally ("Hello baby!") while making eye contact and uttering a referential remark ("There is a toy") while gazing at the toy. By contrast, the person was always silent.

The twelve-month-olds paid equal attention to the person and the robot and followed the gaze direction of both person and robot; however, infants expected the gaze of the person and not the gaze of the robot to indicate the location of an object (Okumura et al. 2013b), suggesting that twelve-month-olds expect human gaze to be communicative. Moreover, in response to the person's gaze, compared to the robot's gaze, infants sustained their visual attention on the object, remembered the object, and preferred the object (Okumura et al. 2013a). If the robot spoke, infants did remember the object but they did not prefer it (Okumura et al. 2013c). Even after interacting with a robot and observing the robot play a game with an experimenter, activities meant to increase the salience of the person-like qualities of the robot, 18-month-olds did not learn a new word from the robot, although they did follow the gaze of the robot to locate the object and, crucially, did learn a word from a person under the same conditions (O'Connell et al. 2009).

Importantly, infants were influenced by the robot relative to the degree to which the robot behaved like a person. For instance, infants processed the object more in response to the speaking robot than the silent robot, perhaps because the speaking robot's use of verbal communicative and referential cues signaled to the infants that the robot was initiating a communicative exchange with them (cf. Yoon, Johnson, and Csibra 2008). Yet the person affected the infant in ways the robot did not, even when the robot displayed the person-like action of speaking while the person was silent. That is, the silent person influenced infants' object preferences and the speaking person influenced infants' word learning whereas the speaking robot influenced neither of these. Thus, infants imbued the same communicative signals with different meanings when those signals were used by a person, suggesting that infants imbue interpersonal contexts with meanings particular to people—in this case with regard to communicative intent.

These findings suggest that infants recognize interpersonal contexts based on the type of agent with whom they interact, not only based on the behaviors of that agent. Even an interaction with the hallmarks of a communicative interpersonal exchange does not convey the same meaning to the infant if the infant's interactional partner is not another person. Within truly interpersonal contexts, infants interpret others' words and communicative actions in line with their usual interpersonal

meanings, and thus accurately, and they expect others to do the same. In this way, young infants' understanding of the other as a person, who uses speech and communicative actions with the intent to communicate, contributes to early word learning. This is important for a psychoanalytic understanding of infancy because it unites language development and relational development in demonstrating that word learning is an inherently relational experience for the infant in two senses: it happens within a relationship and it mobilizes relational processes. Even for the young infant, the fact that the other is a person is not beside the point; it *is* the point.

INFANTS UNDERSTAND THE COMMUNICATIVE FUNCTION OF WORDS

Just as infants can discern the communicative intent that underlies particular communicative actions, so they can discern the communicative functions that are potentiated by particular kinds of vocalizations. That is, they expect words to convey information between people in particular ways, even when they are unfamiliar with the words being used. This knowledge of how words work in the abstract, distinct from knowledge of particular word meanings, assists infants in making sense of others' speech and the words within it even while their own lexicons are small.

For instance, six-month-olds (Vouloumanos, Martin, and Onishi 2014) and twelve-month-olds (Vouloumanos, Onishi, and Pogue 2012) understand that words can be used to convey one's intentions to others. Infants observed a woman attempt and fail to perform an action, to stack a ring on a funnel. Then a second woman entered the scene, and the first turned to her. If the first woman uttered a nonsense word (*koba*), the infant expected the second woman to attempt the action; if the first woman coughed but did not speak, the infant did not expect the second woman to attempt the action. Although the infants were unfamiliar with the word and had not seen the first woman complete the action, they correctly inferred both the woman's intention and the likely meaning of her spoken message to the second woman. Even six-month-old infants, who are just beginning to learn word meanings, have accurate expectations regarding this basic communicative function of spoken words.

A follow-up study compared twelve-month-olds' expectations of the communicative function of words versus vocal expressions of emotion, which are communicative unlike a cough, but do not designate a particular object or action unlike a word (Martin et al. 2012). Infants saw a woman repeatedly grasp one of two novel objects, demonstrating her preference for the selected object. Following this, a second woman entered the scene and the women were seated such that only the second woman could reach the objects. The first woman made eye contact with the second woman and produced either a nonsense word in neutral prosody (*koba*) or an emotional exclamation with positive affect tone (oooh!). In response, the second woman lifted one of the objects. Patterns of looking times indicated that infants expected the second woman to select the preferred object when the first woman spoke but not when she uttered the exclamation, consistent with the idea that words designate objects and exclamations of emotion do not. Although the infants knew which object the first woman preferred, they expected the second woman to have this knowledge only if the first woman uttered a word. Indeed, infants expected the word to be uniquely communicative despite the fact that they were unfamiliar with the word and were familiar with the exclamation.

Importantly, infants' interpretations are influenced not only by the presence versus absence of spoken words but also by the particular verbal content of speech. For instance, ten-month-olds' interpretation of a person's object-directed behaviors depends on the content of that person's speech (Martin, Shelton, and Sommerville 2017). Specifically, ten-month-olds interpret a person's choice of an object, a toy car or toy frog in this case, as reflecting a personal preference when the choice is accompanied by speech containing a personal pronoun and a count noun, whether a known or nonsense word (e.g., "I like cars" or "I like wugs"), yet they interpret the same choice as reflecting a general preference, one that would apply to other people, if it is accompanied by a nonspecific positive verbal expression (i.e., "Wow").

In sum, young infants have a grasp of the communicative functions of spoken words, in contrast to exclamations of emotions, and can differentiate uses of words that convey information about particular individuals versus people in general. Infants expect words to fulfill their communicative functions even when they are unfamiliar with the

particular words spoken. These expectations regarding the way words are used in interpersonal communication no doubt fuel the infant's ability to learn word meanings, in addition to being fueled by it. Already in the first year of life, infants understand speech as a particular form of interpersonal action for conveying a range of meanings.

INFANTS APPRECIATE THE REFERENTIAL FUNCTION OF WORDS

In addition to demonstrating that infants have accurate expectations regarding some communicative functions of spoken words, the research described above suggests that young infants have a rudimentary understanding of the specific referential function of words. For instance, they expect use of a word, in contrast to an emotional exclamation, to denote a particular type of object. Demonstrating that young infants understand reference bolsters the claim that they understand spoken words as linguistic entities.

A fascinating series of three studies demonstrates more directly that nine-month-olds expect speakers to use nouns to refer to objects in predictable and accurate ways (Dewar and Xu 2009). Nine-month-olds observed a woman who looked into a box and uttered a two-sentence remark that contained either two distinct common nouns ("I see a wug! I see a dak!") or one common noun ("I see a zev! I see a zev!"). Then the infants were shown the contents of the box, which always contained two objects. In the first experiment, the objects in the box were distinct (e.g., a toy train and a plush dog). In the second experiment, the objects differed only in shape, and were identical in color, texture, and material (e.g., a bumpy blue plastic ball and a bumpy blue plastic rod). In the third experiment, the objects differed only in color (e.g., a smooth blue ball and a smooth red ball). Because shape denoted category membership and color did not, these conditions contrasted perceptual differences that do and do not differentiate object categories and thus their verbal labels.

The infants' expectations regarding the relationship between the words they heard and the objects they saw differed across the three experiments. When infants heard two distinct nouns, they expected the box to contain two objects that were distinct or differed in shape,

consistent with the idea that distinct nouns are names for different kinds of objects. By contrast, when infants heard one noun, they expected the box to contain two identical objects or two objects that differed only in color, indicating that they expected such objects to have the same verbal label. Thus, nine-month-olds do not simply associate different sounding words with differently appearing objects but instead expect different nouns to refer to different types of objects. In addition, 9-month-olds expect shape but not color to determine object names and thus do not treat all perceptual resemblances as conveying similar conceptual or linguistic information. These results suggest that nine-month-olds have accurate expectations regarding the basic referential function of nouns.

Converging on the same conclusion are two studies of nine-month-olds in which brain activity, measured by EEG, was used to assess referential processing of words. In one study, nine-month-olds listened to familiar nouns spoken by their mother or a stranger (Parise and Csibra 2012). The infants heard a noun (e.g., *book*, *duck*) and then watched as an object, either matching or not matching the word, was revealed from behind a screen; word and object were presented sequentially, not simultaneously. Patterns of brain activation in response to mother's speech, but not stranger's speech, suggested that infants detected whether or not the word and object matched, and that this detection involved brain activity known to be involved in referential processing in adults, namely an ERP with more negative N_{400} amplitude. Considering both the similarity between infant and adult ERP data and the fact that the word and the object were not presented simultaneously, the findings suggest that infant processing of the words of maternal speech involves a referential process, as in adults, rather than a process of perceptual association, as would be the case if infants did not process words as linguistic entities.

Noting that nine-month-olds in this study showed referential processing only in the context of highly familiar maternal speech, Junge, Cutler, and Hagoort (2012) used a training procedure to familiarize nine-month-olds to the experimenter's speech and to teach them the meanings of ten common nouns (e.g., *cat, dog, ball, car*). Following training, infants were shown novel objects (e.g., a cat they had not seen during the training phase) and then heard a word that either matched or did not match the object while their brain activity was

measured. ERP data showed that infant brains detected whether the spoken word matched the presented object in terms of both phonology (evidenced by an N200 effect, associated with word sound) and reference (evidenced by an N400 effect, associated with word meaning). Moreover, the pattern of results suggests that the sight of the object activated both the sound and the meaning of the word in the infant's memory, and the infants detected whether the word they heard matched their expectation.

Thus, investigations measuring infant capacities with both brain data and behavioral responses suggest that nine-month-olds expect words to reference objects when both the words themselves and the speech that conveys them are familiar, as in the ERP studies, or when unfamiliar words are presented in a communicative context, as in the behavioral study by Parise and Csibra (2012). Moreover, because the sight of the object activates the memory of the word and vice versa, such referential processing occurs whether word is presented before object or object before word. However, only twelve-month-old infants with advanced language production skills (i.e., those who produce four or more different words) demonstrate the N400 to an unfamiliar voice in the absence of training (Friedrich and Friederici 2010). This suggests that a capacity to understand reference is present before twelve months, but infants of that age can make use of it only in limited contexts.

Beginning around the ninth month of life, then, infants expect both familiar and unfamiliar words to have the linguistic property of reference, although most infants of this age need the support of a familiar voice or rich communication cues to mobilize the nascent linguistic ability. This means that infants understand that a word is a sound that a person makes to convey meaning about something other than the sound itself. In determining the intended referent of a word, young infants differentiate between perceptual features that give clues to reference and those that do not. Together, the research indicates that young infants discern the meanings of a speaker's words by interpreting various perceptual and communication cues that are active in their interpersonal environments. Thus, before their first birthdays, infants can integrate their understanding of the words of speech with their understanding of self and other.

THE INTERPERSONAL WORDS OF THE INFANT: IMPLICATIONS FOR PSYCHOANALYSIS

The research reviewed above points toward three overarching conclusions that are important for psychoanalysis. First, young infants apprehend various types of meaning in others' speech, specifically emotional, relational, communicative, and referential meanings. Not only do young infants know the meanings of many words; they also expect that spoken words relate predictably to objects and events in the world and function particularly within communicative exchanges between people. Indeed, young infants are sensitive to the contexts in which people use words to convey and receive meanings about the happenings of the moment. Second, infants understand and learn word meanings through embodied interpersonal interactions, by discerning and remembering the way the sound of the other's spoken word relates to other aspects of lived experience as perceived through all the senses. For the infant, the sounds of words are experiential elements in a recurring pattern in the fabric of living, doing, and relating. Third, the quality and manner of a parent's ways of responding to the infant's interests, activities, and capacities affects the infant's word learning. This implies that the parent's ways of using words to engage with and relate to the infant leave their mark in the child's developing language, particularly in the form of language known as idiolect.

This research is consistent with Daniel Stern's (1985) theory, revolutionary for its time, that young infants can differentiate self and other and make sense of their relational experiences, as well as with his impression that the young infant's words are inherently interpersonal, emerging from the infants' sensorimotor experiencing of the interpersonal world. Yet the research also establishes young infants' linguistic capacities, which challenge the notion that one's sense of self and interpersonal relatedness originates in a state of embodied experiencing that is unadulterated by words. Moreover, the degree to which infant word learning emerges from interpersonal experiencing casts doubt on the idea that language is inherently incompatible with lived experience (e.g., Stern 1985, 2010).

Demonstrating that words are born within and shaped by the interpersonal world of the infant, the research compels us to think anew about the connectedness of lived experiences and the words of our language. Demonstrating the relational origins of the ability to use words for thinking, understanding, and relating, the research compels us to reconsider our theories of therapeutic action, by which these functions of language are essential to our psychoanalytic work.

Young Infants Have Nascent Linguistic Capacities

Psychoanalytic theory has not yet reckoned with infants' nascent linguistic capacities. We have not imagined that words *as words* are important so early in life and thus have not yet theorized the ways in which words must participate in the early and simultaneous developments of one's sense of self and interpersonal relatedness.

To be sure, some psychoanalysts have elaborated the importance of the mother's words in the infant's interpersonal experience (e.g., Fonagy and Target 2007; Litowitz 2011; Loewald 1980; Rizzuto 2003). Notably, Loewald's (1980) prescient theory of semantic development is consistent with the developmental process of word learning revealed by the recent research (see also Vivona 2006, 2012a). Loewald envisioned the process of word learning to involve the differentiation of words and their meanings from an original experiential state mediated by the mother. That is, the sounds of her spoken words are part of the infant's experience of being with and relating to the mother; these sounds are elements of the multisensorial, embodied experience of being in a relationship, and acting in the world. Over time the infant differentiates these sounds from other sensations of the lived world as a special kind of sound; these special sounds grow into words yet they remain connected in memory to the relational experiences that imbue them with meaning. Thus, semantic meaning emerges from an initial sensorimotor-linguistic unity comprising words and lived interpersonal experience.

The infant appreciates that words have special qualities and thus that words are used and interpreted differently than other communicative actions such as gestures, facial expressions, and vocal exclamations of emotion. Even without yet knowing a word's meaning, typical infants expect the word to be meaningful in a particular kind of way. This understanding of the functions and meanings of words assists infants in

interpreting their interpersonal experiences as it assists them in interpreting their impersonal experiences. In these ways, the infant's early language development is not only compatible with lived experience (cf. Stern 2010) but is consistent with it; these modes of being are, potentially at least, mutually enriching and informative.

From this perspective, infancy is the period of greatest *unity* of these two modes of being and relating, not the period of greatest *disconnection.* Over subsequent typical development, these modes of being, the experiential and the verbal, become more nuanced and textured; these developments foster their differentiation and reveal their potentials for connection. Indeed, taking the perspective that language is developing from the beginning of life as a mode of meaning and relatedness invites us to think anew about the relationship between words and lived interpersonal experience, including the way developmental experiences *forge* that particular relationship for each person. This brings us to our discussion of idiolect.

Idiolect: Referential, Interpersonal, and Connectional Uses of Words

A word's meanings are its uses. Analysis of the processes of infant word learning suggests that there are three interrelated types of uses the young infant has begun to discern and remember: *referential*—using words to refer to objects and events in the experiential world; *interpersonal*—using words to communicate and engage with others; and *connectional*—using words to connect to one's ongoing lived experiences as perceived through the senses and felt in the body. Because each infant learns these uses within his or her own particular relational experiences, the resulting lessons are not the same for everyone. These personal lessons about the uses of words are inscribed in one's idiolect.

First, *referential* uses of words. Of the three types of uses, referential uses may appear to be the least personal; after all, word meanings must transcend individual circumstances if they are to serve their communicative functions. Yet linguists distinguish between a word's denotation, its conventional shared meaning, and its connotation, the idiosyncratic resonances and shades of meaning that derive from personal experience. Fonagy and Target (2007) discuss this difference with respect to the word *mother*; one's experience of the mother who comes to mean *mother* is unique to each person. To give a different example, although I know

the definition of *commencement* is *beginning*, for me the word connotes *ending* because my original acquaintance with this word occurred at the time of my high school graduation and that experience has clung to it ever since.

One way the parent brings the world to the child and the child into the world (Litowitz 2011; Loewald 1960) is by offering words with which the child may refer to and remember the features of lived experience. The parental act of naming, of identifying a word for a particular object, event, or quality, is the act of assigning value through giving attention and place; naming grants the child permission to recognize and a means to think and remember. Moreover, the affective tone with which the parent speaks about the objects and features of the external world, as well as about self and other, informs the child about what is to be approached and what is to be avoided, what is good and what is bad. In these ways, the infant begins to learn the value of things through the parent's valuing of those things, and that valuing adheres to and is recalled through the words the parent, and eventually the child, uses to refer to those things. In this way, one's lexicon, both its denotations and its connotations, may be an index of the relational legacies of earlier life.

Second, *interpersonal* uses of words. Just as the characteristic interactions of parent and infant shape the infant's sense of self and other, of interpersonal relatedness, so do they shape the infant's expectations of the potentials of language in that relatedness, the potential ways one may relate to others through language. Indeed, young infants are already sensing how people use words to convey information and to influence others. They will learn whether and how qualities of self and interpersonal experience may be communicated to another person. These lessons emerge from the ways infants experience their parents' uses of words both to engage with them and to receive their own attempts to communicate.

The research shows that parents normatively use words with infants for a range of purposes – to name, to explain, to encourage thought, to affect behavior, to convey value or feeling. The parent's words carry affective and relational messages that infants can receive. The infant may experience the parent's ways of using words as tyrannical or playful or authoritative or hopeless; the infant may interpret the parent's verbal

actions as bids for conformity or confirmation or creativity. In response to parental words, the infant may experience joy or frustration or confusion or despair; the infant may feel understood or ignored, validated or overruled. The relative frequency of different parental uses of language, and the infant's affective and relational experiences of these uses, inform the infant's sense of what language is for. These early lessons about language are retained, out of awareness, in idiolect.

Consistent with Tronick's (2003) admonition that "all relationships are unique," infants may glean a different role for language within each of their important relationships. Thus, the child may recruit language in the service of managing a parent's particular ways of relating and the conflicts and opportunities those ways may engender in the child. This yields different ways of speaking and listening within each relationship, characterized by distinct uses of words and uses of distinct words (see example in Litowitz 2011). Children learn the particular language practices that work with each of their relational partners.

Importantly, because parent and infant interact through multiple modes simultaneously, the infant experiences the relative value of different modes of interaction for distinct interpersonal functions. That is, the resulting lessons pertain not only to uses of words alone but to the mix of communication modes that one may employ. When a parent-infant dyad uses words with gusto and nuance, the child experiences and learns that important meanings can be thus expressed and received. When a dyad relates vigorously through bodily action, such as facial expressions and gestures and other bodily activities, the child experiences and learns the communicative value of these somatic modes. A parent's particular communicative strategies inform the child's implicit beliefs about the interpersonal work that can be entrusted to words, to other types of action, and to their admixture. The degree to which the infant experiences the parent as welcoming and matching his or her particular communicative preferences is likely to be influential as well.

Over subsequent development, these early lessons and preferences that are inscribed in idiolect may be reinforced or refined as the content of meaning becomes increasingly complex and varied. Indeed, after infancy comes an accumulation of opportunities for the child and then the adult to experience the relative presence or absence, consonance or

dissonance, similarity, and difference of diverse modes of expression and communication. For instance, although the infant may need consistency across spoken words and vocal tone in order to understand the other's meaning, in later development, dissonance between these modes is itself a source of meaning, as in sarcasm and many forms of humor. Relatedly, the differences between modes of meaning become increasingly salient as one experiences the degree to which the medium of expression is an inextricable aspect of meaning (see Stern 2018). Modes of expression are not interchangeable; each has unique inherent potentials and limitations. Finally, development confronts us with opportunities to experience meanings that are difficult to express in any mode.

This brings us to *connectional* uses of words, that is, the uses of words that connect to, capture, and clarify one's lived experiences, present and past. Connectional uses of words are also interpersonal uses when they offer ways of connecting to and thus knowing one's interpersonal experiences, and they are also referential uses when they draw on word meanings to connect to an experienced thing or event in the world, as they often do. This aspect of idiolect, one's beliefs about the potential for language to provide access to and a way of knowing felt meanings and experiences and truths, is of particular importance clinically.

Viewed through the lens of infant word learning, we can see that the very relationship between word and lived experiencing is forged by development, is in fact originally learned during infancy and within the parent-infant relationship. In Loewald's words, "The emotional relationship to the person from whom the word is learned plays a significant, in fact crucial, part in how alive the link between thing and word turns out to be" (1980, p. 197). Infants experience the potential of words to create a robust alive connection to their ongoing experiences when their parent uses words to participate in the infant's activities, to convey felt emotion, and to name what is happening between and within them. Such parental practices convey value for both words and lived experiences as modes of being and knowing, as well as foster the infant's sense that words can function as a conduit to ongoing experiencing.

On the other hand, when parents characteristically value one mode over the others, infants may have fewer opportunities to experience the potential to connect them. For instance, when parents tend to use words

to dampen feelings, their own or their infant's, or to draw attention away from the lived moment, children may learn that words are more for containing or controlling lived experiences than for knowing and enriching them. Conversely, when parents use and respond to bodily expressions of meaning more than to verbal expressions, infants may conclude that actions speak louder than words, that it's not what you say but how you say it, perhaps even that words are empty or cannot be trusted. For example, children who frequently experience painful emotions in the absence of helpful parental words may conclude that words are not useful in such moments.

Moreover, infants whose parents' speech is inconsistent across time or misaligned with their momentary interests and activities may experience the relationship between words and lived experiences as tenuous or unreliable rather than alive and useful. Infants and young children who regularly experience a weak or confusing connection between words and the lived moment may come to believe that verbal and behavioral expressions of meaning and being are competing rather than mutually-enriching, that the relationship between these ways of being is inherently contentious rather than potentially harmonious. Such children may indeed experience the disconnection between verbal and experiential modes that Daniel Stern and others conceptualize as an inherent consequence of language acquisition and a natural limitation of language itself. Indeed disconnection *is* the nature of this relationship, experientially and historically, for some people, perhaps for many, because it is what they experienced beginning in early life.

That said, it is not the presence or absence of parental speech, not the parental valuing of words per se that matters most. It is the infant's experiences and interpretations of particular parental uses of speech, and the infant's experiences of satisfaction and frustration in using different modes of knowing, being, and communicating, that become inscribed in the child's idiolect as the connectional potentials (and limitations) of words. Because the therapeutic action of psychoanalysis is fueled, even if only in part, by the spoken word, one's beliefs about the potentials of words to connect to experiencing in a meaningful way, such that experiences can be known and used, are particularly important clinically, as we shall now see.

Implications for Understanding Therapeutic Action

Language offers us a very wide range of potentials and possibilities. Idiolect comprises the particular possibilities that one's personal history has realized from within that wide range. These personal language practices are a feature of each person's uniqueness; they shape how each of us lives life and they are in turn shaped by that life. Paraphrasing Freud, Rizzuto (2003) wrote, "No one who speaks can keep secret major portions of his or her life history from the ears of a good listener" (p. 293). This is because speaking and listening are relational acts done in language, things people do with words in characteristic ways that may enact the lessons of earlier development. Appreciation for the personal resonances and historic meanings preserved in idiolect opens up a sensibility toward speech that is clinically useful.

A patient's ways of speaking and listening may tell us, perhaps ironically, what the patient is unable to articulate through the content of speech, including about personal beliefs, gleaned across life, regarding the potentials of verbal ways of relating and knowing. These are beliefs about the possibility of being known through words, of recognizing oneself in one's own words and in the words of another, of being able to ponder the meanings of one's experiences. These beliefs are implicit, despite being about language, the quintessential form of explicit knowing. They are active without articulation and often without conscious knowledge; they may be quarantined in the unconscious or inaccessible in a place beyond words. As we listen, we might wonder whether a patient's manner of speaking evokes a particular relationship in a particular moment. Who spoke to the patient in this way? To whom did the patient speak thus? And for what purposes? And when?

Moreover, we may listen for the personal resonances that imbue the patient's particular words. According to Rizzuto (2002), "The words the patients need to use in their verbalisation of experience are words with a long history of having served in interpersonal encounters in the past. Thus they arrive at the analytic hour wrapped up in feelings of other times and other scenarios of satisfaction, failure to communicate, hope or despair" (p. 1326). These "feelings of other times" stir the senses of the analyst, who may experience their visual, tactile, auditory, or kinesthetic effects (Chodorow 2012). Indeed, we might say that we learn a

new language with each patient as a way of entering that person's inner world and knowing that person's experiences.

When we speak, we may participate in the patient's experiencing through our own uses of words, words that may bespeak our own histories and stir our own feelings of other times. Our speech may demonstrate to the patient a use of words that expands ways of relating and understanding self, including aspects of self that have been inaccessible heretofore. Over time, then, analyst and patient jointly develop a new idiolect, a hybrid language comprising elements of each individual's idiolect as well as the meanings and metaphors they have created to name and understand the experiences they have together.

From this perspective then, one mechanism of therapeutic action is a use of words by analyst and patient that allows the patient to experience new beliefs about, and thus expand, the potentials of language itself, particularly the connectional potential of words. As Donnel Stern (2018) puts it, because words take on meaning within relational contexts, "the nature of that relational context is what allows the relation of words and wordlessness to change" (p. 49). Thus, therapeutic change is effected as much through the realization of a process by which one may grasp and know one's experiences as through any particular insight.

Finally, and perhaps ironically, this perspective on language underscores the inadequacy of our typical uses of the terms *verbal* and *nonverbal*. *Verbal* means relating to or in the form of words, spoken or written, manifest or not. Yet its uses often imply a contrast with action, as in Freud's famous juxtaposition of speaking and acting (Freud 1914/1958), or with lived experience, as in the frequent distinction of therapeutic mechanisms as verbal (e.g., insight) or relational (e.g., internalization of the analyst [Sugarman 2018]). In such uses, verbal and nonverbal (or its many synonyms) denote not only the form of something but also its nature. Yet in the form of language that is idiolect, these distinctions break down because the words of idiolect are imbued with experiential qualities and memories, because using words is relational action with experiential effects. And, as the non-speaking infant (a necessary redundancy) should remind us, this is true even when words are not spoken. That is, the non-speaking infant who uses an understanding of others' words to interpret the happenings of the interpersonal world signifies the potential importance of words that are not

spoken, reminding us that we cannot designate a mode of being or an experience or a treatment process as verbal or nonverbal based solely on the presence or absence of spoken words.

Perhaps we should think of *verbalness* as a quality of experience rather than as a type. It is a quality that may be present to varying degrees in one's experiencing and consciousness; a quality that may coexist alongside other qualities of experience, such as sensory, relational, embodied, enacted, and memorial qualities; a quality that may enrich or obscure those other qualities, or may be enriched or obscured by them; a quality that is present from birth; a quality that develops throughout life and in response to it; a quality that is both common to many people and highly personal, like so many other qualities of experience; a quality that is nurtured, when things go well, in psychoanalysis (for a metaphorical expression of this conceptualization of verbalness, see Vivona 2012b).

Contemporary research on infant language development demonstrates that words begin their lives as sounds that the infant hears and experiences in moments of being, doing, and relating. Before the end of the first year, infants make meaning of these sounds, in particular appreciating the way others use spoken words to refer to things and events in the world, to convey intentions and information to others, and to connect to ongoing lived experiences. Infants are able to learn word meanings and uses when important others use speech and other communicative actions to bring word and world together in the infant's interpersonal experiencing. In these ways, both language and relatedness are born within the interpersonal world of the infant; they develop simultaneously and mutually. Indeed, relatedness is inscribed in idiolect, the form of language that retains the lessons one has gleaned from earlier experiences regarding the referential, interpersonal, and connectional potentials of words.

Taking this perspective on language, we can appreciate that psychoanalysis mobilizes, uses, and reveals the history of relatedness that is inherent in idiolect. Through the interpersonal actions of talking and listening, both analyst and patient enact their implicit expectations regarding the functions, potentials, and dangers of using words. These expectations are negotiated and renegotiated as analyst and patient

expand the bounds of language itself and in so doing expand the realms of knowing, experiencing, and relating.

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"The Empty Carcass": Dead Mother, Dead Child, Dead Analyst

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"THE EMPTY CARCASS": DEAD MOTHER, DEAD CHILD, DEAD ANALYST

BY HENRY F. SMITH

Drawing on André Green's paper on "The Dead Mother" (1983), including his concept of the "framing structure," the author presents a detailed clinical case to illustrate the enactment in analysis of partially unrepresented states of absence and deadness, as they emerge in the patient, in the analyst, and in the relationship between them. The author suggests that with some patients a "false-framing structure," discoverable in analysis, has developed that encloses, disavows, and defends against a void in the patient's maternal and self-representations. The process of the analysis, painful for both parties, is discussed.

Keywords: Absence, deadness, dead mother, enactment, reverie, unrepresented experience, representation of absence, framing structure, André Green.

CLINICAL CASE: PART I

A number of years ago I was consulted by a 48-year-old writer whose life seemed to have come to a halt. Immobilized, confused about what was happening to him, and why, he was convinced that he would never write again.

He had, on occasion, felt this way before, and, following the breakup of his marriage, he had had a previous analysis. That analysis, which had been useful to him up to a point, had placed considerable emphasis on the loss of his father to bowel cancer when he was four years old and his resultant terror, confusion, and relentlessly obsessive fear of death. An

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only child, frequently left alone with a string of babysitters, in the wake of his father's death he developed a psychosomatic illness and clung for comfort to his mother, who, it turns out, had lost her own father abruptly when she was 13. His mother had had a history of recurrent depression ever since, and in the aftermath of her husband's death, became acutely depressed once again.

My patient's loss of a father was profound, but as we were to learn, it was not all he lost. Feeling utterly alone, unseen, as if "living in a vacuum," he developed recurrent nightmares, at which times to comfort him and, it would seem, to comfort herself, his mother would invite him into her bed, usually about 4 AM. As he would later say sarcastically, "Just in time for my 4 o'clock feed." As we returned over time to these erotically charged "feeds," they seemed designed by mother and boy to ward off a profound despair and sense of emptiness in both of them. And so as we looked at the experience of losing a father, he began to feel that in her depression and despair, as well as in her turning to him for comfort, he had lost a mother as well.

On the other hand, throughout the first analysis, and for the first several years of this one, the patient maintained that it was precisely his mother's love and comfort that had kept him going. At times he would remark under his breath, disavowing it even as he spoke, how hard he seemed to need to keep *her* going. Sometimes she would ask him directly, "How much do you love me?" At other times, he would ask her the same question, and back and forth they would play this "game of love," now initiated by the one, now by the other, an apparent source of reassurance to them both. Even as an adult, it never occurred to him that, apart from this mutual manipulation of "love," a mother might spontaneously tell her son that she loved him and mean it. In fact, he could not recall her ever doing so, and sometimes if he was especially desperate to hear that she loved him, she might not play the game at all but would respond, "Don't be silly, dear, of course I do," as if she were offended that he had asked.

These were difficult interactions to listen to, and every time he described one I found myself with a hollow in the pit of my stomach. Over time I developed the increasing conviction that, just as the mother needed to enliven herself and him, her son had been obligingly trying

to enliven his anxious and depressed mother and to reassure himself from early on that he had a live mother.

And so, as I wondered more specifically what might lie behind my patient's insistent memory of a lively and loving mother, I began to find out more through a particular entanglement in the analysis, which I would like to illustrate,[1] beginning with its unfolding in the fifth year of the analysis.

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My patient frequently attacks himself and his own ability. At times when I confront him with his, to me, excessive self-denigration or point out an achievement he is overlooking, he tells me with disdain that I am "cheerleading," and castigates me for my faulty analytic technique. When this occurs, a curious thing happens. Almost instantly, it feels that way to me, too. My comment, that is, feels false, unnecessary, and decidedly un-analytic, even though at the time I believe I am pointing out an instance of his insistent self-attack and denial of a demonstrable reality. My reassurances, moreover, feel out of character; they don't feel like me. I think to myself, am I inviting his attack, providing false reassurance that he can then castigate?

Sometimes he tells me that he notices I "cheerlead" whenever he is feeling most despairing and most needful of my recognition of that despair, and when he is particularly angry he says with disdain that perhaps I reassure him because I am made anxious by his despair and need to reassure myself. I recognize the plausibility of this observation and its concordance with my hypothesis about his mother's need for reassurance, but I do not consciously feel that I am made anxious by his despair. After this interaction occurs several times, I feel as if I am walking on eggshells. I also begin to feel very much alone and find myself wondering if there is anything that is predictably alive or genuine in our relationship.

I tell my patient that his observation of me may be correct, but that we also seem repeatedly to be recreating something between us, and that I hope we will learn more about what that is. When I say this, he sometimes hears it as an honest admission of my "mistakes" and

[1] A briefer version of this sequence appears elsewhere (Smith 2016a). The analysis was conducted at a frequency of five days a week on the couch.

sometimes that I am just trying to pass them off with a bit of psychoanalytic sleight of hand. My behavior in what I am suggesting is an enactment feels both real and involuntary to me, as if I am being recruited for a script he is writing, but it is also strangely familiar, and I clearly get drawn into the contagion of his view of me.

In the hour I will describe I sense almost before he lies down that he is in a slightly more accepting place, and I feel a noticeable sense of relief.

My patient says, "I realize I am terribly anxious all the time, and I'm afraid of doing anything, anything real, that is, always wanting people to be more loving, more constant, and painting them that way even when they aren't. Just like with my mother, telling her how much I loved her in order to hear how much she loved me, the game we played."

As I listen to his words, I hear myself playing that role with him now, as if my "cheerleading" were my obliging identification with his maternal representation. There are hints in that representation of a woman who propped herself up with wishful fantasy, much as her son does now, and painted her world and her son in the image of the person she needed him to be. I wonder, did my patient identify with his mother's illusory image of him and provide her with the son she needed? Did he identify both with her and with her representation of him?

He continues, "I can't write. I have no desire to achieve anything and no patience with anyone else's achievements. I can't stand their ambition, and I'm intensely envious of anyone who publishes. I was told this morning about a 'dazzling new novel.' Then I found out the writer was 29 years old. I was filled with envy. Of course I ordered the novel right away. I hate this new generation that finds it so easy to make its way in the world, all these young novelists and film-makers. We didn't have a clue. The world was closed to us. Or so it seemed." He pauses and then adds, "They say he's brilliant."

Swept along by his narrative, I hear myself say, "People have said that of your work."

For a moment I am suspended in space, afraid I have just blundered again. What I am saying is factually true, and I still think I am confronting him with a reality that he denies. But I feel *compelled* to say it. Is he inviting me to do exactly what his mother might have done, so that together we will both repeat this interaction and avoid some deeper

despair in him, as he suggests, or in me? Am I now being the compliant boy in identification with him? Is this truly an opportunity for further understanding of my patient and of what is transpiring between us, or am I simply trying to reassure myself? As you can see, his self-doubt is contagious.

He pauses, and I sense that he is on the edge of attacking me once again. But this time he surprises me, "I know. I didn't believe them. I'm too ashamed to put anything on paper. And too angry. It is hopeless. I have no audience. Just a blank sheet of paper. I know other writers say they feel this way, but I'm tired and don't want to expose myself to ridicule."

In the moment of his speaking I often experience what appear to be the same feelings he conveys—here, his sense of hopelessness and his fear of ridicule. I feel them in identification with him, to be sure, but also for my own internal reasons. I have been wary of his ridicule today. But just now I have a more hopeful sense that he sounds a bit less self-attacking. Even as I say this to myself, I wonder if I am supplying some hope he doesn't allow himself to feel, a further disavowal of his despair.

This man tells me frequently, with only a touch of histrionics, that he is "*that close*"—and here he gestures—from putting a gun to his head. He reassures me that he has no immediate suicidal intent—and no gun—but I am frightened by some of his self-destructive behavior, falling asleep ever so briefly at the wheel of a car, for example. He will castigate me for questioning his judgment before a subsequent late-night drive to a distant city, but I am convinced that genuine risk lurks just beneath the surface, as I suspect it did when, as a child, he was both wishful and terrified of death. Later, in college, after the loss of a treasured girlfriend to another man, he was afraid that his wish to die might itself be lethal, and I find myself imagining that about him now. Given his compliance with his mother's wishes, I also wonder whether she might herself have wished him dead. It hadn't occurred to me before.

My patient speaks of a relationship he had with a woman after his divorce. "I didn't know what to do with her. I think she really loved me. At times I felt truly generous toward her. Not like with my ex-wife: she and I were both so empty and deprived that we withheld ourselves from each other. I wanted my wife to love me and make me happy, complete my image of what I wanted her to be, but she was so depleted herself that she had little to give, and I had to keep what little I had."

Again I hear myself say, "Does that remind you of your mother?"

This too seems a pedestrian comment, and I wonder again if he will scoff at the analytic cliché. Obvious as my comment sounds, my patient does not usually acknowledge that what sounds obvious *may really matter.* He keeps it in a partially dismissed and devalued state. As a consequence, I sometimes encourage myself to speak the obvious instead of marginalizing it for fear of his contempt.

There is a long pause, while I hold my breath, and then again to my surprise, he says, "I think you are right."

Except, that does not explain all of where he is: "I had to think about it, because that is not how I thought of my mother then. I thought she was my lifeline. But I can begin to see how often she was in her own world, always wanting to know if I loved her."

He adds, uncannily, as I have just been thinking the same words, "God, how long it has taken me to realize it really matters. I still say that now with women: 'Tell me you love me.' She made herself endlessly available if I asked but without anything that felt like she truly wanted to give to me or, certainly, to my father—her denigration of him was even more constant. I was her companion. It was exciting, but it didn't feel like love. It was all for her, to fill her emptiness. She was always anxious, always needing reassurance."

I picture a small child frightened by the demands of a chronically anxious and hungry mother and speak the obvious again, "Wouldn't that make a small boy anxious?"

He says, half-heartedly, "I suppose." And then, "I think I knew how anxious she was even though *she* would always reassure *me.*" And in a slow, sing-song, sugary voice, "'Oh, darling, you don't need to be afraid of that, do you?' Or, 'You can be anything you want to be.' Or, 'You can do anything you want to do.' That's what she said when I asked her if I could write a book about a famous athlete who had died of cancer. I was 10 years old. It wasn't true. I couldn't write a book. I *couldn't* be anything I wanted. Did she even realize this had to do with my father's death? Such shit."

Now I recognize his tone. It is identical to his response to my "cheerleading." The painful feeling that his contempt engenders in me returns, and as I see a match, I say, "Sometimes when I

encourage you, you get angry and sound just as you did right then with your mother."

I say it as much to explain to myself the earlier moments of his contempt toward me as to interpret his transference, as if by saying it I might rescue myself from his experience of me and consequently mine of myself. My sense is that transference interpretations often contain this motive—to relieve our own discomfort, to free our self-representation from the contagion of the patient's transference experience of us (Smith 2016a).

"Yes," he says. "It feels hollow, like 'How the fuck do you know?' I don't need that kind of reassurance." And then, in a completely different voice, simultaneously more questioning and with more conviction, "I wonder if I'm stopping myself from writing out of anger at her and her fucking empty words … and at you. It feels like an empty, angry protest at you. I can't seem to write for myself."

The hour is over.

That evening, my patient began to write again for the first time in many months, partly, it would seem, in defiance of me and partly in recognition of the self-destructiveness of his impotent, empty rage.

McLaughlin (1989) once said that analytic process consists of working one's way into and out of "one damned enactment after another." This hour demonstrates what may seem an interminable working my way into and, potentially, out of an enactment, based on my patient's ambivalent representation of his mother and my identification with it (Racker 1968). But my apparent faulty "reassurance" (Feldman 1993) would in time lead us to a critical factor in my patient's representation of his mother, which we would discover was defending against deeper and partially unrepresented states of despair, absence, and deadness both in that maternal representation and in my patient's experience of himself. It was the analysis of this seemingly trivial enactment that began to allow for the discovery and partial representation of those states, which until then had remained largely unknown.

THE DEAD MOTHER

André Green once remarked that his paper on the "dead mother" was "the most successful one I have ever written." He attributed its success to

"the confluence of a personal experience while I was having my third analysis, of my own clinical experience with patients, and, finally, a theoretical experience." The theoretical experience he had in mind was "the impact [on him] of Winnicott's paper on transitional objects" (Kohon 1999b, p. 51). To these reasons for its success I would add the specificity of clinical description and dynamic understanding that, in a manner unusual for Green, anchors his metapsychological proposal. Green based the theory of the "dead mother" on a particular situation—the developmental catastrophe that occurs when the mother of a two-year old child disappears into depression, leaving a "hole" in the child's maternal representation.

Although one can trace its roots in his earlier work (Green 1973, 1975), the "dead mother" paper was Green's most complete theoretical formulation to date, his specific theory, if you like, of what would soon become a general theory of the negative, initiating explorations of absence, the unrepresented, holes in representation, and negative hallucination, among other phenomena that together comprise perhaps his most significant contributions to psychoanalytic theory and practice. Green alludes to this theoretical sequence when he notes anecdotally, "The interesting thing is that when I wrote 'The Dead Mother' I was not fully aware of what I was saying" (Kohon 1999, p. 52). And Perelberg concurs, "Green's paper may be considered as founding a new paradigm in psychoanalytic theory, leading to all subsequent works that consider unrepresentable states of mind" (2017, pp. 14-15).

I would not diminish the clinical and developmental significance of a maternal depression for a two-year-old child, as Green describes. But as I continued to examine my patient's maternal representation, I began to discover evidence of unrepresented experience, areas of absence that so fit Green's initial model that I have come to feel that the antecedents to holes in maternal representation are more heterogeneous than we sometimes assume. I have in mind various forms of maternal absence that make their appearance in the clinical situation—the "presence" of absence, that is, and its disavowal in both the patient and the analyst. If Green's paper does serve as a specific description of a more generally encountered phenomenon of representational lacunae, it may help to explain the lasting clinical impact the paper has had.

Before returning to my patient, let us examine Green's paper in more detail. According to Green, a mother's sudden disappearance into depression when her child is about two years old creates a "hole" (p. 151)—an absence or deadness—at the center of a previously intact maternal representation. Initially, the young child will try to enliven the "dead mother" through means that appear to engage forbidden wishes, oedipal, erotic, and loving, but the child's need is for something more fundamental, and eventually, as such methods fail utterly, the child will identify with the mother's absence, identify, that is, with the "hole" itself, and involuntarily locate it inside, creating an internal deadness or absence, a hole in the child's self-representation. This involuntary identification with the mother's absence, Green says, is a "mirror identification," a wholesale oral incorporation, and a "mimicry, with the aim of continuing to possess the object (who [sic] one can no longer have) by becoming, not like it, but the object itself. This identification," Green continues, "which is the condition of the renouncement of the object and at the same time its conservation in a cannibalistic manner, is unconscious from the start" (p. 151). The child thus caught suffers what Green calls a "blank mourning" for the dead mother; that is, because the breast is not bad or lost but absent, it cannot be mourned but becomes "a false breast, carried within a false self, nourishing a false baby" (p. 160).

What interests me is the nature of this absence, its falseness and deadness, and the dissociations and disavowals to which it gives rise—how, that is, it may be discovered, experienced, and defended against by both the patient and the analyst, and ultimately found to "really matter" (Parsons 1986) to both of them.

In speaking of mothers who become depressed when the child is very young, Green proposes that in analysis the patient may regain an image of the pre-depressed mother, the object that has already provided what Green calls a "framing structure" (p. 165) for the child's ego that "strives to hold the mother's image captive" and that, "when all is said and done, offers the guarantee of the maternal presence in her absence" (p. 166). The term "framing structure" is one Green (1997) derived from Winnicott's concept of holding, and he sees it, simply put, as "the impression of [the mother's] arms on the child" (Perelberg 2016, p. 1575), thereby "sheltering [in her absence] the loss of the perception of

the maternal object *in the form of a negative hallucination*" (Green 2005, p. 161, italics in original).

But what if the so-called "false breast" was intermittently false from the beginning, a mother who was in one sense or another intermittently absent or "falsely" present all along? Would such a circumstance still provide the sharply defined "framing structure" Green describes, or might not the child (and the adult to be) then be left with what we would have to call a "false framing structure," one that might still be sustaining but in highly problematic ways?

It is well known that much of Green's paper is based on his own personal experience. As he tells us:

> When I was 2 years old, my mother had a depression: she had a younger sister, who died after having been burned accidentally. She was the youngest sister of the family, my Aunt Rose, and my mother got depressed. I have seen photographs—one can tell from her face that she had really a very severe depression. At the time, treatment was very poor. She went to rest in a thermal station near Cairo. I can only suppose that I have been very strongly marked by this experience which, of course, needed three analyses to relive fully. [Kohon 1999b, pp. 13-14]

Note Green's emphasis here on the full "reliving" of his experience of his mother's depression as a goal and key feature of the therapeutic action of his analyses.

In terms of our question about the varied antecedents of voids within maternal representations, it is of interest that in the same interview Green indicates that there was another, even earlier, maternal depression, which does not figure in his theory:

> My eldest sister (who was 14 years older than me) was 14 when she had a disease which is called in French, *mal de Pott*, tuberculosis of the vertebral column, which was impossible to treat in Egypt at the time … . So my sister was put in this institution in the north of France and she stayed there for four years. My mother was—like any mother whose daughter was away because of an illness—very sad and rather depressed … [p. 11]

If Green's mother became depressed when her 14-year-old daughter was sent away, by his own account this would have coincided with Green's birth. Hence, without questioning his own report of his traumatic history, one cannot help but note this earlier maternal depression and wonder whether the infantile period in Green's life provided as intact a "framing structure" as the theory would suggest.

In a discussion of Green's paper, Modell (1999), while endorsing Green's description of the dead mother "as a paradigm of the child's response to traumatic disruption of maternal relatedness in infancy and early childhood" (p. 76), proposes that, within this paradigm, the mother who has in one way or another been "dead" from the beginning and psychically unavailable may be the more common condition of the two. If Modell is right, it would suggest that the developmental events that we have come to know as the "dead mother" and its *sequelae* may result from a single maternal depression in an otherwise benign developmental sequence, as Green describes. But a center of deadness within both mother and child, an absence within the maternal representation and within the child's consequent self-representation, might also follow from earlier forms of maternal absence, including earlier depression, for example, but also, perhaps, narcissistic absence, schizoid retreat, hysterical withdrawal into illusory fantasy, even intermittent psychosis.

I suggest that the effect on the child of such chronic or recurrent maternal absence might be similar to what Green describes, leading to the child's effort to heal or enliven the mother, an effort that has erotic connotations but is fundamentally an attempt to bring the mother to life and to engage her in a genuine interaction. Such ill-fated attempts might then lead not only to a recurrent sense of failure in the child, but ultimately, as Green argues, to the child's wholesale identification with the mother's absence, creating a center of deadness in the child. Under these circumstances, however, the "hole" in the child's representation of the mother that Green posits would indeed be an absence in an otherwise present "framing structure," but the structure itself would be a false one, marked by the child's identification not only with the mother's absence but also with the defensive or "false" behaviors that sustain that deadness, an identification, that is, with her manic, hysterical, perverse, or narcissistic defenses, and with her own distorted "false" representation of herself and of the child. Thus, although both of them might

appear to be alive, a dead mother would again have conceived a dead child.

I suggest that this "false framing structure," like the impression of the absent mother's arms, might for better and worse be a relatively stable one, even sustaining the child with the fantasy and illusory presence of a mother and a maternal representation. But it would, nonetheless, hide and disavow a more profound absence, a void in the maternal representation mirrored by a true absence and emptiness within the dead child. I will try to illustrate that this may be the case with my patient.

First, however, let us consider some of the challenges posed in the analytic situation. As maternal absence and its representation begin to come alive in an analysis, I have found there to be a corresponding experience of absence in the analytic relationship *and in the analyst him or herself.* Green (1997) alludes to this in passing when he writes, "… in these cases neither the analyst nor the patient exist periodically in the session. These defenses are mobilized each time the material comes closer to anything that is significant" (p. 218; see also Ogden 1995).

This process can be both painful and potentially self-revealing for the analyst. The analyst encounters an experience of absence not only in the patient's transference to the analyst but also in the analyst's identification with the patient and with the patient's maternal object. More painfully, however, in that way that projective identification can highlight darkened areas within the analyst, the analyst is likely to experience an absence within him or herself that feels no less real for being evoked by the patient.

Distressing as this may be to the analyst, the patient typically has profound, initially impenetrable, defenses against awareness of maternal absence and against his or her own state of deadness within. In some cases we may think of this as a defense against awareness of trauma; in others it may be a more direct indication of unrepresented or partially unrepresented experience. In either situation, my experience is that awareness of maternal deadness tends to be more out of reach than is the patient's awareness of deadness within him or herself. Patients, for example, may already have a disquieting sense that something is deeply wrong within themselves, but if the analyst were to suggest that they may have suffered an experience of maternal absence, they almost invariably come to the mother's defense or more accurately to the defense of their

own maternal representation, saying that of course their mothers loved them.

As one patient said, "She provided everything I needed."

The analyst responded, "You mean, food and shelter."

"Yes," he said, "that's all I needed."

As such analyses progress, analysts may need to rely for long periods of time on their own representations of the mother, of the patient, and of themselves, filling in gradually a more complete picture of the situation *from the action in the transference* (Freud 1914; Smith 2006), including the patient's defenses against painful states of absence.

Other patients, while unable to remember any instances of true loving care by their mothers, may complain that their mothers weren't so much absent as too present in an infantile, attention-seeking way: "I was always aware of her needs to be loved and admired," said one such patient. "I could not get away from them." This situation may lead to two distinct levels of deadness in the patient: first, a more superficial defensive retreat on the part of the patient into a blank state to protect him or herself from the mother's intrusiveness and toxic falseness; and, second, beneath that defensive deadness, a more profound and frightening void within the patient and within his or her maternal representation. In effect, the more superficial deadness, like the intrusiveness that prompts it, protects against awareness of the void within.

Some patients may come to recognize over long periods of time that an experience of maternal absence "really mattered." And this comes about only if the defenses against awareness of that deeper absence and, gradually, the unrepresented aspects of that absence come alive, "relived" as Green puts it, in the enacted space of the transference and countertransference.

It is important to clarify that the analyst's clinical focus is first on the patient's maternal representation, both its surface presentation and the void in its depths, not on the "actual" mother and her presumed absence. But the intertwining of the internal and the external has a long history in psychoanalysis (Smith 2008). Pertinent to this issue, in tracing the theoretical origins of his own interest in the negative to Winnicott (1971), Green (1997) quotes the latter:

> The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object. Failure of the latter in some essential function indirectly leads to deadness or to a persecutory quality of the internal object. [Winnicott, p. 9; Green, p. 207]

Over the course of the "reliving" in analysis of the deadness of the maternal object and the patient's defenses against awareness of that deadness, I have found, especially late in an analysis through the repetitive action of the transference and countertransference, that it may be possible to conjecture and tentatively to reconstruct the state of the maternal-child relationship and the absences within each member. As Modell (1999) puts it, "In some cases it is necessary that the analyst reconstruct that the mother was in fact depressed and emotionally absent" (p. 77). In fact, for some patients, intent on disavowing such absences, an exclusive focus on the patient's experience as fantasy, with little consideration of what may have been an external "reality," risks colluding with the patient's disavowal. Under such circumstances, in addition to confronting and analyzing the dynamic reasons for that disavowal, as the situation becomes clearer through its repeated enactment in the transference, it may be useful for the analyst to take a position on the traumatic impact of the mother's absence in order to confront the patient's defense against the fact that it really did matter and still does.

CLINICAL CASE: PART II

In the months following the hour I have already presented, I encountered more of my patient's despair, along with a further sense of absence in the room.

It did not happen all at once. First, encouraged by what I had learned about my reluctance to state the obvious for fear of his disdainful attack, I began to trust my picture of his mother more fully. Despite my patient's defense of her and her persistent presence in his conscious life, I came to feel that beneath the false excitement lay a chronically depressed, deeply narcissistic woman, whose absence and self-absorption

were probably more crucial to this boy's despair than was the loss of his father.

I decided to tell my patient more directly what I was thinking, that he might consider whether his focus on the loss of his father covered over another, even more fundamental absence in his experience of his mother. Predictably, he was disdainful of my conjecture and almost immediately felt as if he were now losing me, or that I was losing my way with him, but as we looked at that experience, too, in the here-and-now, he began to report some startling images and memories.

He described recurrent childhood nightmares in which he would lose his way near his home and couldn't seem to find his way back, even though he could see the house in the distance. Sometimes he found himself wandering underneath the "empty bowels" of the house itself and could not find the way inside. Empty bowels, empty spaces, emptiness inside, these images borrowed on fantasies of his father's bowel cancer, but they also led him to his inability to find his way back to his mother's bedroom and body, both her sexual body and her body as place of safety. All of that now appeared illusory—the place was empty.

He reported other childhood nightmares in which his mother had somehow vanished, killed by a car, squashed on the road like a skunk with all the requisite skunk-like smells (were they smells from her bed?). The dream was always terrifying and usually led to his "death march," as he later put it, to her bed. And he began to remember the conscious experience of feeling lost, bored, aimless, and empty—dead, in fact. At the time, there seemed to be no one who could give him reason to live, except for his mother, a representation of her glued together by illusory fantasies of her as loving and constant.

As he told me all this, and as it continued to be lived out in the transference, I developed a further image of his mother that troubled me. Not quite a hallucination of the sort reported by Rolland (2001; see Smith 2002), who became convinced his patient had become a vampire, but more frightening than what is usually meant by a reverie (Bion 1962; Ogden 2004) or even a "dreamlike flash" (Ferro and Basile 2004, p. 678), I found myself staring into a hollow being, a person who lacked any substance at all, as if the core of the object itself were hollow, the core of the mother and perhaps of the patient. I was sure that my image, like the "hollow" in my stomach that I had felt from the start, was evoked

by my patient, but the fear that accompanied it felt disturbingly like my own, and it seemed to stem in part from a barely formed image—or was it a screen memory?—from my own childhood. Something heretofore only partially represented—perhaps for both of us—seemed to be coming to life.

My patient had had a series of screen memories, and now, as they began to break down into new complexities of meaning, they appeared to be early efforts at organizing, memorializing, and representing insistent and repetitive childhood trauma (Greenacre 1949; La Farge 2012). One was of going as a four or five year old for the first swim of the summer to a small fresh water lake in Michigan. He had put on his precious life jacket. His mother was sitting nearby, talking with female friends on the shore. But when he entered the water and tried to swim, he sank to the bottom and came up, choking and panicked. He called to his mother that the life jacket didn't work. Busy with her friends, she responded, "Of course it does dear, try it again." So he took the life jacket off, laid it on the water, and watched it sink. The mother seemed puzzled but largely unconcerned, except for how it might appear to her friends. Despite her response, he remembered this as a moment of triumph, a moment when she "had" to believe his experience because of the incontrovertible evidence of the "drowning" life jacket. But now he recalled all sorts of situations in which he felt in danger with his mother nearby, unable or unwilling to protect him. He wondered why it was so difficult for her to believe him; and how chronically was his own reality and judgment undermined by the need to please her.

Earlier screen memories came in view. He had once told me about a "memory" of being in a baby carriage and being bumped up over the curb, gently and pleasurably. There was a sense of being treated kindly and a feeling of bodily satisfaction. But now he realized that in that image, his mother was nowhere to be seen. Was there a babysitter? Or a nanny? A second, even earlier "memory" emerged, in which he pictured himself on a changing table in a nursery in the house in which he was born. He was being tended to by an African-American nurse, dressed all in white—it turned out there had been such a figure in the family—and he was looking out the window in the direction that his mother used to go each afternoon for her own pleasure. This looking toward the absent parent would be repeated later when his father was taken to the hospital.

He remembered spending hours looking out another window—it seemed to have gone on for years—and gradually he realized he had been gazing aimlessly in the direction of the hospital where his father had gone, waiting for him to return.

I thought again of my image of looking into not merely an absent but an empty representation of a mother. Suddenly and uncannily, he reported a similar but much more sharply defined image of his own. He was staring into the inside of a manikin, or rather half a manikin. Like a child's plastic toy split in two, the manikin was empty, half a plastic shell, hollowed out, a half moon of a body, just plastic back rib bones and an empty half-body open to the world, and there was an odd plastic tab sticking through its back apparently holding the shell together, or holding something else attached to the back of its body. He thought about his mother spooning him in bed. He thought about what his father had reported about his cancer operation: "They cleaned me out."

The image frightened him, as mine had me. At different times this hollowed out shell of a plastic manikin haunted both him and me for the rest of the analysis. Initially, my patient was sure it reflected his experience of himself, an "empty carcass," as he put it, a hollow void within a dead shell. Gradually, it became a picture of his experience of his mother—a visual representation of her absence. Sometimes it reflected the empty shell of the relationship they had created together, his mother and himself. And from time to time there was no doubt it embodied the emptiness he felt between us. Whatever its multiple, condensed sources, the "empty carcass" and my image that preceded it seemed to have been the beginning of the representation of something that had not yet been fully represented before, a representation of absence, a negative hallucination, as Green called it, for that is how it seemed to function in the analysis as the work began to open up around the image itself, an image of the empty "framing structure" that I came to feel we had in some sense re-enacted in those earlier hours of empty reassurance.

Did it also support Green's notion that the only way my patient could keep his mother with him, to feel her presence—that is to say her absence—was to become her, to become a hollowed out shell himself? These are difficult images to contemplate, as is the despair that lay behind them. Even as I write this, I want to second guess myself and trivialize it, just as he did as we worked: "Oh that can't be my mother; I am

not that damaged." But to his credit, the patient kept working through these images and memories, sensing that they represented something important in his experience of his mother and himself.

The curious way in which the "empty carcass" emerged bears further scrutiny, for it appeared to begin as an unexpected, tentative but disturbing, figure in my own mind that suddenly emerged as a fully-formed, concrete visual image, belonging to my patient. As I have suggested, my sense was that it was a representation, experienced first by me, of his previously only partially represented experience of absence and void in his mother, in himself, and in the relationship between them. It also appears to have come about as a communication between us, through a shared experience of deadness and void in our own relationship, starting with the empty reassurances I provided in the beginning and proceeding to something that must have sufficiently sustained him, a safer containing structure within the analysis, within which this representation of the void could appear.

Regarding my own experience of this development, Parsons (2005) in his introduction to the Botellas' (2005) work on figurability captures it best:

> The analyst, by opening his or her own psyche to a regressive movement, from verbal articulation and object-representation towards non-verbal experience and a quasi-hallucinatory kind of perception, reflects the predicament of the patient's psyche … this is inevitably disturbing and 'uncanny for the analyst … .The task for analysts is to … give themselves over to the work of figurability as doubles for their patients. [Parsons 2005, p. xxi; quoted in part by Levine 2008, p. 646]

I want to underscore that, while reverie is sometimes reported as if it were a dispassionate state of mind in the analyst, in my experience, quite apart from any content, the emergence of a "flash" or "hallucinosis" (Birksted-Breen 2016, p. 37) from the unrepresented unknown, like a visit from the dead, is an inherently disturbing event, both in itself and in its capacity to evoke aspects of unrepresented or barely represented states in the analyst. The feelings stirred by the experience of void and absence within my patient and within myself, affects that both preceded and accompanied the emerging visual representation itself, testify to its disturbing power.

At the same time, for my patient there was a seductive quality, not only in his mother's false excitement, but also in the absence that lay beneath it, for in the "logic of despair," as Green puts it (Perelberg 2016, p. 1585; Urribarri 2013, p. 21), that absence, "the presence of the negative," had become for my patient more real and reliable than what was falsely present. Thus Green reasons, "It is this absence equated with void and emptiness that becomes real, more real than the existing objects that are around" (Green 1997, p. 210). He quotes Winnicott, who describes one such patient, undergoing a second analysis with Winnicott, for whom "the rug that is not there … is more real than the rug the analyst might bring" (Green 1997, p. 209; Winnicott 1971, p. 22); that is, the patient's former analyst, who is absent, is more real to the patient than is Winnicott, who is present.

In the beginning, I felt this to be true for my patient as well, who for several years experienced his former analyst as more real than he did me, and correspondingly it felt to me as if my patient were still in analysis with him. This would not have surprised his first analyst, who presciently told my patient that he was "always searching for the lost object."

What we discovered, however, was that he was not only searching for the "lost object" but more specifically for the absent object, the lost absence, the experience of absence itself. And so it will come as no surprise that my patient had had a number of failed relationships with women who themselves had presented as the image of absence, who felt to him as absent, and who were themselves deeply fearful of absence. In his mid-twenties my patient had fallen in love with one such woman during a long courtship over the telephone. When at last they met again, she did not look like the image of the woman with whom he had fallen in love. To recapture his feeling of love, he had to re-find her absence. He had, that is, literally to close his eyes or turn away, and then, stirred by the absence of her actual image, he could re-find the imaginary image from their telephone calls and with it would return his feelings of love. He had to find her absence to capture her presence. In a real sense it was absence, her absence, the absence of his mother, that was the only constant in his life, and it led him to reflect that only absence reliably never goes away.

I should add that my patient eventually did find a woman who did not meet the criteria for a love affair with absence. She was more

trusting, more constant, and more loving than he was used to. The experience was quite unfamiliar to him and proved a difficult challenge, as he found himself struggling to re-create an absence, or the threat of it, within and between the two of them, in order to re-find a familiar void in the face of a frightening and unfamiliar lovingness. My patient also noticed that with this woman, whom there is no doubt he loved, his terrible fear of death had become, paradoxically, more severe. There appeared to be a number of reasons for this, not the least of which was that this woman's lovingness left him estranged from his absent and degraded maternal object. As Waelder is said to have put it, working through should really be called suffering through.

In a previous discussion of my patient's fear of death (Smith 2016b) I reviewed Klein's (1946) position, explicated by Blass (2014), that the unconscious experience of an internal absence, fragmentation, and disintegration, or "falling to pieces" (Klein 1946, p. 5), might constitute a personal experience of death—the destruction of a part of oneself observed by another part of the self—and hence could be understood as the unconscious template for the terror of death. My sense is that the images of absence that emerged ever more insistently in the course of my patient's analysis were reflections of just such an internal catastrophe and—like messages from afar—provided the most coherent clues we had to my patient's terror of death and its origin, not so much in abandonment, as in absence, objectlessness, and the threatened loss of representation itself, both the representation of his mother and of himself.

And so, one of the things I learned in treating this patient is not only the role of the dead mother and the experience of the dead child, but also of the dead analyst. My "cheerleading," about which he had complained bitterly, indeed stemmed from a countertransference identification with his cheerleading mother, and it was precisely this feature of his mother that, like the visits to her bed, substituted for any real sense he had of being known by her. In time I came to see that in enacting this surface representation of his mother, I was in fact abandoning him as she had and creating an absence of my own. My cheerleading was the "false frame" for my absence; I had become the dead mother. It was as if he, our relationship, and I were all dead just as Green had said. I remembered my patient's complaint that when he was most despairing, I seemed to say something reassuring or superficial. He was right, of course. I had been

afraid of that despair in him and in me, and I concluded that it was my as yet unrecognized absence, lurking within my "reassurances" that had infuriated him and forced him further into despair.

And so, one day as he was complaining about the inadequacy of my approach, I said again, "I irritate you just as your mother did." He was silent. And, although I had implied it before, I said it more directly, "I don't think you fully accept your own experience of your mother's absence. Perhaps that is how you deal with the trauma."

"Trauma?" he said disdainfully.

Realizing where I was, I said, "Trauma comes in many forms, including profound absence. You suffered that absence, just as you do here with me when I do not stay with your despair. The 'empty carcass' was her, and it was you and your relationship with her, but it is also me when I abandon you and the absence between us."

There was a long silence. And he said, "I just got this cold chill and terror of death, her death, my death, but more than that, I had the image that she had always been dead, and so had I. I think that is what has been making me so angry with you, that when you cheerlead *you* do not recognize how serious this all is. You do not see my despair, just as she did not. And I wonder if *you* want me around. My dead mother. My dead analyst. My own death, the empty carcass. At those moments I don't know what there is to keep me going."

And so it was he, who first alerted me to my own avoidance, who recognized that when I was absent, as his mother had been before me, he was left holding the despair for the entire family and for both of us. It was he who ultimately convinced me that, through the enactment of the mother's "false framing structure" and the void within it, along with the further representation of her absence, his absence, and mine, we had both come to understand what really mattered.

Extending Green's theory, I suspect that in long analyses with sufficient tolerance for regression and enactment in the transference and countertransference, we can find within a range of patients an early partially unrepresented state of maternal absence and deadness and a self-representation that is based on an identification with that deadness. In such analyses both analyst and patient will, often painfully, experience these states, as they are enacted in the analysis. And as the dead mother, the dead child, and the dead analyst all begin to make their presence

known, the "empty carcass" that lies at the heart of all three may finally come to life.

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On Bion's Concepts of Negative Capability and Faith

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ON BION'S CONCEPTS OF NEGATIVE CAPABILITY AND FAITH

BY GIUSEPPE CIVITARESE

Bion left us an important technical principle. We can summarize it in the concepts of negative capacity and faith. They are two sides of the same coin, but they are also widely misunderstood. It is not easy to accept the idea that the analyst must listen to the patient by actively depriving himself of memory, desire, and understanding; not only, but that the analyst has also to focus on the here and now and radically put concrete and historical reality in parentheses. What does it mean for the analyst that the only real world is psychic reality? Why is it so important to favor the "oscillating" work of dream and imagination? The author discusses these concepts, relates them to Freud's concept of evenly suspended or free-floating attention and to the concept of empathy. Finally, he gives some clinical vignettes showing these principles have been reinvented in the post-Bionian field theory.

Keywords: Negative capability, imagination, free-floating attention, faith, Bion, field theory.

> What is familiar and well known as such is not really known for the very reason that it is *familiar and well known.*
>
> —G. W. Hegel, *The Phenomenology of Spirit*, p. 20.

Translated by Ian Harvey

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Bion's concepts of negative capability (NC) and faith (F) are in actual fact two sides of the same coin (NC/F), a coin we could call *receptiveness*. Undoubtedly among Bion's most difficult concepts, they have prompted a variety of interpretations and have also met with mistrust and sarcasm. And yet they are the two fundamental principles of technique that Bion has bequeathed to us. Also their very position in his work is significant as they appear in the final chapter of the last of the four great books of the "second" Bion, the more mature and creative Bion. On the one hand, they are continuous with Freud's concept of free-floating attention because they share the same goal of gaining access to the discourse of the unconscious; on the other, they mark a break from the classic concept, because they both radicalize it by including the subjectivity of the analyst and inscribe it within the context of an intersubjective psychology. What I attempt here is an interpretation of this relationship that emphasizes divergences and convergences.

To this end, in the purest spirit of Bion, I believe it is useful to underline assonances and underground threads that connect up with some philosophical loci. Such an intertextual exercise serves to illuminate the broader semantic context from which NC and F draw their strength. The effect is to give them back their color, brilliance, and depth. In analyzing these concepts, I work on their penumbra of associations. I use the method that I believe best captures their essence, trying to avoid reducing them to a partial or arid formula–which would give an impression of false clarity–and instead multiplying and enriching the points of view. In analysis, but also in theoretical activity, the goal is not to reduce ambiguity but to heighten it, or at least to put it into dialectic tension with our need for more abstract representations. To avoid misunderstandings about this term–as "ambiguous" does not mean "equivocal"–what I am referring to is the generative ambiguity of poetry. For us *this* is scientific, not the "ingenuous" and reductionist perspective of the natural sciences. This also means that inevitably there are some repetitions, but in reality, just like in Bion's books, it's a spiral-like process, in which the same things do come back, but always from a slightly different angle.

Lastly, I shall be using some short clinical vignettes to illustrate how I interpret the concepts of negative capability and faith based on the re-reading and development of Bion's thinking that we owe to analytic

field theory (Civitarese and Ferro 2015, 2016). This last stage is essential because in my view this theory provides an effective way of putting a non-generic but technical concept of *receptiveness* (or NC/F) to productive and innovative use. Following this line of argument requires a minimum familiarity with the cornerstones of Bion's thinking. In particular, it is essential to be clear about how Bion uses notions of the unconscious, affect, and dream that differ from those of classic psychoanalysis. I shall briefly touch upon these postulates in passing, but for reasons of insufficient space, I refer to other works of mine where I have discussed them in more detail (Civitarese 2011, 2016a).

FREE-FLOATING ATTENTION

Freud forges the concept of free-floating attention (*gleichschwebende Aufmerksamkeit*; however, he never uses *freischwebende Aufmerksamkeit*) to describe the ideal listening attitude of the analyst. What does it entail? The analyst listens and in doing so should not privilege any element of the patient's discourse over another, in some way letting himself be surprised by new effects of meaning, by the play of signifiers, by unforeseen events of any kind. It is a way of grasping the truth of the unconscious. In the German word *Aufmerksamkeit* the prefix *auf* indicates an upward movement (Le Guen 2008), while the term *gleichschwebende* includes the meaning of "floating" (which has associations with the waves of the sea, especially when it is rough) and also hovering (giving the idea more of a constant interruption and being prevented from falling).

In philosophy the verb *schweben* is rich in connotations. There is an interesting expression that Hegel (1807, p. 39) uses in his *Phenomenology*, "schwebende Mitte," which means "oscillating midpoint" (or, in other translations, "floating center," or "hovering middle"), which conveys both the tension and amalgamation (in a sense, a more or less resolved conflict) of meter and stress that takes place in a poetic composition. Hegel (1801, pp. 128-129) uses it to illuminate the nature of the imagination. He affirms: "Productive imagination is a hovering [*ein Schweben*] between absolute opposites; it can synthesize them at the boundary, but cannot unite their opposite ends." These lines allude to a passage from Fichte:

> Imagination [*Einbildungskraft*] is a power which floats between determination and undetermination, between the finite and the infinite [*ein Vermögen, das…*] *zwischen Endlichen und Unendlichen in der Mitte schwebt*) […] This floating [*dieses Schweben*] imagination characterizes through its product; it produces it, as it were, while it floats, and through its floating [*durch ihr Schweben*]. [1794, p. 181]

And he adds: "This floating of imagination between irreconcilable links that we cannot unite, this its self-contradiction is […] that which extends the condition of the Ego to a *time*-moment" (p. *ivi*). Significantly here Fichte posits the power of imagination, and the intertwining of present and past that it allows, as a precondition for experiencing time, but only when reason (*concept*) arrive to master what is in itself irreconcilable.

The nuance of implicit meaning in the German term for "taking flight" is interesting. In his glossary of Freudian terms, Assoun (2002) explains that the word refers to the behavior of a bird, when it flaps its wings to keep itself *en planeur* (hovering). The image of flapping wings is very compelling and reminds us of the micro-oscillations that make up the analyst's free-floating or "evenly suspended attention." Similar to the effect of gravity on the bird, elements of the discourse tend to attract and secure attention–indeed, they encourage reasoning with one's feet on the ground, meaning that some active expenditure of energy is required to stay in this state of special passivity (or receptiveness). The assumption is clear: just like free association for the patient, the free-floating attention of the analyst is used to bypass the barriers of logico-rational discourse and repression as a way of gaining access to psychic reality and the unconscious. In fact this double device activates transmission from unconscious to unconscious. As Freud states (1915, p. 194), "It is a very remarkable thing that the *Ucs.* of one human being can react upon that of another, without passing through the *Cs.*"

We can see how Freud's theory already implies a relative weakening of the conscious ego (the "subject" in the classical sense), which then slides towards an intersubjective or transindividual dimension. It is clear that it is above all a question of making space for what at the outset may appear inessential or insignificant. It is also clear that it is a goal we should aim at asymptotically but which we will probably never really reach definitively. As Sparti (2016, p. 760) points out:

> The ironic downside of the Freudian rule of listening is that listening *only* with free-floating attention would mean hearing only a magma of words. Truly "pure", i.e. passive, free and spontaneous reporting by the patient (based on what he 'lets come to mind') would *prevent* understanding. Freud, in fact, has conflated two contradictory injunctions in elaborating the passive listening rule: the patient must represent his different inner states *spontaneously* and *carefully*. The more seriously he does so, striving to grasp and express his own inner states "to the letter", the more he exhibits something unique and solipsistic, violating the conversational norms that require meaningful sentences to ensure the understanding and development of the linguistic exchange. Authentic introspective patients may even arouse the analyst's suspicions, leading them to interpret such behavior as a form of resistance.

Free association and free-floating attention are bound to be betrayed, that is to say, they will never be implemented faithfully. The patient's account is inevitably unfaithful to the fundamental rule; the analyst's reconstruction in a reasonable narrative is equally so. The method is based on a systematic misunderstanding of the method itself. Sparti adds:

> The verbalization of the analytic text makes it seem more eloquent than it in fact is. The "materials" that make up the text are not at all what the term ("materials") inevitably suggests: impersonal, devitalized, detached from us. On the contrary, they always present themselves in an impure way, as an inextricable mixture of semantically non-homogeneous elements: linguistic, paralinguistic, cenesthetic, dreamlike, iconic. What appears in a visual form (for example, the scene of a dream or childhood memory) cannot therefore be achieved in language without distortion. [2016, p. 760, n. 15] … The distinction between suggestion and psychoanalysis also loses much of its strength … .[2016, p. 761, n. 16]

ANOTHER CAPABILITY, NEGATIVE

The concept of free-floating attention comes back to life again in the Bionian concept of *negative capability*. As pointed out by Aguayo (2014),

what will become the concept of negative capability is already foreshadowed in *Second Thoughts* (Bion 1967a). And yet, the works by Bion either published during his lifetime or posthumously mention "negative capability" relatively few times: in *Attention and Interpretation* (1970), then in the first book of *A Memoir of the Future* (1975-1979), *The Dream*, where Bion links it to Heisenberg's "Uncertainty Principle," again in a lecture held in São Paulo in 1973 and included in his *Brazilian Lectures* (1990), and lastly in a notebook entry (undated apart from the year, 1969) in *Cogitations* (1992). This fragment is illuminating because it clearly expresses the connection between "negative capability" and the work of the unconscious: "The capacity of the mind depends on the capacity of the unconscious–negative capability" (p. 304). It would appear then that in *Attention and Interpretation* Bion assigns the new name to a theory that he had already previously worked out.

As a matter of fact, though, the first documented occurrence of the expression "negative capability" dates back to 1967. This is the title Bion gave to the paper he read at the British Psychoanalytic Society on June 16, 1965 (Aguayo 2014). That same year, however, he published it in *The Psychoanalytic Forum* with the new title "Notes on memory and desire." The essay was later reprinted in the second volume of *Melanie Klein Today*, edited by E. B. Spilllius (1988; see Bion 1967b) and in *Cogitations*. This "odd little paper is a landmark contribution," writes Ogden, and paraphrasing Bion he adds, "if [the reader] isn't stunned, he is reading the wrong paper" (2015, p. 76). The fact remains that Bion expanded its content in *Attention and Interpretation*. "Notes on memory and desire" stands in the same relationship to this book as *A Theory of Thinking* (1962a; see also Civitarese 2019a) does to *Learning from Experience* (Bion 1962b). Today one might argue that *Negative Capability* would have been a more suitable title for *Attention and Interpretation*.

On the basis of this reconstruction, the question is whether Bion takes the concept of "negative capability" directly from Keats or indirectly from Rosen (1960) or Williams (1966), who brought it into psychoanalytic literature before him. Whatever the answer, the position of the term at the end of *Attention and Interpretation* is in itself significant. Chapter XIII of *Attention and Interpretation* has as its epigraph a quotation from Keats's letter to his brother. Bion sets negative capability in relation to the Language of Achievement, and together it is as if he were giving

an example of how he has managed to find such a language. Not only does the special position give particular importance to this chapter but so too does the prescriptive tone Bion (1970, p. 125) adopts: "Any session should be judged by comparison with the Keats formulation" in order to guard against the common mistake of "failure to observe."

Similarly to evenly suspended attention, negative capability is itself a form of active passivity or passive activity–somewhat like imagination, an intermediary between sensibility and intellect. It is *active* because, as we have seen, *work* is required if it is to be maintained. Bion uses this expression to characterize the quality that the analyst should possess, the ability to listen to the patient without looking too soon for previously established meanings and without rushing to offer explanations. On the contrary, paradoxically, he should eschew *memory*, *desire,* and *understanding*. The formula is intended to indicate the state of mind that is most likely to facilitate an intuitive understanding of the unconscious emotional experience that patient and analyst are living through in analysis–what Bion terms the O of the session (Civitarese 2019b). On the one hand, this is merely a new way of saying that the analyst should listen to the patient in a floating or uniformly suspended state of attention. But it is obvious that the expression has other nuances of meaning within a theoretical framework that is no longer that defined by Freud (see below).

In fact, the quality required from the analyst is the same as that which is necessary for the poet, according to Keats, from whom Bion borrows the expression "negative capability." And here, as Nadia Fusini writes:

> … *capability* certainly signifies talent, skillfulness, competence–but it also means 'extent' in the sense of *largesse*, fullness, capacity. *Capable* is derived from *capax*, and thus from c*apio, capere*: and if *capio*, in its most elementary sense, suggests grasping, the act of taking hold, apprehending, then it is also true that *capio* carries the sense of comprehending which brings us to the idea of containing, containing in oneself…
>
> And so we have an allusion to the intellectual, moral and imaginative capabilities that predispose, in this case, to the making of poetry. [2016, p. 52, italics in the original]

And regarding the adjective "negative," she goes on:

> … [it] comes from the Latin *negativus*, and so from *negare* – where *negare* is the act of saying no, of refusing, of answering "no": "the loveliest word in the dictionary" as Emily Dickinson called it… . But Keats is by no means suggesting an assertive stance, however negative, nor negation's undoubted triumphal aspect. He is not speaking about the joy of negation, as vaunted by Emily Dickinson. He is more inclined towards the features of subtraction, absence and loss that negation opens up. [2016, p. 53]

To remain in the terrain of psychoanalysis: after listening to Bion's paper at the British Psychoanalytic Society, Winnicott (Hinshelwood and Torres 2015, pp. 311-312) sent him a letter in which, instead of referring to the title of the paper and to Keats, he discusses Bion's famous dictum about the need to listen to the patient in a "state in which there is NO memory, desire, understanding" (1970, p. 129; it is the last line in the book!) in connection with Eliot's use of the same formula in the opening lines of "The Waste Land": "April is the cruelest month, breeding/Lilacs out of the dead land, mixing/Memory and desire, stirring/Dull roots with spring rain" (Eliot 1922, p. 87). In this way, however, Winnicott perfectly interprets Bion's injunction, because he makes it clear that abiding by it correctly only involves (intentionally) refraining from voluntary *but not* involuntary memory. Involuntary memory comes upon us by *surprise* like flowers in spring growing out of the parched winter ground. As Hinshelwood and Torres (2013, p. 179) have written, the idea is to promote the "generative or regenerative function" of memory. One could say that free-floating attention and negative capability are theoretical devices designed to assert the role of *sense* over that of *meaning*, or rather to complete meaning as far as possible with sense. Here I am using these terms conventionally to refer, respectively, to the semiotic and the semantic sides of the unitary process of signification. The distinction is widely present in speculative thinking, but also in psychoanalysis. We "know" the world not only in an abstractly intellectual

way, but also through our emotions, coenaesthesis, and corporeal intentionality (Merlau-Ponty 1945).[1]

Both negative capability and faith enable us to fully grasp the paradoxical nature of the analytic situation. The field chosen for research is scientific, but at the same time we postulate a necessary eschewal of the logical functions of thought in favor of intuition. For the analyst, the advice is to be open (*receptive*) to the new, the unexpected, the unhoped-for. Another philosopher, Roberto Brigati (2016, p. 726), writing about Freud and Wittgenstein, reminds us of a valuable short saying by Heraclitus: "If you have no hope you will not find the unhoped-for, since it is undiscoverable and no path leads there." In short, it is a question of both assimilating and forgetting these patterns–and then *preparing* ourselves for when they will come back to us (Grotstein 2007). Then we will benefit from the value of involuntary as opposed to voluntary memory. In this sense, psychoanalysis is an art of *hope, faith,* and *waiting*.

In the wake of the Bionian concept of negative capability, *staying in waiting* could be the new way to name analytic listening today. Waiting for what? For something that will surprise us, the unexpected guest. As Brigati (2016, p. 727) writes: "The unexpected works on the basis of *nonchalant* hope, one might say; it works if and when one forgoes setting up a procedure to find it and accepts it as ἄπορον, 'impenetrable', 'inaccessible.'" Clearly we are far away from the temptations, which always exist, and regardless of the model used: whether, on the one hand, in Meltzer's (1976) terminology, that of the delusion of clarity of insight, or on the other, that of *empathism*, i.e., the non-spontaneous, but intentional, conscious, active, and forced search for attunement, which for the analyst is often only a form of self-reassurance and of defense against anxiety of not knowing.

What Bion recommends–namely, *at-one-ment*, which means *unison* but also *atonement*–is quite different. And if there is something to atone

[1] In other sections of this paper the word "meaning" refers to the entire process, but the context should help remove the ambiguity. On this, see also J.-J. Koo (2011, pp. 70-71): "'sense' here expresses how someone can have a grasp or understanding of things without knowing explicitly how or why, let alone being capable of explaining how or why, she understands them. For this reason 'sense' here can be used interchangeably with 'tacit grasp or awareness,' as long as the latter is not understood as something like transparent, self-conscious awareness in a quasi-Cartesian way, but rather as a general capacity that functions like the 'background monitoring' of things."

for, if it is necessary (each time) to become reconciled with the divine (the object, the social community), this means that there is also always a state of conflict. Unison/*at-one-ment* can then be understood as a dialectical process of identity and difference. Developments in Bionian thought also emphasize the need for irony, systematic doubt, anti-authoritarianism, a "kind" concept of truth (Steiner 2016), a full awareness of the nature of the action the word performs and the inevitability of becoming involved in interactive sequences whose meaning can (sometimes) only be elucidated at a later stage–in short, a practice and an ethics of *uncertainty*, *tolerance,* and *ambiguity*.

In other words, it is a matter of denuding ourselves as subjects, breaking the habit of exercising volition, insisting on a kind of passivity, not waiting actively but "staying in" waiting for something without knowing what. Freud's (1912, p. 112) words resonate here. The analyst "should withhold all conscious influences from his capacity to attend, and give himself over completely to his 'unconscious memory.'" Or, to put it purely in terms of technique: "[the analyst] should simply listen, and not bother about whether he is keeping anything in mind."

So, for Bion the concept of negative capability is nothing other than a way of promoting the exercise of critical thinking ("crisis" comes from *krinein*, "to separate," "to decide") which disorientates in order to reorientate. The aim is to encourage acceptance of a kind of illiteracy, but one that will only be tactical and temporary. It overturns convenient certainties. It subverts the game of mental habits and defamiliarizes what appears as known, and which for this reason now goes almost unnoticed, so that it can be effectively known. As we see it, skeptical (negative) and affirmative/intuitive (positive) moments become linked in a single dialectical process and cannot be separated from each other. Initial forgetting–although we can in fact see both moments as simultaneous–is designed to activate "unconscious memory," that is, to revive the memory, to remove it from spectral sedimentation, to extract it from sterile crystallization. Exercising negative capability is a way of surprising ourselves and thereby surprising the special reality of the unconscious in things. Negation simply represents the first step. What is achieved is binocular vision or a game that alternates between symmetrical and asymmetrical logic (Matte Blanco 1975).

RELEASEMENT

We have been trying to interpret Freud through Hegel and Fichte; now let us do the same for Bion with Heidegger. It might be illuminating to read Bion's (1967b) "Notes on Memory and Desire" through the prism of Heidegger's *Discourse on Thinking* [*Gelassenheit*] (1959). Apart from having engaged in a constant dialogue with Kant, the two authors share a common inspiration from Christian mysticism (Eckhartian, in particular: the expression *unio mystica* with respect to the concept of *unison/at-one-ment* comes to mind, which in Bion is the single most important therapeutic factor), but in its detheologized and demythicized function.

In both cases the language of mysticism is transposed, respectively into the language of philosophy or psychoanalysis. The effect on traditional categories is disruptive: a new lexicon and a new dictionary of concepts are introduced. Engaging in a strenuous effort to express verbally what is in fact ineffable, both authors make use of the mystic to nourish psychoanalytic thinking in the one case (the divine is replaced by the unconscious) and speculative in the other (instead of God, *lógos*). Finally, Bion and Heidegger reach the highest level of appreciation of thinking-as-dreaming in the case of the former and (through Hölderlin) of thinking-as-writing-poetry in the case of the latter. Translated as "abandonment" or "releasement," *Gelassenheit* also means "tranquility," calmness, self-surrender, acceptance, composure, submitting, yielding to a higher authority, poise, serenity.

The term—that does come from the Christian mystical tradition—indicates a kind of "quiet detachment" whose function is, again, to increase receptiveness to the "truth" of Being. The ideal state of docile abandonment or submissive trust ("faith," for Bion) is achieved through the active renunciation of passions and will. What is postulated is an act of "letting oneself go," a sort of "indifference to real life." This concept, which brings to mind Bion's quasi-military precepts about the need to put the past behind us and to concentrate instead on what *is* happening in the present, is echoed in Heidegger's criticism of scientific rationality and in his characterization of meditative thought as dwelling "on what lies close and what … is closest" and what occurs in the "here and now, here, on this patch of home ground; now, in the present hour of history" (1959, p. 47). In this way, as Fabris (1998, p. 87) writes, keeping oneself

available and trusting in this state, one "can relate to the origin of thinking, to what cannot be thought of because it comes before every thought."

Discourse on Thinking consists of two short texts. The first, corresponding to the title of the book, is an address given by the author in 1955; the second, *Conversation on a Country Path about Thinking*, is taken from conversations had during 1944 and 1945. Heidegger structures this second chapter in a way that anticipates Bion's trilogy *A Memoir of the Future*, in the form of a three-way dialogue between a scientist (S), a teacher (T) and a scholar (Sch). Here is a significant short extract:

> S: In many respects it is clear to me what the word releasement should not signify for us. But at the same time, I know less and less what we are talking about. We are trying to determine the nature of thinking. What has releasement to do with thinking?
>
> T: Nothing if we conceive thinking in the traditional way as representing. Yet perhaps the nature of thinking we are seeking is fixed in releasement (*ist in die Gelassenheit eingelassen*).
>
> S: With the best of will, I cannot re-present to myself this nature of thinking.
>
> T: Precisely because this will of yours and your mode of thinking as re-presenting prevent it.
>
> S: But then, what in the world am I to do?
>
> Sch: I am asking myself that too.
>
> T: We are to do nothing but wait (*warten*). [p. 62]
>
> …
>
> Sch: I'm not sure I understand what you say now.
>
> T: I don't understand it either, if by "understanding" you mean the capacity to represent what is put before us as if sheltered amid the familiar and so secured; for I, too, lack the familiar in which to place what I tried to say about openness as a region. [p. 65]

In this extract, Heidegger addresses the same problem as Bion: how to enhance the knowledge that the body has of the world through action and affect as opposed to the ideational representation. Precisely like Bion, when he sets up the pairing *thinking/feeling*, what Heidegger speaks of here is more *feeling* than *knowledge*. This is why it does not belong to the order of representation ("re-presentation") and concept ("understanding"). It is rather the lived body, the register of the habitualness of the body and of emotions. For this reason, Bion uses the verb "to become" in the passive form, as if he had accepted Heidegger's idea that "abandonment is staying in waiting" (*ivi*).

Anticipating Bion, Heidegger says the "will" and "thinking as re-presenting" do "prevent" the possibility of grasping the "nature of thinking"; we may add: they prevents the possibility of conceptualizing the role that implicit or procedural or bodily knowledge ("what lies close," or "familiar" but not in the sense of being "put before us") plays in it. What is striking in these lines—and the main reason for mentioning them here—is the identification of thinking with "releasement," which strongly resonates with Bion's concept of NC/F and the harsh criticism of the scientific approach as opposed to a hermeneutic one. The stress on "wait" connects strongly with Bion's concept of the "messianic idea"; the new content that the genius or mystic brings to the Establishment in order to insert life in its stiffened thought (1970, p. 122).

Another point that the reference to Heidegger's concept of "releasement" helps to clarify is the middle-voice quality (Moore 2017) that this kind of active passivity or passive activity has. The issue, in this state of releasement or NC/F, is to escape both dangers that non-willing ends up reinforcing, instead of transcending, the will or that passivity becomes "sheer passivity." These risks are adumbrated also in Jung's (1967) concept of "letting things happen" (*Geschehenlassen*), the term he employs to theorize active imagination, i.e. the need for the analyst to release attention without letting himself being caught up in the productions of the unconscious. *Geschehenlassen* has to go hand in hand with a kind of "awakening" of consciousness to meaning that he calls *Betrachten*. I think that this may be the reason why Bion seems not totally satisfied with the concept of negative capacity, but integrates it with that of faith. Faith serves to correct the excess of will, albeit negative, that there may

be in the negative capacity and, at the same time, paradoxically to restate a milder form of will as expectancy and directionality.

FAITH

According to Bion, by avoiding memories, desires, and the operations of memory, the analyst can come closer to the field of *hallucinosis*, that is, to the only instruments that enable him to enter into unison with his patients' "hallucinations" and thus learn from experience. An attitude of this kind is characteristic of an analyst who has "faith" in the possibility of benefiting from the meaning provided by the unconscious work. In the analytic context, of course, faith is no longer a religious concept but, given the associations it elicits, just a term that helps specify which mental state may be the most desirable in trying to develop the capacity for intuition (as opposed to logical/rational thinking). The intuition of non-sensuous evidence is a key problem for Bion. In *Evidence* (1976) he mentions a patient of his that committed suicide when apparently everything was going on smoothly, and dramatically he wonders why he did not "see" his most primitive fears (Civitarese 2013).

The concept of faith clarifies better that of negative capability. This is the way Bion functions. He takes over terms and concepts from other disciplines and bends them to his purpose. He states this with great clarity. If he says that O is like Kant's "thing in itself" or if he imports words from the lexicon of mystic literature, it is not because he wishes to play the philosopher or the mystic. What interests him is "the penumbra of associations" of the new imported words and concepts. For example, "faith" means the full and trusting belief that flows from intimate conviction. It is thus close to "trust," "hope," "fidelity"; it also contains a hint of optimism, the idea that the situation will develop (*evolve*) positively. In particular, fidelity and trust form part of the vocabulary of love, and thus also have semantic correlates in *loyalty*, *devotion,* and *sincerity*. In psychoanalysis it indicates both the experience of the unconscious and adherence to the theoretical principle according to which there is *always* an unconscious level on which the subject attributes significance to experience. The unconscious is a presence that is in some ways certain, a basic postulate of the discipline, and is thus also in accord with what its principles dictate. Thus also the significance of faith in authority is reinstated.

An analyst "has faith" in the possibility of sooner or later grasping the meaning of the unconscious discourse. Bion writes:

> no one has any doubt about anxiety or about 'feeling' the reality, though what is felt is sensations associated with anxiety and not anxiety itself. Similarly, no one who denudes himself of memory and desire, and of all those elements of sense impression ordinarily present, can have any doubt of the reality of the psycho-analytical experience which remains ineffable. [1970, p. 35; see also Civitarese 2015b]

In Christian doctrine, together with Hope and Charity it indicates one of the three theological virtues (from the Greek θεός, "God" and λόγος, "word"), as Bion points out in *A Memoir of the Future* ("my friend Faith – she was called that out of Faith, Hope and Charity" [1975-1979, p. 484]). Ultimately it is a state of grace, of communion with the "divine" of language, an intimate intersubjective agreement.

Bion (1952) speaks of faith for the first time in relation to the emotional dynamics of the group. The leader must have strong faith so as to inspire the group's faith, and must be in contact with the needs of the group. In other words, he or she must share the group's basic assumption. We can transpose this onto the plane of the two-person group made up of analyst and analysand, as well as onto the "group" that exists within each individual. This gloss proves extremely illuminating–especially if we identify a more rational aspect with the function of the "leader" and a more emotional or instinctual aspect with that of the group.

In *Transformations,* Bion (1965, pp. 158-159) refers to faith as a necessary quality in the path towards access to the divine. He quotes St. John of the Cross on the need for the soul to "deprive itself of desire for all the worldly things which it possessed, by denying them to itself; the which denial and deprivation are, as it were, night to all the senses of man"; and he adds that "faith, which is likewise as dark as night to understanding. The third has to do with the point to which it travels–namely, God, Who, equally, is dark night to the soul in this life." This is presumably the source for Bion's triad of "memory," "desire," and "understanding"—but, of course, they also translate from Freud's (1912, p. 112) quote on free-floating attention the expressions: "give himself over to his 'unconscious memory,'" "withhold all conscious influences," and "[the analyst] should simply listen."

Faith is a mental state that implies a certain pain, "the state of naivety inseparable from binding or definition" (Bion 1965, p. 159). This means that each time certain elements recur together (in a "constant conjunction") they not only have the positive quality of indicating their presenting themselves together but also of excluding–negativizing–that which does *not* form part of it. And it is this exclusion that brings out the fear of what is unknown, a fear that must be countered because otherwise it prompts a search for easy explanations and false statements whose sole purpose is to drive it away.

As we can see, the verbs (inhibit/avoid/suppressing/eschewing/divesting oneself of/dwelling on/ridding of) and the nouns (denial/exclusion/absence/abandonment/elimination/suspension/suppression) that Bion uses when he talks of memory, desire, and understanding, correspond in the text by St. John of the Cross to the image of the "dark night." Arguably the *dark night* is the beam of darkness that Freud (1916) says he likes to cast on a problem when he wants to resolve it and which he mentions in a letter to Andreas Lou Salomè dated May 25, 1926 ("I know that in writing I have to blind myself artificially in order to focus all the light on one dark spot"). So isn't Bion just giving evidence here of that touch of "mysticism" already present in Freud's method? There is another aspect that needs to be emphasized. Why does Bion also talk about the "suppression of … understanding" (1970, p. 46)? Perhaps because, after those of memory and desire, the third negation (regarding "understanding"), in its turn so often negated when this concept is mentioned, is the most "scandalous"? Is it not already contained in "without memory and desire," which in themselves are essential assumptions for understanding anything? Bion feels the need, however, to add this third term because just as "God" is unknowable even to the mystic who succeeds in coming close to Him, so too the truth that the analyst searches for will never be knowable in the sense of content that will ever be formulated in language. At most it will be a partial or split-off truth, bereft of its bodily or affective counterpart. Here then we have the opposition between K (*Knowledge*) and O, between "knowing about" and "having experience of"; no longer–as for Freud–between reality principle and pleasure principle but between "*the truth-seeking principle* and *the truth-fearing principle*" (Ogden 2015, p. 289).

The last important work in which Bion (1970) comes back to this subject is *Attention and Interpretation*. In Chapter XIII, he points out that what "negative capability" defines in the negative sense–as Michelangelo says about sculpture, "by chiseling away"–"faith" defines "approximatively" (!) in the positive sense. If we think of photography, negative capability is the image that is latently visible only against the light, while faith is the photograph that is developed from it. Would we need these concepts if we were dealing with objects that can be apprehended with the senses? Clearly not–it is like asking the rhetorical question whether we would need to postulate an unconscious dimension of the mind if the mind coincided totally with the conscious. Now, it may appear absurd or too abstract or unduly speculative, but the object of our "comprehension," and especially of our performative comprehension, can only be O as the ultimate reality or formless infinite of intersubjectivity. This is why Bion speaks of "becoming O" and "evolving." When the analysand says and/or carries out an action, he does nothing other than express his being in this "formless"/"unknown"/"ineffable infinite." The same is true of the analyst. Putting oneself on the same wavelength, attaining a state of at-one-ment is merely an attempt to weave new threads of intersubjectivity; and since this is nothing other than the opposite side of the same coin of humanity, simultaneously also to weave new threads of subjectivity.

We read in Bion (1970, p. 32): "for me faith is a scientific state of mind and should be recognized as such. But it must be faith unstained by elements of memory and desire."

If we think about it, the interplay Bion describes between the positivity and negativity of the "definitory hypothesis" is nothing other than the way in which *abstraction* functions. It is like saying that if we want to formulate a concept, a universal principle, we must leave aside the details elicited by memory and desire.

In actual fact, a background of particularism—and thus of memory and desire, should always be present—in the same way as it cannot exist such a thing as an *absolute* phenomenological observation, completely devoid of mental schemata. What can we make of the concept of *tree* unless we have in the background the image of the many trees we have seen in our lives? The distinction—which is another way of counterposing voluntary and involuntary—adopts the modality with which memory and

desire are recruited: whether with "possessiveness and sensuous greed" (1970, p. 33) or from an experience of at-one-ment. It is thus not so much a matter of actively investigating meaning but rather "surrendering" to it. A mental attitude based on "faith" promotes the evolution of O and the convergence of intentionalities through various forms of reverie. Naturally the problem is that growing implies a certain pain and for this reason generates resistance. *But it is one thing to impute this "resistance" to a blind drive and another to ascribe it to the fear of suffering fresh pain in relationships.*

The relationship between negative capability and faith lies in the fact that exercising the former makes it more possible to perform "acts of faith." To put it in a formula: $F = f(CN)$. In other words, F depends on the exercise of CN; it expresses a function of it. As Wittgenstein (1989) teaches, learning the *function* makes it possible to perform operations that one has never been taught ("Yes, there is the great thing about language–that we can do what we haven't learned" [p. 28]). As Bion writes:

> An "act of faith" is peculiar to scientific procedure, and must be distinguished from the religious meaning with which it is invested in conversational usage … The "act of faith" has no association with memory or desire or sensation. It has a relationship to thought analogous to the relationship of *a priori* knowledge to knowledge. It does not belong to the ± K system but to the O system. It does not by itself lead to knowledge "about" something, but knowledge 'about' something may be the outcome of a defense against the consequences of an "act of faith." A thought has as its realization a nothing. An "act of faith" has as its background something that is unconscious and unknown because it has not happened. [1970, pp. 33-34]

We have managed to convince ourselves ever more that what interests Bion is developing the theory of psychoanalytic observation and thus of the receptiveness of the analyst to the unconscious: "Receptiveness achieved by denudation of memory and desire (which is essential to the operation of 'acts of faith') is essential to the operation of psycho-analysis and other scientific proceedings" (1970, pp. 35-36).

Practicing negative capability puts the analyst in the ideal state for intuiting the patient's "hallucinations" and carrying out "acts of faith." The process can be schematized as the transition from experience to knowledge or from feeling to thinking (O⟶K, and *not* T⟶K). From this angle of vision, the extreme point that can be reached by divesting ourselves of memory, desire, and understanding is what I have elsewhere termed "transformation in hallucinosis" (Civitarese 2015a). By radically setting aside material reality, the analyst prepares himself to see unconsciously (to dream) the most evanescent manifestations of the unconscious; or rather, when he realizes its gap from reality, he capitalizes on the creativity of the waking dream.

We have seen that when talking about both negative capability and faith Bion differentiates between two forms of memory: voluntary and involuntary. However, he does not settle for this distinction and in fact feels the need to rename the latter "evolution." Evolution is based on "an experience that has no sensuous background" (Bion 1967b, p. 17). Evolution may resemble a memory but in fact it has a dream-like quality, "the quality of being wholly present or unaccountably and suddenly absent" (1967b, p. 15). By "evolution" Bion means the type of "memory" that presents itself as "the experience where some idea or pictorial impression *floats* into the mind unbidden and as a whole" (1967b, p. 17, italics added). Something similar enters into the definition of "progress" in analysis: "'Progress' will be measured by the increased number and variety of moods, ideas and attitudes seen in any given session" (1967b, p. 16). For the psychoanalyst, psychic reality is the real world: "What is 'known' about the patient is of no further consequence: it is either false or irrelevant" (1967b, p. 17). In "Notes on Memory and Desire" this "known" is the concept that comes closest to the suppression of understanding that is clearly expressed in *Attention and Interpretation*. Remembering events from the patient's story ("*supposed* events", 1967b, p. 18, italics added) acts as an obstacle to observing how the session "evolves"; in other words, to intuiting the shared unconscious emotional experience of the session. The fact that Bion is articulating a clear principle of technique can be seen from the vocabulary he uses: "kill," "discipline," "rule," "procedure," "precept."

The concept of negative capability could then be reformulated as the exclusion of *intentional* acts of perception at the pole of sensitivity,

and the exclusion of acts of understanding at the pole of the intellect, in order to intensify as much as possible the production of emotional pictograms and images. Not only because of their unsaturated, open, and ambiguous nature, but also because of the oscillatory (dialectic) functioning of the imagination, that is to say, of dream thought, this is the realm in which we see things from several points of view as well as in a complete, emotional, *and* conceptual way. This is why they seem true to us, and we ourselves with them. In Bion and in analytic field theory, which represents an original development of his thinking, one of the occasions in which negative capability can be exercised is in rigorous listening in the here and now.

As we see, Bion's borrowing of the concept of negative capability from Keats is by no means an extemporaneous gesture. Precisely this shift toward an artistic model, which is a *Leitmotiv* of *Transformations*, is something that marks a great difference with regard to Freud's concept of free-floating attention. Bion and Keats are united by a deep spiritual communion. The same romantic imprint can be read between the lines in the thought and work of both. As in Keats, central to Bion is the *aesthetic* and intersujective creation of oneself (Civitarese 2018a), development, evolution, of truth–platonically–not as something to possess (or know) but as "becoming." The important thing is to concentrate as much as possible on the making, respectively, of poetry and of (poetry of) mind. This is the ascent towards spirituality that mystics describe so well. This kind of alchemical transformation has to do with the force of the imagination, with the *intensification* of experience, and therefore with passion. Here it is a question of predisposing oneself so that things occur and manifest themselves with the "special clarity" (Reik 1935, p. 161) they have when they surprise us. Surprise signals the gap between conscious and unconscious comprehension. Unconscious comprehension is necessarily broader and richer precisely because it coincides with the poetic mode of making sense of things.

It is the mode of play, of ambiguity, and of the simultaneous presence of several perspectives on the same object. For this reason, imagination and dream play a key role in the process. For this reason, Truth and Beauty tend to converge in the same locus of the spirit. The negativity of negative capability is nothing other than tactical, merely a first step. Basically it is a positive negativity. The language of achievement has

little to do with success or failure in the worldly sense. It belongs rather to the lexicon of creation, to what in Heidegger presents itself as the theme of authenticity. In other words, it belongs to the mastery of self, to an idea of life "as of an initiatory experience, that is an experience in which a second birth comes about" (Fusini 2019, p. xxxvi). It develops as a path of approximating O, ultimate reality or the thing-in-itself, Truth, the divine, the invisible of the unconscious as "formless infinity."

For Bion, therefore, mysticism means a domain in which what dominates is the register of experience, pathos, aesthetics as sensation, but also sentiment (both come from the Latin *sentīre*), and thus emotion. "I am certain of nothing" Keats (Rollins 1958, p. 184) wrote in a letter to Benjamin Bailey—it is to be noted in passing the role of epistolary writing in the development of the concept of NC/F: we have the three examples of Freud's letter to Lou Salome, Keats's letter to Bailey on November 22, 1817, and Bion's to his wife Francesca on October 3, 1967, after the reading of the paper on negative capability in Los Angeles.[2] Keats continues:

> I am certain of nothing but of the holiness of the Heart's affections, and the truth of Imagination. What the Imagination seizes as Beauty must be truth. The Imagination may be compared to Adam's dream, — he awoke and found it truth. I am more zealous in this affair, because I have never yet been able to perceive how anything can be known for truth by consecutive reasoning … . However it may be, O for a life of Sensations rather than of Thoughts. [1958, 1817, pp. 184-185]

NEGATIVE CAPABILITY AND FIELD THEORY

Now, the point is that while these formulations by Bion may be compelling and fascinating, we must also ask two key questions. We have seen here and there—in and between the lines—in what way they differ from

[2] Bion writes: "The 'paper' (of course I didn't read it) went off all right. . . a number of people seemed to feel that *this* time a lot more people grasped the general idea. It might have turned out anyhow—including a boycott" (Abel-Hirsch 2019, p. 373).

free-floating attention. But now the key question is: how can we transform them into sufficiently versatile instruments to be used in clinical practice? This is where analytic field theory steps in. In my view, it has three fundamental merits: a) without disregarding the contribution made by the Kleinian version of Bion (up to *Second Thoughts*: the watershed was *A Theory of Thinking*, the last paper contained in the book), first and foremost it turns to account later Bion, the Bion that goes from *Learning from Experience* (1962b) to *Memory of the Future* (Bion 1975-1979; Civitarese 2017) and the various seminars; b) it provides a coherent account of many of the concepts that in Bion remain fairly obscure, or too bound up with his idiosyncratic capacity of intuition, and develops them; c) starting from Bion's brilliant contribution to the study of the emotional life of groups and the centrality of the mother-child relationship as a model for analytic work, it elaborates an authentically intersubjective vision both of mental development and analytic work; d) it puts together an extremely useful tool kit to help make Bion's ideas applicable in clinical practice–a practice that, from what we can glean from his clinical vignettes, remains essentially Kleinian (which can also be said of James Grotstein, his analysand and clever interpreter); d) it grafts onto Bion's thinking the highly important contributions that help construct an effective field theory (from the Barangers, Corrao's [1998] theory of narrative transformation, the experience of group psychoanalysis in Italy, Robert Langs' way of listening to unconscious confirmations for interpretation, Nissim Momigliano's principle of *respectful* listening, etc.). There is not enough space here to enumerate them all, let alone explain them. I prefer to illustrate them by means of some clinical vignettes and explain some principles of the technique in my comments. However, before going through the vignettes, as promised at the beginning, it is worth bringing to mind some essential postulates of Bion's thinking and of analytic field theory.

For Freud, the unconscious is never anything more than the hold where we stash things that are unspeakable and abject. It is true, in the second topographical model it is much more kind of a function of the mind than an attempt to map its geography. And it is also true that the "transformative" theory of dreaming sketched out in *Beyond the Pleasure Principle* (Freud 1920) sounds very modern (Civitarese 2016b). Nonetheless in 1932 Freud still characterizes the unconscious as "a

modern State in which a mob, eager for enjoyment and destruction, has to be held down forcibly by a prudent superior class" (Freud 1932, p. 221). With Bion, the concept of unconscious changes radically (Civitarese 2011). The step is taken from Freud's principle of oneiric "distortion" (which he considered his most original discovery) to Bion's principle of "transformation." Bion defines the unconscious as the "psycho-analytic function of the personality … ψ" (1962b, p. 89) and calls it "infinite" (1965, p. 46). In essence he sees it as an apparatus for symbolization, intersubjectively constituted, whose purpose is to give meaning to experience—after all, not so different than Lévi-Strauss (1963) conception of the unconscious as a symbolizing function. Consequently, the analyst who adopts Bion's mode of vision no longer goes in search of repressed contents which, when revealed, might magically alleviate the symptoms. Instead, the aim is to develop the faculty of the psychic "container" so as to give meaning to experience; so to speak, "to dream" that is, to translate experience into emotional, visual, tactile, kinesthetic pictograms, etc. Dreaming is no longer about destroying meaning to hide latent "true" ideas that the individual's moral agency condemns, but rather about composing the "poetry" of the mind, "our most encompassing, penetrating, and creative form of thinking" (Ogden 2010, p. 328). Affect/emotion is not a phenomenon of discharge but rather the shared and intersubjective form of meaning creation (or "truth": the food that nourishes the mind), first on an ontogenetic and then on a structural plane of the individual.

From the point of view of field theory "*c'è sempre campo*"[3], i.e. "you can *always* get reception." In other words, the unconscious communication between minds that creates so to say a third mind, is always active, both when the overall result (*Gestalt*) runs in the direction of the creation of order or not. The "breathing" of the field consists in these oscillations from *plus* to *minus* field or vice versa. If the field is always active, then *whatever the actual content of the analytic dialogue may be*, it can be seen as if it were the evolving text of a joint dream. As Bion enjoins in the

[3] The Italian expression plays on the double meaning of the word 'campo': field and signal.

case of memory, desire, and understanding, *factual reality is not to be cancelled out but kept in the background.*[4]

RECEPTIVENESS

Here are some very brief vignettes showing how field theory interprets the Bionian precepts of adopting negative capability (or better, NC/F) and paying attention to the current emotional experience in the relationship as the only thing that matters in psychoanalysis. I trust that these vignettes make clear what Bion means by transformation in O and field theory, by transformation in dream or in hallucinosis, namely the analyst's ability to let himself be surprised by the epiphany of meaning, by giving the unconscious the time to do its job of "translating" the experience. He should have an "aesthetic" disposition, a willingness to come into contact with what *evolves*, as Bion writes, "of darkness and formlessness" (1970, p. 26).

Now, the paradox is that in principle *transformation in dreaming is all the more effective, the more it is a true transformation in hallucinosis*, namely when listening to everything is said as if it were the telling of a shared dream is preceded by a phase of full adherence to the realistic content of discourse. *The true paradox is that the first negation/suspension implicit in negative capability should not pertain to reality but to the reality-seen-as-dream.* Of course at every moment it is not a matter of on/off but of gradients of sensitivity to the unconscious dimension of discourse. This can express itself also in step-by-step adopting views on the unconscious from different psychoanalytic models, hopefully moving towards the most intersubjective ones. By the way this means that in the field theory approach a full account of "supposed events" is never really neglected. What *is* at stake is the possibility of *arriving* to have on them a radical and coherent binocular vision.

[4] The concept of field is also very different from that of enactment, that is to say, a phenomenon defined as restricted and meant to be dissolved. On this, cfr. the *PEP Consolidated Psychoanalytic Glossary* (2016): "Enactment is a co-constructed verbal and/or behavioral experience during a psychoanalytic treatment in which a patient's expression of a transference fantasy evokes a countertransference "action" in the analyst. . . . . they are resistances."

Rhythm

> Analyst: You believed in his sincerity.
>
> Patient: Yes … he was very sorry himself that she had to leave me … . He just sent a message: my battery is going flat, and I don't have the Internet. So I haven't heard from him since then.
>
> An. Ah, it must be *sad*, this uncertainty.
>
> Pt. Yes, he was always like that, *sudd*enly appearing and *sudd*enly disappearing.

The patient answers the analyst's question by repeating the sound of the word *sad* (\sad\) twice in that of *suddenly* (\s-d-n\), and also by repeating the consonant "d." Moreover, it is the word itself, repeated twice, that appears and disappears. Thus, communication takes place in a dizzying manner between the conscious and the unconscious plane, and between semantic and semiotic meaning–that is to say, poetically. By "poetically" I mean that there is no disjunction between semantic meaning and tone or rhythm. It is as if the patient were signaling the integrative effect of being on the same wavelength after the analyst's remark. Then, since this is a translation in English for supervision of the original text of a session that took place in another language, we might also think that it is the effect registered by the analyst unconsciously. As Bion argues regarding the misleading accuracy of clinical accounts (Civitarese 2017), "translation" reflects what happened emotionally better than a mechanical recording would. This vignette could also be taken as an example of what it means to listen to the music of what is happening. The "nightmare" of the patient not necessarily reflect that of therapy but its *telling* in the here and now of a session—virtually—yes. Then the analyst waits for other clues. In the same way, another similar unconscious emotional field is generated in the supervision session, even if with many more restrictions. Yet, the possibility of the nightmare of a *sadness*-as-a-character both in the analysis and in the new field of the supervision session should get some attention. Seeing these quite surprising effects in speech as an emotional function/or basic assumption that pervades the group of two in a certain moment gives the analyst the possibility to get in touch with the intersubjective emotional truth of the session (O) and

take then responsibility for it—precisely because it is a *field*, and not just a transference or projective phenomenon.

Ice-cubes, Us and YO∩s,

A. recounts a dream: "*We were just throwing* ***i****ce-c****u****bes at each other in the shape of an inverted U.*" Based on this dream (or rather the dream jointly dreamt in the session, the telling of which is nothing but a narrative derivative) it is difficult not to think that the intersubjective field of analysis suddenly seems to have turned negative, namely regressive and disorganized. It is difficult not to hypothesize that fragments of screaming "*Is"* were not being adequately contained by receptive Us (YO**Us**, but also WEs?). How can one not imagine that they were being met only by convex and non-concave others or YO∩**s**, to the point of becoming bizarre *ICy*-objects or *nightmares* (in Italian, "incubi")?

Then the right question for the analyst would be: why (*the telling of*) this dream? Why now? What does it suggest if I see it as an allegorical tale of the emotional function active in the here and, now and stemming from the inextricable and symmetric field generated by the intertwining of the two unconsciouses? Even if it is unconsciously co-created, what is my responsibility in it? What can I do to go from nightmare to dream once I consciously read it accordingly with my experience and knowledge? What can I say to reinstate a true containing function—not just *mine*, as I cannot control the process completely and directly—but *of the field*?

TLC

In the text of supervision session in English, a patient, A., says: "I wonder if I didn't get enough TLC[5] from mum." The session had begun with A. finding himself faced with the analyst's closed door and sadly having to wait for him in the rain. The characters "closed door" and "TLC" were combined into one coherent narrative. The same goes for his wife ("wife"), who had driven him out of the house, and a welcoming new fiancée (B.), who had to have an MRI because of a contusion suffered while playing football and a gastrointestinal endoscopy to diagnose a

[5] TLC acronym usually stands for Tender Loving Care, but I have also found Touch Love Connection and Touch Love Cooking, Top Level Care, The Learning Company, Teaching Learning Creativity, The Laughing Classroom, and many interesting others.

possible tumor. *I mean that I listen to all these stories and people as a way the "third mind" of the field tries to digest (or dream or transform) the current emotional turmoil.* The impenetrable (temporary) nature of the object was narrated with references to freemasonry, and to hidden and prophetic truths. At the end of the session, however, the analyst found a receptive listening posture, and began to move from giving explanations and asking questions—what the patient lived as a lack of true TLC—to simply intervening by "punctuating" the conversation. In the final part of the text A. used expressions such as "'M' is capable of unconditional love … she is so feminine and gentle and caring. It is a greater level of emotional maturity … The sex is good." Eventually and great simplicity the analyst grasped the emotional air they were both breathing at this point and comments: "She makes you feel very good," and A. answers*:* "Oh yes … yes."

So, again, here the point about NC/F is in radically putting in the background 'real' reality (Mum, the door, B…) and listening to the dream of the session—or to the "hallucinosis" of the session when this vertex is recovered only in a second step. Bion would literally say that if you don't do that, simply you don't understand the nature of psychoanalysis. *"Tankish" enough.* Indeed this is fiercely opposed by those who adopt a realistic or an anti-negative capability stance and apodictically insist that trauma, past, and history are important. *But … It cannot be so simple, because … WHO WOULD DARE DENY THIS?* The argument is about what the better intersubjective strategy then is to increase *in the therapy* the capacity of the patient in dealing with his biography/or subjectivity.

Post-it

A. tells me that he is very worried about a "very dear" friend of his who is sick and shut in at home because he is deeply depressed. Although this person is in psychotherapy and undergoing pharmacological treatment, A. is afraid he might commit suicide, because he gives the impression of being very desperate. The situation has been going on for several months and a previous hospitalization does not seem to have helped much. The therapist has asked a few of the patient's friends for their phone number because he is rather lonely and has no one except his wife, who is very aggressive towards him.

I get the idea of a situation that is perhaps not being dealt with properly, and for some time–actually, quite a long time–we've been having a discussion about what to do. I ask him various questions: where does he live, who is responsible for his therapy. I end up giving him a post-it with the name of a fellow psychiatrist from Milan whom I hold in high esteem and whom I suggest he might contact if necessary. Naturally, we are agreed that it is best to avoid entering this delicate situation too heavy-handedly and that we should get a better idea of things before coming up with any suggestions. A. tells me that at any rate they would be in touch very soon.

A short silence follows and A. starts talking again. He tells me about a dream. *He has just had laparoscopic surgery for the removal of his appendix. He was told to be careful after the operation and not to move too much. He complies with these instructions and the first time he attempts a few movements he is positively surprised because the pain he was expecting doesn't happen.* He wonders about the meaning that the removal of his appendix may have, given that it is a vestigial, primitive organ that has no real function, apart perhaps from a defensive function. The fact of the matter is that the operation had involved a marginal, secondary aspect. "It's not very encouraging," he tells me. "Something more important may have been overlooked … all this movement," he continues, "but without affecting an important organ. There may be something that is difficult to focus on."

At this point I shake myself out of a kind of slumber and think back to the exchange we had a few minutes earlier, where we had talked about his friend in very practical and concrete terms and where no analytic listening was involved. It was almost as if, in a situation where there was a risk of suicide, a sense of alarm had been communicated to me that had prompted me to suspend, or almost suspend, the rules of the internal analytic setting in favor of a more active or supportive intervention, even though apparently it was directed *elsewhere*. So I am able to reply that if I think about it, I wouldn't even say that we were having a hard time focusing on the important points. This is in fact what may have happened when we talked at length about his friend, a kind of secret companion, and his depression. A. agrees that it is true, that there could be a connection because before talking about it, at the beginning of the session, he told me that he felt "a kind of affinity" with him that

came out "… in their need for love, in the wound of not having been loved, in the anger they both feel inside as a result." Then he goes on to say: "It's as if … I've been trying out the path of bulimia in life and he's been trying out the path of anorexia … I don't know whether there is some kind of depression in me, but certainly I do have the feeling of having been abandoned. Sometimes I feel certain sensations and I think that if they were amplified they would be the same as my friend's feelings."

What struck me in this session was that my gesture of giving him a post-it with the name of the "savior-like" colleague from Milan, a person who gives medicine (and does so very well) amounted to a kind of "reverie in action"—from my angle not an enactment. By giving him the post-it with the mobile phone number (a very *private* number), I was playing/impersonating the same "savior-like" role. So I was (or *we* were) perhaps communicating to him (and myself) that it was time to activate a "psychiatrist" function, something more active, in the face of an analysis that was running the risk of suicide, and in the meantime I was behaving more actively with him. Clearly, allowing myself not to be too worried about whether or not to abide by the technical analytic principle of practicing a certain self-restraint, even though my theoretical framework might reformulate it as detachment from desire, memories and understanding, *has enabled us to dream together a true dream, which had the same hallucinatory concreteness as the dream*, prompted by the association with Bion's paper entitled *The Imaginary Twin* (1950). *I don't see myself in any way as getting caught in an enactment*, but only in a shared dream from which we later awoke—and this is precisely the moment in which it became a true dream. The intervening passage of dialogue, apparently completely realistic and not psychoanalytic in nature, was the real work of the dream that focused on something I read as mainly belonging to the here and now and to the ongoing negotiation about reciprocal recognition.

As always, the "hypochondriacal" function Freud (1917) ascribes to the dream is extraordinary: it acts as a kind of a magnifying glass that enlarges infinitesimal details otherwise not perceptible in the state of wakefulness. This is how dreamlike thinking would make it possible to "diagnose" physical illnesses in the initial stage, turning a small grain into a mountain, allowing the invisible to become visible. Obviously, Freud's hypothesis can be extended from the physical to the mental sphere.

It goes without saying that this way of reading the session as an uninterrupted dreaming, dreamt by conjoint minds, of the current unconscious emotional experience (O) only makes sense within the new Bionian theories of affects (H, L, K) as always linked to a relationship; of thought; of dreaming as an activity that is always active, either in sleep or wakefulness; and of the unconscious as a psychoanalytic function of personality, namely within a paradigm that is no longer that set out by Freud or Klein, even though it has its strong roots in both. The unconscious in question is no longer that which obeys the principle of distortion (*Entstellung*), the criminal State that has to be controlled by an "internal police force" (Freud 1932, p. 221), but rather the principle of *transformation*, if we understand this term not in the merely descriptive sense but as a truly new psychoanalytic concept (Civitarese 2018b).

If it were not so, if the above-mentioned postulates were not held to be necessary and sufficient conditions, I would certainly not be authorized to interpret the clinical material in the terms of the joint dream of the couple. I would not see it as leading presumptively to the unconscious affective link which is active in the here and now. Consequently, I would not gain a possibility for at-one-ment with the patient, which is what I conceive as the main factor for making the minds grow. I would have no theoretical justification upon which to found a "centripetal" interpretive movement whose goal is to fictionalize or deconcretize that which presents itself as mere factual reality. I would not focus my attention on the proto-emotional unconscious experience lived by the couple in the here and now of the session–our "famed" O. Maybe I would think of rêverie, whether somatic or not, as of a waking countertransference dream, which to my eyes is *not* a true intersubjective model. I would end up falling again into a traditional view, with all its attendant limitations—why otherwise the "explosion" of the relational galaxy in the last decades? By doing so I would deprive myself of the tools that we have finally acquired to define more precisely the participation of the analyst's subjectivity in the process of treatment and in the most radical and coherent way. Above all, I would be acting as if I did not now have effective concepts to enable me to adopt an authentic ethos of hospitality and to avoid kinds of listening that are suspicious, moralistic and pedagogical–in the last resort, nothing but insidious disguises of ideology.

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On Delusional Thinking in Schizophrenia: Investigating the Communicative Potential of Delusional Emergences During Sessions

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ON DELUSIONAL THINKING IN SCHIZOPHRENIA: INVESTIGATING THE COMMUNICATIVE POTENTIAL OF DELUSIONAL EMERGENCES DURING SESSIONS

BY PAOLA SOLANO AND LUCA QUAGELLI

Delusions have often been considered incomprehensible, haloed with fear, dread, and awkwardness. Emotional encounters with delusions stimulate complex countertransferencial dynamics entailing the experience of the psychotic's withdrawal from, and renunciation of, reality. We suggest that delusions represent unsymbolized emotional experiences that were so violent that the development of ordinary symbolization processes was prevented and, hence, their communicative potential is extremely high. It is manifested during sessions through delusional emergences and the consequent process of the therapist thoroughly working through such complex countertransferencial experiences may foster transformation and initiate symbolization processes. Drawing on in-depth clinical material from the treatment of a schizophrenic girl, we discuss our understandings and identify different steps in the transformation process of delusions showing the patient's growing capacity to use the analytic relationship.

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Keywords: Delusion, psychosis, countertransference, transformation process, delusional thinking, representation.

Delusion has often been considered the hallmark of psychosis: haloed with fear, awkwardness, and anxiety. Emotional encounters with delusion threaten the inherent common sense of reality stimulating feelings of estrangement, alienation, isolation, and even rejection through its apparent non-comprehensibility, which is often enhanced by the bizarreness of the delusional content. We believe these emotions witness and communicate the complexity of the psychotic's withdrawal from, and renunciation of, reality, thereby entailing potential for communication *in nuce*. Drawing from Freud's suggestion that there is a piece of historical reality in psychotic delusions (Freud 1937), we conclude that delusions have both negative and positive functions. Thus, delusions can be a way of evading reality and used to attack and interrupt analytic contact when perceived as too intense or threatening (negative function) and also a way of letting unrepresented emotional experiences emerge that otherwise could not be communicated during sessions (positive function). Therefore, the emergence of delusions should not be considered simply as an attack on emotional contact, but as the interruption of *a certain kind of communication* that takes place at a relatively mature level in which affects and emotions can be shared through a common language within the therapeutic relationship.

Psychotic patients cannot represent certain emotional experiences or re-activate them during treatment through classical (neurotic) symbolization mechanisms because of prevailing psychotic dynamics that characterize the very nature and structure of their minds. In particular, unrepresented emotional experiences are inscribed in the psychotic's mind through mechanisms that produce bizarre narrations, namely delusions that can also be seen as attempts at shaping emotions and experiences that the psychotic mind could not represent otherwise. Thus, delusions elude reality by putting forward and luring the mind with other dimensions but, at the same time, entail the crystallized distorted trace of emotional experience that can only emerge and be communicated during sessions through the language of psychosis. In this way, delusions can be thought of as the patient's extreme attempt at symbolization that, however, can never be achieved.

In this paper, first we put forward and discuss the idea of the communicative potential of delusions, which appears more and more clearly in the process of transformation of delusional content during treatment. To this end, we identify and describe a range of delusions developed during treatment that differ due to the relationality of their structures; hence, the possibility of being used and transformed by the therapeutic process. Therefore, subsequently developed delusions witness the patients' growing possibility of "using" (Winnicott 1968) the analytic relationship and expressing their psychotic experiences in the transference to some extent. Second, we present and discuss our conceptualizations together with certain issues concerning technique through in-depth clinical material from the treatment of a schizophrenic girl in which the function and meaning of delusions are examined and discussed in different moments of the session.

Our study concerns delusions that tend to remain stable in the course of non-remitting psychosis, despite psychopharmacological treatment, or emerge during sessions after a relatively long period of treatment. Therefore, our understandings should be extended with caution to delusions of acute psychotic episodes that deeply differ from persistent delusions of non-remitting states (Bleuler 1911). Moreover, despite their severity and destructiveness, the pathological structures we refer to allowed patients to tolerate and be engaged in treatment for a relatively long time so that psychic change was achieved up to a point.

ON DELUSIONAL EMERGENCES DURING TREATMENT

Clinical experience with patients affected by non-neurotic mental states has suggested different stages of arrest and impairment during the symbolization process due to the patient's inability to develop their representative function. Indeed, the psychotic mind carries out the process of subjective appropriation of experience in a particular way without holding to quantitative degrees of symbolization but rather to qualitative ones ruled by psychotic principles conditioned by thought-echolalia (Arieti 1955) such as over-inclusiveness, condensation, fragmentation, analogy (Bleuler 1911), similarity, blurring of the limits, reversing of projective identification, and concreteness. Delusional emergences

during treatment show the complexity of psychotic minds in which the intertwinement of non-psychotic and psychotic parts of the personality (Bion 1967) determines the development of awkward and distorted emotional traces that also entail relevant communicative potential to various degrees. We specifically advocate that the psychotic mind strives to re-activate and transform unrepresented nuclei lying within its *core* through the construction of compact agglomerates (Bion 1956), which are formed by new re-arrangements of sensorial, perceptive, and emotional fragments.

Drawing on these conceptualizations, we put forward that primary delusions are narrations that communicate—albeit in a bizarre way—the experiences of interruption, break down, and disruption of the sense of continuity of being together with the connectedness with the object that the psychotic mind is unable to structure or express otherwise. Therefore, delusions patch the tear in the personality at times when psychotic dynamics prevail without being able to fix it—as ordinary symbolization would do. Rather, they remain as concrete and *unheimlich* objects in the mind that are continuously re-activated without undergoing repression, both because of their nature and structure of the mind in which they exist.

In fact, clinical experience with psychotic patients has shown that the emergence of delusions during sessions repeats and brings the patient's experience of interruption into treatment through the therapist's bodily countertransference because these experiences never reached proper symbolization and, therefore, cannot be communicated in any other way. Feelings of being violently cut off, falling, and even attacked are commonly experienced in therapists' countertransference when delusions emerge during sessions together with the sense that their apparatus for thinking is unsuitable for understanding the language of delusions. Thus, therapists are confronted with intolerable feelings of estrangement, alienation, isolation and puzzlement, which entail the patients' potential communication of their unrepresented experiences. Therapists have to receive, tolerate, and contain violent feelings of disconnectedness from the environment, the other, their own emotions, thoughts, and even their body in order to begin a delicate process leading to symbolization. From this vertex, the emergence of delusions

during sessions denotes the appearance of a more primitive level of communication and not an attack on communication *per se*.

Drawing on our hypothesis of the communicative potential of delusions, we identified a range of transformative steps developed during treatment in which the relationality and plasticity of the delusional structure vary along with the possibility of being used and transformed by the therapeutic process. For instance:

- *The first kind of delusional emergence* occurs continuously in the mind of the psychotic, independently from the treatment situation. These delusions are often quite structured, markedly a-relational and a-historical, and are typically present during the first stages of treatment. They tend to be rather fixed, "always the same" and cut off from emotional contact and the environment. Therapists are likely to feel isolated, estranged, confused, and rejected when this kind of delusional thinking emerges stemming from a parallel and apparently incomprehensible psychotic dimension, which therapists need to accept being excluded from. The clinical material that we present in this paper is from an advanced stage of treatment when this kind of delusion rarely appeared. Therefore, no further details will be presented.
- *The second kind of delusional emergence* is similar to the previous as far as structure and delusional content are concerned, but differs in the moment of emergence during sessions, which has a first relational quality. For instance, these kind of delusions emerge when they are emotionally reactivated by the therapeutic situation during sessions, rather than following psychotic intrapsychic dynamics. In these situations, delusions make patients and therapists experience some affects belonging to, up-to-that-moment, unrepresented experiences that have been reactivated by echoing emotions brought forward by the analytic emotional contact. Thus, delusions allow patients to re-experience original anxieties more safely because they are kept at bay through distancing, a-temporality, and a-historicization. We believe that it is important that therapists do not interpret the meaning of a delusional emergence at this stage because patients could perceive it as a violent attack wiping away their fragile defense. At this time, patients still need delusions to a certain extent to mediate

both communication and contact with their inner world. Rather, the possibility of experiencing this delusional mode with the therapist, and within the setting, provides an interpretative experience *per se* (Quagelli and Solano 2016). However, therapists may not understand what has prompted the reactivation of the delusional material during the session. It could have been something very generic or poorly comprehensible to the therapist whose experience of what happened is likely to differ from what is perceived and understood by a psychotic mind that has its own associative dynamics (e.g., thought echolalia and re-arrangement of emotional fragments). Delusional emergence during sessions provides high potential for working through and transformation since it marks the therapist's potentiality for reaching and contacting frozen and split off psychic nuclei thereby allowing their first emotional mobilization.

- *The third kind of delusional emergence* is likely to recur in advanced stages of treatment intermingled with the other kinds of emergences. These are much more relational delusions that are directly involved and refer to the therapist in the delusional reality whose driving force and main dynamics are the same encountered in the original delusion. This type of delusional emergence can be enacted in the transference or openly verbalized (e.g., "You want to lock me up in jail!" or "I know you. Behind your well-meaning attitude, you really despise me and want to replace me with my twin!"). We believe that this allows therapists to start interpreting more openly in the transference having the highest transformative potential.

Obviously, the different kinds of delusions are likely to co-exist in the mind for a long time and swift switches from one to another often occur, especially towards less relational ones, when anxious. To some extent, these subsequently developed kinds of delusional emergence witness the patients' growing possibility of using the analytic relationship, being engaged in the treatment, and expressing their psychotic experiences in the transference together with their increasing capacity to recognize and tolerate otherness. However, these are just tentative suggestions towards attempting the first conceptualization of extremely complex and barely comprehensible phenomena. Therefore, the transformation process of delusions is fluid and entails a much larger range of

developmental steps than the proposed ones that should be considered partial and limited. Each category encompasses different variants with their own nuances, which, to the best of our knowledge, are still to be investigated.

Clinical Material

While preparing this paper, we wondered about presenting such detailed clinical material instead of focusing more on the patient's story and whole treatment. However, we chose to present two in-depth sessions in order to provide readers with a more direct experience of the clinical encounter with psychosis. For instance, readers may be overwhelmed by a confusing sense of "muchness" after reading the two sessions subsequently. It's too much, too full, and there isn't enough time or space left for thinking. The rhythm of the clinical narration cannot be easily followed and the mind becomes unclear despite the need to carefully ponder each word that may unfold new associative and interpretative paths. This overwhelming dimension characterizes the analyst's emotional experience when accepting to encounter and be submerged by psychosis. This preliminary consideration is fundamental because it helps us make contact with the analyst's emotional attitude while working with psychosis and we believe it to be the only one useful to approach and discuss the presented material.

Miss F. was 22 when she was referred to me [Solano] by a colleague after her second hospitalization due to self-cutting, severe suicidal ideation, persecutory delusions, and auditory hallucinations. She had attempted suicide once when she was seventeen by throwing herself into the sea after overdosing on psychopharmacological agents, "Because *they* wanted to kill my family and punish me for continuing to live . . *they* had bribed me to commit suicide and that was the only way my family would be safe." She had heard them saying this to her during the attempt. At that time, she was diagnosed with schizophrenia and had begun regular pharmacological treatment, comprising of risperidone 7 mg per day, at the public Mental Health Centre but refused rehabilitation programmes due to severe difficulties in relating to her peers and psychotherapy because she was afraid that "the therapist could contaminate her mind." Miss F. had only a partial response to pharmacological treatment that

she has continued ever since and accepted to begin psychotherapy after her second hospitalization.

The first time I met Miss F., she had a dismissive, sad look. After shaking my hand feebly, she muttered a few quick words of greeting that I could scarcely understand and rushed to a chair nearby then remained in silence. She was pale, with big blue eyes that took quick, furtive glances at me but soon sank down to the floor again. During our first encounter, Miss F. told me that when she was fifteen she had begun to "hear voices" warning her that her elder brother had poisoned her food. She had lost a lot of weight and stopped going to school because she distrusted everyone outside her home and spent the whole time locked in her room reading books. I tentatively suggested that she must have been very sad. There was no immediate reply but then she said, "Everybody hated me and wanted me to disappear … *They* knew where I was." All of a sudden, she asked me if she could leave the session earlier that day. I felt sad and defeated, though a feeling of uncertainty was growing inside me. I wanted to tell her something—just anything—to help her continue the session, but I was lost for words. So, I told her that she was free to do so if she had to. When she reached the door of my consulting room, she stopped, looked at the chair where she had been sitting and went back to it and said, "Things are going badly … I can't go on like this." Miss F. remained for the whole session and I felt increasingly confident about our work together.

During the following months, Miss F. told me that "things became bad" for her before her parents' divorce. She lived with her mother and younger brother while her elder brother had married a foreign girl and moved abroad. Despite the divorce, her father lived in the same house. Her parents had created two separate flats but with a shared hall and kitchen where her parents organised fixed shifts to use it. Miss F. commented that her father "had to move away, but simply couldn't because he wouldn't have survived without her mother." Moreover, Miss F. told me that she had just finished high school and had begun to go out alone despite her fears that "someone could harm" her on the street and so she could come to our sessions on her own. Her thought and speech were often fragmented and it was difficult for her to attend the whole session. Nevertheless, she never missed any and was always on time. She

was obliging and I felt that she was doing her best to be helpful despite her fears and violent anxieties that often threatened our work.

During the sessions, I felt that Miss F. lay somewhere beyond the violent anxieties and delusions that often filled our sessions preventing us from establishing and preserving an emotional link inside herself and between us.

A Few Introductory Notes on the First Years of Treatment

The first years of treatment were characterized by intense delusions that seemed unchangeable and impenetrable, like rocks standing between Miss F. and me, for whole sessions. At that time, Miss F.'s long silences between one delusional fragment and the other left me alone with a spreading sense of loneliness and void while I struggled and attempted to access anything meaningful by putting together what she had said so far, but always without success. Helplessness, dullness, resignation, despair, and disconnectedness imbued our first three years of treatment and I increasingly felt that I was not equipped to make contact with her and what she was trying to tell me through the scattered fragments that she verbalized.

For a few months the sessions were repetitive, boring, and seemed endless to me. Nothing changed. All my attempts to make contact with Miss F. were annihilated and I felt as if I was living in an everlasting, motionless present. I started to feel more and more despaired and hopeless. Gradually, I began to notice that my despair grew every time Miss F. told me something about her daily life, then about her life story and suffering before falling back into delusions. The sensation of despair was accompanied by intensified feelings of disconnectedness that isolated and fragmented what Miss F. had actually verbalized so much that it became a barely distinguishable fragment from the delusional ones. Since confusion often followed these dynamics I told Miss F. that it was difficult for her to keep contact with one train of thought without being dragged away from it and becoming confused. Miss F. was touched by this suggestion and, in the following months, I tried to reach her by talking about her difficulty in keeping delusional thoughts away from other thoughts that were "more in touch with her daily life and me" (as we called them). At that stage, Miss F. was unable to tolerate my interventions concerning her wondering about which thoughts she should listen

to and believe in and which she reacted to by becoming persecutory towards me. The delusional reality was an absolute and unchallengeable certainty that I felt I had to accept at that moment. Miss F.'s delusions were like concrete facts that I had to learn how to survive from and make use of. I was confronted with the same dilemma as Miss F. regarding which train of thought to follow. On the one hand, I felt that talking about her delusions more openly could have involved strengthening them and being overwhelmed by something I was unable to deal with, but, on the other hand, I had no idea how else to reach Miss F. unless I tried making contact with her through her delusional beliefs. I was afraid and spoke to Miss F. about her fear of being overpowered by persecution and her need to chop up all her thoughts in an attempt to master them. Miss F. told me that she was unaware of that, but she was in pain when she felt that "everybody was angry and wanted to hurt her" and didn't know what to do. Miss F. was frightened because she believed that I thought that she was crazy, like everybody else. To this, I commented on the difficulty of being alone with so many anxieties and fears with nobody to talk to and help her with them.

These emotional movements—from helpless void and paralysis dominated by impending delusions to the possibility of beginning to talk about Miss F.'s loneliness and helplessness—became a pattern in which we were immersed for countless hours and was repeated over and over again.

My sense of boredom due to the repetitiveness began to be paralleled by a feeling of safety because of the "predictability" of our sessions. I wondered whether I was unaware of being in an impasse or if I had to heed my feelings regarding repetitiveness, which was meaningful as, it provided some sort of holding. Confusion had been replaced by rhythmic order. At the beginning, through barely perceptible changes, the pattern had started to develop and Miss F. began to talk more about her daily life during the sessions. Consequently, we began to be more connected with the rest of her life and, at the beginning of the third year of treatment, Miss F. told me, "I came by bus today. I was on my own. Everybody looked at me and thought that I was a dirty fool. They were glad when I got off here … Yesterday, I went to buy some magazines by myself. It was strange. I'd like to go to the city centre one day." Slowly, Miss F.'s persecutory delusions decreased so much that she managed to

go shopping and walk around the city on her own without being overcome by persecutory fears because she was able to contain them slightly more. In the following months, I became increasingly curious about her delusions and asked her to explain to me what she meant by the different fragments that appeared between us during sessions. This long and difficult process allowed Miss F. to finally begin to weave her delusional fragments together and develop a delusional narrative but, at the same time, to experience me as a human and less persecutory presence in the room.

Midway through the fourth year of treatment, Miss F. agreed to attend rehabilitation projects at the public Mental Health Centre and managed to participate despite enduring significant emotional turmoil caused by her persecution complex. Miss F. benefited from the treatment and was able to contain her feelings. Gradually, she began to emerge from the retreat she had locked herself into and became increasingly capable of establishing good emotional contact with reality.

We have briefly touched upon the first years of treatment to give a better picture of the initial emotional encounter with her. However, for a more effective focus on our topic we will leave that early period and move on to in-depth clinical material from the fifth year of treatment. We present two consecutive sessions that distinctly illustrate the different functions and meanings that delusions may have had during sessions, alongside Miss F.'s particular use of them.

At the time of the reported sessions, Miss F. lived with her mother and had two friends whom she went out with. She had also successfully undertaken different work experiences in protected environments. Eventually, a few months before the reported sessions, Miss F. had obtained a probationary period in public administration and was hoping for a permanent position. Miss F. attended psychoanalytic psychotherapy twice a week in a vis-à-vis setting.

Monday Session

Miss F. arrived on time. She shook my hand quickly and looked at me with wide-open eyes. Then, she went to her chair and began to look for something in her bag on her lap without finding it. After some minutes of silence, Miss F. looked at me again and said, "Things are so and so." She continued that her parents had realized there was something wrong

and she felt that they wanted to get rid of her. During breakfast, she had opened the living room windows and heard a boy screaming, "Help! Help!" Miss F. thought that it wasn't anything important or some sort of game and closed the windows. However, her mother became frightened and wanted to call for help but Miss F. reassured her and made her change her mind. Miss F. was afraid of not getting a permanent position at work and, after a pause, added that, "*They* wanted to lock her up somewhere" so that she wouldn't bother them any more. While listening to her, I realised that my mind was being dragged from "one truth to another" where both appeared "real" in their turn. A sense of confidence, balance, and steadiness rapidly switched to growing tension hinting at persecution and vice versa. I felt uncertain and puzzled realizing that I was unable to make up my mind or keep any balance between these mental states.

Miss F. continued that she was happy with her new job and didn't understand her colleagues who wanted to keep on working there but, at the same time, asked to be transferred somewhere else. To this, I suggested that there were two opposing thoughts and it seemed difficult to put them together and that maybe she was asking me to help her do it. Miss F. answered that she didn't want to leave that job and didn't know what she should do. She continued asking me if I believed that she should run away to protect her parents from *them* who could harm her family to intimidate her. After a pause, Miss F. said that she didn't want to end up locked in an asylum. Despite what she was telling me, Miss F. was quiet and spoke in quite a mechanical and routine-like way as if what she was saying didn't affect her. I felt as if we were dealing with something distant and superficial that we didn't know whether we had to consider or not. Should I respond to this or was it something that would spoil our time together and leave us entrapped in this dimension? I felt uncertain and it became increasingly difficult for me to keep both perspectives in mind because I perceived that the persecuting one was pushing hard to make me comment on it. Eventually, I simply told Miss F. that maybe we should stop and look at what was going on between us. She smiled and said that she was frightened because she always met ticket inspectors when she was on a bus.

After a while, she said that her neighbour's child had asked her whether art makes history and she had answered that "governments and

politicians determine history. Art simply portrays it and may express the spirit of the time, but nothing more." Miss F. felt reassured by her own answer and realized how weird her thoughts about the destructive power of the fantasy stories she had written and her photographs had been. "I don't know. They could have been delusions … I'm not sure, but I know that they were not real" she added and continued, "Sometimes I don't remember why I'm considered mentally disabled … if things become dangerous for me, do you have any safe place where I can run to?" She sounded alarmed and I commented that apparently it was difficult for her to be aware of how things really were so that every time we began to look at them together she had to retreat to her delusions. Miss F. looked pensive for some minutes and said, "I don't know. There are opposing things and they don't go well together … I'm afraid I'll be left alone and sentenced to the electric chair! … You should not collude with my fears … I know that they are delusions, but I'm afraid to overlook and dismiss them as such in case there was some reality in them—even a tiny bit."

Miss F. was swinging between listening to one reality and the other, unable to set a balance between them. I felt powerfully dragged from feeling calm, in contact with a sense of thoughtful continuity and stability haloed by a slight sadness to feeling suddenly plunged into persecution, alarm, and fear studded by helpless resignation as if nothing could be done to relinquish this fragmented delusionary dimension. Hope and hopelessness, stability, and fragmentation rapidly swirled in my mind and I was unable to keep contact with either of them. Eventually, sadness prevailed. I told Miss F. that feeling pushed and pulled between these realities must be very painful and sad as if she could never rest on firm ground because every time she was continuously dragged away from it. I added that maybe she wanted me to be with her during these complex swings to look for equilibrium together. While I was saying this, Miss F. was staring at a lamp on a nearby table and looked distant, isolated in her thoughts.

After a while, however, she sat more comfortably in her chair and looked at me and said "I think that things are better now although I feel as if whatever I do is never enough for my parents … and maybe for me too … the whole country doesn't want me any more! … well, not exactly … I'm exaggerating … once my mother told me that she would have defended me from whoever wanted to harm me, but now she

doesn't say that any more. OK these are delusions, but it would be nice to hear her saying that again … it made me feel loved … sometimes, I think that she's fed up with me. When I leave the kitchen, she rushes to wash my glass and stow it away as if she hoped I wouldn't come back again." Her words were sad and I felt moved by her mentioning love. She continued that she liked her new job and has felt better, although what she did was never enough for her. "I know I have worked hard here and achieved a lot if I compare how I am now with how I was, but if you listen to *me* it doesn't look like that … I think that my idea of being mad dims and annihilates everything else … if *they* want to lock me up, can you be the one who tells me? I'd feel safer that way … ." Her voice was warm and I felt deeply touched by her sad yet simultaneously hopeful words. Miss F. was telling me that she could begin to trust our relationship and put her persecution, her wish for love and containment together. Could we start to unify the kitchen so that her father and mother could at least start meeting each other?

I told her that she felt we had a safe space where we could look at her different mental states together and she wanted me to help her keep contact with reality. Miss F. smiled and said that she was afraid of real things like losing her job and not of "her usual delusions, which she knew very well": "They are always the same ones. It's just that they have lost power in time and now they are just thoughts popping up in my mind when I'm scared, nothing more … there is the fear that *they* could harm my family because of me; the fear that *they* may harm me or lock me up in an asylum; the fear that *they* may substitute me with someone else who looks the same as I do and abandon me" she added. "Have I missed any of them?" she asked and, without waiting for my answer, continued that sometimes her fears were so intense that they seemed real. After a pause, Miss F. told me that she felt confused as if something was blurring her mind. Then she said, "I'm afraid you'll leave me alone … this is true … they'll lock me up somewhere … I'm joking … I'm saying it for luck … ." I felt her confusion and desperate struggle to tolerate, establish, and keep contact with reality. However, her delusionary comment sounded distant, disembodied, and somehow out of place. I felt unsure of how to deal with it and that if I had overlooked its value, I'd have left Miss F. alone with it. Miss F. had just told me, though in a dissociated way, that part of her was aware of what was taking place but,

apparently, she could not prevent herself from expressing these delusionary comments in such an excited way. I could sense her fear of being abandoned and rejected together with my fear of doing just so. The same fear was luring and forcing me into giving my full attention to these delusionary comments—wiping away and overlooking everything else that was taking place. I felt persuaded to merge with Miss F. in a dimension where we could keep the awareness of reality and acknowledge it openly but, at the same time, we had to pretend that we couldn't, thereby fuelling a sense of falseness and craziness. What was the meaning of this pretending? Where was Miss F. emotionally? I said that I thought it was difficult to keep reality in mind because of her fear of being left alone and so she had to grasp hold of certain delusions even though she didn't believe in them any more. To this end, she had to turn a blind eye on her awareness of reality and pretend. Miss F. agreed and said that she feared that something real and negative might happen if she stopped expressing her delusions—albeit by simply naming them. She explained, "It's a way to keep an eye on these ideas so that they are always a bit present. In this way, I won't think that everything is fine and then be let down … when you trust someone and he lets you down it's terrible … in this way, I can never be completely happy even though I am an optimist despite all these fears and delusions … ." Her words were sad and grave.

Miss F. said, "I have two bank accounts: one for work and one to receive the money from my disability pension. What if the police find out that I have two? Should I put them together in a single one?" To this, I answered that she wondered whether we could start bearing in mind both ways of relating to reality without withdrawing into delusions and she wanted me to help her put together what was usually cut off. She remained silent and just before the end of the session added "I don't know why, but sometimes I get stuck on certain ideas and I can't concentrate on anything else. I remain in the grip of this idea and can't keep different things in mind at the same time . . I'm not like Dr. Jekyll and Mr. Hyde because I pretend that I don't know what my paranoia really is but I know … I hope I'll have my contract confirmed at work. I'm scared I won't get it." The session ended and I felt satisfied although on a slippery and still largely uncertain ground.

Thursday Session

Miss F. arrived ten minutes early. When I fetched her from the waiting room she was quietly leafing through a magazine. "Is it possible that my sight has worsened in a few days?" she asked me upon entering my consulting room. "I see everything in a blur. Maybe my eyes are too tired."

After a while, Miss F. continued that her boss had "told her off" because she had forgotten to register her presence at work and so it looked as if she had had very long breaks. "My mum said that I'm foolish, but then she apologized. What can I do for my blurred eyes?" Miss F. added. Sadness was gradually imbuing the session and I felt that Miss F. was telling me that she realized how much absent and withdrawn she had been despite her physical presence and how sorry she was for it. I told her that she was speaking of blurred eyes and of someone who appeared to be absent yet was present, which I believed was herself. Miss F.'s reply was, "The night after the last session I had a dream: *I was at work and took a cigarette break. When I was in the garden, there was someone checking that I didn't waste too much time smoking. I felt embarrassed because he asked me if I was smoking a joint.*" She continued that she was sorry she was shy and people had difficulties relating with her. "They see something strange … not necessarily the joint, but something else for sure … ."

She said that the previous night her father had given a party in his half of the house and had invited her to join them. "There were many people and before going there I heard them laughing and having fun. I was glad to join them. However, while I was going there, I became alarmed because I wondered whether they were having fun or fighting and shouting! I thought it might have been a trap and I'd get the blame … then I went and had a nice time there despite this thought banging in my head." I felt moved and could perceive how painful truth was for her. I told her that she realized how much time she had wasted being imprisoned in her paranoias (like smoking joints in the garden instead of working) which had wiped many valuable experiences away. I said that she wanted me to understand how sorry and sad it made her. Miss F. listened to me carefully and said that she wanted to give up her disability pension because of her new job. After a pause, she looked even sadder and said that she couldn't feel excited about her fantasy stories any more: "I thought that they were masterpieces but now I perceive them as heavy burdens … "

Then Miss F. said that her elder brother wanted to get rid of their summer house in order to buy a new one where he could live with his family and she said, "That house is where I keep all my photographs and books. I wouldn't mind selling it … I would feel lost without that house … I don't know … my parents had a fight over it but didn't decide anything … I don't know if we can afford a new house." She was frightened and sad. I suggested that she could have projects for the future now but that they were not easy to carry out because of her parents fighting inside herself and she felt she had to relinquish important things and didn't know if she could do it. "… Maybe you fear it is too late for you to have a new house and life and you're afraid that you cannot afford it any more because too many things have happened and damaged your mind," I added. Miss F. remained silent, looking at the floor with sad, regretful eyes becoming moist with tears. Then, she told me that she feared that everything she had done was useless. "Everything!" she said, "My work experience, my artwork and stories, plus the courses I have attended could all be useless … I'm afraid that time will damage my artwork and I feel as I'm losing a lot of myself every day … it is as if everything was going to be damaged eventually … my brother took my battery charger and refused to return it to me even when he realized that it was mine." I commented that she was feeling sorry for herself and wondered how her life would have been if someone hadn't taken her battery charger away for all that time and how it had happened. Miss F. looked pensive and said, "I was very naïve and didn't take certain things seriously … I thought they were nothing … When I was in primary school, I made a drawing of a plane crashing … my classmates used to make fun of me, but I didn't understand what was going on. I thought it was because they were envious of my school achievements and thought that I wasn't worthy of them. Nobody wanted me because they thought I was inferior and believed that whatever I touched would have gone wrong … ." Miss F. was beginning to tolerate reality and started to tell me her sad story.

While listening to Miss F., I realized that the word "touched" resonated deeply inside me. So, I told her that she realized how much she had turned a blind eye to what was taking place and that now she could start feeling certain emotions without withdrawing from them. Then I paused and wondered how much she could have tolerated my comment which

referred to us openly or how much this would have "made everything wrong" and dissolve our newly achieved contact that I felt was up to me to cherish for both of us. I was paralyzed in my armchair, afraid that by moving I would have risked spoiling that moment.

I could perceive my thoughts fighting among themselves and my mind was apparently torn apart between feeling I had to leave what I had just suggested as it was or push it further by mentioning the possibility of her beginning to touch me emotionally. I felt as if I were taking a great risk that could have potentially ruined everything—the whole world —and had to make a conscious effort to push these feelings aside painfully resuming my capacity for thinking. Thus, I added, "… and maybe you're sad that we can be together only speaking of other thing and not referring openly to us. Maybe now, you feel confident enough to start touching our relationship emotionally despite your fears that this may ruin everything." Miss F. looked at me intensely and said, "I speak of you to my mum and of her to you." I told her that she felt it was safer to keep things split. Miss F. suddenly shouted, "You think that my treatment is useless! You said it! Some weeks ago, you said that I feared that the treatment wouldn't help me and you'd use this as an excuse to lock me up in an asylum among the lost ones!! You always turn things around when I say them as if they were all referring to me!" While she was saying this, I felt paralyzed as if suddenly blinded by a strong light and then I felt my heart sinking and the thought that maybe she was right and nothing could be done any more crossed my mind. I felt pushed far away from her and alone in an isolated dimension where, apparently, I could only be sad, helpless, and rejected.

After some minutes of silence during which I tried to think of what was going on, I told Miss F. that something had just happened between us and we should think about it together. She was looking at the dim light of the lamp nearby as if trying to be soothed by it and find shelter from what had just frightened her. My words could barely reach her and produced no answer. I said that maybe if I told her certain things she felt I would get too close to her and she feared I could deceive and reject her so that she found it safer to withdraw into delusions. Miss F. looked at me and said "It's the same with my mum. Sometimes I doubt she loves me even though I know she does very much … I don't know … I feel dizzy … it's too hot here … " and then she screamed, "I'm not

complaining! It's true! It's really hot here!" I told her that it sounded like I didn't believe that it was difficult for her to bear heat and warmth. She paused and looked calmer. Then she said, "I don't know why I said that, but it's true that I'm always disappointed and unhappy … I often complain about people, the things I do and it seems as if I can never be happy about anything." She added that it was difficult to live like that. I simply told her that she must be very tired. She nodded and sat back more comfortably in her chair. Her next remark was that everybody thought she would make a bad impression on people in general, "I still wonder whether my father's friends were having fun together or if they were quarrelling … whenever I do something good I'm reminded of when I was sick and of my delusions and everything good is wasted. I think that those around me think that I'm bad." She continued by saying that without these thoughts she could be happy.

It was nearly the end of the session and Miss F. added that she was afraid of talking about her fears in case they got worse. I told her that she could bring them into the session where she felt that she had a safe place. She smiled and said that this was the only place where she could do that. She told me that, as she had said in the previous session, this could have been a good time for her but as soon as she felt loved and appreciated something happened that let her down. She added, "from now on, I will smoke less at work so that I'll be more present … ." The session was ending and I simply said "and how much did you smoke here today?" Miss F. smiled and said, "Not too much … " and laughingly added, "less than on Monday anyway!"

SOME NOTES ON THE CLINICAL MATERIAL

Miss F. had a highly complex mental structure where different modes of functioning were tightly intertwined and psychotic areas tended to suffuse areas with more mature mental functioning. Despite several aspects present in this clinical experience, our discussion focuses on the different meanings and use of delusions during the session.

The First Encounter with Miss F.

During the first encounter, Miss F. described the contamination anxieties that characterized her adolescence along with the isolation that

they provoked in a precise, though quite mechanical, and detached way. Despite the relevance of the emerging adolescent anxieties that we can recognize in Miss F.'s early material, we focus on the process that takes place during the session. For instance, Miss F. cannot link her experiences to any affect or emotion. She could simply recount them to her therapist who, probably through projective identification, feels Miss F.'s bitter sadness and names it to her. At first, Miss F. was touched by the therapist's comment and unfolded some deeper levels of her Self; "Everybody hated me and wanted me to disappear," she said. Thus, sadness—that the therapist had carefully begun to speak of—was transformed into much more violent emotions (e.g. hatred, rejection, and annihilation) in Miss F.'s associations. Then, shortly after the barely tolerable contact with these painful feelings, delusional thoughts started to emerge more openly and Miss F. said, "*They* knew where I was." "*They*" replaced "everybody" denoting the entrance into the alienating, detaching and split dimension of delusion where even the scant sense of relatedness hinted by "everybody" was denied and replaced by persecution through estrangement. Apparently, Miss F.'s making contact with intolerable emotions—both in the relationship with the therapist and at an intrapsychic level thanks to the associative chain provoked by the therapist's comment—stimulates the emergence of delusions aiming at detachment, thus re-establishing a protective distance (Bouvet 1953) through estrangement (the second kind of delusional emergence). However, these persecutory delusions speak of hatred, threat of disappearing and annihilation similar to Miss F.'s experience of sadness. Moreover, Miss F. enacted this protective detachment by asking to leave the session earlier perhaps in an attempt of re-establishing, also physically, a tolerable distance from the therapist and the intense, threatening emotions that were emerging in the session.[1]

Interestingly, Miss F. was unable to speak of emotions while recounting her story though she mentioned her body, i.e. her weight loss. Could referring to her body be an aborted or very primitive attempt at symbolization in which it was impossible to transform her feelings into well-

[1] It is likely that these dynamics probably entail also other meanings such as Miss F.'s unconscious attempt to know and challenge the therapist's capacity to receive, tolerate and survive psychotic pain.

differentiated emotions (Roussillon 1995)? Conversely, is Miss F.'s talking of body states instead of emotions a defensive movement to prevent threatening emotional contact?

Some Notes on the Monday Session

At the beginning of the session, Miss F. remained silent and then grabbed hold of a concrete object—her bag—that was *between* her and the therapist in order to mediate their encounter so that it could become more tolerable for her. Then, Miss F. began to talk of her fear of being rejected by her parents and at work (and probably even by her therapist in the transference). As soon as she made contact with these feelings, they were transformed and translated into their delusional equivalents, i.e. "*they* wanted to lock me up somewhere." The therapist began to perceive the existence of two different, co-existing levels of reality characterized by their own rules and predicaments together with the painful, disorienting, and baffling struggle between them. In this way, the therapist began to receive and juxtapose different realities thereby beginning a gradual process of integration that Miss F. could not carry out on her own. Rather, Miss F. could simply deal with these contrasting dimensions through splitting, i.e. she could either experience the fear of abandonment or being rejected. The therapist silently working through these dynamics allowed Miss F. to resume contact with reality. Only at that specific moment did the therapist show her the opposite emotional dynamics that were taking place and that they were speaking about including the difficulty of putting them together. Miss F. reacted to this comment by saying that she didn't want to leave her job, but again the emotional contact with loss stimulated delusional thoughts, i.e. "*They* would have harmed her family to intimidate her." Interestingly, the violence of the delusional content contrasts with Miss F.'s way of bringing it into the session that sounded "aloof, mechanical, and routine-like." The powerful image of the "asylum" and being locked up appeared in her delusions and, we believe, was used to represent Miss F.'s inner prison where she encaged herself in order to escape her fear of loss, abandonment, falling, and interruption together with her hatred and rage, albeit through psychotic mechanisms. At the same time, Miss F.'s asylum delusion tells the therapist of the thick walls that she had built through psychosis between herself and the outside in

order to establish a crazy, bizarre but protective environment—a psychic retreat (Steiner 1993) where she could find shelter from the dreadful threatening reality. Thus, delusions are both a way to cut and interrupt an emotional link with the other and reality and an attempt to communicate affects and emotions that Miss F. could not have brought into treatment otherwise. Yet again, the therapist chose to work on the process without openly interpreting Miss F.'s material though making direct reference to the therapeutic couple with, "We should stop and look at what was going on between us." This comment touched Miss F. who reacted in such a way as if anticipating what would have taken place during the following session, i.e. she tried, in her own way, to relinquish delusions to phantasies. She thought that her pictures and stories were intrapsychic (and relational) phenomena that, despite their affective value, cannot affect reality directly. Then, she "felt reassured." This was an important step towards symbolization that, if completed, would have led Miss F. to appropriate her aggressiveness for the first time. In this way, Miss F. would have recognized her intense, unconscious rage, and hostility towards the object together with the impossibility to affect and destroy reality for real (Winnicott 1968). However, Miss F.'s capacity of tolerating and keeping contact with these affects was still very fragile and she was precariously suspended between the here-and-now of the therapeutic encounter and the threatening though protective delusional dimension. Besides, by this time Miss F. could rely on the therapist as she asked her if she had any safe place where she could run to and also because she told her that she would need another safe place should she relinquish her delusional retreat.

How can Miss F. put together her wish for self-differentiation (having a permanent job) with her desire of merging with her mother, i.e. environmental mother and mother-therapist in the transference? If Miss F. changed, would she risk rejection and abandonment? Delusion—or maybe her need of delusions—appears to provide her paradoxically with shelter from these apparently unsolvable conundrums. However, Miss F. started to recognize her therapist as another/a subject where she can find shelter. This growing sense of safety and reliability of the therapeutic relationship fosters Miss F.'s insight that her delusions seem to be "just thoughts popping up in my mind when I'm scared." We don't know how much Miss F. was aware of the on-going psychic process, but the potential transformation implied in her understanding witnesses her

growing capacity of changing her observational vertex, i.e. she is afraid of delusions, but delusions appear when she is scared (of reality, emotions, and relationships). Nevertheless, as soon as she began associating on her delusions she felt confused and her mind blurred. Her new capacity of experiencing and being in contact with painful confusion was very important because it allowed the therapeutic couple to approach the most vulnerable parts of the patient. Then, Miss F. continued, "I'm afraid you'll leave me alone," thereby beginning to shed light on her profound anxiety of losing the object and, consequently, herself. Yet Miss F. couldn't stand emotional contact with these feelings for long and found shelter in saying, "They'll imprison me somewhere! … I'm joking … I'm saying it for luck … ." These words spoken in a detached way show us the precariousness and difficulty of the transformation process that is continuously challenged by Miss F.'s need to retreat into a delusional dimension thereby cutting off and denying these painful anxieties. Again, the therapist decided to integrate the powerful swings between distancing/merging and linking/cutting emotional contact with silence. Despite, or maybe thanks to, the therapist's silent integration, Miss F. managed to make progress with symbolisation. She realized, then actually verbalized, that what scared her most was hope, i.e. hope in psychic change and trusting in the other stimulates dreadful feelings of exposure, vulnerability, dependency and failure. Seen from this vertex, delusions were a psychic space where Miss F. could retreat when confronted with intense anxieties that she perceived as threatening and overwhelming.

Thursday Session

Miss F. arrived early and asked, "Is it possible that my sight has worsened in a few days?" This apparently simple question unfolds different scenarios that may suggest Miss F.'s worries of not being able to think after the session due to with the absence of the object. However, on an intrapsychic level, Miss F.'s question may refer to a new perspective that developed during the Monday session, which she perceived as worsening, because it implied making contact with painful experiences she had always split off from together with the sad awareness of what she had missed since her entrance into psychosis. The therapist put forward this suggestion and Miss F. remembered a dream. However, we do not know whether it was what the therapist had suggested that helped Miss F.

remember the dream or if this resulted from Miss F.'s inkling of having found her therapist again, her capacity of thinking, her voice, and body language. For instance, Miss F. had that dream on Monday night shortly after the session and it seems that the therapist's comment helped her create a bridge with the previous session. Considering the symbolization process, psychotic mechanisms were replaced by the representational work of dreaming and Miss F. associated it to her father who invited her to a party. In the dream, Miss F. was smoking alone as though she was distancing herself from the noises of the party, i.e. from reality with its emotional storms, into a "smoking dimension" which hints that she was beginning to become aware of the autoerotic features of her retreat. Indeed, her retreat kept both psychic pain and excitement at bay and Miss F. wondered, " … whether the party guests were having fun or fighting and shouting." At this particular moment, the phantom of the primal scene emerged and erotic aspects intertwined with sadistic ones reminding us of Miss F.'s entrance into psychosis during adolescence which could have been linked to her difficulty in dealing with puberty that had led to delusional contamination anxieties. In this way, Miss F. elaborated a painful process of representation and was able to realize and acknowledge her aggressiveness without falling back into delusion: the delusion had appeared when access to the primal scene was denied. She relinquished the excitement of her fantasy stories and met reality with its encounters and fights—albeit still imbued with intense sadistic features. Then, Miss F. became sad and remained in contact with this intense, yet more tolerable emotion without retreating into delusions, thereby becoming aware of what she had renounced and lost through psychosis. Miss F. spoke of her life before adolescence and said, "Nobody wanted me." Thus, to a certain extent she had started to acknowledge that her persecutory and projected envy had been a shelter from emotional contact with deeper and more distressing wounds. Miss F.'s sad and painful cry let her start a difficult historicization process heading towards constructing a symbolizing narrative of her deadening and dreadful early experiences. She kept in contact with her anguish and tolerated it in the presence of her therapist. Psychotic dynamics appeared in the transference and could be analyzed in the here-and-now, openly acknowledging their link with the therapeutic relationship. Moreover, Miss F.'s fit of anger was linked not only to the threatening

closeness in relationships but also to the excitement produced by intimacy. "It's too hot here … It's really hot here!" Miss F. shouted about the too intimate therapeutic contact and continued, "I still wonder whether my father's friends were having fun together or if they were quarrelling."

Miss F.'s capacity to feel a safe-enough space within the therapeutic relationship allowed her to bring her rage and aggressiveness into the transference thereby directly attacking the object/therapist who was openly involved in the delusional content (the third kind of delusion emergence). Miss F. relinquished speaking of "*they*" and replaced it with "*you,*" intended as the therapist/object, because of her acquired capacity of experiencing the holding function of the setting in which her hatred and aggressiveness could be received and contained. These interpsychic dynamics were accompanied by Miss F.'s growing capacity of remaining in contact with her intense, painful emotions without fearing that they could overwhelm her fragile (true) Self.

Some Brief Notes on the Following Year of Treatment

In the following year of treatment, Miss F. became increasingly capable of distinguishing reality from the delusional dimension in which she became entangled less frequently. At the end of her sixth year of treatment, Miss F. began to wonder and question the truthfulness of the content of her delusions more openly. During the sessions, Miss F. used to deconstruct her delusional fears and ask me, "I'm afraid I'll be locked up in an asylum … Do we have asylums in Italy? Do they still exist? … I've read that we don't have them any more … Why am I afraid if they don't exist in Italy any more?" Sometimes, I felt like the mother of a small child who had begun to explore the world and was trying to make sense of its recurring fears. Indeed, these moments of exploration were accompanied by the emergence of delusional beliefs that gradually diminished in intensity. Miss F.'s capacity to establish new links between reality and the delusional dimension determined a steady process of decathexis. Progressively, her delusional beliefs became what we called "ideas" with an increasingly obsessional quality without challenging the connection with reality any more. These developments let to a reduction in her dosage of psychopharmacological medication, which she continued even after the end of our work together. Midway through her

seventh year of treatment, Miss F.'s job position became permanent and she got on well with her colleagues.

CONCLUSION

Although it is not possible to fully make sense of the multiple dynamics displayed by a psychotic mind, we suggest some preliminary conceptualizations in an attempt to offer some understandings of the meaning and transformation process of delusions heading towards neurotic symbolization. The theoretical and technical approach presented in this paper allowed Miss F. and other patients (e.g. the patient in Solano and Quagelli 2018) to transform markedly a-relational and a-historical kinds of delusions (first kind of delusional emergence) into more relational, emotional narratives that let them re-establish, or establish for the first time, emotional contact with their inner world and the environment after several years of treatment. Our clinical experience suggests understanding schizophrenic patients' primary delusions as potential communications that can be used and transformed within the therapeutic encounter. However, therapists should be careful when choosing how to apply our conceptualizations because they are still preliminary and not systematized. In fact, schizophrenia is extremely heterogeneous with regard to the course and outcome in accordance with Bleuler's original theory, which considered it a syndrome (Bleuler 1911). Indeed, schizophrenic patients may have different ways of functioning—mainly according to the degree to which the personality has lost its unity (Müller 2004)—and, therefore, technical approaches should be individually selected to suit each patient. Schizophrenic patients, like Miss F., who managed to limit massive splitting phenomena may improve more from the technical approach we have presented in this paper. However, we believe that technical suggestions for the treatment of psychosis should be put forward with extreme caution because of its complexity together with our limited understandings of its profound functioning. In addition, our experience concerns persistent primary delusions in non-remitting psychotic states and non-acute psychotic episodes.

Moreover, we believe that the basic attitude of the individual therapist towards psychotic patients is of paramount importance because, "If the therapist meets them as strange creatures of another world whose

productions are not understandable to 'normal' beings, he cannot treat them" (Fromm-Reichmann 1939, p. 425). Instead, if therapists can tolerate, receive, contain, and accept the psychotic's disorder to a certain extent, patients can relinquish their delusional retreats and begin the hard toil towards symbolization and the acceptance of reality.

Future research should investigate intra- and inter-psychic processes which take place during treatment that allow the transformation process of delusions linking the "here-and-now" of delusional emergence during sessions with the "there-and-then" of the patient's story. To this end, psychotic symbolization processes and their barely comprehensible dynamics should be carefully investigated in order to recognize and shed further light on the communicative potential of delusions and delusional emergences which may be the only way employed by psychotic patients to communicate unrepresented emotional experiences during treatment.

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Last Claims: Sexuality and Sexual Imagination in Old Age

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LAST CLAIMS: SEXUALITY AND SEXUAL IMAGINATION IN OLD AGE

BY SUDHIR KAKAR

Drawing on literary fiction from North and Latin America, England and India, the paper analyzes the intersecting layers of possessive desire and soulful longing in the sexual imagination of the aged protagonists of the novels as they seek to navigate the still powerful current of Eros in the last stage of their lives. The sexual imagination of the elderly person is not only an artifact of individual life history and the stage of his life cycle but also of her cultural narratives that valorize one or the other intersections of desire and longing.

The paper also suggests that because of its iconic existence for centuries and a wealth of mythology around it, the Indian lingam, combining both male and female sexual energies, is perhaps better suited than the Lacanian phallus as a symbol that counteracts the loss of sexual vitality.

Keywords: Sexuality, old age, phallus, lingam.

We are all fated to grow old (excepting those who will meet untimely deaths), yet it is a fate that is rarely fully admitted to our conscious awareness. We do not allow the piercing and cold realization that one

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will become an old man or woman to strike home emotionally. That one will become a colorless husk without the luster and shine of youth, even as we spend substantial time and energy, at least from middle age onwards, in trying to avert our common fate.

Even as others see us changing from outside, we continue to see ourselves from inside, reluctantly and glacially slow in revising our inner image to match the one reflected by the mirror. And in our innermost self, even that slow adjustment is declined.

Freud hints at his own denial of old age, and a sudden sharp and cruel breach in this defense, in a footnote to his essay on "The Uncanny," published when he was sixty-three (Freud 1919). Travelling in a train by night, there is a violent jolt that swings back the door of the adjoining washing-cabinet, and an elderly gentleman in a dressing gown and a travelling cap steps into Freud's compartment. To his dismay, the old man, whose appearance Freud thoroughly dislikes, turns out to be his own reflection in the mirror of the washing-cabinet, visible through the open door (p. 243). Contrary to Freud's interpretation wherein he attributes his dislike of his reflection to the vestigial trace of a reaction to an uncanny "double," Stephen Frosch (2013) convincingly argues that the mirror image of the old man is a dismaying presence from the future, rather than from the past, which haunts Freud's present. Freud's angry exclamation to a young female analysand, H.D., "I am an old man. You do not think it worthwhile to love me" (Doolittle 1956) is further taken as a sign of his distaste for an aging self.

Leaving aside the question whether Freud's (1905) view that the mental processes of people older than fifty are inelastic and thus they are unsuitable for psychoanalytic treatment have their antecedents in Freud's own personal stance towards old age, it is fortunate that a number of analysts did not make Freud's reservations their own. In an exhaustive review of psychoanalytic literature of the last hundred years on the psychoanalysis of the elderly, beginning with Karl Abraham (1919), Plotkin (2014) shows that a number of analysts have not only refuted Freud's claim of old age rigidity but, in some cases (e.g., Cohen 2005; Coltart 1991; King 1980; Pollock 1982), turned it on its head, finding older adults more insightful, focused, and less defensive. Yet, it is also true that by and large psychoanalysts still hesitate to take older patients into therapy and that the analytic literature is parsimonious as

far as older patients are concerned (Junkers 2006; Plotkin 2014, p. 35). Freud's pessimism continues to haunt psychoanalysis in spite of the demographic changes all over the world where, with the increase in life expectancy, the potential clientele for analytic therapy would be increasingly old.

Over time, the reason for the paucity of old people in psychoanalytic therapy has shifted in focus from the older patient to the countertransference problems of the therapist, especially of the analyst who is considerably younger than the aged analysand (Hinze 1987; King 1980, p. 159; Wagner 2005; Wylie and Wylie 1987).

This is not to deny the existence of some real issues in the analysis of an old person when the therapist is younger. To empathize with a patient in a stage of life which one has to still traverse oneself is a difficult task. The countertransference problems of the analyst, however, have their source not only in the stage of the analyst's life cycle or in his individual life history but also in the narratives around aging of the culture in which he has been socialized.[1] The attitudes of the therapist's cultural group towards the old person, whether of idealization, denigration, or generally in some combination of the two, can be a stubborn part of his countertransference reactions, preventing him from seeing the face behind the mask of old person clearly.

In my own society, India, as in many other traditional societies, the old person is still largely idealized as a potential repository of wisdom and a model for a longed for spiritual serenity. I do not mean to imply that this idealization is absent in modern Western societies. In fact, it can enter even the most sensitive analyst's theorizing on old age. In Erik Erikson's (1952) influential eight stages of the human life cycle, formulated when he was around fifty years old, the crisis of old age is portrayed as one of integrity versus despair, with the old person, if all has gone well, emerging with the "virtue" of wisdom. The "wise old man" is a construction that Erikson (1987) in his eighties and now himself a citizen of the republic of old age, disavowed as too simplistic.

In most cultures, the idealization of old age is not without some denigration that, in the case of the old man, condescendingly pities his

[1] To avoid awkwardness of reading I have left the pronoun "he/his" here; however the ideas in this paper do apply to both genders unless specified otherwise.

physical and mental decline. In contrast to some modern societies in which old age is rapidly losing any luster it might have once had, in India an old man still commands a modicum of respect. He may be derisively called a *buddhau*, i.e. a gaffer, an old geezer, but never "an old fart." In part, the denigration of the old, and this would be common to both the sexes, may rest on a collective unconscious fantasy that old age represents a piling up of undischarged remnants of a lifetime of eating and drinking, and is thus dirtier than youth. Growing old means to grow dirty (Kubie 1937).

The denigration of old women is even less kindly. As a *buddhia*, she carries not only a taint of mental deficiency but more sinister, the old woman also touches a layer of collective horror associated with stories of village crones who turn out to be witches.

If cultural narratives of old age impinge on the therapist's countertransference reactions, the onslaught is even more insidious in the narratives of an old person's sexuality, which is uniformly viewed with distaste, if not worse … across all cultures. Sexual life, it seems, is the province of youth, an attitude that is also not foreign to many analysts. More than thirty years later, Nancy Miller's observation, based on a review of research findings, that, "With the exception of a few isolated examples, the psychoanalytic literature on aging omits sustained emphasis on sexuality (Cath and Miller 1986, pp. 174–175), still holds true.[2] And across cultures, evidence of sexual desire in the older man is laughable at best; "*Buddhe ko jawaani chadhi*"—Old geezer playing the young man—is a common taunt in North India. It seems the only role left for an old man is to play the good-natured, slightly foolish grandfather. The remotely sexual encounters he can have with women, if he is lucky, are (in words of the 90-year-old hero of Gabriel Garcia Marquez's [2006] novella), "the provocations our young female friends permit themselves because they think we are out of commission" (p. 44).

Sexuality is nonexistent in the old woman to the point that even an attempt by an aging woman to look attractive is met with opprobrium—"*Buddhi ghodi, lal lagaam*," or, old mare, red reins—a familiar saying in North India. Sexuality in the older female becomes disgusting to the extent of inviting punitive action if, contrary to all norms of decency, it

[2] For an exception see, Segal (2013).

is ever manifested.[3] The fate of Shurpnakha in the revered Indian epic, Ramayana, is a salutary reminder. Much older than the epic's hero, the youth Rama—Valmiki's Sanskrit version describes her as having thinning brown hair while in Kamban's Tamil version of the Ramayana she is at least middle-aged and would have appeared as "old" and "haggardly" to the prince—Shurpnakha has the presumption to frankly proposition Rama. Spurned by him, he mockingly passes her on to his brother Lakshmana where she meets a similar rejection. Taunted by both the brothers, she suffers the final indignity of having her nose cut off by Lakshmana, a fantasized clitoridectomy.

To explore the sexual imagination of the elderly, I have taken recourse to literature and follow its fictional heroes and heroines as they navigate the treacherous shoals of old age sexuality. Given my interest in cultural shaping of the psyche, it is a matter of regret that, although Indian mythology is alive to the problem of old age desire in myths of old sages being seduced by young *apsaras* (the heavenly courtesans) or in legends of kings Puru and Bhishma sacrificing their own sexual lives for the pleasures of their old sires, Indian writers of fiction, with a couple of exceptions, have shunned the subject of aged sexuality. And even in the exceptional cases, the exploration of sexual imagination of the elderly protagonists is hesitant and unsure, the moral universe of the writers inhibiting the full flow of their creative imagination.

In this essay, my selection of novels is arbitrary. They are more like individual case histories than a representative sample from a larger universe of the aged. My first yardstick for selection was literary merit. Although using the medium of words, literature makes one understand in an unmediated immediacy—here, the nuances of sexual imagination in the elderly—in ways no exposition, including a psychoanalytic one, ever can. My second criterion was that the authors be themselves old when they created these fictional works. In other words, I wanted to make sure that the personal experience which goes into the creation of a fictional character, however transformed by imagination, should have some anchoring in the author's own emotional experiencing of old age.

[3] Analysts are not immune to the disquiet aroused by the sexuality of an old woman. Wagner (2005) reports of the burst of uneasy laughter that erupts in a group of analytically oriented clinicians when, in a case presentation, Wagner narrates her 79 year old female patient's sexual fantasies around her young tennis pro.

Or, in the language of social anthropology, that the authors be themselves participant observers in their fictional inquiry into aged sexuality.

SEX AND THE OLD MAN

In case of male writers, the novels that I will consider here are: *Everyman* and *The Dying Animal* by Philip Roth, *Towards the End of Time* by John Updike, *Memories of my Melancholy Whores* by Gabriel Garcia Marquez, and *Yayati* by Vishnu Khandekar. In case of women writers, they are *Love, Again* by Doris Lessing, *Fear of Dying* by Erica Jong, and Colette's *Cheri*.

Philip Roth's (2006a) novel *Everyman* is about a 71-year-old multidivorced, successful advertising man who is facing his physical deterioration and approaching death—without the aid of religion or philosophy. Roth wrote this book when he was himself that age. The theme of aging desire was also central to more than one of his preceding novels, such as *The Dying Animal* (2001). Indeed, in Roth's in turn raging, impassioned, woeful voice in these novels, we keep hearing the Irish poet W. B. Yeats' (1976) mournful lines from *Sailing to Byzantium*, written at the age of sixty one, from which the title of the second novel was taken, that as an aged man he was but "a paltry thing/A tattered coat upon a stick" and a soul "sick with desire/And fastened to a dying animal" (p. 191).

Roth's rage is against that arch betrayer, the body and when the battle "to remain an unassailable man" has been lost, "time having transformed his own body into a store-house for man-made contraptions designed to fend off collapse. Defusing thoughts of his own demise had never required more diligence and cunning" (p. 16). His productive, active way of life gone, he no longer possesses the productive man's male allure, a situation also faced by the 66-year-old retired investment counselor of John Updike's *Towards End of Time* (1997), "my professional usefulness over, my wife more of a disciplinarian than a comfort, my body a swamp in whose simmering depths a fatal infirmity must be brewing" (p. 172).

Much worse than the loss of identity as a worker, a part of masculine sex allure, the reason why the loss of a job is always more than a loss of livelihood, and the evident decay of the body, is the loss of cockiness, in its literal sense. The cock, the penis that functions erratically in the old

is the focus of Roth's impotent rage in another novel *Exit Ghost* (2006b); it is a "spigot of wrinkled flesh" (p. 103) that is "like the end of a pipe you see sticking out of a field somewhere, a meaningless piece of pipe that spurts and gushes intermittently, spitting forth water to no end, until a day arrives when somebody remembers to give the valve the extra turn that shuts the damn sluice down" (pp. 109-110). Updike's hero distastefully regards his genitals as "lumps of obsolete purpose in wrinkled sacks of the thinnest skin" (p. 172).

The intensity of desolation at the loss the penis's sexual functioning, suggests a deeper malaise than a simple reaction to uncertain or complete loss of erections. The desolation is at the loss of a deep unconscious fantasy of the existence of the phallus, which, psychoanalysts (Benton 1995; Birksted-Breen 1996) would say, especially after Lacan, represents the site of (illusory) autonomy, wholeness, and total fulfillment.

While neither sex has access to the phallus, the boy's erect penis, the actual physical organ, functions as the signifier of the phallus. He can more easily believe in a privileged access to the phallus. The desolation and the impotent rage of the old men in the novels is then a consequence of being confronted with the reality of incompleteness and a giving up the fantasy of total fulfillment.

I would suggest here that the lingam, the aniconic representation of the Hindu deity Shiva, is a more appropriate and far-reaching symbol than the phallus for the representation of the psychic constellation discussed above. In its worship in countless homes, roadsides, the temples, the phallus in the Shiva lingam is always represented as arising out of the yoni, the symbol of female creative energy. The lingam then symbolizes the unity of the male and female and the cosmic energy generated by this union. Iconically, the union is often portrayed in temple sculptures in a starkly sexual language, Shakti straddling the thighs of Shiva in a tight embrace that lasts thousands of years. In its ritual worship in temples and homes, cups of cold milk are poured on the lingam to cool the heat of the energy rising from the union. Besides symbolizing unity and vitality, myths of the lingam further elaborate on what else it symbolizes. It must be said, though, that these myths, created by men, are almost solely about the phallic aspect of the lingam, the pillar arising from the base. The female yoni at its base, often almost a part of the

earth on which the lingam stands, retreats to the background in the male-created myths and is not so obviously discernible, not unlike the vagina that is tucked away between a woman's legs.

The origin myth of the lingam tells us of a quarrel between the two other gods of the Hindu trinity, Brahma and Vishnu, on who was the superior of the two when a pillar of light appeared between them. Shiva challenges them to find the two ends of the pillar. Brahma flies up and Vishnu dives down deep but no matter how far they traverse the length of the lingam, they cannot find its ends. Shiva then appears from the central part of the pillar of light; the light filled lingam then symbolizes infinity and enlightenment when, in biblical language, man no longer sees through a glass darkly and knows not the part but the whole.

Another myth tells us of a boy, a great worshipper of Shiva, who flung his arms around a lingam and clung tightly to it when Yama, the god of death, came to take him. When Yama tried to pull the boy off, the lingam broke. Defeated, the god of death had to go back empty handed. Shiva was so angry at the damage to the lingam that he cursed Yama that he will no longer be able to carry out his assigned task. Since no one died anymore, the world became overpopulated and Shiva soon had to take his curse back.

Here, the lingam represents victory over death. For the male protagonists of the novels, the sexual act, contingent upon the uncertain erections of old age, becomes much more than the straight forward matter of a "fuck." For them, nothing else, not money, not children, not achievements, can keep the conscious and unconscious fears of the approaching end as much at bay as sex. Money, family, status might help, Roth (2001) suggests, but:

> … none of them are like the other thing [sex] because the other thing is
>
> based in your physical being, in the flesh that is born and the flesh that dies.
>
> Because only when you fuck is everything that you dislike in life and
>
> everything by which you are defeated in life purely, if momentarily,

> revenged. Only then are you most cleanly alive and most cleanly
>
> yourself … .
>
> It's not the sex that's the corruption—it's the rest. Sex isn't just friction and shallow fun. Sex is also the revenge on death. Don't forget death. Don't everforget it. Yes, sex too is limited in its power … . But tell me, what power isgreater? [p. 69]

In Vishnu Khandekar's (1960) novel, *Yayati*, written when the author was 62, a retelling of the legend of King Yayati from the epic Mahabharata, the king's first response to aging, like many other men before and after him, is to go over moments of past pleasures with women, gathering "a rich harvest of happiness in alluring glances, tender embraces and silken heads of hair" (p. 231). The recollection of past embraces is not enough to assuage his terror of getting old and a forced renunciation of sexual pleasure. Disgusted, his father-in-law curses him to instantly lose his youth and become a decrepit old man. On his pleading, the sage relents. Yayati can have his youth back if one of his sons agrees to take on his old age, regaining his youth at his father's death. One of the sons, Puru, seeing the unhappiness of the father, offers him his own youth. Yayati is conflicted over the offer but not for long:

> All the lurking desires were drumming in my years: "There is that beautiful maiden waiting for you in your room. For the last fifteen days, you had set your heart on her. Are you going to throw away this opportunity without even putting your lips to it? What, after all, does Puru stand to lose by taking over your old age for three or four years? On the other hand, he stands to gain a kingdom. For a few years, enjoy life to your heart's content; assuage alldesire and then return to him his youth." [p. 241]

At that particular moment, Yayati has no hesitation in offering his kingdom for a further extension of time to have access to the bodies of young women. In the greedy and panicked embrace of the female body, we can glimpse his terror at the loss of infinitude promised by the lingam. Updike's protagonist expresses his version of this understanding when he says that women's bodies deliver the acceptance that matters and, "Through the

bodies of women men conduct what tortured dealings they can with the universe, producing serial murder and morganatic marriages and a Morgan Library's worth of love letters, novels, and death threats" (p. 59).

It is perhaps unsurprising that whether in *Everyman*, *The Dying Animal*, or *Yayati* it is the bodies of *young* women that are the source of Eros once again surging through an old body, even if for brief moments when the connection to the lingam's vitality and energy is re-established, the narrative of the novel carried forward by the consequences of this upsurge. Dirty old man, the label derisively coined by the young who find even old age sexual imagination reprehensible, can be pinned on a large number of their fathers, grandfathers, teachers, and other venerated old men in private and public life. It is not only in Updike's retired investment counselor's dreams that "sex still revolves with surprising force, turning a phantom woman into a hairy moist center of desire, hot as a star" (p. 2).

To explore the theme of old men's sexual rejuvenation through young women further in our "case histories," let me begin with Roth's protagonist in *Everyman*. Every morning, he watches the "robustly healthy young women he saw jogging along the boardwalk when he took his morning walk, still all curves and gleaming hair . . . . Following their speedy progress with his gaze was a pleasure, but a difficult pleasure, and at bottom the mental caress was a source of biting sadness that only intensified an unbearable loneliness" (pp. 101-02). He becomes obsessed:

> Nothing any longer kindled his curiosity or answered his needs, not his painting, not his family, not his neighbors, nothing except the young women who jogged by him on the boardwalk in the morning. My God, he thought, the man I once was! The life that surrounded me! The force that was mine! [p. 130]

One morning he stops a young woman who has particularly caught his fancy and tries to draw her into a conversation, even as:

> he tried repeatedly to prevent his gaze from falling to the swell of the breasts that rose and fell with her breathing. This was torment to walk away from. The idea was an affront to common sense and his sanity. His excitement was disproportionate to anything that had happened or that

> possibly couldhappen … as he did his best to conceal his anxiety—and the urge to touch—and the craving for just one such body—and the futility of it all—and his insignificance—and apparently succeeded. [pp. 131-32]

The young woman does not make a face or runs off laughing at him when he tells her he'd like to see her again and gives her his phone number that she accepts. He feels himself "growing hard in his pants unbelievably, magically quickly, as though he was fifteen. And feeling too, that sharp sense of individualization, of sublime singularity, that marks a fresh sexual encounter or love affair and that is the opposite of the deadening depersonalization of serious illness" (pp. 133-134). The woman never calls and doesn't jog on the same boardwalk again, thereby "thwarting his longing for the last great outburst of everything" (p. 134).

The sexual imagination of Updike's protagonist, who "seeks out only young whores, with tight lower bodies and long, exercise-hardened limbs" (p. 24), is fired by an even more insignificant encounter. A young woman at a train station accidentally turns her face towards him as she blows a bubble of bubble gum: "The primitive man within me prickled at this casual uncalled for protrusion of insolent nakedness, a roundness out of her mouth pinker and more blatant than an exposed breast or penis … " (p. 29).

Unlike the protagonists of the American novels who suffer the inevitable defeat of Eros as they fall back into the reality of old age, the poignancy of knowing that their access to the vitality and energy of lingam is forever lost, yet do not regret the their moments of erotic illusion, Yayati is remorseful at the end:

> I had trampled underfoot my duty as a father. I had spurned parental sentiment and forgotten common humanity. For momentary selfish pleasure, I had sacrificed the offspring of my flesh and blood. For eighteen years, I had been raising a temple to the demon of desire. What a terrible dome I had seton it today! [p. 243]

Yet behind the voice of remorse, I can also hear another one, which is still paying obeisance to Kama, the god of desire, saying, "I will make the same choice today as I did then."

It is not that the old men of these novels are unaware of the radical inappropriateness of their desire and the disorder the stabbing of lust can bring to their inner and outer lives. In *The Dying Animal*, Professor Kepesch no longer believes in the unquestioned superiority of the rewards of the intellect. For him now, sublimation is little more than, in the poet W. H. Auden's words, "the sin of the high minded" that reason forces us to commit and which "damns the soul by praising it" (Auden 1976, p. 248). He is fully aware of the dangerous terrain he is stepping into as he embarks on an affair with a 24-year-old student, Counsella. Unlike the falling in love of youth which is almost always with the eyes shut, the eyes of older people, men and women, are wide open.

> Yet what do you do if you're sixty-two and believe you'll never have a claim on something so perfect again? … What do you do if you're sixty-two and you realize that all those bodily parts invisible up to now (kidneys, lungs, veins, arteries, brain, intestines, prostate, heart) are about to start making themselves distressingly apparent, while the organ most conspicuousthroughout your life is doomed to dwindle into insignificance? [*The Dying Animal*, pp. 33-34]

It is also an error to believe the old men are seeking rejuvenation by partaking the youth of their young lovers, of believing that "you are as old as the *woman* you feel." As Howard Levine (2008) emphasizes in a review of *The Dying Animal,* Kepesch is acutely aware of what an affair with Consuela will *not* do:

> Don't misunderstand me. It isn't that, through Consuela, you can delude yourself into thinking that you have a last shot at your youth. You never feel the difference from youth more. In her energy, in her enthusiasm, in her youthful unknowing, in her youthful *knowing*, the difference is dramatized every moment…. Far from feeling youthful, you feel the poignancy of her limitless future as opposed to your own limited one … [p. 34]

What Kepesch and the protagonists of the other novels do not emphasise enough is that it is just not a rejuvenation of the body and a reinvigoration of sensate responsiveness that old age passion brings

them as it proceeds to connect them to the energy of the lingam. It also opens the door to a further exploration of the self as many forgotten selves begin to bubble up to the surface of the psyche. Or as the heroine of *Love, Again* (Lessing 1997) says, "There is absolutely nothing like love for showing how many different people can live inside one skin" (p. 225). And if the love is returned, as in the case of the neurologist and writer Oliver Sacks, who fell in love with a young man at the age of 75, then the consequent re-discovery of atrophied parts of the self is hugely welcome, without the torments that often accompany such discoveries (Sacks 2015): "There was an intense emotionality at this time: music I loved, or the long golden sunlight of late afternoon, would set me weeping. I was not sure what I was weeping for, but I would feel an intense sense of love, death, and transience, inseparably mixed" (p. 380).

As Sacks' narrative suggests, one way out of the dilemmas of men's old age sexuality and the unbearable snapping of the link to the lingam is via the emotional rather than the physical experience of love. Likewise, Marquez's novella *Memories of My Melancholy Whores*, written when he was 77 years old, suggests a relinquishing of the phallic body, although this, too, has its shortcomings.

In *Memories of My Melancholy Whores,* shortly before his 90th birthday, the anonymous hero of the novella, a columnist for a small town newspaper, decides to offer himself "the gift of a night of wild love with an adolescent virgin" (p. 3).[4] The girl offered to him in the brothel is the 14-year-old Delgadina who works in a factory sewing buttons the whole day and is already asleep, naked, when he enters the room at night. He makes a half-hearted attempt to part her thighs but soon gives up as the girl, still asleep, turns on her side, away from him. Watching her sleeping form, "That night I discovered the improbable pleasure of contemplating the body of a sleeping woman without the urgencies of desire or the obstacles of modesty" (p. 29). When the Madam of the brothel offers him a discount for his next visit since "nothing happened" on that night, he insists on repeating what had happened earlier, that the girl be asleep

[4] The story is similar to the Japanese Nobelist Yasunari Kawabata's (1961) novella, *House of Sleeping Beauties*, about a grandfather who frequents a brothel where young girls are exhibited in their sleep and the grandfather is warned by the brothel keeper not to do anything in "bad taste" with a sleeping girl.

when he arrives, he share the bed and leave at dawn while the girl is still sleeping. An almost unbearable tenderness towards the sleeping girl, without a trace of desire is swelling up in his heart and he is "filled with a sense of liberation I hadn't known before in my life, and free at last of a servitude [to desire] that had kept me enslaved since the age of thirteen" (p. 45). He has fallen in love with the sleeping girl, a love that eschews physical consummation but has as powerful an impact on his psyche as when desire alone ruled. He feels a strong longing take hold of his soul. In my throat, "I felt the Gordian knot of all the loves that might have been and weren't" (p. 53) and "Disoriented by the merciless evocation of Delgadina asleep," the spirit of his Sunday columns changes as he now conceives of them as love letters to her, "my life poured into every word" (p. 66). He feels he is becoming another man, and goes back to the romantic writings he had repudiated when young and is convinced that the invisible power that moves the world is unrequited, not happy love.

The columnist's body is not absent in this love. But what is present is the adoring body, not the desiring one. With Delgadina still asleep:

> I kissed her all over her body until I was breathless: her spine, vertebra by vertebra, down to her languid buttocks, the side with the mole, the side ofher inexhaustible heart. As I kissed her the heat of her body increased, and it exhaled a wild, untamed fragrance. She responded with new vibrations along every inch of her skin, and on each one I found a distinctive heat, a uniquetaste, a different moan, and her entire body resonated inside with anarpeggio, and her nipples opened and flowered without being touched. [p. 72]

Leavy (2010) is right in his observation that eroticism in the form of tender caring becomes stronger in old age but to call this a regression to infantile sexuality (Balint 1933) may be the phallocentric bias of psychoanalysis of an early era.

Akin to the travails of the desiring body in old age—the humiliations, the self-disgust, the impotent rage, the deep sadness—the adoring body too suffers, in its case, the pangs of unending separation and ever-receding unity. The important difference is that for the adoring body, despair itself becomes a part of the attraction—in fact its main allure, its

definition—to be embraced rather than to be recoiled from. When the girl disappears and he cannot find her, the old columnist discovers that the phrase "dying of love" is not poetic license and that he actually *felt* he was dying of love. "At the same time, the contrary was also true. I would not have traded the delights of my suffering for anything in the world" (p. 84). For fifteen years he has been trying to translate the poems of Leopardi but only now he has a profound sense of the line, "*Ah me, if this is love, then how it torments*" (p. 4).

The easier abjuring of his phallic body by the old columnist has its antecedents in his life history where the phallic narcissism, so blatant in the novels of Roth and Updike, was absent in his sexual encounters with women: "My sexual age never worried me because my powers did not depend so much on me as on women, and they know the how and the why when they want to"; the unpredictability of the erections, the varying hardness of the penis, didn't matter, "because they are the risks of being alive" (p. 10).

The adoring lover, longing for the idealized beloved, his love unrequited, is also very much a part of Japanese sexual imagination, to which the novellas of the first Japanese winner of the Nobel Prize for literature Yasunari Kawabata, especially as *Snow Country* (1956) and *The Sound of the Mountain* (1996) testify. In the latter novel, as in *The House of Sleeping Beauties* (it served as an inspiration for *Memories of My Melancholy Whores*, which feature old lovers, Kawabata's answer to the dilemmas of old age sexuality owes much to a strong strain in Japanese culture that values an aesthetic contemplation of transience and sadness of things and states of mind. Zen-like, an old man must learn to do what the unrequited lover does—to drink tea from an empty cup, recollect separation in love in aesthetic tranquility.

In Marquez's novel, it appears that the old man's preferred access to the symbol of the lingam is not through the phallus but through the yoni at its base, here as the maternal genital leading to the vision of emergence and mergence that ends man's separation from a maternal universe. Like the phallic preoccupations of the central characters in Roth's and Updike's novels, the protagonist of Marquez's fiction, too, seeks only a partial access to the lingam. In his adoration of the girl who is sleeping, dead to the world, there is a denial of the yoni's sexual

energy that combines with that of the phallus to make the lingam a symbol of cosmic creative energy.

SEXUALITY AND THE OLDER WOMAN

Sexuality in the older woman is at higher risk of social censure than in a man, hidden not only from the world but generally also from herself. As the narrator of Doris Lessing's novel *Love, Again* (written when the author was 78), observes:

> Most men and more women—young women afraid for themselves—punish older women with derision, punish them with cruelty, when they show inappropriate signs of sexuality. If men, they are getting their own back for the years they have been subject to the sexual power of women. [p. 133]

My clinical impression is that the tendency to punish aged female sexuality is even stronger among many Indian men because of the continued presence in their psyche of what I have called "maternal enthrallment" (Kakar 2016), especially its third constituent: incestuous desire coexisting with the terror inspired by an overwhelming female sexuality.

The older woman may claim in good faith that she is satisfied with getting older, pleased that the emotional tumults of sexual love are behind her, yet she is not immune to the stabbings of desire. Kama, the Hindu god of love, can bring her to grief by aiming arrows at a young heart within an old body, at an unchanged core fenced in by wilting flesh.

Sarah Durham, the heroine of *Love, Again*, an educated widow of 65 who is the successful manager of a theatre, believes she is in a serene stage of her life where she is able to concentrate undistracted upon fulfilling work. Yet her whole psychic equilibrium goes for a toss when she falls in love with a young actor who is superficial and has little to recommend him except a surfeit of charm which, she is aware, always promises more than it can deliver. Sarah both revels and hurts in the sensate openness that the falling in love has brought in its wake. Music, the language of emotions, has a special power over her mood so that even a banal and silly tune can make her cry. Words or phrases connected with love, passion that she would have earlier found stupid, can bring her to

tears. Daydreams begin to take over her waking life, to be pushed away with effort before, succumbing, she spends hours daydreaming as in the first flush of youth.

Once the older woman discovers, often against her conscious intent, that the door to Eros is again open and, in fact, was never shut, she falls into the same agonizing self-interrogation as the older man but with one significant difference: the focus of her anguish is not her genitals but the whole body. And it is through the mirror, standing in for the eyes of an actual or fantasized lover, that the woman conducts this conversation with herself on her sexual allure, a conversation from which the vagina, hidden in her body as it is from the lover's eyes is absent, of little cause for concern or distress in her sexual imagination:

> A woman of a certain age stands in front of her looking-glass naked, examining this or that part of her body. She has not done this for … twenty years? Thirty? Her left shoulder, which she pushes forward, to see it better—not bad at all. She always did have good shoulders. And a very good back … Hard to see her back, though: it was not a big mirror. Her breasts? A good many young women would be pleased to have them. But wait … what had happened to them? … the last thing anyone thought of, looking at them, was nourishment, but they have become comfortable paps … Legs. Well, they weren't too bad now, never mind what they were. In fact her body had been a pretty good one, and it held its shape (more or less) till she moved, when a subtle disintegration set in, and areas shapely enough were surfaced wit the fine velvety wrinkles of an elderly peach. But all this was irrelevant. What she could not face was that any girl at all, no matter how ill-favoured, had one thing she had not. And would never have again. It was the irrevocableness of it, there was nothing to be done. She had lived her way into this, and to say, "Well, and so does everyone," did not help. [pp. 242-243]

The poignancy of her self-regard is deepened by the fact that the body she is looking at is not the one she has now but is accompanied by another. "She glanced at her forearm, bare because of the heat, shapely still but drying out, seeing it simultaneously as it was now and as it had been then. This body of hers, in which she was living comfortably enough,

was accompanied by another, her young body, shaped in a kind of ectoplasm" (p. 97).

The mirror is also the confidante (and the enemy) of Lea, a former courtesan and heroine of Colette's (1920) novel *Cheri,* who is having an affair with a 25-year-old man half her age. Looking closely into the mirror, she observes her hair, which is badly dyed red and has roots that are turning white. She wonders about draping it prudently or otherwise completely hiding the withered neck that is encircled by large wrinkles. She even thinks of changing her hairdo, which she has worn high for 20 years and which showed the back of her neck. Sunlight "fell also on the soft flabby skin on the back of her well-shaped hands and her wrists. This emphasized—like criss-crossings on a clay soil when heavy rain is followed by a dry spell—the complicated network of tiny concentric grooves and miniature parallelograms" (p. 114). At another time, "Not yet powdered, a meager twist of hair at the back of her head, double chin, and raddled neck, she was exposing herself rashly to the unseen observer" (p. 111). Her only, rueful consolation is that she notices, as the skin gets less firm, the scent sinks in better and lasts much longer" (pp. 94-95).

What the older woman mourns in the loss of a youthful body is not only a narcissistic impoverishment that is also the lot of older men, but almost as important, her loss of sexual power over male desire. Erica Jong's (2015) heroine in *Fear of Dying*, written when the author was 73 years old, vividly testifies to the acuity of this loss:

> I used to love the power I had over men. Walking down the street, my mandolin-shaped ass swaying and swinging to their backward eyes. How strange that I only completely knew this power when it was gone—or transferred to my daughter, all male eyes on her nubile twentyish body… I missed this power. It seemed that the things that had come to replace it—marriage, maternity, the wisdom of the mature woman… weren't worth the candle. [p. 5]

Lessing, too, muses on this power, which she traces back to the first steps a girl takes into womanhood, its importance for women's sexuality and erotic imagination, and what the loss of this power entails for the older woman.

> … she remembered walking across a room knowing that everyone watched her, holding herself as if filled to the brim with a precious and dangerous fluid. Young girls do this, when they first discover their power: luckily most do not know how much they have. What can be more entertaining than to watch some grub of a girl, thirteen years old or so, astonished when a man (old as far as she is concerned) start to stammer and go red, showing the nervous aggression that goes with unwelcome attraction. What's all this? she thinks, and then is seized with illumination. Her wings burst forth, and she walks smiling across a room, reckless with power. And this condition can last until middle age deflates her. [p. 96]

The deflation is worse, the loss of sexual power more acute, in case of the woman whose youth was augmented by that mysterious entity called "sex appeal." No longer a member of the privileged class sexually, which she had been once, she now finds herself being one of "millions who spend their lives behind ugly masks, longing for the simplicities of love known to attractive people" (Lessing 1997, p. 141).

Her desert of deprivation seems more formidable and unforgiving than the one in which millions of unattractive people live out most of their lives, becoming familiar with and contenting themselves to eke out an existence on the meager sustenance the sexual desert offers them.

If sexual power, intimately connected to her physical allure, is central to woman's sexual imagination and response, then it is comprehensible that the hardness of the cock, the erection of the penis, does not play as important a role in the woman's sexuality as men would like to believe. I do not mean to imply that it plays no role; not at all. Erica Jong's heroine puts it succinctly: "Erection—how we all seek it! The hard cock standing up and validating our existence. Men think like this—straight men and gay men both. And women do too—at least when hunger drives us. But does this hardness have anything to do with our charm and sex appeal?" (p. 226).

The hardness of the cock, then, not as an ode by the man to his own desire but as his homage to the woman's allure—not a promiscuous erection but a testimony to her sexual power over him—can further fuel a woman's own desire. This is critical for the sexuality of the older

woman once her initial sexual hunger has abated. Aware of the loss of her sexual allure, images of her own charms can no longer fuel her sexual passion as "they once had when she had been almost as much intoxicated with herself as with the male body that loved hers" (Lessing, p. 143). Under the complaint of absence of the hard cock, both Jong and Lessing are bemoaning the incompleteness at the loss of the lingam, of being deprived of the fantasized possibility of bisexual wholeness.[5]

DESIRE AND LONGING IN OLD AGE: CULTURAL ASPECTS

In Saul Bellow's last novel (2000), the philosopher Ravelstein, close to death, proclaims love to be "our species' highest vocation" (p. 120). In its neediness and awareness of incompleteness, in its longing for bisexual wholeness and its promise of ecstasy, vitality, and liveliness beyond the ordinary, love combines the elemental forces of desire and longing, akin to Freud's sensuality and tenderness—*Sinnlichkeit* and *Zaertlichkeit* (Freud 1912, p. 180). At another place (Kakar and Ross 1986), I have described desire as the stream in which the body's wanting and its violence, the mind's yearning for sexual pleasure but also the need to rid itself of ancient pain and noxious hate, the excitement of the orgasm and the fierce exultation of possession, all flow together (p. 199). In longing, on the other hand, what the lover aspires for is submission, surrender to the beloved, not possession. He would be a slave, not the master; he would rather adore the beloved's body than fold it into a passionate embrace. What the lover yearns for is for his soul to merge with that of the beloved in an ineffable union that is impossible as long as he has a body. Identifying his longing with the totality of love, for him "sex is the consolation you have when you can't have love" (Marquez 2005, p. 69).

Love, of course, is neither longing nor desire alone but a river in which both streams flow together. Hence, the power and glory of the sexual embrace with a beloved person that delivers the "double whammy": the desire of the body combined with the longing of the soul.

Men, not only aged ones, range themselves on different points of the continuum of longing and desire. At one end, where desire alone rules,

[5] For the bi-sexual wholeness symbolized by the lingam see Kakar 1978, p. 158.

phallic narcissism is at its height, and less than conscious rage and despair boil under the surface of an enforced renunciation of old age. At the other end, where longing alone holds sway, men seek to jettison the phallic body and embrace femininity, their partner's and their own, so as to become one with the feminine body of the beloved. The torment here is the realization of an elemental separation that can never be undone, of the lover being compelled (to adapt the poet W. H. Auden's phrase) to count up to two when he longs to be able to count up to one (Auden 1973, p. 24).

Older women, too, occupy different positions on the continuum. At one end, where desire alones rules there is a resignation and disappointment in the unavailability of the phallus. At the other end where longing reigns there is a vain quest for the end of exile.

From the experience of unsatisfied longing, Lessing's Sarah Lancaster reflects on whether longing comes from childhood injury or whether it has a deeper locus. In one of her reflections, she singles out earliest life as that which gives drive to longing:

> That baby is wanting more: it is longing for something just out of its memory; it is longing for where it came from, and when need starts up in its stomach for milk, that need revives another, grander need, just as a small girl may pause in her play, look up, see a sky aflame with sunset and sadness, and find herself stretching up her arms to that lost magnificence and sobbing because she is so utterly exiled. [p. 350]

Lessing's reflection returns us to that central psychoanalytic preoccupation: early childhood, the part of life that had so interested Freud, in which desire and instinctual life are present but not goal directed (Freud 1905, p. 150). It opens up the question of whether some kind of primal longing is the fount of erotic desire, a desire that differentiates out of longing in infancy and for which the mother, and eventually the parents, become the first repositories, but that has a life and purpose of its own that parallels the life stages, beginning with autoeroticism, moving into genital eroticism and closing, if one is lucky, with an investment in an eroticism of spiritual life.

Like individuals, cultures too occupy different points on the longing-desire continuum based on the meaning and value that they place on the experience of exile and the possibilities they invest in the act of longing.

Cultures that embrace the body and materiality as the ultimate truth, and death as the final end may be more likely to take positions resembling the little boy who holds on to the phallus. These range from a valorizing of the phallic body of desire (Roth's and Updike's novels) or to the resigned acceptance of death as a cure for the loss of love in old people, as Lessing's character puts it: "When Cupid aims arrows (not flowers or kisses) at the elderly and old, and brings them to grief, is this one way of hustling people who are in danger of living too long off the stage?" (p. 350).

Cultures that value the spiritual as much as the material might be more likely to valorize longing that goes beyond the body. These are cultures that hold up a prototype of the ideal lover who is almost identical with the hero of Marquez's novella. In some of these cultures, such as the Persian-Islamic one with which I am familiar, Majnun, the hero of the 12th century Persian poet Nizami's tale of Layla and Majnun, continues to exercise an undimmed fascination (Kakar and Ross 1986). Driven to the point of madness in an enforced separation from his beloved, he refuses to physically consummate his love even when the opportunity arises. Only by renunciation of his phallic body can he seek the psychic-spiritual unity with his beloved Layla, even as he embraces the torments of separation from her as a sign that he is on the right path in his quest towards allaying a primal longing. Similarly, in most cultures of the Indian subcontinent, longing continues to exercise a psychic pull which is explicit in Sanskrit poetry (as also in Tamil poetry) of ancient India where the love-in-separation, *viraha*, is seen as superior to love-in-union, *shringara*; the sadness of longing is a loftier sentiment than the gratification of desire.

SUMMARY AND CONCLUSION

In spite of the many positive reports by analysts contradicting Freud's reservations on the suitability of an old person for psychoanalytic therapy, there is still a reluctance to engage with potential analysands who are in the last stages of their lives. The reluctance has its source not only in the individual life history and the stage of life of the therapist if he is considerably younger than the potential analysand, but also in the cultural narratives around old age and especially the "countertransference resistance" evoked by cultural constructions of old age sexuality.

This paper explores the changing intersection of desire and longing in the sexual imagination of old men and women as depicted in literary fiction, an art form that makes us understand old age sexuality in a way mere exposition cannot. The intersection of desire and longing in an old person, too, is determined not only by his individual psycho-sexual development and the stage of life with its decline of glandular activity, but also by the cultural narratives valorizing one or the other.

The paper also suggests the Indian lingam, combining both male and female sexual organs and energies, as a counterpoint to (or even replacement for?) the Lacanian phallus. In iconic existence for centuries and with a wealth of myths around it, the lingam is not an abstraction like the phallus and thus better symbolizes the fantasized bisexual wholeness, vitality, total fulfillment, and victory over death through which the old person seeks to hold the desolation at the loss of sexual vitality at bay.

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Thinking (And Moving) Outside the Box: Psychoanalytic Treatment and Dance/Movement Therapy

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THINKING (AND MOVING) OUTSIDE THE BOX: PSYCHOANALYTIC TREATMENT AND DANCE/ MOVEMENT THERAPY

BY LARRY S. SANDBERG AND SUZI TORTORA

For psychoanalysts, an attunement to bodily experience occurs in a setting of relative immobility. Countertransference, reverie, and enactment are essential tools used to access poorly represented and unrepresented states. Psychotic patients pose particular challenges with primitive terrors managed through mind-body dissociation. Words can be rendered meaningless or annihilated, denuded of their symbolic significance. The frame is altered in dance/movement therapy where attunement to bodily experience, including movement, is a catalyst for exploring psychic experience. We present clinical material combining psychoanalytic treatment and dance/movement therapy to illustrate the synergy of these modalities.

Keywords: Unrepresented states, combined treatment, dance/movement therapy, enactment, psychotic states.

Psychoanalytic work, as a talk therapy, privileges the verbal realm as the predominant mode of expression and exploration. At the same time, nonverbal communications, usually conceptualized as enactments, have generally been accepted as inevitable and, for many analysts, indispensable aspects of treatment. Analysts must also contend with ingrained modes of relating that can feel static and remarkably immutable despite

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the conventional tools at the analyst's disposal (Pally 2007). Moments like this self-analysis, sometimes facilitated by consultation, can bring into view interpretive lines that reinvigorate the analytic process. But it may be that for some difficult to reach patients the very parameters that permit the therapeutic work to proceed (that is, encouraging verbal expression while lying on the couch or sitting in a chair) can constrain psychological growth. In particular, for patients who's inner lives have been decimated by trauma, the path towards symbolization may require attention to and mobilization of the body in ways that are not possible within the framework of our conventional work. In such instances, combining intensive talk therapy (including psychoanalysis) with movement-oriented therapies such as dance/movement therapy may liberate the psychoanalytic process and patient's mind.

PSYCHOANALYTIC PERSPECTIVES

Mobilizing the body while utilizing a psychoanalytic approach is not new: Groddeck, considered by some the "gentle grandfather" of body psychotherapy, combined deep massage with psychotherapy in the same session (Groddeck 1977). Ferenczi's cathartic, relaxation method encouraged patients to relax and let movements come up the same way thoughts emerged (Ferenczi 1930). Reich palpated muscles, massaged, and explicitly invited patients to attune to the "corset" or "armor"–hypertonic muscles associated with conflictual partial drives (Heller 2012).

More conventional was Fenichel (1928), who saw these two approaches as fundamentally different and potentially confusing if combined in a single session. He had an interest in the gymnastics work of Elsa Gindler and saw an understanding of body and behavior as an essential link to emotional dynamics. In 1928, he published the first paper illustrating the collaboration of a psychoanalyst with a gymnast. The gymnast's focus on a patient's spastic tension in her neck facilitated Fenichel's uncovering of repressed traumatic memories (Fenichel 1928). These efforts to combine psychoanalytic approaches with bodywork were deemed controversial because of the transferential and countertransferential implications.

Contemporary psychoanalysts have increasingly focused attention on nonrepresented mental states along with the technical challenges managing and making use of countertransference. Green (1975),

elaborating on the impact of the dead mother, discussed how emptiness results from a defensive withdrawal from the primary object to manage the terror of disintegration, intolerable affect, and non-differentiation between self and other. His described somatic exclusion, which, "… dissociates the conflict from the psychic sphere by restricting it to the soma … result(ing) in an asymbolic formation … which is purely somatic, and … capable of putting the patient's life in danger" (Green 1975, p. 6).

Casotriades-Aulangier worked with psychotic patients and described a catastrophe whereby maternal failure impairs the infant's capacity to forge a link between pleasure in the external world and sensory experience. One consequence is that the perceptual organ is held responsible for what it has experienced and there is a wish to abolish all bodily excitation as the death instinct predominates with the organism seeking a prior silent sleep state. Casotriades-Aulangier writes, "… the world is nothing more than a reflection of a body swallowing itself, mutilating itself, rejecting itself" (1975, p. 29 in Levine et al. 2013).

The musculo-skeletal system plays an important role in the ideas of Bick (1968) as the failure to develop a healthy skin container—a capacity to hold mental contents and feel integrated due to adequate maternal care—can result in a faulty muscular second skin. Such patients desperately attempt to keep themselves psychically together through the use of bodily musculature. The rigidity of movement parallels an impairment in thinking: "The 'second skin' phenomenon which replaces first skin integration, manifests itself as either a partial or total type of muscular shell or a corresponding verbal muscularity" (p. 485).

Technical implications tend to focus on both the limits of free association in working with such patients and the need to attune to painful and often ineffable countertransferences as a way to construct meaning and make thinkable what has been unthought. Psychic structure is not built by interpreting internal psychic conflict. Rather, the analyst in her state of reverie and attunement is able to give voice and help symbolize for and with the patient what has previously been a non-existent mental state. This is what Scarfone describes as the primordial mind (Levine et al. 2013). Bodily experiences, both of the analysand and analyst, are carefully attuned to as a vehicle towards making sense of inchoate experience. Green captures the technical challenge thus: "If one fills the emptiness prematurely

through interpretation, one is repeating the intrusion of the bad object. If, on the other hand, one leaves the emptiness as it is, one is repeating the inaccessibility of the good object" (1975, p. 8).

Lombardi (2017) focuses on mind-body dissociation and cautions against the premature use of conventional transference interpretations that misconstrue the body as carrying symbolic meaning: "… the body is mistaken for its potential symbolic meanings, while its basic quality as a concrete object is quite neglected – whereas it is not a symbol but something real…" (p. 107).

Lombardi emphasizes exploring the patient's transference *to her body* in order to address mind-body dissociation. The analytic *bodywork* requires facilitating the analysand's capacity to recognize her body as a concrete aspect of reality and the source of feeling, emotion, and desire. This work is seen as *preliminary* to working in the transference *to the analyst*. Ferrari, who introduced the concept of the body as *concrete original object* is an influence on Lombardi (Lombardi 2017). While the analyst's reverie is critical to working on this primitive level, this introduces a one-person dimension to resolving mind-body dissociation. He urges depathologizing "acting out" in such patients as the activation of the physical body may be seen as a critical sign of life.

Stern (2010) uses *vitality* to describe the specific parts of human expressions that are dynamic, effortful, filled with meaning, and a sense of aliveness, and though common, are difficult to describe. Emphasizing the animated movement element inherent in the experience of vitality, Stern turns to the time-based arts for inspiration, and more specifically dance and the work of Laban (1976). Stern adapted Laban's descriptions of movement, force, time, space, and intention to describe how these qualities create vitality in the expressive social relational exchange. Stern's emphasis on the importance of the infant's felt-body experience as a means of getting to know self and other, and his acknowledgement of Laban's understanding of the qualitative elements of movement as possessing the essence of the mover's expressivity are a common ground between the modalities presented here.

Trevarthen (2009) coined the term communicative *musicality*, to highlight the poetic, nonverbal shared consciousness between the mother-infant dyad that originates "outside of the subjective Self" (Trevarthen 2009, p. 509). Using music and dance as references, he

explains that this state is regulated by joy and love and experienced through a rhythmic movement and imitative sound exchange. With massive maternal failure, such experience is non-existent for the infant with profound developmental consequences. Dance/movement therapy can play a crucial reparative role by fostering imaginative, playful, whole-body communicative musicality.

DANCE/MOVEMENT THERAPY: A PRIMER

Body based treatments, including Dance/Movement Therapy (DMT) are frequently employed in treating patients with a history of trauma (Heller 2012). The dissociative split between mind and body, along with the damage to the symbolizing mind, encourages attention to the body as the clinical surface.

In DMT, nonverbal communication is the paramount element of the therapeutic conversation. The body is a vehicle of expression during action and stillness. One's body structure is a unique embodied map of the individual's history revealed through one's *movement signature* (Laban 1976); the latter comprises a unique clustering of nonverbal qualities borne of experience. Therapeutic strategies are developed based on the verbal and nonverbal content presented by the patient, varying from exploring a feeling, event, or image using guided imagery, music, and improvisational dance actions, to more subtle explorations including attending to the flow of breath and tension patterns in the body as the patient speaks. Through improvisational embodied explorations these wordless, felt-experiences find expression. The patient is encouraged to let her body take the lead, sensing and following body sensation to initiate nonverbal expression. This shifts the focus of initiation from thoughts to sensations, immersing herself in artistic creative inquiry. The emphasis on the artistic process implicit in the creative arts differentiates DMT from other body and movement-oriented therapeutics. Releasing premeditated or directive thoughts and listening to bodily sensation through creative dialogue supports a uniquely personal, process-oriented exploration between felt-experiences, images, and thoughts. The aesthetic nature of creative arts explorations actualizes feelings that may exist on a purely felt level. A referential process is catalyzed, often stimulating memories and previously unavailable material (Bucci 2002).

How the patient thinks, embodies, and emotionally expresses her feelings and reactions through her actions communicates a message that can be observed and experienced by both patient and therapist. Based on the principle that a circular continuum exists between body, mind and emotions (Tortora 2015) the dance therapist helps the patient to attune to each element bringing unconscious material to conscious awareness supporting an integration and deeper understanding of key psychic issues. The dance therapist also attunes to this continuum analyzing her own subjective experience when both observing and moving with her patient). Through an embodied process the dance therapist observes her own experience listening with focused attentiveness, tracking specific ideas, images, thoughts, associative references, body sensations, and reactions that arise while being with the patient. The term w*itnessing* describes this self-reflective process (Adler 2002). In DMT, these felt-experiences are believed to often precede and stimulate thought and can exist outside of mental awareness. It is through the dance therapist's continual dialogue during the processing sections of the session that the meaning and potential usefulness of her embodied process responses will be elucidated.

In DMT each person's unique movement signature is analyzed systematically. In Laban Movement Analysis, a frequently used methodology, actions are observed within specific movement categories, which are illustrated in the clinical material (a detailed description of the methodology can be found in Tortora 2006). Of important note is the concept of a *movement metaphor,* referring to personalized and stylized nonverbal sequences of movement that recur consistently within the individual's nonverbal repertoire. These sequences have significant symbolic meaning for the individual and may reference specific past experiences stored as nonverbal memories in the person's life.

DMT treatment is offered in a variety of settings and are conducted in groups and individually. The dance/movement therapist can be the primary therapist or work within a team or conjointly with other modalities, as discussed in this paper. This conjoint treatment is unique in that the dance/movement therapist and psychoanalyst worked very closely, creating a synergy that heightened and complimented both individual approaches.

THE PRESENTING HISTORY AND FIRST PHASE OF TREATMENT (SANDBERG)

S., a married, middle-aged teacher came to this country in her mid-twenties, emigrating from Italy. She presented for treatment following a hospitalization for a suicide attempt at which time she was diagnosed with a psychotic depression, treated with ECT, and discharged on multiple medications (anti-depressant SSRI, an anti-psychotic, and a sleeping pill).[1] The suicide attempt (with pills) was the culmination of months of delusional self-loathing. She was guilt-ridden for looking at female students in a "dirty way" without conscious feelings of desire or arousal. "It was a compulsion." She had lost substantial weight and was unable to sleep or work.

S. spoke in a barely audible voice lamenting seeing herself as "evil or empty" making clear that her episode of depression was an extreme expression of a decimated and fractured self. Her stiff posture, averted gaze, and passive demeanor worried me. How was I to engage her in a talk therapy? Spontaneity terrified her as it would reveal S. to be "evil" or "empty." I felt the conflicted urge to prod or probe S. as a way of getting to know her. Like a frightened animal that freezes—feigns deadness to fend off attack—S.'s immobility (mental and physical) was a way to stay safe. Making contact with her was challenging from the outset. I told S. that while I understood she was coming to me for help, she was clearly frightened and wondered aloud if we could look at that.

S. responded by telling me of numerous childhood traumatic experiences she had including dental procedures without anesthesia, painful gynecological exams, and subsequent surgery for ovarian cysts in puberty, a vaguely remembered illness in infancy for which she was hospitalized. I observed that doctors were neither a comforting nor reassuring presence. She nodded in recognition. I also registered internally how the boundaried aspect of our relationship, a talk therapy, conferred little if any protection for her.

Her description of her family was at first contradictory. Asserting she had a "happy childhood … we had dinner together … " was the thinnest

[1] The medication regimen, which is ongoing, includes olanzapine, lamictal, escitalopram, and moldafinil.

veneer that covered over severe verbal and physical abuse by her mother. In asking her to tell me more about this "happy childhood," S. spoke of being repeatedly hit in the face, verbally abused, and told that she had "angry eyes." She often felt murderous towards her mother and had frequent suicidal urges, imagining jumping into a well on their property. Her father was alcoholic—a menacing presence though not physically abusive. Her maternal grandparents lived with her and provided some semblance of love and religious (Catholic) comfort but were, themselves, subjected to verbal abuse.

S. met her husband (an accountant who grew up in a military family) shortly after arriving in this country. Meeting in a bookstore was fitting: both were "bookworms" without relationships outside of work. They preferred their alone time even when together in what appeared to be a tenuous balancing act where some sense of attachment was attained by two people estranged from their families, fearful of the world and terrified of closeness. They settled into a small apartment, attended Church on a weekly basis, and related in a largely platonic way. Sexual intimacy was very limited and felt obligatory for S., whose experience was mechanical, dissociated without pleasure.

In the early years of our work, I was most struck by S.'s terror of being hurt and the need to deaden herself in an effort to survive a threatening world and not be overwhelmed with affect. Establishing and tolerating reality were ongoing central challenges. The atmosphere in the consulting room was often unbearable as I struggled to empathize with S.'s loss of vitality and inner deadness. I experienced extended periods of somnolence alternating with irritability; I felt myself the abusive mother or the dead one, non-threatening and non-existent. I felt this not so much in response to her words but her manner of sitting across from me: holding herself stiffly, hands clasped, averted gaze.

My painful countertransference state was modulated by a feeling of compassion: S. was working hard—literally and metaphorically—to hold herself together. S., whose body and mind had repeatedly been violated existed in a world where boundaries felt tenuous or non-existent: talking was doing, bad experiences confirmed her own badness, a traumatic past represented a present danger. She was poorly differentiated from her mother. The work was arduous. She was organized on a psychotic level; her body attempting to do what her mind could not.

Gradually S. could see how talk therapy at times felt the same to her as doctors' inflicting physical pain; phone calls from her mother (across the Atlantic) could feel like physical attacks; a misbehaving student could leave her feeling she had misbehaved. Perhaps most important was S.'s view of herself as evil—an expression of non-differentiation with her mother. Much of the early therapeutic work—three times per week "face to face"—centered on empathically observing how S. was perpetually reliving her past in the present along with the attendant confusion she felt. This included her experience of me, not *as-if*, but *as* her mother. Thinking about and memorializing her past was terribly painful; not thinking was a way to not feel overwhelmed. I could point out that one consequence was her feeling perpetually overwhelmed in the present and perhaps, over time, we could think *together* about her life experiences so that those experiences and the very experience of thinking about them would feel less scary to her.

Over many years, a story began to take shape that helped S. make sense of her life. We came to understand that her suicide attempt expressed self-hatred and a hatred she had felt from—and towards—her mother. She survived persistent physical and verbal abuse believing she was bad and hating herself, convinced she was being "put in her place." While S became less frightened as time went on, I was aware of how her physicality was largely unchanged. She listened attentively to the point of hyper-vigilance but never looked at me. She held herself stiffly. For long periods of time I would push this out of my mind not wanting to be the invasive mother. The alternative though was that I become the mother who was blind to her—not reflecting back to her what I saw. I shared this dilemma with S. (this being many years into the treatment) wanting her to know what was going on in my mind and how I thought of her struggle with me. This helped her to be more curious about her own physicality and to create a space in which to explore her nonverbal behavior.

What emerged was that she held herself stiffly in anticipation of being struck as she had been by her mother. Was she worried I would hit her? No … yet what kind of person wishes her own mother dead? It was painstaking to help S. disentangle the knot whereby her mother's hatred of her felt appropriate given S.'s murderous rage. She could slowly grasp that her hatred was fueled by her mother's abuse; a reaction to the abuse

rather than justification for it. She could acknowledge that fleeing her homeland was self-preservative. As she became increasingly tolerant of her murderous wishes towards her mother (which inevitably involved the use of her hands), I could interpret how she experienced her hands as dangerous and hence immobilized them. This resonated with her and had a somewhat liberating effect on her interactions with her students. But her posture remained unchanged.

Within our relationship she worried I could see *into* her mind—her badness— reminiscent of her mother's invasiveness. She worried that eye contact could lead to "disintegration"—hers or mine—because eye contact, more than conveying a feeling and being a perceptual experience, was weaponized (and as described below, I would learn later how seeing had become sexualized). And what if neither one of us disintegrated? This, she said, was more terrifying: "Then I would feel I am without a mother … and if I have no mother then how do I exist?" A crucial integrative function of dissociation was laid bare (Bromberg 2011).

S.'s dissociative experience, facilitated by avoiding eye contact, *helped her* to see me as *both* a new object and a familiar one; the latter essential for her to feel in tact and alive albeit threatened and threatening. This psychic balancing acted shifted over time: S. became less frightened of me as she came to know me as kind, caring, and non-punitive while interpretive work highlighted how I was being related to *as both* a sadistic parent and a caring one where seeing me more fully as I was felt like a threat to her—and her mother's—existence.

At one point, after more than a decade of working together, I engaged S. in an interpretive enactment unconsciously trying to shame her by saying that in not looking at me she was behaving like her mother: i.e., being the blind mother not seeing me (the child) as I am. Her grandfather had encouraged her—to no avail—to hold her head and now I was trying to shame her, coerce her, into looking at me. Consciously, I was telling her she was safe to feel more alive and connected to me—to be herself. In hindsight, I understood I was imposing my painful state onto her; to fend off a feeling of deadness I had become "alive"—and blind to her.

Keeping her mother alive within me paradoxically helped S. to feel tethered; maintaining a terror of annihilation in the transference was self-preservative. This bind felt like a life and death struggle. I felt the

need to accept her dissociative experience of me as her way of maintaining this delicate balance. Her body was accomplishing—in the literal way she held herself—what her mind could not. Yet blinding herself constrained her learning from experience and being more fully alive; blinding herself was deadening if not death itself.

Despite these challenges, therapeutic gains were evident: good experiences increased (recognition by her students, positive feedback from colleagues and parents) as she felt less threatened and more comfortable with her own aggression. In the years prior to the referral, S. would observe how she had grown—developing a "new skin," "having a new foundation and sense of self," dreaming of being saved as a child by a man who pulled her out of a fire—a clear reference to the transference. On the other side of the split she would express worries that she would see "daggers" in my eyes or if I "*really* knew" her I would see her badness as her mother had.

Over a decade into treatment, I increasingly battled feelings of tedium, boredom, helplessness, and anger. Coasting in the countertransference (Hirsch 2008) became problematic as I struggled to find words that would move S. further along. The stuckness felt like death or, at least, stasis. Coasting gave me a feeling, an illusion, of movement, but this was not sustainable.

My capacity to imagine what she could be came up against a worry I was not accepting her as she was. I came to believe that S. needed some new perceptual, sensory experience—one that could be talked about but not brought about by talking— in order to shift her psychic equilibrium. I imagined she *literally* needed to move for further psychological movement to occur.

I have had a longstanding interest in combining psychoanalysis and medication. I think this derives, in part, from being a fraternal twin—always being a "couple." In addition, as a practitioner of tai chi, I have been struck by the impact of this physical activity on my manner of thinking—an unintended consequence of the practice; an agility of movement has been accompanied by a heightened agility of thought. More consciously, I was aware that bodywork was often utilized with traumatized patients.

Coincident with my struggle, a colleague, Beatrice Beebe, was presenting in a study group her video feedback work with Delores, a woman

who averted her gaze. This created an opening. S. and I spent several weeks exploring her feelings about consulting with Dr. Beebe. I was concerned that she not feel pressured by me. This was a possible intervention that might help her. I did not pretend to know. While apprehensive, S. said she trusted me and appreciated my perseverance in caring for her. Dr. Beebe introduced her own adjunctive treatment on a bimonthly basis making use of video feedback. She also suggested referral to Suzi Tortora to more directly engage her body with dance/movement therapy.

I decreased my frequency from three to two visits/week.[2] Both interventions were initially introduced as consultations and then discussed in treatment. I was most struck by S.'s courage to try something new and her relative comfort with female therapists given her early history. She was also compelled to see me as fallible, imperfect; i.e., less idealized, while "never giving up" on her. We both had taken a leap of faith.

We will illustrate how a focus on bodily movement and somatic experience in DMT worked synergistically with the psychoanalytic treatment helping to diminish S.'s mind-body dissociation and psychotic defenses.

THE EARLY PHASE OF DANCE/MOVEMENT THERAPY AND THE EVOLUTION OF CONFLICT (TORTORA)

Opening the door for our first session I am immediately struck by S.'s presentation as she rose and entered my room. In one action, she briskly stood, greeting me by darting her head up and as quickly down with a sideways glance, averting her eyes as she quietly utterd, "Hello, Dr. Tortora, [pause] yes… I am S." Holding herself stiffly with her arms

[2] Space considerations require the work done in video feedback to be detailed elsewhere (Sandberg and Beebe in press). The multi-modal nature of the treatment complicates parsing out the active ingredients of change. As a real life experiment, we recognize this complexity. As video feedback was largely focused on the face of the therapist and S.'s recognition of facial emotion, process around these aspects is not presented here. The current paper focuses on whole body movement and posture and how DMT influenced the psychoanalytic psychotherapy and vice versa. The process material to follow will illuminate this facet of the treatment—one that took place on a more frequent basis compared to video feedback (weekly versus bimonthly).

closely at her side and her right shoulder arcing forward and downward, enwrapping her downcast head, she brushed past me into the room taking quick small steps that barely touch the ground. I instantly begin to register my instinctive reactions: subtly tensing my whole body, and straightening my posture as if to counterbalance her concave one, while my mind spontaneously asks, what is her embodied experience?

As we sit across from each other I note how her downward gazing eyes enclose her head, neck, and torso inward, creating an asymmetrical concave shape. Holding herself so tightly at the edge of the chair, she barely makes an impression on the cushions. Her breath is shallow with her hands in her lap held tightly and thumbs pressed together. Remarkably, S. holds this restrained posture for almost the whole session, speaking softly, seeming to see me only from her peripheral vision. The depth of her stillness and tension, within her whole being, is striking. The scarcity of extended outward actions is only countered by the persistent pressing of her hands together. I remind myself to keep breathing, as I find my own actions becoming increasingly more precise. Speaking gently and slowly, my gestures intuitively become more articulated, clearly defining the boundaries of my personal surrounding space. She seems dissociated from her physical self.

Nonverbal analysis is performed within the context of the mover's experience and verbal dialogue, rather than a predetermined dictionary-type of interpretation that some "body-language" methods support (Pease and Pease 2006). The metaphors, which come to my mind about S.'s embodied experience, are multilayered. Her contained, frozen, stillness creates an image of being disembodied. She has a need to hold her body together to keep it intact. The physical sensation of this level of constant tension paradoxically has the reverse somatic response. It can negate sensation, creating a lack of connected, fluid movement coordination. In essence, the mover will feel numb, less grounded, and whole. I postulate that for S. it may be the only way she knows how to hold herself separate from her intruding mother. Reflecting on the initial referral information provided by Dr. Sandberg, I surmise this posturing is also a container for her rage and fearful murderous thoughts. In Laban Movement Analysis, stillness is as powerful a way of speaking as large constant actions can be. Especially when the stillness is prolonged.

The paucity and close gestural range of her actions portrays a need for self-protection. However, holding her limbs in such close proximity to the torso, without complementary strong, direct gestures outward into space, can create a kinesthetic sense of vulnerability and victimization rather than providing a strong spacious external boundary. The bound tension of S.'s hand gestures contributes to this contained expression of fear as well as the fear of her strength and desire to attack. This latter interpretation is confirmed as she describes her hands as bad and useless and states that her mother repeatedly said her eyes were murderous.

The initial intervention strategies are very clear. She must first feel grounded and safe within her body by exploring fluid actions that stimulate kinesthetic awareness, connecting her to her body-self. From this awakened somatic sense S. can explore her actions in interaction with her surroundings, to feel her body boundaries, differentiating herself from others. Most significantly, experience separateness from her mother.

Attuning to my personal embodied responses, I feel the desire to get her to perform strong actions pushing out to define her space and defy her mother. However, in actuality, I know she must feel connected to herself before she can be effectively and emotionally expressive toward those outside of her self. One of the salient elements of the DMT approach is it enables the patient to physically and metaphorically explore psychic material simultaneously. The emphasis of our initial activities is concrete somatic awareness. During these explorations S. is asked to notice any thoughts, body sensations, and images that come up. S. demonstrates a great capacity and eagerness to reflect on the associations she is having, adding insightful interpretations that go beyond the literal actions.

We begin by discussing her feelings about her hands. I start here for several reasons. Her hands as distal body parts play a key role sensationally in her fearful image of disintegrating and of being dangerous. She does not experience her hands in coordination with her body core. To develop an intact body schema, S. needs the kinesthetic and symbolic experience of her hands connected to the rest of her body.

I inquire if there is any way that her hands help her. She quietly speaks about her need to use her hands to write notes on the blackboard. I mirror her actions and ask, "Like this?" S. lifts her eyes to glance at my gestures, our eyes meet. My gaze projects gentle warmth without

being effusive. Within the practical context of our interactive movement and dance exchanges S. is able to relinquish her fears about her murderous eyes and enter into our relationship, letting me see her and she see me. She is present and able to experience our emotional connection. The accumulation of experiences like these adds to her newly growing felt, embodied knowledge.

To continue to encourage S. to keep her head lifted, I introduce the concept of a triangular relationship with her head as the top angle and each shoulder as the base angles. As we explore this concept, S. extends her neck and widens her shoulders opening her upper chest. She experiences a deeper flow of breath within her torso. Together we practice directing our breath in three-dimensions, expanding and releasing along the horizontal, vertical, and sagittal planes using the image of a balloon. I begin with this image to keep it concrete as an introduction into fluid sensation. S. discovers that being able to sense the circular relationship between her inhale and exhale more fully, is empowering, helping her stay connected to herself when she is feeling vulnerable.

From this triangular positioning of her head and shoulders she is able to explore her kinesphere, defined in Laban Movement Analysis as the personal space surrounding an individual within their near to extended reach.[3] Naming it her "protective bubble," S. ascertains the strength of its edges, using her hands and extended arms to expand or enclose the bubble around her body depending on her comfort with the external environment.

As she senses her body as her own, without our discussing it, her feminine self continues to become more evident in her total grooming. Within two months, she polishes her nails for the first time in her life and this becomes a weekly ritual. Her clothes become more colorful and she accessorizes with matching sparkling hair barrettes and an expanded shoe collection of ballet flats. She shares that her ability to find her center and hold her head up while standing in front of the class really calms the students down. She is amazed at how well it works.

[3] A distinction is made between the space an individual's body occupies, known as their personal kinesphere, and the space that surrounds the body within which the person moves, known as the general space (Laban 1976). How an individual moves his or her body through space influences social interactions and can portray the mover's sense of self in relationship to others.

COMMENT ON THE EARLY PHASE OF DMT AND ITS IMPACT ON THE THERAPY PROCESS (SANDBERG)

DMT enlivened S. in her therapy sessions while reigniting a sense of reverie in me that had become muted. I was less prone to feeling deadened as if time were standing still while frozen in place with S. Her more feminine appearance suggested an increased comfort with her body. The toxic impact of an abusive mother was receding as S. could see herself having a space of her own—and increasing distance from her past. There was a simultaneous unfolding of a literal/somatic sense of separateness and a symbolic/metaphoric one. In addition, the gestural play with S.'s hands served a containing function for S.'s terrifying hatred; an interpersonal activity that served a containing function. The heightened aliveness S. felt in her evolving emotional tie to a female caregiver loosened her tie to her mother.

In the third year of the collaboration, S. came in angrily complaining of being harshly and unfairly evaluated by her supervisor in the same way her mother had treated her. Further exploration revealed that S. had uncharacteristically prepared poorly for her evaluation and (unconsciously) invited a negative assessment. I wondered why she would have acted this way. "I was suicidal by provoking my supervisor to be harsh … I thought—thank God I have this mother to point out how bad I am!"

A diminished reliance on dissociation helped stimulate an internal conflict (Bromberg 2011): S. could glimpse the power of her unconscious and her sense of agency and intentionality—provoking her supervisor in an effort to (re)create a harsh mother. S. had a desperate need to hold on to her mother (a mother who would be disappointed and rejecting of her) stimulated by an increased terror of separateness and disintegration. This was an important insight and I told her so. Suicide had taken on *metaphoric* as opposed to literal meaning suggesting a diminution of mind-body dissociation and an increased capacity for thought.

Unconsciously, I incorporated the DMT work in suggesting she had "not put her best foot forward." I suggested that we consider—in her having unconsciously tried to create her mother in the external world—that she was engaged in a *dance* of sorts with her mother that we needed to spend time understanding and that it was something that could also be explored with Dr. Tortora. My language reflected the way DMT had

influenced my thinking on a conscious and unconscious level. I was framing internal conflict through the language of movement. On a deep concrete level, separation for S. involved separating from a mother with whom she felt merged:

> "I have my mother's blood so I have to be careful."
>
> "My mother got under my skin—she would say be careful of S. She gets angry."
>
> "My mother is in every cell of my body."

THE DANCE WITH MOTHER ELABORATED PART I (TORTORA)

Picking up on her session with Dr. Sandberg, S. came in stating: "Dr. Sandberg suggested we choreograph a dance about my experience with my supervisor." Taking our dance to the level of choreography demonstrates her own initiative to embody her experience through organized choreography. We discuss how the process of dance making involves a great deal of experimentation; trying different actions and exploring how they feel when linked. Through this process new ideas and sensations grow and inform our choreography.

Initiating that we create a choreographed dance also marks a psychological shift in S. demonstrating her increasing ability to tolerate conflict over dissociation. Experimenting with new movement ideas prior to "setting them" in the choreography requires S. to tolerate unexpected feelings that may arise. Most significantly, by S. trusting me as a safe (female) object she is reworking her primary maternal relationship. As we collaborate on our choreography, "suggested" by Dr. Sandberg, he is present in the room with us. Through this presence, we create a (symbolic) third familial *secure* space.

The parallels of the discovery process both somatically and psychically are evident in our conversation. S. asks to create a dance about the complexity of her feelings after she has experienced success, which throws her into such fear it leads to suicidal ideation. She admits that she no longer wants suicidal ideation. She states this request boldly with strength and assertion, holding her head up and looking directly at me.

Over the next several weeks we outline the themes and moves for this dance and reflect on the three stages S. goes through following success: success, criticism, and resilience. We find music to accompany the first two sections of the dance. Ethereal female vocals accompany our dance steps of success. We begin by unfolding through her spine as she lengths up, spreading her arms out palms open at hip level and her head and shoulders widening out into a firm triangle. She walks with strong steps in a circle continuing this core lengthening of her torso, neck, and head. She stops, swinging her arms up and down several times lifting up onto her toes with a huge smile as she reaches her arms up high.

This elation is followed by "everything being shattered" in the next phase: criticism. Bending her knees up and down stating, "what a mess … everything is all over the place" as she shakes and flicks her hands in a vibratory phrase pattern within her kinesphere. The image of falling into and hitting the bottom of an abyss arises. "You think you are good, now look how terrible this is." She explained this inner dialogue plays a necessary role in her improving, for it provides a structure to rebound from, creating a path for her resilience. The pressure creates the impetus to strive. S. picks a contemporary instrumental piece with multiple layers of sustained tones, a quick light, tapping percussive background rhythm, and a clear medium tempo single note melody played in the mid-range scale of a piano.

S. chose to not use music to explore the last category, resilience. She focused on her hands and their ability to work for her. Sitting in her chair while squeezing herself with tense actions, arms crossed over her chest and her torso concave with head down, she states, "this starts with pain and hurt so you can hold yourself." Breathing lightly, S. gazed up, floating her head upward creating the triangle, gently opening her hands palms up and then, as gently holds them with thumbs crossed. Looking at her hands, with nails polished we acknowledge how she has gained strength from her hands, "they are here, and they work for me."

INCREASED AFFECT TOLERANCE (SANDBERG)

DMT gave S. a visceral sense of having a body that was her own and an opportunity to identify with a female therapist who was kind and gentle.

DMT implicitly challenged the delusional sense that her body and mind had been taken over and catalyzed a heightened capacity for thought. In her evaluation a year later, her improved capacity for containment was evident in her awareness that she felt the need to put herself down as she had felt/been put down by her mother *rather* than provoking that reaction in the head of department. She did well in her evaluation while lamenting having no memory of her mother validating her: "I didn't exist for my mother."

I felt more comfortable encouraging the patient to *look* at her past experience less concerned that she would feel it was being *enacted* with me. Consciously, I had in mind helping her to feel more separate from her mother and to be less driven to repeat the past by provoking criticism or attack. I told her: "because so much of what happened had been unthinkable, it was difficult to comprehend—to think about—your hatred and make sense of it. The unthinkable had been replaced by the belief—*my mother loves me … and beats me because I am bad*—a belief that was self-preservative in childhood and one you went back and forth between believing and rejecting." This focus brought the patient more in contact with feelings *about* her mother—her rage and grief and terror of object loss: "The illusion is gone. My mother didn't love me. She trespassed. I don't deny I wished her dead. I can't be buried with her. I feel guilty. It's scary not having a caring mother."

Guilty as opposed to self-loathing, angry rather than self-destructive, there was a palpable sense of aliveness and movement within S. and in the consulting room.

THE DANCE WITH MOTHER ELABORATED PART II (TORTORA)

S.'s ability to converse with Dr. Sandberg signals that in our sessions she is ready to challenge her perception of her mother's view of her. We can embody the conflict between her fading views, the positive strength in her presence, and her growing solid existence. Now that her ability to clearly define and sense her body as intact and whole is in place, in this next stage we focus on creating a safe space around S. to explore her feelings about her mother without merging with her. S. emphatically described her dilemma with her mother: "She trespassed. I was so

enraged with HER … I wanted to commit suicide." Yet, despite these feelings S. shares, "She is still my mother that I love. I have to hold a place for her in my heart."

We find a space for her mother in the room, to allow her to be present, while we "dance around her." S. places a hoola hoop in the center of the room and I add two more hoola hoops, one larger and the other within the first hoola hoop to mark the changing distances of her mother's body boundaries. I add multicolored scarves pouring out beyond these boundaries to represent S.'s description of her mother intruding and "engulfing the very cell's of my body." When I ask S. which level of invasion she wants to dance around she chooses the most severe image with the scarves for she wants to "go directly to the worst place." We danced around this structure, finding the places in the room she could still feel safe and in control. After our dance, S. was very calm and discussed how helpful and content she felt from this experience.

MOVING TOWARDS MEMORIES OF SEXUAL ABUSE (SANDBERG)

DMT helped the patient step away from the abuse in a way she had been unable to by sitting in a chair. We had explored her abuse over many years, but symbolically recreating an abusive experience in the present that she was able to orchestrate, dance around, and witness evoked affective experience suggesting a capacity for mastery in establishing a *sense of time and space* between herself and her traumatic experience.

My work with S. continued to focus on her mother. She identified "a visceral hatred" of her mother, an experience that felt new to her, emphasizing its bodily nature and absence of suicidal thoughts. She now experienced her body as her own *and* her hatred did not confirm her mother's view of her as evil. Her relationship with her mother was becoming more symbolized, contained in thought. This capacity would need to be supported and nurtured in the ensuing months—and would at times collapse. What was lurking was the experience of existing for her mother as an object of sexual desire.

As her anger towards her mother grew, she returned to the lament, "my mother is in every cell in my body" rekindling urges to destroy herself because she felt merged with her mother. As we were exploring why

this urge had returned with such fury, S. received a phone call from her mother complaining of urinary incontinence. Her mother suggested to S. that she do pelvic muscle exercises to avoid such problems. The mother's blurring of boundaries and the focus on the genitourinary tract evoked "sensations" in the patient throughout her body but primarily in her genital area leading her to recall—with shame and humiliation—latency age memories of sexual arousal by the mother on numerous occasions. These memories included the use of cotton swabs with oil that brought her to orgasm. These bodily sensations fueled the urge to destroy her internal organs/genitals. Her shame/humiliation fueled the urge to disappear.

I told S.: "I understand how painful it is to feel overwhelmed with such sensations and urges to destroy yourself. I also feel that your mind and body have become sufficiently strong—and your capacity to trust me robust—to let both of us know more deeply what it means to feel that your mother was in every cell of your body." She cried as she responded: "the arousal I felt with my mother was something I have never been able to feel again in intimate relations." S.'s experience of her mother's passionate gaze in conjunction with bodily arousal and pleasure had its own disintegrating impact on S. An antecedent of her experience of looking at her students in a "dirty way" had been elucidated.

EFFORTS AT INTEGRATION (SANDBERG)

DMT helped S. step away from the abuse *and* approach it more deeply. The grounding experience of DMT helped S. tolerate painfully dystonic sensations in her body so that we could create meaning in relation to that which had been unthinkable. She observed that the "very experience of movement helps (my) brain." In psychotherapy sessions, her ability to tolerate painful affect including sadness and rage towards her mother *diminished* the presence of bodily sensations.

Her heightened feeling of aliveness created a sense of disorientation reflecting a vulnerability and wish that she did not have to face reality. She repeatedly had the feeling that she was living in a nightmare and she would awaken to find her old/familiar sense of reality. ("It was sexual abuse, wasn't it?" "If I feel hatred towards my mother, she no longer

exists.") In these moments, I would gently reassure her that the disorientation she felt in facing reality was allowing her to *emerge* from a nightmare. She expressed the wish to "vomit out" (her) hatred of her mother. Interpreting the defensive wish to evacuate her hatred to not have to face it kindled intense sadness and a degree of mourning with guilt.

She also fell into states where she couldn't think—she had a "cotton mind"—this in the setting of feeling flooded by bodily sensations. I asked if we could try to make a link that she could have in mind without risking re-traumatization. The link, which resonated deeply, was that the "cotton mind" was connected to the unthinkable history of abuse she suffered —abuse that involved cotton. She had to shut her mind down—protect it in "cotton"—because she would have otherwise been overwhelmed. As she had recently been struggling with "sensations" and had permitted herself to face reality, there was an understandable wish to shut her mind down. But if we could consider the "link"—and she could see her capacity to think—maybe it would be helpful to her.

She was very touched by this intervention. In the next session, she came in talking about how her mind felt very clear after the session and she had been very productive in doing her schoolwork. She said that thinking about the link had been helpful to her and she added—in an uncharacteristically tender way—"you are a good therapist because you spoke to me about this when you imagined I would be able to hear it and I appreciate that."

PERSPECTIVE: HOPE AND HUMILITY

In the ensuing years, S. has continued to make strides. She is more related in the classroom, has taken an interest in dramatic performance with her students, and has turned to literature (*Oedipus*, *The Odyssey*, *Medea*) to help her think about her own life. She now speaks of "literature in (her) blood" rather than her mother inhabiting her cells. Suicidal urges seldom surface though anger towards her mother and an enduring feeling of threat remain tethers to a relationship that is terrifying to relinquish.

She expresses an "infinite sadness" in not having a loving or loved mother within her but also sees sadness as a "gift"; a painful gift tempered by "an infinite gratitude" for the help she has received. She enjoys

giving to her students—validation, support, love—what she never received. Her relationship with her spouse remains strong though platonic.

DISCUSSION

S. used her body to accomplish what her symbolizing mind could not; physical rigidity and gaze aversion held her together. Her physicality reified her psychic experience of time standing still and space being boundless while being perpetually threatened from within and without. Bick observes that in cases of massive maternal failure, "… the concept of space within the self cannot arise. Introjection is impaired … all the confusions of identity attending it will be manifest" (Bick 1968, p. 485). This leads to a catastrophic terror of falling into pieces or an unbound space. Furthermore, the mother's invasiveness was experienced as an "amalgam of inchoate external and internal experiences … which lack mental representation" (Williams 2010, p. 14). Terrifying anxieties around annihilation and disintegration existed in relation to a mother with whom she was *merged*—terrified of and terrifying to relinquish. Bergstein (2018) points out that reverie is unavailable to the analyst in such dire situations: "The emotional experience cannot find shelter in any nicely formed words, visual imagery, or sounds. It remains an experience that cannot be articulated, because it is so dispersed in the immensity of infinite space" (p. 213). Rather, "This often amounts to long periods of painful distress, helplessness, despair, or persecution, of not knowing where we are headed or what we are actually doing … this is what is meant by … dreaming the patient" (p. 212).

If the patient is to come alive, she must reconnect to her body as sentient:

> The challenge is encouraging the patient's emergence from the dimensionless abyss or non-existence, because his principal conflict concerns … the polarity between being and not being … a central element of therapeutic action of psychoanalysis is … working through of sensory and bodily experiences … to reach a first authentic form of subjective experience. [Lombardi 2017, p. 147]

S.'s persistent frozenness in the consulting room evidenced her ongoing mind-body dissociation. Language helped S. to make sense of inchoate experience, but it also served a defensive function to ward off terrifying, catastrophic sensory experiences linked to severe abuse that had been repressed. S. rightly perceived the analyst's struggle and frustration in dealing with her posture and gaze aversion; a predicament that oftentimes felt like analyst, patient, or both were in a dead or dying state. One may consider that the analyst experienced his mind, on an unconscious level, as destroyed just as S. felt her mind destroyed by her mother. This ultimately led to his need to *think outside the box* in an effort to revitalize the treatment.

It is a given that enactments will be critical aspects of the clinical work with such patients. Levine (2012) and Lombardi (2017) among others draw attention to action as a potentially important sign of life; an awakening of the patient in relation to her bodily experience. S. had established a carapace, a rigid autistic shell that limited stimuli from entering her mind and body and being moved internally by such experience. It is impossible to know if another analyst might have had greater success in helping S. come alive without adjunctive treatment. In particular, Lombardi's focus on the patient's transference to her body may have brought her more in touch with her inner deadness and signs of life. In Lombardi's view, the patient has to confront and access basic sensory experiences that both affirm her aliveness and boundedness by time and space. DMT facilitated this bodily experience. DMT tapped into S.'s desire to feel more alive and brought her more fully in touch with her own body providing new perceptual and sensory experiences and a more affectively rich psychotherapy where symbolic capacities emerged, not defensively, but as a dawning capacity. S.'s ability to experience her body as her own (both in literal movement and psychologically owning/embodying her hatred) diminished the experience that her mother inhabited her cells. She did not need to destroy her body because it increasingly felt like *her* body—and her hatred did not confirm her mother's view of her badness. Her relationship with her mother became more symbolized, contained in thought.

We wish to emphasize the dynamic freeing up of S's thinking process coincident with her engagement in DMT. It is the dialectical nature

of the process coincident with the heightened integration of mind and body that is central to our collaboration.

How did movement effect change? Action may be a crucial way some patients can "talk" about their inner lives (Lombardi 2017). Action may be necessary to stimulate thought; movement rather than immobility may be a necessary precondition for the process (movement) of thoughts. Creating a safe space to explore her body—its sensations, its movement in space, its stimulating effect on her mind helped S. to feel less desperately reliant on her musculoskeletal system to hold herself together and to venture out of the psychic retreat she had built that required the diminution, if not eradication, of significant perceptual experience and sensation. Experiencing what S. called a "controlled joy" in DMT cast the DMT therapist as a loving figure coaxing her into the world. The therapeutic relationship became more enlivened as were her relationships in the classroom.

How generalizable is this work for the psychoanalyst? More experience is needed to adequately answer this question. Our work was with a deeply traumatized and psychotic patient. But there may be broader applicability. Gaensbauer (2018) provocatively argues that the need to rework embodied relational scripts beyond the consulting room is a necessary aspect of all treatments. He opines:

> Given the constraints of the analytic situation … there will inevitably be a limit to the amount and quality of re-experiencing and reworking that can be mobilized in the context of the relationship with the analyst. The therapeutic situation can never fully recreate the intensity and vitality of the emotions that the patient has experienced in real life. Neither will the insights or corrective emotional experiences that patients have with the therapist prevent them from having unconsciously embodied emotional and physical reactions in their interactions with others outside of the therapeutic situation.

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BOOK REVIEW ESSAY: EXTENDING THE BOUNDARIES OF PSYCHOPATHOLOGY AND OF ITS PSYCHOANALYTIC TREATMENT: A REVIEW OF *ENGAGING PRIMITIVE ANXIETIES OF THE EMERGING SELF: THE LEGACY OF FRANCES TUSTIN*, Edited by B. Levine and D. G. Power. London: Karnac, 2017. 270 pp.

BY ANNE ALVAREZ

This is an important collection. It is both encyclopaedic and scholarly in its willingness to address a multitude of theoretical and technical implications of the efforts to treat extremely severe levels of psychopathology and/or underdevelopment by the psychoanalytic method. It builds a helpful bridge between child and adult psychoanalytic theory. The existence of "unrepresented states" appears to challenge the fundamental credo of psychoanalysis, that psychological states are full of meaning (Fairbairn 1952; Levine et al. 2013). Yet there are some wonderfully moving clinical accounts of the patients' moves through, and eventually beyond, the unrepresented and unintegrated states behind autism, and then beyond the autistic state itself. The contributors describe black

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holes, voids, lack of hope of a container, lack of ownership of one's body, lack of volition over one's mouth, emptiness, and above all, formlessness and unintegration. Eshel's very perverse masochistic and fetishistic patient was finally able to give up his perversion but then felt that he was confused and lost in utter emptiness, with no tools and no equipment to help him in the emptiness. Similarly, De Cesarei's patient said she did not have the emotional structure to grasp this opportunity (of a more vital existence [p. 80]). These sound like true deficits—and the notion of deficit is controversial—yet it seems that Eshel's patient's potential core self was finally found and awakened when his analyst felt, not only deep hopelessness, but also sorrow and shared his experience by saying (and feeling) that together they were crossing a vast ocean of death in a tiny boat (p. 59). She tells us that she had previously shared his sense of catastrophe but here it seems that on this occasion it was instead her deep sorrow that reached him. Furthermore, she was with him in the boat. De Cesarei's patient was helped in a different way, not through shared experience, but via a type of projective identification when the analyst felt attacked by the terrible cold of deprivation. We will hear about a variety of other ways of addressing such emptiness, but it becomes clear this is not simply about the analysts' knowing about and recognizing it. The analysts are experiencing it. In Eshel's patient, the sense of death was shared between them, in De Cesaries', the analyst for that moment had to hold it all. We shall hear about several other means by which these very ill people were able to move on beyond nothingness and autistic states. Often the means they found seemed—and seem—highly pathological, but the analysts show us the flickering of light and hope such means were revealed to contain. One way in which we can avoid the deficit-conflict controversy, I think, is to use Bion's concept of preconceptions meeting with realizations, or to modify it slightly; proto-conceptions, which may still be there in the emptiest of patients and therefore subject to a kind of awakening, given the right—and rightfully adequate—realization.

Power's thorough introduction shows how most of the authors are influenced by three thinkers' ideas: Esther Bick's notion of a second skin as a defense against unintegrated states, Tustin's ideas on sensation-dominated states as a way of holding the self together to avoid a sense of endless falling, and Winnicott's idea that the patient needed to re-

experience or rather experience for the first time, unintegrated states in a new context, in the presence of the analyst's "withnessing" (Eshel, see Chapter 3). However, it is one thing to describe a state, even if it is one that is unfamiliar to many psychoanalysts, it is another to commend its position as the primary phase of development. Power observes (p. xviii), that:

> Although strongly influenced by Klein and Bion, Tustin differed with them in crucial ways, as did Bick and Meltzer. In particular, Bick, Meltzer, and Tustin did not believe that recognition of the object's separateness, and its availability as a container to be projected into, was present for the infant from birth. In their view, projective identification was not initially possible for the infant because there was no innate conception of internal space.

I agree that they all three stress that projective identification was much reduced in these patients, but Power goes too far, I think, when he believes that they suggest that the baby cannot recognize separateness. I suppose this concerns the view one takes of separateness–does the otherness of the object imply that its back is turned, as it were, or can it imply a welcoming accessibility but still be experienced as other? I suggest that Power's assertion is incorrect at three points. First, there is a source of confusion in Bick's paper because, although at some moments she refers to states of helpless unintegration as characteristic of a *phase* (the earliest) of development, at others she simply takes care to assert that such *states* do exist, and are different from defensive disintegration. In the former context, she does say that the parts of the baby's personality have no binding force among themselves, so Powers' statement is mostly true of Bick (Bick 1968). But a state need not be identified as a primary phase of development. Secondly, Power's assertion it is certainly true of early Tustin at the point when she concluded that all infants started life in a state of normal primary autism (Tustin 1981). But Tustin later publicly changed her mind and corrected this (Tustin 1991, 1994), as Simpson points out in Chapter Nine. Thirdly, I do not think it was ever true of Meltzer. In spite of his recognition of the lack of three dimensionality in autistic states, I never heard him say, or see him write, that he thought that two dimensionality was a normal state (Meltzer

et al. 1975). Remember his ideas about the aesthetic dimension in the baby's love: that is a very object-related state he is describing (Meltzer 1988). I have previously pointed out that any neonate or any human at any age can be subject to changes in levels of integration, and enter states of underintegration, and that infant observation and infant research teach us about the vast variety of different levels of self-organization that occur in different babies (Alvarez 2012; Chapter Ten). Some babies simply seem more together at birth, and in my experience, they are also the most object-seeking, too. But most babies, as Klein—with her assertion that there was some early ego and some object-seeking at birth—and Bion—with his concept of fundamental preconceptions—and the huge body of developmental research—are born with a desire for and curiosity about other humans (Bion 1962; Klein 1952, p. 62; Trevarthen 2001). And most babies begin the fundamental processes of introjection and projection from birth.

A second caveat: there is much talk in this book about the patients' move from autistic pseudo defenses or protections to acceptance of separateness (from the me to the not-me), but I think what is really behind both the theories and important technical advances described in these chapters is a deep understanding of the patients' needs for togetherness of various, sometimes very primitive, kinds. I am suggesting the move can be from the me relating to or avoiding the too remote or otherly not-me, to a me relating to a not-me that is also mine. Togetherness and a sense of the other is not the same as symbiosis or adhesion, but nor, I would emphasize, is it about separatenesss only; nor need it be all about frustration and loss and pain. Otherness need not be experienced only as painfully a not-me. Sometimes it concerns a mine-own-other. Psychoanalysis has taught us much about the processes of mourning and the way in which this builds up a profound sense of internal objects, but there is more to object relations and internalization (and mourning) than loss. Freud spoke about the thousand connections that need to be built up for mourning and even melancholia to be possible (Freud 1917). I believe babies can observe, study, and think about good experiences and present objects, not only bad experiences and absent objects. And I would add that the otherness, as long as it is not too remote and too different, can build to become fundamentally interesting and attracting, and this can begin to save the patient during the dark days of giving

up adhesion or second skin or sensory-dominated states. Alpha function can operate around gain as well as loss.

THE NATURE OF UNINTEGRATED STATES: WHAT IS MISSING?

However, those two quibbles aside, I think we are enormously helped by the stress in this book on the *existence* of unintegrated states and the terror, despair, and emptiness they produce, and the anguished and problematic situation which we clinicians then face. Some of the theoretical and technical suggestions responses do involve real advances. Durban cites the authors above but also makes links with Steiner's concept of psychic retreats, as does Simpson (Steiner 1993). Durban stresses the importance of the sense of Being (p. 138). He writes that the autistic pathological organization brings to a halt not only the movement between paranoid and depressive anxieties (PS-D) but mainly between anxieties of being and paranoid anxieties (B-PS). This is a bold new addition to the theory of differing positions and differing anxieties. He is using this clinically when he tells his patient that she is afraid she is disappearing and notes when she finally begins to find her own voice (p. 144). He thought that the problem was that behind the bad object lay a no object. Bonaminio, too, in Chapter Eleven insists very persuasively on Tustin's point that behind the auto-sensuous world of the autistic child there is nothing (p. 209). I shall return to the subject of technique later, but Power points out that the authors refer to such things as weaving psychic patches, offering centres of gravity, identification by the analyst with the patient, mantling, all in efforts to fill these voids and facilitate the gradual creation or recreation of a self. Others, when they describe efforts to facilitate the birth of a self, (Eekhoff in Chapter One, Lombardi in Chapter Five, and Nissen in Chapter Six) choose to emphasize the birth of the bodily self. Nissen states that the hope of a containing object is given up, so what happens if there is no possibility of an explosive ejection (p. 113). And what happens if pre-psychic, not thinkable, unqualified, and unconceptuallized parts remain in the self but cannot be digested or transformed, or made useful? He tells us that only encapsulation remains.

I have mentioned important ideas in Chapters Five and Six already, concerning the body self, but would like to make a general point again about the baby's early bodily experience and identity. Perhaps the term proto-representation rather than pre-representation captures some of the developmental features where what gets internalized from the start of life is not only action patterns and rhythms but also visible, touchable forms. A recent paper in *Neuropsychoanalysis* puts forward: "the radical claim that even some of the most minimal aspects of selfhood, namely the feeling qualities associated with being an embodied subject, are fundamentally shaped by embodied interventions with other people in early infancy and beyond" (Fotopoulou and Tsakiris 2017, p. 3). The authors suggest that this contributes to the building of mental models of the individual's physiological states and gradually to a sense of self and of other. They emphasize the importance of the caregivers caressing and soothing touch, and suggest that, "because a human infant depends on the caregiver to regulate her homeostasis, the interaction with the other is woven into the very emergence of the self" (Fotopoulou and Tsakiris 2017, p. 18). I have wondered whether the loving and playful handling of the baby's feet might contribute to the sense of a being grounded on a friendly, safe, and robust mother earth—and thus contribute to a flowing and balanced gait.

Nissen makes the interesting technical point that where the container is absent; one implication is not to make too many transference interpretations, which takes the emphasis, and therefore rightful significance, away from the self and on to the object. I shall return to this issue of the bodily self later, but just to say that in relation to the risk of overdoing interpretations about the object or the transference, an attention to different types of autism can be useful. In our experience in the Tavistock Autism Workshop (Alvarez and Reid 1999), the more aloof, avoidant child feels extremely easily intruded on by otherness, whereas the more empty child—the child who is lost rather than hiding—may welcome it, at first with puzzlement, but eventually with delighted surprise. This requires carefully calibrated timing as some patients can move back and forth from one state to the other in moments.

To return for a moment to the issue of what, exactly, is missing: in Chapter Eight, Korbivcher is introducing a further conceptual category into the Bion canon, that of unintegrated transformations. She writes, "I

hope to expand existing psychoanalytic theory so that analysts may better recognize, understand and address the intense bodily manifestations that have not yet achieved representation in the minds of their patients and that are characteristic of unintegrated states" (p. 157). She wants us to find the unintegrated part behind the autistic part. She quotes Mitrani on unintegration as a normal primary state which is only experienced, felt and evaded when the needed environmental supports are absent, then comes the sense of falling forever and similar sensations. When Korbivcher's patient Mario experienced the water running down his arm and this caused her to lose her own capacity to think, she makes the very helpful point that such reactions occur by a kind of affect contagion and should not be confused with projective identification (p. 163). Many of the clinical descriptions in the book have much in common with descriptions of traumatized states and the technical recommendations also correspond in many ways (Huppertz 2019).

Chapter Nine, by Simpson, makes a very interesting and different contribution to the examination of autistic states of mind. Unlike the others, he is not describing a deficit but something more actively persecutory in the object. Reid and I defined autism as a lack of desire for, and curiosity about, other people, but here Simpson (p. 171) also draws attention to the lack of curiosity but examines it as a persecutory object relation, where there is a fear of engendering an intolerant response from those that are the objects of curiosity (p. 171). The patient's mother could not be curious about herself, i.e. could not observe herself from a 3rd position (p. 172). Thus, such patients perceive their curiosity as threatening catastrophe, almost like an autoimmune reaction (p. 175); the patient was over-sensitive to his mother's emotional difficulties and couldn't bear to be looked at (p. 180).

In Chapter Ten, Lia Pistiner de Cortinas explores the way in which some of these patients use language used as an autistic object and as a defensive protection against the anxiety of self-liquefying and spilling away. There is no music in it, it is mechanical (p. 190). She urges that introjection of alpha function is a central factor needed to develop tools for containing mental pain and transforming it through thought and thinking (p. 190). I would add that alpha function can contain enjoyment, trust, and delight too. The author makes the very important point that the so-called sensorial elements are mostly tactile, whereas the distal

sight and hearing have been obliterated. She says that these too are sensorial but involve more action at a distance. The patients use language to produce sensations with their tongue. They relish the shapes of sounds, etc. I would add that poets do that too but not at the expense of meaning: they somehow manage to do both. Reiner's chapter on Beckett demonstrates that great art can encompass even these devastatingly meaningless states of mind.

THE TRAJECTORY FROM AUTISM TO A DEFENSIVE PATHOLOGY CONTAINING DEVELOPMENTAL AND OBJECT-RELATED ELEMENTS

A major theme and clinical tool in the book is the study of the turbulent and dangerous trajectory of improvement in these patients, as its title shows. The primitive anxieties addressed concern those of the *emerging* self. Many of the authors are clear that they are as concerned to understand changes in symptomatology in terms of subsequent levels of defence/protection—or their lack—that appear as the patients emerge from the profounder levels of autism as with the earlier even more pathological ones. American researchers Dawson and Lewy distinguish between primary and secondary autism and we distinguished primary, secondary, and tertiary symptomatology (Alvarez and Reid 1999; Dawson and Lewy 1989). Most of the authors here are concerned with the risk posed by the commencement of recovery and emergence from the more severe autistic states: they describe the desperate turn to other slightly less autistic defenses. There are interesting divergences about these newer defenses, e.g. Durban's patients turn to "mantling" for example and he discusses whether it was only defensive or whether it signalled also a developmental move. Durban himself emphasizes the defensive nature but points out that mantling (covering oneself with bits of the object) involves some recognition of self-other differentiation. Lombardi points out that Bick's stress on the second skin as a defense could be seen as the beginning awareness of a bodily self and therefor a developmental achievement (p. 101). That is, it was emergent not only defensive. Power emphasizes the importance of Eekhoff's suggestion that with repetitive preoccupation, we need to separate out defensive

repetition from a nascent emergence of vitality (p. (xxiii)). In Chapter Twelve, Reiner points out that the fall into nothingness described by Tustin, Bion and Samuel Beckett may lead to collapse and mental death, but may also involve a dive which involves a leap of faith into truth and life.

I hope I have demonstrated the abundance of original theoretical expansions in these chapters, but it is important to attend also to the many technical suggestions.

TECHNICAL ISSUES

Durban points out that when his patient began to emerge from the soothing, addictive sameness of his autistic organization, the more he was faced with the horrors of reality and with the threat of losing shape and protection (p. 129). Emergence is not accompanied by good internal objects but by terrifying formlessness (p. 133). Mantling is seen as a psychic retreat but a non-symbolic one. And while it is an autistic negative therapeutic reaction (p. 136), it is also a hopeful sign because, as I noted re: Durban above, there is an initial recognition of a self and object: the analyst is used for the mantling. If met by an appropriate understanding, the mantling can be seen as a transitional phase on the journey out of a retreat. Here is a really bold statement which addresses both the level of pathology and the issue of conflict or defense or destructiveness vs deficit. Durban claims that the analyst serves as a "developmental reparational object and through him an object-implant is achieved into a black hole where bad objects masked a neuromental experience of no object" (p. 147). This is a strong statement and there are plenty like it in this book. The writers all have a vast experience with these very damaged patients and they are teasing apart some very tangled threads indeed. In Chapter One for example, Eekhoff produces an interesting challenge to the great Bionian dictum of shedding memory and desire, by pointing out that no memory and no desire implies no identification with the patient, yet that we need to identify with these patients who are so underdeveloped relationally (p. 6). She states that a presence that calls forth the lost soul requires an introjective identification on the part of the analyst which involves a state of reverie that includes an understanding of when to be absolutely still and open and

when to "go in and get" the emerging patient. This reverie includes the analyst's introjective identification of the unformed and unrepresented potential for existing as a live and relational human being. In Chapter Two, Schellekes takes a different slant that involves helping a patient to become aware of her own bodily self. She shows how her patient was uninterested in her own body, only its illness and possible cures in a perversely masochistic and autistic manner. Finally the patient began to take an interest in her own live body and developed real vitality and sexuality (p. 7). Schellekes follows Lombardi's distinction between an interpretation addressing the vertical axis, i.e. the mind-body link and the horizontal axis, the self in relation to the other (p. 38, note 7). Child psychotherapists have written about technique in addressing this issue: Graham Music found himself continuously describing the body movements of a severely neglected child (Music 2009). My own work with an autistic boy who seemed unaware that his feet belonged to him led me to a similar approach. We child therapists do not caress and touch our patients' bodies as a mother or father might their babies, but attention is a major force in enabling the body to sense its value and its interestingness and attraction for the parental objects. That is, my body matters to them. This need not feed narcissism nor be sexually seductive. It can simply provide company in the dance of development. I am aware that it is more complicated with an adult patient on the couch but close attention to moods and postures can begin to affect body ownership and bodily self-respect. It need not lead to excessive self-consciousness.

A different technical point arises in Eshel's work described in Chapter Three which is beautiful, determined, and lifesaving. As I noted above, a tragic period came when the patient eventually learned to live without his lifelong perversions but was completely empty without them. Betty Joseph pointed out, at the end of her great paper on addiction to near death, that it is clearly extremely difficult for such patients to move towards more real and object-related enjoyments, which would mean giving up the all-consuming addictive gratifications (Joseph 1982). And so it proved with Eshel's patient, who found nothingness when the fetishes disappeared. However, Eshel found herself joining him in the void and by so doing she filled the void. I have thought that Joseph's addictive and perverse patients cannot make the move by beginning to exchange their perversions for quieter more sober pleasures, but by finding

different, but equally exciting forms of delight. But Eshel's work suggests excitement may be the wrong word; it is not necessarily excitement that is an equal match for the fetish but the power of feeling, the drama and, dare we say it, passion of the analyst's presence, of her insistence on that which matters. Whatever the terms, we have to offer something very powerful to combat the magnetic pull of perversion and of some types of autism.

Chapter Four by de Cesarei presents, in addition to theoretical and technical creativity, an important contribution to the widening of the diagnostic boundaries. It shows how easy it is for autistic states to be hidden behind or within narcissistic structures. I agree and would add that the clinician has to learn that on some level, the otherness of the object is often not devalued, as in more ordinary narcissism, but is unvalued. On page 74, de Cesarei points out that robot-like functioning conveyed significant areas of non-represented states: "There is not any 'inside' where the event can leave its imprint" (p. 76). There was no traumatic memory of identifiable fantasy about trauma. She adds, "The illness was like a hole in the paper, not traces on the notebook. No screen or dream. Such patients have to develop these capacities first. The technical issues concern how to help such patients find a footing, a space which is safe like earth or like air we breathe" (p. 77). One technique she recommends is to amplify the weak signs of life, which we too find very helpful in our Tavistock approach. Another very interesting suggestion is the "pictorial use of words. To draw a background or form lively images" (p. 79). I have found dramatizing humorous exasperation or frustration at my own exclusion from the patient's ramblings is sometimes effective in attracting their attention in a non-intrusive manner.

I want to underline a major theme in the book and in this chapter concerning the deficit in introjective functioning. Alba had "lost" her mother after the tragic death of her sibling and father had left for two years. As I pointed out at the start, at one point the patient says that she doesn't have the internal structure that would be able emotionally to grasp this opportunity. I was reminded of autistic children who don't use their hands to grasp, and what a development it is when they begin to conceive of objects as having handles. Such patients need help to learn to hang on to certain thoughts, indeed to treasure certain thoughts, to tell nagging thoughts to be patient and to wait for them to

get to them and so on—that is, to allow one part of the mind to act actively upon another.

THE QUESTION OF ETIOLOGY AND A NEW PARADIGM WITH WHICH TO VIEW THE AUTISTIC CONDITION AND ITS TREATMENT

The book ends with a brilliant chapter by Duarte making a plea for a Copernican revolution in our thinking about the causes of autism. Like Bonaminio in Chapter Eleven, who points out that it being a multifactorial neurobiological disorder need not exclude the study of the psychological aspects, Duarte suggests that the genetic and neuroscientific research in autism has blinded us to the possibility of social and environmental causes. He shows how vicious circles can produce serious brain pathology when either genetic factors (or social ones) push the child to be less socially sensitive and ever more interested in the non-social world. We need to be aware of critical and sensitive periods and move the central source of the deficit into the social brain, which can then be seen as damaged either by genetic or social causes. Duarte offers us a Copernican revolution, as does the book itself. Its new paradigm involves the inclusion of psychoanalytic inquiry, of attention to the existence of empty meaningless states, and then to the question of their treatment. This is truly pioneering work.

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Authenticity in the Psychoanalytic Encounter: The Work of Irma Brenman Pick

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BOOK REVIEWS

AUTHENTICITY IN THE PSYCHOANALYTIC ENCOUNTER: THE WORK OF IRMA BRENMAN PICK. Edited by Irma Brenman Pick, M. Fakhry Davids, and Naomi Shavit. London & New York: Routledge, 2018. 250 pp.

Irma Brenman Pick has been known to say that the analyst must "hold the patient with two hands." By this she means that in analysis, containment involves addressing, or "holding," both the patient's fragility *and* the patient's destructiveness: listening for both, attending to both, and not losing track of one even when attending to the other. The capacity to express and face contrasting dimensions of ourselves, some of which may have long been in hiding, is what Brenman Pick means, it seems to me, by authenticity. Throughout this new volume of her collected papers, Brenman Pick invites us to see the inner workings of contradictory and hidden aspects of the patient's psychical life and disposition as they play out in the analytic situation. She is masterful at recognizing the intricacies of internal object relations as they live both in the mind of the patient and in analysis where they vividly come to life in the interactions with the analyst. Throughout this book, one can feel her particular ways of apprehending the communications of her patients, picking them up through the countertransference, interpreting directly the patient's unconscious communications, which both pronounce and enliven the heretofore hidden relationships between parts of the self and the self in relation to both internal and external objects. Irma Brenman Pick is a much-loved supervisor and consultant, who follows in the tradition of Melanie Klein, Wilfred Bion, and Herbert Rosenfeld. This book allows one to hear her at work and to follow closely her clinical logic while absorbing her ideas about development and technique in psychoanalysis.

The book's fourteen chapters are divided into four separate sections: "Countertransference," "Authenticity," "Adolescence and

Sexuality," and "Further Clinical Themes." The editors, M. Fakrhy Davids and Naomi Shavit, have done an excellent job both at thematically arranging these papers and providing commentary in their introduction to each section. Irma Brenman Pick is perhaps best known for her work on the countertransference and this volume contains two papers that are now classics in the field. The first, written in 1985, "Working through in the countertransference," is meant as an elaboration of James Strachey's paper, "The nature of the therapeutic action of psychoanalysis."[1] It begins with Strachey's definition of a transference interpretation. For Strachey a transference interpretation must engage the deepest part of the patient's mind, including the patient's murderous wishes toward the analyst which inevitably give rise to anxiety in the analyst about venturing into such frightening unconscious territory. For Strachey the analyst's ability to tolerate this deep level of anxiety both in the patient and herself is crucial to analytic work. Brenman Pick exemplifies this in the understandings she conveys to her patients and supervisees. She does not shy away from giving voice to the frightening, disturbing, often split off aspects of the self—those aspects that are born of the wish to triumph over the object or that develop out of envy for the object's capacity, aspects that generate guilt and torment. She reminds us that we cannot intuit the experience of a patient without *having* an experience. In other words, the patient's projecting into the analyst will unavoidably elicit responses in the analyst that the analyst must be prepared to look at, work with, and use—in understanding her patient. So much goes into this. Brenman Pick for example, reminds us, that many analysts listen to the patient's *words* in responding to an interpretation while in fact it is the mood and atmosphere of the response that may actually convey the patient's reaction to what the analyst has said. She believes, along with Klein that "every phantasy contains aspects of real life experience, and it is only by analyzing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects."[2] What this means is that the analyst favors the transference/countertransference communication as that which can depict

[1] See Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 15:127-159.

[2] Klein, M. (1952). The origins of transference. *Int. J. Psychoanal.*, 33:433-438.

the patient's inner world and mind—much more than the content say, the patient's conscious intentions, or communications. Brenman Pick shows us, via numerous clinical examples, how such latent wishes and impulses are manifest in the room toward the analyst. If the analyst can use what has been communicated, so often through projection, she can help to clarify the patient's internal object relationships and help the patient to achieve better contact with her inner world and to move from more paranoid schizoid thinking to depressive functioning (i.e. more concern about objects, greater capacity for love and care, along with a diminishment of omnipotent thinking). Brenman Pick reminds us repeatedly that working through for the patient is always accompanied by a parallel working through that the analyst needs to do—the analyst "needs to regress again and again" (p. 18) in the process of tuning into the patient's communications, tolerating the patient's projections, and living through what is stirred up in herself. If she cannot do that, difficulties arise in the treatment. Here is Brenman Pick:

> If we feel at the mercy of an analytic superego that does not support us in knowing about our internal buffetings, we are, like the patient, in danger of wrapping it all up competently. We may act out by becoming excessively sympathetic to our patients, or taking the others to court in a superior or angry way, or becoming excessively sympathetic to the others, taking the patient to court in a superior or angry way. [p. 20]

What is required is a tolerance of knowledge, +K in Bion's terms, knowledge about oneself and ones own mind that in turn facilitates a greater empathy with the patient and her internal object world. This is no easy thing—in part because our patients not only project into us, but into very particular parts of us. They may project into the very part of ourselves that is most precious or most difficult arousing fierce resistance. In other words, our patients are capable of arousing deep anxieties related to the wish to be loved or to be good, the fears related to our own faults, i.e. primary superego or persecutory anxieties. Brenman Pick contends that he work of analysis proceeds in part according to whether the analyst is able to meet the challenge of working through, a task that is thought to facilitate the patient's own capacity to work through. The analyst always has to work to contain both the anxieties that are

inevitably stirred by the patient's projections while holding the anxieties of the patient—with both hands.

In a subsequent paper, "The emergence of early object relations in the psychoanalytic setting," Brenman Pick lays out her view, along with Klein, of early unconscious phantasy as it pertains to the building up of an internal object world. Crucial to her discussion is the Susan Isaacs paper, "The nature and function of phantasy," which views the mind as a whole with the unconscious at the fore, what Brenman Pick calls the font, and no mental activity can take place without its operation.[3] She writes, "The original primary mental activity has been called unconscious phantasy," (p. 39) which means, along with Isaacs, that she thinks there is no impulse, wish, or rational conscious thought that is not undergirded by unconscious phantasy. From this starting point, Brenman Pick, closely following Melanie Klein, describes the building up of the internal world that takes place in infancy. The infant, object oriented from the beginning of life, cannot early on cope with a very complex view of its object and thus develops quite a skewed picture early on, in which the object is felt to be either all good or all bad. Gradually this picture becomes more complicated, and the infant begins to recognize and accept that the very object on whom he depends, whom he values and loves, is the same object he hates, attacks, and fears. This paves the way for the depressive position where the infant's experiences of guilt give rise to remorse and concern for the object, and the wish to make reparation to the object who is felt to be harmed by fantasied acts of aggression and hatred. This is of course the basic Kleinian theory of early object relations. What Brenman Pick brings is her understanding that these primitive, early object relationships are repeated and revivified in the transference/countertransference of the analytic session. She describes, for example, the case of a reasonably well functioning woman who presented with hypochondriacal anxieties and depression. Brenman Pick demonstrates that although this patient feels she has been very much helped by her analysis, there is at the same time a more hidden aspect wherein the patient is excited and triumphant over her analyst and various perceived shortcomings. She shows how the patient,

[3] See Isaacs, S. (1948). The nature and function of phantasy. *Int. J. Psychoanal.*, 29:73-97.

in bringing a long and vivid dream, expresses a two fold wish—on the one hand to be engaged and working well in analysis, while at the same time bringing so much material as to overwhelm or flood her analyst, who is left in the dark while the patient feels quietly in command of herself and in possession (actually represented by being pregnant in her dream). These themes that arise in relation to this material are indicative of the patient's complex object relationships, a mother/analyst who is experienced as competent but must be triumphed over, and a hatred/rivalry with a mother/analyst felt as not coping: "The triumph over her objects, since they are the very objects upon whom she depends for her survival, also represents a cruel triumph over her own needs" (p. 44). The patient turns toward her object, fears the loss of her, but also must triumph over her, lest she be too aware of her own dependence on her objects and her real vulnerability. This vulnerability is defended against mightily, particularly for Narcissistic patients. The splits in the mind in relation to the primary object occur very early on in life and Brenman Pick depicts their reemergence in analysis—she wants to explore how the analyst can be perceived as the same as the internal object and hence not much help; but she also suggests that the analyst's way of intervening, of being able to address the patient's hatred and need, may help to clear the way for taking in and establishing stronger, more consistently helpful, good internal object.

Throughout the book, Brenman Pick is subtly asking what makes for authenticity in the analytic encounter. This notion of authenticity is terrifically important for her and it comes up explicitly when she revisits her early paper on the countertransference with another paper in this book, "Working through in the countertransference revisited: working with supervisees." Here we get another good look at Brenman Pick's analytic philosophy, a matter she holds dear—which is about the authenticity of the analyst. She cautions us to examine those tendencies in ourselves where, because we have been analyzed, we now regard ourselves as beyond the ordinary human processes that stay with us throughout our lives. For Klein, there was no once and for all solution to development. In fact, development involves an oscillation throughout our lives between the paranoid schizoid and depressive position. We are all subject to primitive anxieties, all subject to the limits of time and mortality. We all have to live with loss. Yet, Brenman Pick suggests, that in

some of our work, some of the time, the analytic situation may help us situate ourselves outside this ordinary human domain. "This would suggest that the previously analyzed analyst hijacks for himself superhuman maturity and 'goodness' such that the more unwanted primitive forces are assumed to exist only in the patient. While such artificiality may pose as strength, it masks serious weakness. In fact, such an analyst may live with great fear of being unmasked and 'found out'" (p. 59).

This position exerts a critique, perhaps unintended, for some of our analytic education. It urges us to find a way to be self-examining, humane, and in touch with ourselves. At the same time, it does not in any way advocate a relinquishment of analytic rigor. Too often analytic rigor is conflated with this false superior position and winds up not being analytic rigor at all. But the answer for Brenman Pick is then not to elide analytic authority. She is not interested in the trappings of self-disclosure or overt support. While well aware that there is a profound need to rid ourselves of unwanted feelings and thoughts, she believes wholeheartedly that analytic work can only proceed if the analyst is also able to face herself.

In her revisiting of countertransference, Brenman Pick now takes as her object of study a number of supervisees whose work constitutes her case examples. She explores the ways that these analysts use the supervisory relationship as a container for aspects of clinical experience that they as analysts had not been able to contain previously. This chapter offers the reader a rare experience: being able to hear how a very experienced clinical supervisor thinks and works with her supervisees. Brenman Pick is masterful in the way she grasps multiple iterations of the countertransference: what is happening between supervisor and supervisee, in the here and now of the supervisory session, what is projected from the patient (back then) into the supervisor (now) that the analyst cannot bear, or what the analyst might be overly identified with in the patient and overwhelmed by. She is attuned to all of it, and perhaps especially discerning of the excitements and gratifications (including triumph) that our patients do not explicitly tell us but they nonetheless communicate. These communications are then transmitted between supervisee and supervisor just as they are between patient and analyst.

The last paper I will describe in detail is, "Concern: spurious or real." As Brenman Pick tells us, this paper will discuss patients who appear overly concerned with the state of their objects. This is a perfect topic for Brenman Pick as it gets at that juncture of what remains hidden and what can be seen and known. For Brenman Pick excessive concern, though often related to a real wish for reparation, can express a "reaction formation against an attitude of hostility and superiority toward the object," (p. 102) which she says is based on a manic takeover of the maternal function. Concern for objects is one of the hallmarks of the depressive position, and yet, for Klein, at the same time, infants (and indeed adults) may resort to the manic defense to bypass the pain of having hurt an object. Manic efforts at repair wind up being for the self, much more than for the object and usually lead to further need for repair. That is, they mostly do not work as modes of reparation.

One patient is described as having set aside her anger all her life—until it erupted uncontrollably upon the birth of her baby. The patient was consciously guilty over her anger at the baby, who she had to lock in another room, and genuinely concerned to put it right. But Brenman Pick notes that she had no awareness of her own rage at being left by her mother, who instead she triumphs over by being *the* caretaker, the one who tends. The needy baby self is locked away in this instance and in its stead is "excessive concern," being the one who tends, the one who gives, which belies an omnipotent stance that triumphs over her objects and her own profound sense of need. Brenman Pick shows how this is recreated in the room between patient and analyst: the analyst experienced as a demanding child who takes for herself rather than seeing the patient's desperation and need to be "picked up" and cared for. For Brenman Pick, these patients employ a mix of real experience, projection, and unconscious guilt to maintain a sense of being neglected:

> In vengeful hatred and desperation, as well as envious rivalry, these patients project hatred into the mother and then appropriate it, become it. This occurs not in a loving way, not in an identification with a good breast, but in identification with a fundamentally cruel, depriving breast. So while they may become mother, it is a mother secretly or unconsciously filled with hatred. [p. 104]

It is the unrecognized fear of damaging ones objects that leads to over concern for them along with the unthinkable terrible threat of recognizing one's object's wish to do harm to oneself.

The disavowed or split off aspects of experience that elude one's attention and understanding inject concern with the spurious quality under discussion. We can further say that what cannot be faced or known in ourselves always is a challenge to authenticity—diminishing it—whether it is in the patient or the analyst. For example, she writes that if one takes up the genuine concern of the patient, the more spurious part of the patient is triumphant whereas if one interprets the more spurious aspects, the genuinely concerned part will feel misrecognized or dropped. Brenman Pick is exquisitely attuned to this very point, recognizing that whatever you chose to interpret leaves out something else that may be of equal importance. Here again we have an example of two aspects of the personality, two dimensions of the self that give rise to the advice to hold the patient with two hands: "It is always necessary to hold these patients with two hands; one ready to pick up how vulnerable and frightened they feel, and one firmly to recognize how dangerous they feel themselves to be, how triumphant as well as how desperate" (p. 105).

I have limited my discussion of the essays in the book to just these few, but in each paper the reader is sure to encounter many clinical and/or technical gems. The book functions as a wonderful primer of Kleinian technique and clinical philosophy, and gave me renewed appreciation of what it means to do psychoanalytic work, of what is required of us as psychoanalysts.

LYNNE ZEAVIN (NEW YORK, NY)

RACIAL MELANCHOLIA, RACIAL DISSOCIATION: ON THE SOCIAL AND PSYCHIC LIVES OF ASIAN AMERICANS. By David L. Eng and Shinhee Han. Durham: Duke University Press, 2019. 232 pp.

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Racial Melancholia, Racial Dissociation: On the Social and Psychic Lives of Asian Americans

Gunther Perdigao

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This a challenging book to read, both because of its somewhat militant arguments and because of the often-convoluted academic prose. The

purpose of the book, in the authors' words, is "to draw conscious attention to the polarizing racial histories that both overdetermine and complicate our social and psychic relations in and with the world" (p. 20). The book is a collaboration between David Eng, a professor of English at the University of Pennsylvania, and Shinhee Han, a psychotherapist in New York.

The authors move from theories of desire, repression, and internal models of psychic life to more relational models of attachment, conflict, and trauma organizing interpsychic lives. They frame their understanding on the work of Melanie Klein, and there is a lack of theoretical coherence in the conceptualizations and the premises they work from could have been explained in a more cogent manner.

The impetus for the book was the authors' concern about the high rate of suicide among Asian-American students. The authors believe that a contributor to this phenomenon is the lack of acknowledgement and understanding of the social violence and psychic pain afflicting Asian-American students. Furthermore, the authors contend that psychoanalysts remain blind to this everyday violence and emphasize the paradox that we inhabit a so-called colorblind and post-racial society inundated with discourse on multiculturalism, while at the same time witnessing ongoing and escalating racial discord and violence.

In their view, the idea of race in the United States is embedded in social relationships and mediated by long standing processes of social inclusion and exclusion. Current conceptualizations of race in America, they argue, are shaped by the historical trace of the longstanding designation of European whites (and their descendants) as having the status of subjects; such status entails the exclusion of others. The authors emphasize the convenience for whites of forgetting the long history of the transatlantic slave trade, Asian indentureship, and indigenous dispossession.

These conclusions were arrived at by studying two different cohorts: Generation X university students and Millennials. As a result of Han's clinical experience and Eng's observations of Gen X, they formulate a theory of "racial melancholia." They use their study of Millennials to arrive at a theory of racial dissociation.

The main thrust of the book is the presentation of two distinct mechanisms by which racialized immigrant subjects process problems of

discrimination, exclusion, loss, and grief. Racial melancholia refers to histories of racial loss that are condensed into forfeited objects whose significance must be deciphered and unraveled for its social meaning. Racial dissociation refers to histories of racial loss that are dispersed across a wide social terrain and whose origins and implications remain obscure.

The authors take psychoanalytic theory and practice to task because they believe psychoanalysts remain unaware of the historical determinants of these two concepts. They believe this ignorance is due to analysts sharing the mindset of and belonging to the European colonial tradition.

According to them, analysts have not been sufficiently aware of the fact that racial melancholia is the psychic effect of the histories of legal exclusion from the nation-state and prohibitions against national belonging. In their words: "Psychoanalysis and critical race studies have not been in sufficient conversation with one another concerning this formative intersection" (p. 21).

Elaborating on their construct of racial melancholia, Eng and Han disagree with Freud's views in *Mourning and Melancholia* (1917)[1], arguing that melancholia is neither pathological nor individual but instead a collective psychic condition. They see the processes of assimilation in the U.S. as problematic. Assimilation into the mainstream culture, they contend, means adopting a set of ideals of whiteness, middle class values, and Judeo-Christian religious traditions. The process of assimilation then, is inherently melancholic as it involves the feeling of exclusion and a failure to achieve the ideal of whiteness.

Like many others, they criticize the myth of Asians as a "model minority." They contend that the white majority (mis)uses the academic success of second-generation Asian Americans immigrant children to "prove" that the U.S. is a land of equal opportunity, free of racial discrimination, or race-related distress. Furthermore, this myth functions as a national tool that erases a long history of institutionalized exclusion.

The authors present several cases to bolster their argument of social exclusion, but only two would seem to suffer legitimate assimilation difficulties: one, a dark-complected gay Indian man in a sadomasochistic

[1] Freud, S. (1917). Mourning and Melancholia. S.E.14.

relationship with a tall blond blue-eyed man; the other, a Japanese man who came to this country at age five and was shamed by his teacher because of his poor English. The other cases present severe problems that appear to stem more from personal conflicts.

The concept racial dissociation emerges in the authors' views about what they call "parachute children." These are children of well-to-do dysfunctional Asian families that send their children abroad at a young age to boarding schools and, in essence, abandon them. In one case example, a Korean student came from a family where the mother had post-partum depression following the birth of the patient's younger brother. The father, for his part, had a concurrent separate family with children. The patient was sent away at the age of 13, first to live with an uncle in Australia. When that did not work out, the patient ran away and was brought back to the uncle's home. Because of ongoing strife, she was sent to a boarding school in the U.S. While there, she started binge drinking and binging and purging, sometimes up to five times a day. Throughout all this time, the parents, although informed of these problems, never came to see this young woman. On summer vacation she would go home, and the father would take her to night clubs to go drinking with him.

The authors assign no blame to these insensitive and corrupt parents, with all of the patient's difficulties attributed to the exclusionary racist attitudes that exist in the States. These young people arrived in the U.S. with massive emotional problems coming from severely dysfunctional families and these problems seem to be entirely discounted rather than presented as alongside and intersecting with the racist environment.

On a different note, a young woman was adopted from Korea as an infant. She had a very good relationship with her Caucasian adoptive family, but she wanted to find out about her biological mother. The adoptive mother was very supportive and even went with her to Korea to help her find her biological mother. This case is cited as an example of racial melancholia. Adoptees searching for their biological parents is a rather common phenomenon, and determined by many factors, and the authors could better clarify why they ascribe the wish or the feelings as solely related to the experience to "racial melancholia," i.e. motivation derived solely from unconscious race-related feelings.

There is certainly a need for a more psychoanalytically informed understanding of the phenomena of race, the role it plays in psychoanalytic work, the large group phenomena of historical and present-day racial injustice, and how various groups have processed this psychically. However, this book fails to make a compelling case for the concepts it tries to introduce. The academic writing can be tendentious and difficult to read. The authors are intent on ascribing all the problems of the individuals described in the clinical cases through the lens of racial exclusion, simplifying or neglecting other aspects of their psychological struggles. The dysfunctional quality of their background is over-looked and the clinical cases are put in a procrustean bed of Asian exclusion. The concepts of racial dissociation and racial melancholia are compelling and deserve more attention, but the weak arguments and simplified clinical case material weaken rather than strengthen the authors' intentions.

GUNTHER PERDIGAO (NEW ORLEANS, LA)

CONSCIOUSNESS, LANGUAGE, AND SELF: PSYCHOANALYTIC, LINGUISTIC, AND ANTHROPOLOGICAL EXPLORATIONS OF THE DUAL NATURE OF MIND. By Michael D. Robbins. London & New York: Routledge, 2018. 178 pp.

It is quite probable that *Consciousness, Language, and Self* has been assigned to me for review because I have established a foothold on the vast literature in linguistics and I've attempted to apply some of its modelling to the study of psychoanalysis. I, like Michael Robbins, have tried to illuminate some of what psychoanalysts do with patients and to discover what areas of theory can be tapped to better explain the "wordsmith" of analysts interacting with analysands of varied stripe. Robbins' book covers some of this ground, but most importantly his rich volume addresses a reference group of patients that is very different from at least my own, and I believe that of most psychoanalysts. Robbins treats some very sick patients with diagnoses that span psychoses (likely schizophrenia), paranoid conditions, and Borderline Personality Disorder. He is thus enticed to see if new linguistic and biologically-based brain studies can enhance his grasp of what goes on in the minds

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Consciousness, Language, and Self: Psychoanalytic, Linguistic, and Anthropological Explorations of the Dual Nature of Mind

Theodore Shapiro

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of these more than neurotic humans. Is there more, or something other, that must be included to create a theory that he hopes will aid to understanding his subjects? We may recognize his study population as even stranger than Otto Kernberg's Borderlines, more narcissistic than Kohut's subjects, and most likely akin to earlier descriptions found in the work of von Reichman, Sullivan, Searles, etc.

Robbins elaborates his model of the mechanisms and functional variations that would be necessary and sufficient for these otherwise unusual human subjects to act as they do when they reject, avoid, or withdraw from society, or are removed in the old fashioned way by alienists in asylums. He augments his volume with a section of five written contributions by the very subjects he describes in this section. During his descriptions of how far he must reach to find a satisfactory theoretical niche to further understand his patients, he offers an excellent recounting of the bicameral brain as described by the neuroscientist Jaynes and his critics, and a composite synopsis of 20th century work in linguistics before and after Chomsky, to arrive at a practical theory of language that illuminates the behavior of his patients. In brief, he dismisses the modern linguists' demand that recursion is necessary for all languages. Instead he offers the idea that a non-recursive language exists in early infancy that has its own rules that differs from our usual idea of language.

His psychoanalytic modelling refers to prior theory and cites primitive states of mind that have been given empirical credence by the study of psychoanalytic baby watchers, such as Daniel Stern. Stern refers to pre-linguistic dyadic encounters that hold on as primary process manifestations in various permutations in our sickest patients or in the service of creativity in others. Robbins proposes that we are all bilingual insofar as we not only speak our mature language, but also retain access to our ontologically earlier mother-tongue that permits access to more primitive understanding. He avers that his sicker patients are best understood as suffering from arrested emergence of referential secondary process language that permits referencing past, present, I/you distinction, and recursion.

Robbins calls that special mental facility *primordial consciousness*. This means of knowing and behaving is to be seen in all of us during infancy and subsequently persists in a modulated form after formal language is introduced and takes over consciousness. I contrast this view with a

paraphrase of Lev Vigotsky, the Soviet developmental psychologist: when the knot is tied to language, the prelinguistic mind succumbs to the master voice of the new code. However, the knot is not so tight in all, and for those who are Robbins patients, we witness the preservation of this more disorganized syncretic apprehension of the world. Such deficiencies or persistent means of dyadic encounter are clinically interpreted as a lapse in reality testing. Stern too, in his search for landmarks of development of Self posits that the pre-verbal Core-Self gradually gives way to the Verbal-Self, from which point in normal development the dominance of language and secondary process defines communicating rather than immediacy in communion, as when the mother-infant dyad are functionally one.

I offer two possible ways of interpreting Robbins' new psychoanalytic-linguistic theory. One reaches back to Freud, who invented the term "primary process" (mobility of cathexis) to account for the illogic of dreams and regressive phenomena such as the Oceanic feeling, which he himself regretted never having experienced. I cautiously add the second proviso, that these postulated states are retrievable in post Oedipal humans. The latter may be a stretch unless there is a serious flaw in maturation because of biological damage, which we usually view as an ego deficit. Furthermore, I find it regrettable that Robbins, at this point in history, suggests that poor parenting or unfortunate neglect reported by patients may explain the phenomenology of these patients' experience. Robbins points to flaws in developmental mirroring or maternal neglect etc. as possible reasons for the preservation of primordial consciousness and arrest of formal linguistic capacity that distorts human encounters.

His approach to Freud's topographic theory (systems Cs., Ucs., and Pcs.) which has not been completely superseded by the Structural Theory deserves some notice. He seems to avoid Ucs. in favor of a conscious, but primordially persistent aspect of the infantile mind that is arrested and maintained along side the conscious orderly linguistic mind. I believe that deserves cautious questioning. But there are others in our community who also believe that regressive phenomena represent prior states as they were in infancy, rather than new versions that recall past experience. The Boston Process Group (Stern was a member and his developmental models guided some of their work) seems to have

adopted the notion that "Now Moments" from infancy are called forth in later life to account for the "something more" that makes interpretation efficacious in treatment. Such proposals are similarly open to question insofar as they ignore the developmental succession of stage reintegration once a new behavior becomes possible during maturation.

I would alert all that this trend in theorizing is contrary to Freud's aim of making the mysterious (dreams, parapraxes, neuroses) more understandable and demystified by linear verbal description and explanation. I am not sure what we gain by postulating a continuing state of mind—one derived from immature perception with a strong dose of embodiment—as an explanation of these extreme mind states that alienate and separate these unfortunate humans from the mature language using community. I am also somewhat suspicious that Robbins seems to revive poor maternal behavior to support psychotic behavior. While it is tempting to find the source of psychotic states of mind in our infantile histories, such proposals should be carefully reconsidered if a law of development is neglected, and a report of a patient is accepted as fact that opens the door to mom blaming.

One draw to any reader of this book is the participation of patients in the text. The author admits that they may have learned some of the explanations they use from their therapist, but that makes the volume more interesting because we constantly learn about each other using the vehicle of language. Anything that cannot be verbalized cannot easily be understood and assimilated. The rest is appreciated in the immediacy of co-experience with the patient. The author is surely a most patient, curious and devoted therapist who has worked long and hard with this very difficult group of patients. He clearly has sought a plausible means to understand that experience by employing his psychoanalytic, linguistic, and biological knowledge. I believe any reader may welcome this new contribution but I also suggest cautious reading because there are also questions that remain. We may not yet have fully heard the final word that encompasses the psychotic experience.

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