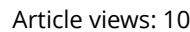
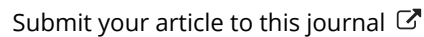


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MALIGNANT NARCISSISM AND LARGE GROUP REGRESSION

BY OTTO F. KERNBERG

This paper explores the mutual relationship between large group regression and leadership with the characteristic of the syndrome of malignant narcissism. Regressed large groups intuitively search for such leadership and personalities with these characteristics are prone to aspire to the correspondent role. The underlying dynamics of groups and leaders are complementary and determine a mutually reinforcing psychopathology. This paper will explore these dynamics, their social consequences, and discuss potential preventive and therapeutic interventions that protect society from this psychosocial psychopathology.

Keywords: Malignant narcissism, identity diffusion, splitting, omnipotent control, social violence, corruption.

From a psychoanalytic perspective, we have to recognize that a psychoanalytic understanding only covers a limited area of the complex social forces triggered by the interaction of regressed large groups and the corresponding pathological leadership: the nature of historical determinants of the formation of social subgroups; the origin of cultural, social, political, religious and social bias; the cause of present traumatic circumstances, and the political system within which regressed large groups

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consolidate are important determinants that influence the development of such leadership—followers’ constellations. Does psychoanalytic understanding have anything to say about whether and how we can use our present day understanding to help prevent such calamitous situations in the future?

The purpose of this paper is to analyze the mutual relationships between large group regression and the emergence of a particular kind of leadership related to that regressive process, namely, leaders with the characteristics of the syndrome of malignant narcissism. The main hypothesis to be explored is that the nature of large group regression translates into the search for that particular personality type—and that personalities with the syndrome of malignant narcissism are prone to aspire leadership and are very effective in achieving leadership of the regressed large group under these conditions. In turn, the mutual influence of the culture of the regressed large group and its corresponding ideological development and the characteristic behaviors of a leader evincing malignant narcissism stimulates typical behaviors in the leader. In turn, the corresponding leadership reinforces some basic characteristics of regressed large groups. To explore that linkage, we shall review briefly the concept of regression in group processes, studying group psychology both in large groups and “mass” psychology, and in small groups, reviewing the relevant contributions by Freud, Bion, Turquet, Volkan, and others. This review will be followed by the exploration of the preferred personality structures of leadership fostered by these different group structures, and the relationship between functional leadership and pathological leadership related to the requirements expressed in group regression. I then shall summarize briefly the syndrome of malignant narcissism and its derivative leadership characteristics in social institutions and the political process at large.

PSYCHOANALYTIC GROUP PSYCHOLOGY

Freud, in his 1921 text on “Group Psychology and the Analysis of the Ego” outlined what became one of the most original and tragically relevant contributions to the study of the Dynamic Unconscious, namely, the behavior of what in German is called “Masse.” It refers to mass movements, or large conglomerates of people united by a common ideal, a

common sense of identity related to race, religion, nationality, or a particular ideology that unifies this enormous conglomerate of individuals in an active direction or cohesive move under the direction of a particular leader. This mass psychology has to be differentiated from the situation of crowds, that is, the accidental getting together of an enormous number of people as part of usual social interactions, without any common direction or sense of a specific mutual relationship. Freud described political mass movements, particularly of fascism and communism, years before the common characteristics of mass movements and their consequences had been experienced dramatically, as it evolved in the 20th, and now in the 21st century.

Freud pointed out that the individual who senses himself as part of such a mass movement acquires a reduced capacity for independent judgment and rational decision-making. To the contrary, what dominates the individuals within the mass movement is a sense of power by mutual identification, a sense of belonging and power derived from being part of such a large movement. It is their mutual identification that coincides with their identification with the leader of the mass movement, which provides them with a sense of shared identity, an identification with the leader who is not only powerful and idealized, but also feared. At the same time, he assumes consciously and in the mind of his followers, the responsibility for the direction of the movement, and frees all the individuals from themselves having to make decisions about that movement. More generally, mass psychology induces the projection onto the leader of the individuals' ego ideal, so that moral consciousness is projected onto the leader and the individuals in the mass feel free from moral constraints. They acquire a degree of freedom that goes together with a characteristic activation of intense affective dispositions shared by the entire mass, and is particularly of an aggressive, destructive type, the target of which is directed outside the mass movement. As part of mass psychology, the participants feel powerful and secure and united in the free, unconstrained, and personally irresponsible participation in aggression against outside, feared, hated, and depreciated groups who are perceived as threatening the mass movement. The shared sense of equality, power, and freedom from moral constraints is the counterpart to a heightened suggestibility to the commands from the leader, a

suggestibility enhanced by the decrease of rational, independent judgment induced by the psychology of the mass movement.

Wilfred Bion's (1961) analysis of the relation between groups and their leadership introduced a new method of psychoanalytic exploration of group psychology. As a courageous and effective tank commander in the First World War, and in his later work as a psychiatrist in military psychiatric hospitals and War Office Selection Boards during the Second World War, he developed professional experiences with both effective task groups and regressed, demoralized ones, and their leadership. He combined his psychoanalytic training and Tavistock Clinic experience, the application of Kleinian concepts of splitting and projective identification in individual treatments with his group studies and experiences in what became a new field of psychoanalytic inquiry.

Bion's (1961) studies of small group psychology provided a complementary analysis of the intimate processes affecting the regression of individuals when they are part of a group process. He described the behavior evolving in small groups of 10 to 15 members that were exclusively engaged in observing their own experiences and behavior in limited time sessions from one to two hours. He observed typical developments that he described as the "basic assumptions groups" of "dependency," "fight-flight," and "pairing." These "basic assumptions" groups emerged typically and consistently when such a small group had no specific task that would justify its existence and link it with an environment by a concrete objective that has to be accomplished. A group that gets together with a task of learning a determined subject, developing a particular project, or constructing particular objects represents "work groups" that operate rationally and with a realistic organization of the development of the particular group task. When such a task does not exist and the only group task is the observation of the group itself and the emotional consequences of such a lack of a specific task, then the basic assumptions emerge.

The basic assumption of "dependency" is characterized by a general sense of insecurity, uncertainty, and immaturity on the part of members of the group, who look for a leader who will help them understand their situation, direct the group, provide their needs, feed them with knowledge, meaning, or security, a leader who presents self-assurance and an attitude of potency and knowledge that is supportive and reassuring,

provokes his idealization by the group, and the wish to depend on him. Competition for becoming the preferred “child” of that leader, mutual jealousy for the amount of attention each member of the group gets from their idealized leader, illustrates the fact that this self-assured, knowledgeable, giving leader provides a sense of safety and security in being part of the group. In contrast, fear and insecurity develop if one falls outside the assured membership of such a group. If the leader does not provide the assurance of the gratification of the group’s dependency needs, the members of the group experience strong disappointment or disillusionment, search for an alternative leader in the group who may replace him, idealize the new leader while attributing to him the attributes they had seen in the previous leader, and expect him to carry out the needed function of leadership of the dependent group.

The situation in the basic assumption group of “fight-flight” is completely different. Here there is a sense of tension and conflict, a preparedness to fight against out groups, and a sense of group unity as part of this fighting disposition against out-groups. Sometimes, when there is no such evident adversary out-group, a division of the very group evolves into an “in-group” who stands with the leader, and an “out-group” that fights the leader and the in-group. The search here is for a strong, self-righteous, distrustful, and controlling leader, who provides leadership in the struggle with the enemy out-group or the rebellious subgroup. In contrast to the predominance, in the dependent group, of mechanisms of primitive idealization, regressive dependency, and denial of all conflicts around authority issues, here, in the fight-flight group, there is a remarkable development of splitting operations between “us” and “them,” the in-group and the out-group, a sharp differentiation between the idealization of the in-group and the projection of aggression and attacks on the out-group, and a tendency to submit to the leader as part of the psychology of a shared sense of discipline required by the fight against assumed enemies. Splitting, projective identification, and denial of aggression within the internal subgroup go hand in hand with the search for a leader who will gratify the need for this organization, usually a powerful individual with paranoid features who fits the group’s demand for a sharp division between the ideal inner world of the group, and a dangerous threatening external world that needs to be fought off.

In the “pairing” group, finally, a still different atmosphere prevails. Here the group selects a couple, heterosexual or homosexual, that the group perceives as united, bound together by mutual identification, love, and commitment. The group admires the couple, because it corresponds to the wish for establishing such an ideal couple love relationship, an ideal shared by all the members and expressed in this idealization but also in the related need to fight off envious feelings about this selected ideal couple. There is a sexual quality in the air, an erotized quality of relations that differs from both the regressed dependent relations of the dependent group, and from the tense, aggressive challenging and distrustful atmosphere of the fight-flight group. While the dependent group preferably selects a leader with strong narcissistic features, the fight-flight group selects a leader with paranoid features, and the pairing group a leader who tolerates the development of such a pair, helps to protect it, and conveys the assurance to the group that the erotic quality of the development of intimate relations is tolerated and welcome. The “pairing” group represents a less regressive, “Oedipal” group experience.

Within the growing interest in developing Bion’s approach to groups at the Tavistock Clinic, Pierre Turquet’s (1975) work stands out. With a related background in military medical services to Bion’s, Turquet expanded the study of regressed group behavior to larger family groups and social institutions and, in following Bion’s approach, he carried out empirical work with larger groups. He studied the behavior of large groups. These were experimental groups of 100 to 300 members, also gathered only to study the nature of their experiences and behavior over a period of an hour and a half to two hours, with the provision of a group leader. This leader, similarly to the leader provided to small groups, limits himself or herself to comment on dominant emotional experiences shared by the group, without assuming the particular leadership functions demanded by the group. The small groups establish by themselves particular expectations from the leader, once they are clearly in the dependent, fight-flight, or pairing position; the “professional” group leader will not gratify but analyze their emotional needs. Thus, the leaders that have been described for the small groups are selected and seduced into their respective leadership function in terms of the corresponding psychology of the respective small group.

A similar phenomenon happens in the large group. The large group, usually, as I mentioned, composed of a membership between 100 and a of maximum 300 persons, get together in concentric circles, that permit the members of still seeing each other and responding to each other—similarly as in the small group, but evidently this situation reduces enormously the possibility of the constitution of cohesive, small subgroups. All the individuals of the large group are much more isolated from each other than is the case of small group psychology.

The large group meets without any particular task except to experience and discuss its own developments. Every member has the right to speak up at any moment, and the professional group leader limits himself/herself to observing, from time to time, the dominant emotional issues affecting the group. The leader does not organize the development of any subject of the group discussions at any point. Here, again, if the large group were “structured,” organized to carry out a certain task, for example, to discuss or decide about a particular subject around which it would establish an order or procedure of order and time limitations within which individuals can speak up, this would transform the group into a “work group” and become realistically focused on and occupied with such a task. The unstructured large group, to the contrary, is totally open to whatever anybody in the group may feel like saying or doing.

The typical development in such a large group situations is an enormous sense of loss of personal identity, as the individual in it cannot reliably find a commonality with anybody else. In the large group situation efforts emerge to establish subgroups on the basis of whatever members may try to find as commonalities: needs, language, religion, profession, political views, race, or appearance of any kind; but these efforts usually fail and the group develops rapidly a collective sense of intense anxiety. While people speak freely, there is a tendency not to listen to what other people are saying. Individuals who speak up obtain no feedback. Clear efforts at projective identification fail because of the difficulty to focus on and control the reactions of others to oneself. There is a general sense of impotence and fearfulness that develops in the members, and a fear of aggression to explode in the group. At times the group is able to identify a small subgroup within the large group or outside it, and gather around a joined, intense hate reaction against such a subgroup.

This, temporarily, transforms the large group into a small mass that fights an external enemy, but even such efforts usually fail.

A tendency develops in the group for individuals to emerge that are trying to analyze rationally what is happening. It is characteristic for the large group that particularly intelligent, self-reflective, rational people are shut down immediately. To the contrary, naïve, cliché formulating individuals who have a simplistic statement to make tend to be supported, with a slightly derogatory, amused attitude by the group at large, but at the same time, with a shared sense of relief, and such cliché spreading mediocrities are preferentially selected as leader of the large group. The group conveys the impression that there is a shared envy of individuals who maintain their individuality, security, rationality, and, with such a capacity, attempt to provide group leadership, while there is support of a mediocre leadership that reassures everybody and provides a calming sense of security while at the same time there is a shared subtle devaluation of that selected leader.

As an alternative development, if the intensity of anxiety and aggressive feelings is excessive, the group may veer into a paranoid direction. It selects a paranoid individual who finds a cause to fight against, a group, or an intolerable social condition, something in the external world which everybody agrees needs to be fought against and potentially destroyed. Thus, the large group, at the bottom, oscillates between the search for a narcissistic leader with a nonthreatening, simplistic quality that can be depreciated and promises a tranquilizing passivity, or else, under activation of an excessive degree of aggression, a powerful paranoid leader who unifies the group into a fighting attitude that transforms the large group into a small “mass psychology” group as described by Freud.

Vamik Volkan (2004) has expanded greatly our understanding of group psychology with what he refers to as large group regression, but what has to be differentiated from the large group as originally described by Turquet (1975) and others. Both Bion and Turquet studied artificial groups, brought together for the purpose of observing group behavior. Volkan’s work focuses on the study of naturally occurring groups, especially in times of crisis. Volkan, in fact, refers to mass psychology in the sense of Freud’s analysis of the psychology of large conglomerates united by a sense of mutual cohesiveness, equality, and

fraternity and a common set of ideas—a common ideology—that expresses their unifying disposition, including the potential relationship to an idealized, feared, and/or direction signaling leader. Volkan studied group psychological behavior in international conflicts and conflicts between nationalistic or religious opposite political groups and, particularly, the psychological developments related to the traumatic effects of the terrorist attack in New York on September 11, 2001.

In summary, Volkan proposes that, under conditions of traumatic situations, social revolutions, nature caused disasters, economic crisis, and, generally speaking, the collapse of traditional cultural structures that regulate the daily life of the individual, the strong possibility of a large group regression develops, within which the normal social structure that assures the individual of his status—role relationships—disappears. Under such conditions, there evolves a threat to normal identity that ordinarily is reinforced by the status and role conditions of every individual within this social and cultural environment. There now evolves a search for a “second skin,” a new external social structure that returns the security that had protected individual identity and sense of security. Here the emergence of a large group leader becomes important in providing to the social group in crisis a voice that reconfirms their commonality, the sense of a common ideology that assures the large group of its basic existential security, historical mission, and goodness, and differentiates it from external enemies or enemy situations that had been threatening it. The leader calls for joint action to stand up and, in short, provides the large group with a new sense of identity in terms of all the individuals belonging to that mass movement.

There is a tendency of a large group in an existential social crisis to rally blindly around such a leader, who eliminates the traditional status and role relations of individuals derived mostly from their belonging to a family, to specific relations to family members, and to the social group related to it. The leader creates a new collective “family” structure in terms of the historical importance and mission of the group. The community becomes divided into a “good” segment (the large group) that obediently follows the leader, and a “bad” segment of those perceived as opposing the leader. A sharp division between “us” and “them” is established, and “them” become enemies that need to be fought off, defended against, and attacked. The large group develops a

sense of shared morality of the "good" system that becomes increasingly absolutist and punitive toward those who are in conflict with it, and the group may experience periods of massive mood swings from shared depressed feelings over the nature of the critical or dramatic situation that originated the present situation, to collective paranoid projection of aggression towards outsiders. The sense of internal goodness becomes a sense of entitlement and a gradual distortion of reality, in which unpleasant and threatening aspects of reality are denied. There evolve new cultural phenomena or modified versions of traditional social customs with particular focus on joint traumas and past triumphs of the group residing in a time collapse in which past and present is confused. The leadership feeds into this collapse of the time perspective by creating a break in the actual historical continuity of the group, and filling the gap with a "new" nationalism, a new shared sentence or a "new" morality, and a transformation of the actual history of the group.

The large group members begin to experience shared symbols as "protosymbols," including shared images that depict enemy groups with symbols or protosymbols associated with bodily waste, vermin, dangerous, or toxic animal traits. The large group consolidates its unity by erecting sharp boundaries with the outside world, focusing on minor differences between itself and enemy groups, and searches powerfully for commonalities in its natural condition, origin, and convictions as part of their new "second skin" that protects its identity. The large group may initiate behaviors that symbolize its purification. It may change its attitude toward aesthetics, to what is considered beautiful and ugly, and there is a tendency for the large group to turn the physical environment into an amorphous gray-brown, (fecal or decomposing) structure. All these characteristics constitute an ideologically fundamented, consolidated, and expressively lived activation of the clear, separate "second skin" identity that provides the combination of security, power, freedom, moral superiority, and irresponsibility described by Freud for mass psychology. Volkan's analysis enriches and bridges the analysis of large group psychology by Turquet with Freud's analysis of mass psychology.

The combined analysis of group regression, from small group regression to large group regression and to mass psychology illustrates some basic commonalities of these various processes. The motive for group regression, in all cases, is a loss of the functional relationship of

individuals within a stable, small or large social, and cultural structure. This social and cultural structure is given by an ordinary living situation within a stable social environment not threatened by major political, international, or economic catastrophes or nature determined calamities. And, in the case of small groups, the loss of the functional tasks of the group by design or other circumstances replicates temporarily that loss of functional stability of the individual. This loss of the traditional social structure signifies a threat to individual identity and it signals the extent to which normal identity function is supported and assured by the individual's psychosocial environment. Massive loss of such a protective environment that simultaneously affects a selected group or an entire community leads to powerful anxiety and initiates regressive functions.

It is significant that the anxiety, in all cases, has to do with a threat of a definite experience of danger, the activation of negative, aggressive affect states, and correspondent defensive operations that we know from the study of severe psychopathology of individuals with primitive aggressive aggression dominated conflicts. These defensive operations, particularly splitting mechanisms, projective identification, denial, primitive idealization and devaluation, omnipotent control—all of them described by Melanie Klein (1946) as characteristic of the paranoid-schizoid position—emerge in the dependent and fight/flight group, where they structure the group within the given basic assumptions orientation, but they are ineffective for the individual in the large group situation. Here the only effective protection is an individual's isolating himself from the large group situation into the position of a "singleton" (Turquet 1975), which will coincide with a sense of impotence and alienation and the loss of participation in the social process. The large majority caught up in the activation of massive paranoid-schizoid defenses of the large group will participate in a joint effort to compensate for the loss of individual identity by the collective search for leadership to replace individual identity by the "second skin" described by Volkan. In other words, it is a search for a new, shared identity linked to the dependency of a particular type of leadership. The type of leadership selected will oscillate between the narcissistic type of leader, as in the dependent group and the large narcissistic group described by Turquet, or a paranoid leader, as in the fight/flight group, in the mass movement, or in the large group described by Turquet when intense

aggression overrides the reassuring search for a narcissistic, calming leader. I have described in earlier work (1998) how the nature of the ideology selected by the large group, particularly in mass movements, also oscillates between a narcissistic and a paranoid type. Many political and religious ideologies contain a central, humanistic core that, under different conditions of group regression may shift into a paranoid or a narcissistic distortion of the ideology. Moscovici (1981), in his sociological analysis of the effects of media and mass communication, has suggested that, while Marx described religion as the “opium of the people,” the media and mass communication are the “Valium” of the people.

LEADERSHIP AND MALIGNANT NARCISSISM

In earlier analyses of the characteristics of functional leadership of social organizations, I pointed out that essential qualities of functional leadership include the following: 1) High intelligence, possibly best defined by the time span of decision making (Jacques 1976), that is, the capacity of leadership to foresee long time developments and orient the organization he or she leads in the light of this analysis; 2) an integrated personality structure that includes the capacity for significant self-reflection and assessment in depth of other people, essential to selecting delegate leadership and the deciding about conflicts that involve technical knowledge as well as personality features; 3) a solid, autonomous moral capacity and commitment, given the unavoidable corruptive temptations of leadership functions; 4) significant narcissistic features—in the sense of solid security and self-regard that permit leadership to tolerate the unavoidable ambivalences and aggression stemming from the internal functioning of the organization as well from external sources of challenges to it; 5) a sufficient availability of paranoid traits—in the sense of a mature distrust in contrast to naiveté that would ignore aggressive and potentially threatening developments in the work relationships of the organization.

A discrete, reasonable, and controlled amount of narcissistic and paranoid features are an important aspect of leadership, in contrast to excessive dependence needs that cannot be gratified outside the leadership function and a dangerous naiveté regarding the complexity of

human relations in social organizations. Precisely these two personality features, in an exaggerated and pathological way, typically characterize the leaders selected in regressive group situations, problematic organizational functioning, and mass movements. From a different perspective, Canetti (1960) described the psychological characteristics of the “feasting mass” (Festmasse) and the “hounding mass” (Hetzmasse). These refer to the predominant behavior of respectively celebrating narcissistically or aggressively persecuting large groups under the corresponding leadership of a narcissistic and potentially hypomanic leader organizing collective feasts and orgies, in contrast to the paranoid leader of an aggressive, persecutory mob. In short, an extraordinary potential for narcissistic or paranoid leadership emerges under conditions of large group regression.

At this point, we have to explore the nature of narcissistic and paranoid character traits that are characteristic, respectively, of narcissistic and paranoid personality disorders. In fact, under conditions of social disorganization, the weakening of traditional social structures, the emergence of extremist political groups and parties, individuals with these characteristics tend to become important in providing a “second skin” to the respective groups. But there is one type of particularly relevant psychopathology that combines narcissistic and paranoid traits as part of a severe type of narcissistic personality disorder, namely, the syndrome of malignant narcissism.

I have defined the syndrome of malignant narcissism in earlier studies of severe forms of pathological narcissism (Kernberg 1984, 2018) as characterized by the presence of 1) a narcissistic personality disorder with all its characteristic features: a pathological grandiose self, inordinate self-centeredness and a sense of superiority, strong manifestations of envy, devaluation of others, severe limitations of the capacity of emotional investment in others, and a chronic sense of emptiness that requires an ongoing search for external stimulation or the excitement derived from drugs or sexual behavior; 2) significant paranoid personality features; 3) strong egosyntonic aggression, directed against others or self, and 4) significant antisocial behavior. The basic psychopathological features of the syndrome of malignant narcissism are a dominance of unconscious conflicts around intense aggressive affect—from whatever origin, together with the development of the compensating pathology of

a grandiose self. Aggressive motivation infiltrates the grandiose sense of self, leading to egosyntonic aggressivity on the one hand, and to the projection of aggression in the form of paranoid tendencies on the other. The severe deficit in the development of an internalized system of ethical values derived from the underlying basic failure in normal identity formation that affects the buildup of such an ethical structure (superego development) determines the development of antisocial behaviors.

Patients with the syndrome of malignant narcissism function along a wide spectrum of social dysfunction. The most ill patients with these characteristics suffer from a total breakdown of their capacity for social interactions, incapacity to function in work and profession, and breakdown in intimate relations, together with the development of severe affective dysregulation, and such a degree of disturbed interpersonal behavior that makes for initial confusion with borderline personality disorder. At the other extreme are patients who are able to maintain their social functions and work conditions, and only show breakdown in their personal, intimate relationships, an incapacity to significantly invest in non-exploitive behavior with others, and an extremely exaggerated concept of self and commitment to self-interests that are pursued in an aggressive way without moral restrictions. It so happens that such individuals may be perfectly adaptable to a social situation of massive group regression, in which these aspects of their personality function effectively to gratify basic needs of the regressed large group.

Under ordinary circumstances, such relatively well functioning individuals presenting malignant narcissism possessing high intelligence, unusual technical capabilities and knowledge in some specialized area, and the capability to fulfill their ambitions to promotion within social organizations, may assume leadership of social organizations in education, health, military, and religious institutions, or industry. They usually promote the institution by identifying their personal interests with that of the institution, but, over a period of time, because of their severe incapacity to assess others, their tendency to surround themselves with adulating subordinates, and their incapacity to tolerate criticism and therefore use realistic, essential feedback for institutional operations, such institutions show a typical regression. The organization evolves a sharp differentiation of levels of emotional climates. At the top of the organization, surrounding the leadership with malignant narcissism, are

individuals who also present narcissistic and antisocial features. They have learned to adjust themselves to the needs of the leader to be both loved and feared while being unaffected by his interpersonal demandingness and, at times, antisocial maneuvers, so leadership with antisocial features expands corruption at the top. At a second level of organizational functioning, including the large majority of professional and institutional staff, there develops an intensely paranoid atmosphere because of the fear of a leader who is hypersensitive to criticism, who needs to be showed love and admiration, and who cannot listen to anything running against his/her will. There is a high level of institutional “paranoiagenesis” (Jacques 1976), with frequent turnover and breakdown of staff. At the bottom level of the institution, at the periphery of its internal emotional milieu, one finds the most capable staff members, depressed and alienated, prone to be the first ones to leave the organization, sometimes depriving an organization of the most productive and creative members of its staff. So far, I summarized what happens in organized social institutions.

LARGE GROUP REGRESSION AND MALIGNANT NARCISSISTIC LEADERSHIP

In contrast to the developments in well-structured social organizations, under conditions of social disorganization and large group regression, the emergence of leaders with the syndrome of malignant narcissism take further, socially dysfunctional, and threatening characteristics. The leader’s narcissistic self-centeredness and grandiosity, his self-assured signaling what he believes the large group should think and do, and his promise for a brilliant future if he is followed, powerfully reassures the members of a regressed large group against the threat of the loss of individual identity, and provides them with the second skin of an idealizing mutual identity of all in identification with the leader. The reduced cognitive level of functioning characteristic of large groups (Kernberg 1998; Turquet 1975) responds positively to simple slogans and clichés that the leader provides them with to confirm their value, uniqueness, importance, and power. Simple slogans replace complex thinking and correspond to the large group’s need to feel that they are intimately involved with the thinking of the great leader and understand him

completely, and, at a deeper, unconscious level, don't need to envy him. Everybody is equal in the pursuit of simple ideals and in the proper symbolic expression of such ideas. The well rationalized aggression against out groups is fostered by the leader's direct, crude, and sadistic expression of animosity against such out groups, devaluing and dehumanizing them while declaring the large group he directs to be the selected, ideal, morally justified, superior social group. Aggressive outbursts against minorities is fostered, welcome, considered heroic and morally admirable, so that freedom to express destructive behavior excites the group and creates a contaminating festive atmosphere. Bao-Lord (1990) describes how, during the Chinese Cultural Revolution, the beating up of professors by revolutionary groups in the middle of huge public gatherings contaminated the bystanders, so that massive engagement in physical attack and murder became a welcome public spectacle.

The characteristic antisocial features of the leader with malignant narcissism are reflected in practically public dishonest behavior, matched with shameless denial of that behavior. Hitler never acknowledged his clear, indirect instructions to eliminate potentially rivalrous leaders of his S.A. troops; he never acknowledged publicly, nor in writing, his instructions for mass murder of the Jewish population under his control, in spite of being the obvious ultimate source of these orders. Stalin would invite both privileged followers whom he wished to honor for tea at his place, and also those who already had been secretly condemned to be eliminated. This was sufficiently well known in his intimate circle to cause external anxiety in the invitees, which, apparently, greatly pleased Stalin.

The leader's evident dishonesty, the self-assured expression of lies that may be easily recognized as such by an outside observer and a broader social environment or general community is perceived by the regressed large group as a courageous standing up to conventional truth, daring to say the impossible, the leader showing courage in changing his mind at any point, and shifting over, if necessary, to declaring alternative choices of who is the selected enemy at the moment. The leader's decidedly assuming moral responsibility promotes a sense of freedom from moral constraints, excitement of moving with a powerful wave of political discontent and strife as it is manipulated from the top, and cemented by the suggestibility of the large group. Repeated attacks,

ridiculing, and demeaning humiliation of selected "enemies" reinforce the group's enjoyment of sadistic behavior. It was the inhumane cruelty of ISIS that exerted an exciting attractiveness to many early international followers.

Leadership by a leader with malignant narcissism within an institutional, task oriented organization is circumscribed by the very structure of the organization; the need to carry out its technical or professional functions, the outside world that confronts the organization with consequences of failure of leadership in carrying out ordinary boundary functions, in addition to the negative effects of decreased productivity, and deterioration of human relations in the inside of such an organization. External authorities, Board of Governors, or community oversight tends to limit, in the long run, the negative effects of deficient leadership. In an open, political field, in contrast, the negative consequences of the mutual stimulation between large group regression and the emergence of leadership with malignant narcissistic personality characteristics is much more effective in its destructive consequences.

To begin with, the crystallization of a regressed social subgroup, that is, the constitution of a large group with shared feelings of threatening insecurity related to economic, cultural, or political issues, with threats to the identity or survival of that group, is experienced and shared informally by the group. A general feeling of growing tension, anxiety, and irritability initiates the search for a "second skin," that is, a longed for, decisive intervention by leadership to protect the well-being, security and stability of the group's existence. The situation is open now to a self-assured, aggressive, powerful combative politician who spells out the generally shared feelings of dissatisfaction and resentment, and orients the group toward an external source of its troubles in the form of an external enemy power that needs to be fought off. A general paranoid orientation evolves and consolidates the large group in the active search, identification, and separation from the designated enemy group. The cultural availability of a preexisting ideology with strongly paranoid features, or one that can be shifted easily into a paranoid direction may be used by a leader to establish a sense of historical continuity of this struggle with adversary forces, and include historical trauma and triumphs to provide a sense of mission in the direction of restoring such past glory

or undoing historical trauma, creating a dynamic force in the pursuit of justice and right (Volkan 2004).

The antisocial potential of the leader with malignant narcissism may manifest itself at first only in relatively discrete dishonest behaviors such as evident lies, false accusations, and circumscribed distortions of reality, all of which is expressed, however, in a courageous way that implicitly tests the extent to which the community at large may threaten the specific regressed large group with creating limits to this dishonesty or accept it. As Turquet (1975) had originally pointed out, and is also stressed by Albright (2018) and Snyder (2017), there is a “third group” constituted by the original total population that watches a combative minority—the large regressed group—enter into warfare with another social subgroup, the selected victims of the attacks by the dynamic, regressed large group possessed by an extreme, paranoid ideology. If the traditional structure of society is weakened by a present traumatic situation, an economic crisis, a lost war, a natural disaster, the initial response to the provocative dishonesty that the leadership of the regressed large group propagates may be sufficiently weak, and ordinary social reactions not sufficiently alarmed to stand up against such a distortion in social communication. Now more destructive aggressive acts, distortion of reality, open encouragement of violence may develop, with an expanding affirmation and dissemination of the certainty, self-righteousness, the sense of moral justification, and superiority emanating from the revolutionary large group under the stimulation by the leader. The aggressive, paranoid, and dishonest behavior socially fostered by malignant narcissistic leadership thus evolves into an ever-growing sense of self-confirmation and power by the group. The self-assuredness of the leader and the expansion of his paranoid, grandiose, and aggressive behavior go hand in hand with the increase of a sense of power, freedom, violent behavior, and triumphant excitement of the regressed large group.

THE DANGERS TO SOCIETY

Jacques Semelin (2007) illustrates all these processes with the initial anti-Semitic ideology, work restrictions, and media attacks on Jews in Nazi Germany during the early stages of the Hitler regime, and their gradual escalation as initial resistance against social acts of violence was

mented, and a gradual increase in physical violence, socially destructive behavior, and arbitrary legislation restricting Jewish life and robbing Jewish property was calmly accepted by the German population at large. In general, at this stage, relatively independent social structures, particularly, religious organizations, the armed forces, the financial elite, the judicial power, the media, the strength of bureaucratic organization, and tradition become important elements that may control this regressive process or reinforce it. The combined influence of these relatively stable social structures and powers may then determine the extent to which a regressive process evolves further into the potential extreme of the development of genocidal regimes, or is controlled in the form of an ordinary dictatorship, or ends with the eventual recovery of the civilized reaction to this social regression. An independent military that traditionally rejects its identification with a particular political orientation may counteract the establishment of a totalitarian regime, that is, an effort by the malignant narcissistic leadership to establish an obligatory indoctrination of the entire population by a determined ideological doctrine.

It needs to be stressed that totalitarian systems differ from ordinary dictatorships in their imposition of an obligatory ideological system. You don't only have to fear the leader but also must love him. The totalitarian regime established by personalities with malignant narcissism will be reinforced by such an ideology centered on the idealization and fearful submission to the leader, but an ordinary dictatorship, while less effective, also tends to achieve the same submission and destructive effects on the population. The surprising reaction of the military establishment of the Soviet Union in dropping its allegiance to the communist party happened at a point when the economic failure of the communist system interfered with the effective military competition with the United States. This development contributed fundamentally to the downfall of the communist regime. To the contrary, the German military fell rapidly into place with Nazi ideology, given its crucial role in the expansionist doctrine of national-socialist ideology geared to establish the dominance of Germany over Europe.

Social media may express an identification with a dominant traditional culture that rejects the extremes that threaten a peaceful coexistence of different ideological orientations and break the expansionist power of a revolutionary extreme group. The very fact that the Internet

permits the parallel diffusion, circulation, and expansion of completely contradictory ideological investments may protect a democratic political system, but it may also be used by extremist social subgroups to organize a hidden rebellion against the status quo and facilitate communication of regressed large groups, as has been illustrated by the effective recruitment tool that the Internet has signified for terrorist Islamic groups in recent times.

In general, once a totalitarian power achieves control of the media, they become an important instrument of social indoctrination. An independent judicial system may be a significant counterweight to the aggressive assault on individual's rights and invasion of individual privacy by revolutionary groups with totalitarian ideology. But when a revolutionary government is able to control ordinary judiciary power, laws and judges may easily become corrupt. An effective bureaucracy may prevent, to some extent, social disorganization and the disruption of ordinary interactions of individuals and institutions, but a highly organized bureaucracy under state control may powerfully reinforce a totalitarian system.

A dramatic overall comparative study of genocide in three very different societies carried out by Jacques Semelin (2007) illustrates the worst case scenarios of progression of social regression of large groups with corresponding malignant narcissistic leadership into mass murder and genocide. He compares the historical developments of Rwanda, Bosnia, and Nazi Germany leading to genocidal explosion and reaches the conclusion that similar processes occurred in all three so very different societies in terms of the historical background, culture, and socio-political situation. In all three cases a latent animosity existed between social subgroups, Tutsi and Hutu in Rwanda, Muslims and Christians in Bosnia, the historical anti-Semitism of German culture and its rejection of the Jews. Such latent potential social splits became expressed first in all three cases, in a general ideological disposition, an extreme ideology turning one group against the other. That divisive ideology became acute at the time of social crisis derived from the complexities of decolonization in the case of Rwanda, the aftermath of the decomposition of the communist system in Yugoslavia, the consequence of the defeat of the First World War and the later economic crisis in Germany. This led to the ascent of leadership by personalities with powerful aggressive,

paranoid, and antisocial features, who started out with grandiose leadership aspirations in all three cases. The end result of this process was a totalitarian situation with a socially imposed, ideologically rationalized, leadership supported political program called to exterminate the enemy group. We have more detailed information, at this point, of both Hitler's and Stalin's personalities that documents the pathology of malignant narcissism in both of them. It refers to their extraordinary grandiosity, the savage aggression, and personal sadistic pleasure in torturing their enemies, their dishonesty and paranoia, and the strange incapacity to evaluate the personality features of their immediate secondary leadership. It is no coincidence that Hitler felt closest to the two most similar personalities to himself in terms of grandiosity and dishonesty, Goebbels, Goering, and Stalin ended up trusting the psychopathic Beria more than any other member of his leadership group.

When the ascent of groups with the characteristics of regressed large group psychology, and of corresponding leadership with features of malignant narcissism is socially limited in its size, effectiveness, durability, and dramatic impact on the corresponding surrounding society, such a group may emerge as a religious or political cult that ends up in self-destruction or control by the wider social community and state. Obviously, those cults leading to murder or collective suicide represent extremes of this pathology.

In earlier work (Kernberg 2003) discussing the prevention of socially sanctioned violence, I focused on the limited tools available from a psychoanalytic viewpoint and expertise, including a focused attention on childhood neglect and violence and the corresponding interventions at the home, in early infant and child care, in the school, and the conscious effort to combat and prevent cultural bias with active, socially fostered measures against racial, political, sexual, religious, and other ideologically tinged prejudices against social subgroups. I also questioned the concept of multi-culturalism in terms of its fostering the coexistence of sharply different subcultures within the same social environment. I stressed the need that particularly immigrants from a different culture be helped to integrate into the culture of a country in which they are making their new home. So far, we have studied how we can contribute to reduce the burden of social prejudice against subgroups: concerted efforts of the educational approach in elementary and high

school may be an important corrective. Regarding the selection of leadership, in social organizations as well as in political systems, I believe that we are progressing somewhat in the awareness of the psychological requirements of good leadership that may be considered in the selection not only of institutional leadership but, perhaps even more importantly, in the evaluation of potential political leadership. But this awareness does not assure the utilization and effectiveness of this knowledge.

The selection of good leadership in social organizations with clear boundaries, defined tasks, and correspondent administrative structures, is realistically feasible. Usually leaders are selected who evince appropriate technical knowledge and expertise, high intelligence, the capability to communicate with coworkers, and an appropriate background of reliable and honest work patterns. The main difficulty in the selective process lies in the area of their emotional maturity, their capacity to evaluate co-workers in depth, the presence of adequate, “paranoid” features—non-naïve critical evaluation and “narcissistic” features—the ability to stand up to criticism, and unavoidable institutional aggression. The situation is much more complex in the case of selecting political leadership. Candidates with severely paranoid and narcissistic features and even antisocial behavior may be well aware of the need to present themselves as open and friendly, attentive to others’ wishes and needs, and disguise their resentful selfishness and self-absorption, and their true thinking, if the moment “is not right.” Madeline Albright (2018) has described the erroneous impression Hitler conveyed in early interviews, her own experience with Chavez (Venezuela’s former president), and other political leaders that did not reveal their true personality. It is regarding newly emerging, radical movements that the danger of their so well fitting malignant narcissistic leadership be ignored—with unfortunate consequences. It is obvious that there are historical moments in which powerful social forces may operate in the direction of splitting off of social subgroups, including the unavoidable disorganizing effects of economic crises and political chaos.

Jacques Semelin (2007) recommends international action and the responsibility of the social sciences. He believes that, in the international field, individual nations as well as the United Nations have to adopt ethical responsibility, including the responsibility to prevent social crisis that are man-made and put populations in danger. The United Nations

should react in the face of situations where the protection of human beings impress the necessity of resorting to appropriate, including coercive, measures, accepting the responsibility to intervene, facilitating receiving military rescue intervention, providing assistance to resumption of reconstruction, and reconciliation. In terms of the responsibility of the social sciences, he believes that the social researcher has at least to take on the responsibility to make known our accumulating knowledge of the causes of social crisis and particularly genocide. The study of genocide is an essential, urgent need for the field of the social sciences, and that includes psychoanalysis. Psychoanalysis can contribute with the understanding of the psychology of large group regression, the psychology of the syndrome of malignant narcissism, and more generally, the interaction between leadership pathology and group regression. Psychoanalytic contributions to the understanding of optimal leadership in social institutions may be a helpful contribution to the evaluation of political leaders as well.

Here the contribution of the distinguished historian Timothy Snyder is relevant (*On Tyranny: Twenty Lessons from the Twentieth Century* [2017]). His 20 lessons include the call to institutions to distrust one party states and be wary of power militias. We must remember professional ethics, believe in truth, investigate, and listen for dangerous words. He explains the importance of establishing a private life, contributing to good causes, learning from peers of other countries. He affirms that it is important to be calm when the unthinkable arrives, be a patriot, and be as courageous as one can. He thus outlines a profile of individual courage, responsibility, independence of thinking, and public action. I think these are eminently reasonable and, in fact, essential qualities that permit the individual to stand up to the dangerous imprisonment in regressive group formations and confront dishonest, corrupting, and corrupted leadership. In the political arena, malignant narcissistic leadership should not be exposed with diagnostic psychiatrist labels, but by pointing to their public, cohesively pathological, characteristic behavior. From a psychoanalytic perspective, the development of a strong personal identity, with its related capacity to evaluate oneself and others in depth, to respect the right for privacy and individual boundaries as well as boundaries for the couple in love and for the family are important contributions to the achievement of the individual stance that is described by Timothy Snyder,

and so are the psychoanalytic contributions to our understanding of the psychology of small and large regressed groups and their ideological consequences. And the understanding of dangerous personality formations in social leaders may help the prevention of the toxic combination of regressed groups and malignant leaders.

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Age Group	Number of People
18-24	10
25-34	20
35-44	15
45-54	25

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DECONSTRUCTING REVERIE

BY SARANTIS THANOPULOS

TRANSLATION BY GINA ATKINSON

There are two different perspectives on reverie that are interconnected. The one is the dreaming during the waking state that is particularly active in the analytic relationship. The other is the Bionian perspective on reverie: the mother's ability to dream the child's sensorial impressions and emotions elaborates them when the child is not yet able to do it. Bion, in his way of conceiving reverie, tends to configure each of the child's sensorial experiences as a possible source of anxiety. He makes the distinction between the sensorial impressions associated with satisfaction of desire and those associated with its frustration problematic.

Bion's discourse on reverie can be integrated with Winnicott's thinking. Introducing Winnicott's thinking on the mother's mirroring ability in Bion's conception of reverie permits us to distinguish between two levels of reverie. The first one is the mother's capacity to reflect the existence of her child while she takes care of him, transcribing it, in its essence, in her more complex and multifaceted way of being. With the transcription, the mother metaphorizes the spontaneous manifestations of the child's sensorimotor states. This metaphorization of the child's primary existence predisposes him to

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the capacity for metaphorical representation in a second moment. The second level of reverie is the mother's capacity to repair her metaphorizing, mirroring function, which normally suffers from inevitable infractions, by dreaming, and so containing, the child's fear of dying—every time infractions happen.

Analysts have not the mother's ability of reverie that is a particular psychic state. Furthermore, they are dealing with a failure of maternal reverie in their patients' experiences. In the analytic relationship reverie is created by both analyst and patient: through the analyst's availability to be destabilized in his own desire, memory and comprehension by the emerging of what in his patient is alive (struggling to achieve a form) and through the patient possibility to make a free use of him.

A clinical experience illustrates this cooperation in creating reverie that involves both the parts of the analytic relationship.

Keywords: Reverie, dreaming, mirroring.

In its most common meaning, reverie is dreaming during the waking state. It is particularly active in the analytic relationship, if it is functioning well. According to my point of view, it is by nature hysterical: its prototype is the child's hysterical identification with the mother. In this paper, I consider the hysterical identification with the other in its physiological function, which underlies, according to Freud (1900), the configuration of the dreams and, we could add, the production of the oneiric thought of the day (Thanopoulos 2016). Intermediate between the narcissistic identification and the relationship with the object, as a differentiated entity, the hysterical identification remains a permanent dimension of the psychic structure; it is the "hinge" between subjective experience and otherness. This kind of identification is the main instrument that the baby can use in order to elaborate the mourning of its separation from the mother. The baby discovers that he/she can be in relationship with her, persisting, at the same time, in their identification. Assuming, in a transitory, experimental way, the mother's way of being puts in tension inside him/her two ways of being and builds an oneiric (not fully conscious) bond between their affinity and difference.

Bion's perspective on reverie is different. For him, reverie is the mother's capacity to "dream" in order to elaborate the child's sensorial

impressions and emotions when the child is not yet able to do this. This definition actually places maternal reverie at the beginning of the mother-child relationship, in a phase that precedes hysterical identification, when the child is able to hallucinate the experience of gratification, but not yet able to dream.

There are, then, two perspectives on reverie, even though, as we will see in what follows, they are interconnected. Often the Bionian conception of reverie tends to be confused with the reverie associated with the oneiric waking state. In this paper I'll deal with the first perspective, although it necessarily involves a comparison with the second.

Bion's conceptualization of reverie revolutionized the psychoanalytic theory and clinic. Because of this it risks to be transformed in an untouchable rule we cannot review in a critical way. Deconstructing reverie as a ruling concept (that we have accept as it is or to reject), recognizing the contradictions it carries, can free all its powerfulness.

MATERNAL REVERIE

The more precise and clear definition of maternal reverie, coherently constructed with the *alpha function*, is provided by Bion in *The Psycho-Analytic Study of Thinking* (1962a):

It seemed convenient to suppose an alpha-function to convert sense data into alpha-elements and thus provide the psyche with the material for dream thoughts, and hence the capacity to wake up or go to sleep, to be conscious or unconscious... .

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

The limited consciousness defined by Freud, that I am using to define a rudimentary infant consciousness, is not associated with an unconscious. All impressions of the self are of equal value; all are conscious. The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious... .

Normal development follows if the relationship between infant and breast permits the infant to project a feeling, say, that it is dying, into the mother and to reintroject it after its sojourn in the breast has made it tolerable to the infant psyche. If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread. [1962a, p. 309]

To summarize, for Bion, the neonate is not capable of elaborating sensorial data due to its immaturity; as a consequence, it evacuates these data into the mother, assigning her the task of converting them into *alpha elements*, the material out of which dream thoughts are fabricated. The *receptor organ* of these sensorial data is formed from the mother's *faculty* of "reverie."

In the final part of the cited passage, Bion separates from the mass of the neonate's sensorial data first the *fear of being about to die* and subsequently *nameless dread* – establishing, even though in an indirect way, the existence of three levels of experience that are linked together but differentiated from each other. My perspective on reverie especially values precisely the distinction of these levels and their linkage. The differentiation of the fear of death from the combination of the child's sensorial and emotional experience (in the cited passage, Bion speaks of this as only an example, but on subsequent occasions as well he will make reference to it) allows us to distinguish between *two levels of maternal reverie*. The introduction of nameless dread makes possible, by contrast, an understanding of the failure of this reverie, as will be seen in what follows.

Although he distinguishes between nameless dread, fear of death, and the combination of sensorial impressions, Bion does not take this distinction sufficiently into account. In his definition of reverie as "receptor organ," he does not clarify the connection between sensorial impressions in their totality and those sensations that are more specifically connected to anxiety situations. Furthermore, his way of conceiving reverie tends to configure each of the child's sensorial experiences as a possible source of anxiety, making it problematic to distinguish between the sensorial impressions associated with satisfaction of desire and those associated with its frustration.

Bion's discourse can be profitably integrated with a discussion inspired by Winnicott's thinking. First, sensorial impressions would have to be more accurately considered as sensorimotor unifications, taking account of their close association with bodily movements (not only of the limbs and trunk, but also of the eyes, fingers, and mouth, and of expressions) through which the child relates with sensitive objects. If the relationship between mother and child functions well (that is, if the mother intervenes on time and in the right way to satisfy his desires and needs), the child's sensorimotor experience develops in a continuous way, in accordance with his natural way of being, and gives rise to the early nucleus of the self. This nucleus periodically widens, steadfastly, in *spontaneous gestures* – bodily manifestations that give shape to impulses associated with the child's spontaneous existence, not a compliant one.¹ They spontaneous gestures, expressions of sensorimotor states impregnated by desire and emotion, are the intermediary through which the mother succeeds in reflecting her child's emerging sense of self.

Mirroring of the child's spontaneous existence by the mother happens in a more complex way than is described by Winnicott. On the one hand, the mother "represents the child's experience as though it were her own, with direct reflection, and on the other, she transcribes it, reflecting on it indirectly, in her more complex way of being, creating her own *corresponding* mental and emotional state" (Thanopoulos 2009, p. 164; translation by G. Atkinson). The mother's state of mind is more complex than the child's state of mind, but it reproduces, reflecting it, the more basic configuration of the latter. Mirroring creates a metaphor for the child's experience because the mother restores the essential part of his experience to him, transcribing it in a richer form. The child feels confirmed and supported in his existence, because he sees himself reflected by the mother in his essence and, at the same time, he finds himself immersed in an expansion of his experience that does not contradict his way of being. This expansion reassures him because it bears witness (without the child being aware of this) to the mother's capacity to take care of him according to parameters that adhere to the

¹ "Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is the True Self, and the gesture indicates the existence of a potential True Self" (Winnicott 1960, p. 145).

reality principle (a capacity whose effects the child indirectly perceives as a sense of stability). The child's contact with the mother's capacity to create metaphors, which at the moment he is not capable of recognizing or imitating, nevertheless creates in him the potential for this capacity. Reflection of his existence by the mother constitutes for the child an originary form of metaphorization of his experience.

Bion, when he speaks of thoughts that are equally available for unconscious thought during the waking state and for the dream, does not clarify that this type of thinking arises together with the construction of oneiric space (which confines hallucination to sleep), when the representation (form) is differentiated from the represented (content), and the thought is metaphorized and intentionally communicable. It is the metaphorization of the meeting with the mother that provides the child with the necessary material for waking thoughts and dream thoughts. It happens when the baby dealing with the separation from his mother (at the end of her almost absolute devotion to him) is able to establish a hysterical relationship/communication with her, treating her, at the same time, both as part of his inner world and as external object. However, this would not be possible if the mother had not prepared the child for this event in the preceding phase.

Maternal reverie consists of the mother's capacity to reflect the child's spontaneous experience, metaphorizing it when the child is still devoid of this capacity. Metaphorizing the child's experience while reflecting it means to "dream" it, because it is on the level of oneiric thinking in the waking state (in addition to in the dream) that the mother can transcribe—activating her own capacity for reverie—her deep identification with the child in her more complex representation of reality. The mother's reverie, at its *first level*, does not transform the child's experiences, but *predisposes* the latter to their transformation in subsequent phases. It creates in him the necessary *precondition* that permits, in a second moment, his *personal* participation in *reciprocal* metaphorization of the dialogue with the mother, which transforms his own experiences, increasing their complexity, and makes them suitable for being dreamed and thought about. *This precondition, which is a predisposition, is the alpha function in my way of interpreting Bion's discourse.*

It is into the experience of the mother's reflection of the child that one must insert the "fear of death" that Bion speaks of. The mother

cannot reflect the child's experiences without solutions of continuity, in the sense that she cannot adhere perfectly to the times and needs of the child in the common realization of their encounter. The anxiety brought about by discontinuity can be correctly associated with fear of death, because discontinuities of the maternal function come to be perceived by the child as interruptions of his existence. Here the broken reflection demands a reparative operation of the maternal mirror, which is urgently required after completion of the time of duration of the self-reparation that the child carries out through the hallucination of gratification. The reparation of the maternal mirror, which consists in the mother's capacity to contain her own distractions and to again take up the project of reflection, must, however, come to grips with the child's anxiety (the uncertainty that has created an opening in his existence) that he cannot work through on his own. The mother makes the child's anxiety her own and works it through as an experience of separation and loss, which she can cope with in a more efficient way than through the hallucination of gratification, "dreaming" (metaphorizing) death as a missed encounter.

The mother, in working through the anxiety that the child transmits to her, which she accepts, maintains her own emotional equilibrium, and in this way anxiety—shared in the context of a relationship—reaches its bank. In contact with the mother, the child feels that the slippage in his psyche can be safely contained within her, and he can again trust in the continuity of his existence, in a new form: the continuity of psychic existence is not damaged or interrupted by the discontinuity of experience. Discontinuity can begin to be accepted, and it is in this new psychic space that the dream and the meeting with otherness will later find a resting place. The reparation of inevitable infractions on the first level of maternal reverie (the metaphorizing reflection of the child's experiences), which is constituted as a *second* level, reinforces the alpha function, further preparing the child for his entrance into the arena of metaphorical (oneiric) thinking.

The mother does not feel threatened in her psychic integrity by the child's anxiety about death, and can therefore host the anxiety within herself, containing it in her own oneiric space (that of the waking state and of sleep), causing the desire imprisoned in it to reemerge. Dreaming of dying (as the mother is capable of doing) is very different

from feeling that one might die (the child's experience). Dreaming of dying refers to the scene of desire and gives form to worry about losing the desired object—of losing, either in this or in another place, the state of the desiring subject. Instead, to feel the fear of death suspends desire freezes it. *But how does the mother manage to dream her child's anxiety as her own?*

To give an answer to this question, it is necessary to consider the mother's position toward her child, concentrating our attention on her desire. It can be deconstructed in this way: as (1) a desire that ignores the child's difference in the context of a relationship that is the reactivation of the fusional relationship with the mother's own mother; (2) a desire that recognizes this difference and reflects it (by a mother who is fully inserted into the triangular relationship); and (3) a passionate desire that recognizes—and at the same time does not recognize—difference, and that replaces fusional with ruthless (or masochistic) possession of the desired object.

This last type of desire is the product of the mother's hysterical identification with the child, and it acts as a hinge between the first two, creating the conditions of their reciprocal modulation in the complex management of maternity. On the level of fusional desire toward the child, the mother identifies with his anxiety but is not able to dream it because she finds herself in an undifferentiated psychic dimension, pre-dreaming. On the level of the differentiated relationship, she *knows* the child's anxiety as a thing that is not hers and can objectively use the techniques at her disposal to calm him; the anxiety is contained, but the desire included in it remains suspended. Here, too, the mother does not dream: dreaming would disturb her objective relationship with reality.

It is the mother's hysterical identification with the child, the place where her anxiety identifies with his anxiety but, and at the same time, maintains its own autonomous derivation, which gives her a capacity to dream (in the waking state and in sleep) their relationship when the child is not yet able to hysterically identify with her and to dream. However, the development of appropriate reverie would not be possible if the mother did not have, at the same time, both a fusional relationship with her child (which permits her to feel his sensorimotor experience and his anxiety as her own), and a relationship with life that is sufficiently anchored to the principle of reality (in order to be able to consider

the real extent of the child's psychic upset and the objective possibilities for its containment). The *simultaneous* activation of *three* psychic states allows the mother to *dream* the child's anxiety (hysterical identification) *as her own* (fusional relationship), and to contain it in a *realistically* full way (a relationship differentiated by reality).

THE FAILURE OF MATERNAL REVERIE

If the mother fails in her reverie function, the fear of death is transformed into *nameless dread*; here an actual interruption occurs in the continuity of the child's existence. As mentioned earlier, Bion – while he describes the difference between fear of death and nameless dread in an exemplary way – does not as clearly indicate the nature of the material on which one must carry out reverie. One of the things to be clarified is this: are beta elements the products of a failure of maternal reverie that inhibits the development of the alpha function, or are they materials to be worked through in order to create alpha elements?

Bion oscillates between these two viewpoints, and at a certain point he overlaps them:

Alpha-function operates on the sense impressions, whatever they are, and the emotions, whatever they are, of which the patient is aware. In so far as alpha-function is successful alpha elements are produced and these elements are suited to storage and the requirements of dream thoughts. If alpha-function is disturbed, and therefore inoperative, the sense impressions of which the patient is aware and the emotions which he is experiencing remain unchanged. I shall call them beta-elements. In contrast with the alpha-elements the beta-elements are not felt to be phenomena, but things in themselves. [1962b, p. 6]

The problematic point is the statement that, in the case of alteration of the alpha function, the patient's sense impressions (and emotions) remain unchanged. If this were true, Bion's position would not be contradictory: when initial sensorial/emotional elements are transformed by the effect of the alpha function, elements are produced that are perceived as phenomena and adapted to become dream thoughts (alpha elements); when that does not happen, the initial elements remain what they were,

things in themselves without the possibility of development (beta elements).

However, things are not like this. The initial material could remain unchanged only in the total absence of the alpha function. The alteration of the alpha function, by contrast, produces a modification of this material, though without making it useful for thinking. If we represent the patient's sensorial impressions (and the emotions associated with them) with a piece of good wood, we can imagine that, when (and in the areas in which) the alpha function is working effectively, the patient may be capable of transforming the piece of wood into a chair (alpha element). When, on the other hand, the alpha function is ineffective, the final result is reduced either to a badly constructed object, which aspires to be a chair but is not, or to pieces of wood that cannot be articulated among themselves and cannot actually be utilized (beta elements).

Thus, between the initial material to be transformed and the material rendered unusable by the failure of transformation, there is a difference of which we must take account. Also, in the case in which the piece of wood remains, apparently, without any modification (accepting the hypothesis, purely theoretical, of a total absence of the alpha function), it would in reality no longer be that of before. The piece is "live" wood at the beginning, out of which one can obtain a chair (or other functional objects); if it is not transformed, it becomes "dead" wood, a senseless and intolerable object that no restoration (or construction *ex novo*) of the transformative function could rescue.

In order to defend the essentials of Bion's proposal, overcoming a contradiction of his, we must return to the formative condition of the alpha function, maternal reverie, and distinguish between two types of its failure.

The first is a *partial* failure, which pertains to what we have defined as the second level of reverie: the inevitable, occasional interruptions of the maternal mirroring function, which are not sufficiently repaired; the "fear of death" that these interruptions create is not sufficiently contained. When, in the mother's hysterical identification with the child, the aspect of the identification dominates the aspect of the relationship with him,² the mother does not succeed in adequately "dreaming" the

² I remind the reader that hysterical identification is both identification and relationship with the object.

child's anxiety—working it through as an experience of loss of contact that is not catastrophic—due to an excess of identification with this anxiety. The “fear of death” is not sufficiently contained, and in the child it remains as *uncertainty*, which weakens the alpha function but does not alter it. This uncertainty takes shape as the *pre-time* of the trauma.

The second is a *total* failure, which pertains to the first level of reverie: the mother's mirroring function is seriously disturbed and the fear of dying becomes uncontainable, transforming itself into “nameless dread.” If in the first type of failure, the alpha function survives, even though sensorial impressions (and the emotions connected to them) are only partially worked through, in the second, the alpha function is altered and beta elements are produced—sensorial and emotional data that, being intolerable for the psyche and unthinkable, are destined to be evacuated. In the first situation, the analyst can use his own capacity for reverie to restore an adequate alpha function; in the second, which results in a psychotic condition, he finds himself facing an unthinkable anxiety, an undefinable and unfathomable threat of destruction of his patient's psychic world. No reverie can contain and work through this destruction *directly*.

When the failure of maternal reverie is so serious that it produces beta elements, the analyst's reverie, which would have to compensate for the very early missing element, is directed toward spontaneous manifestations of existence that have survived the catastrophe in the form of *potentialities*. The thing that was originally barred in the psychotic subject is a significant part of his *sensorimotor experience*, which dissolved while it was taking on meaning and form. This experience—which would have had to be the object of maternal reverie (at its first level)—if it was not struck down at its roots, could, under favorable conditions, remain inscribed in the psyche as a potential state (Thanopoulos 2008).

The residuals of spontaneously interrupted experience remain embedded as potentials in the psychic space that survived deformed after the catastrophe. In this space, they are suspended in the fear of death (contained in a very precarious way) and mixed with fragments of pure anxiety, which tend to result in nameless dread. Together these make up the beta elements that cannot in themselves be worked through. It is the presence within these beta elements of pieces of real existence that survived the breakdown that, in my opinion, gives them

an emotional potential, endowed with a goal, that has therapeutic value, though only barely so, "The evocation peculiar to the beta-screen, if successful, means that the patient is starved of genuine therapeutic material, namely truth, and therefore those of his impulses that are directed to survival are overworked attempting to extract cure from therapeutically poor material" (1962b, n.10.1.1, pp. 100-101).

In the perspective I am outlining, the goal encapsulated in the beta-screen corresponds to the natural, spontaneous tendency of the psychotic patient's deformed self to expand in order to survive the deformation that has been suffered. If the frozen potentialities of spontaneous existence, mobilized by this tendency, manage to move toward their realization and are fulfilled, the alpha function is repaired and the beta elements are dissolved. However, the expanding movement of the compressed self is intensely feared by the patient (and as a consequence, it is inhibited) because it touches on a precarious equilibrium that has been reached with great difficulty. It involves, in fact, the risk of repetition of the failed experience, which the patient perceives as the danger of a further catastrophe. Nothing can expose a psychotic subject to psychic death more than the lifeblood that flows through his veins.

All the things that makes the analyst trustworthy (sensitivity, understanding, a good dialogue with the relatively healthy part of the analysand, his failures, and especially the capacity to make them predictable, recognizable, and legible), encouraging the patient to leave an opening for the spontaneous reemergence of potentialities of spontaneous existence that have been suspended in psychic space. In doing so, the patient places himself in an *intermediary* place between *regression toward a situation of dependence* (Winnicott 1954) within the analytic relationship, which could offer the sense of acceptance that was missing in the relationship with the mother, and a *withdrawal* from the relationship, in which the patient sustains for himself the potentialities of spontaneous forms of his existence (which, although very incomplete and precarious, preserve his secret hope of survival of his personal way of being).

With the patient in a position of uncertainty between the two perspectives (which involves a certain tension) and primed for an immediate retreat, the analyst is called to a difficult task:

If in that moment, the analyst manages to “hold” the patient, *reflecting in his own mind and in his own emotional set-up a subjective dimension that resurges, as though it were emerging for the first time, still uncertain and hesitant in its solemn movement forward*, he can bring about the beginning of a new experience of meeting. By contrast, if he fails, he encourages the confirmation of a withdrawal, which on the other hand is always there, on the point of being manifest. The analyst must keep in mind that in this aspect of the analytic relationship, the patient (who is in need of a gradual process) is proceeding step by step in terms of trial and response, and the experience of the meeting is each time carried out within the limits established by his persistent tendency to withdraw in the face of every misunderstanding that becomes possible. The alternation between withdrawal and trust in the relationship (between the analyst’s success and his failure) is repeated many times over time, with uncertain prospects, before a subjective dimension that attempts to exist for the first time can reach a recognizable form and acquire meaning... .

If this tendency [the patient’s self’s spontaneous tendency to expand] is adequately welcomed and sustained... the forms of psychosis can gradually yield their position, in part, to the possibility of allowing the existence of dimensions of the self that were previously precluded. These dimensions, however, are not realized (to the degree that it is possible for them to be realized) as specific modalities of expression, but rather arise as incompletely defined modalities that nurture a new field of experience, which will be able to be available from that point onward for conscious and unconscious thoughts and experiences. [Thanopoulos 2008; translation by G. Atkinson]

THE ANALYST’S REVERIE

Bion speaks undifferentially of maternal reverie and the analyst’s reverie. Here difficulties arise. The analyst cannot develop a fusional relationship of empathy with his patient that is the same as that of the mother with her child (the analyst lacks “primary maternal preoccupation,” [Winnicott 1956]). And to tell the truth, he also cannot develop a capacity for

hysterical identification of the same intensity as the mother's. Furthermore, the analyst is charged with additional work from the moment that he must cope with a previous failure of maternal reverie.

Nevertheless, Bion is convinced that the analyst can develop a particularly effective reverie, capable of compensating for the missing maternal reverie, if he manages to place himself in O, a position he describes in this way:

The analyst must focus his attention on O, the unknown and unknowable. The success of psycho-analysis depends on the maintenance of a psycho-analytic point of view; the point of view is the psycho-analytic vertex; the psycho-analytic vertex is O. With this the analyst cannot be identified: he must be it.... In so far as the analyst becomes O he is able to know the events that are evolutions of O. [1970, p. 27]

What places the analyst in O is an "act of faith" (F): "faith that there is an ultimate reality and truth – the unknown, unknowable, 'formless infinite'" (p. 31). The act of faith requires a knowing effort of negation of memory and desire. Bion insists on this many times:

The first point is for the analyst to impose on himself a positive discipline of eschewing memory and desire. I do not mean that "forgetting" is enough: what is required is a positive act of refraining from memory and desire. [1970, p. 31]

The exercises in discarding memory and desire must be seen as preparatory to a state of mind in which O can evolve. [1970, p. 33]

The "act of faith" (F) depends on a disciplined negation of memory and desire. A bad memory is not sufficient to produce it; what is commonly called "forgetting" is just as bad as remembering. It is necessary to inhibit dwelling on memories and desires.

Bion makes reference to a letter written by Freud to Lou Andreas-Salomé in which he speaks of artificially blinding himself in order to reach the right mental state when the object of investigation is particularly obscure. Integrating Freud's intuition into his own thinking, Bion extends the horizon of his discourse, "I have indicated the importance of eschewing memory and desire. Continuing and extending the

process, I include understanding and sense perception with the properties to be eschewed" (1970, p. 43). The difficulty of this task does not cause Bion to shrink from it: "There is the possibility of suppressing one or all of these functions of memory, desire, understanding, and sense either together or in turn" (1970, p. 44).

We can, however, ask ourselves: *how does the analyst manage to keep himself alive psychically if he suppresses memory and desire?* To which type of desire is Bion referring, when all is said and done?

I think that the analyst cannot blind himself *artificially* and by *his own will* in the relationship with an alive and desiring person who (though in a precarious and insufficient way) is his patient. However, the analyst is *forced* to close his eyes every time that *his gaze does not bring the patient back to life, and his desire comes to nothing*. In this case, his memory does nothing other than confront him with a painful sense of lack: if he remembers the false presence of the other, who exists in a fictional way, thanks to his preconceived manner of seeing him, he forgets his absence as a spontaneous and real person. Thus, the memory that the analyst renounces is the *memory tied to a desire that has blurred the real desired object*. He finds himself desiring the desire of the other—abandoning, temporarily, his own, because this is the condition that puts him in contact with an alive and desirable other, and distances him from the odor of death.

Finding life within psychic death, which allows the analyst to again set his desire—frustrated by the inertia of his object—in motion, is the analyst's great compensation for his difficult and troubling job with psychotic patients. It is this compensation toward which he spontaneously tends (without any need for discipline or active suppression of memory, desire, understanding, meanings) that leads him to accept a destabilization of his emotional and mental set-up, and allows him to accept the other's mark on his internal world. This mark, which transforms the analyst's way of desiring, feeling, and thinking, makes him reflect on the patient in the analytic relationship. In this way the analyst succeeds in making the patient exist in a spontaneous and authentic manner within that relationship. *Once it is realized, it restores the alpha function because it transfers the essence of a primary experience of the patient's—metaphorizing it—into the analyst's more complex and structured thinking (and internal world).*

The analyst accepts the destabilization of his internal world, renouncing his preconceived desire and his “knowing” gaze (gradually formed from understanding and memory), because only in this way can he recover a “virgin” gaze (I am borrowing the terms “knowing” and “virgin” from Foucault, 1963) and again locate the object who is otherwise lost in his desire. This destabilization is not a pre-programmed operation by the analyst, *who can only accept or reject it, but it is produced by the patient, who uses the analyst’s internal framework as material to be transformed*, in order to give shape and expression to his real manner of existing. *Reverie is produced both by the analyst’s availability and sensitivity (guided by his desire for an alive patient) and by the use that the patient makes of him.*

A specific use of the analyst that implies the use of projective identification pertains to patients who have experienced a partial failure of maternal reverie (having to do with what I have defined as the second level of that reverie), resulting in an incomplete containment of their fear of dying. These patients, worn out by an experience of uncertainty that arises in them dramatically every time they find themselves facing very strong emotions, are not limited to the projection of their experience into the analyst. They are also capable of monitoring the most minimal sign of a possible isomorphism between their experiences and those of the analyst, and of identifying all his points of relative vulnerability and emotional uncertainty, in order to relate in a selective way with them, intensifying them.

Thus, the patient’s emotion that makes its way into the analyst becomes a problematic emotion for the latter, who must contain it and work it through inside himself as though it were something of his own. That means mobilizing his capacity to dream it, suspending his competence in potential space, experiencing oneiric thinking. In this way, the emotional movement originating in the patient extends in search of containment in the analyst, and results in a reverie that, taking shape in the analyst, extends into the patient, involving him in the process of working through emotions that were initially experienced as unmanageable.

REVERIE AND ALPHA ELEMENTS

Hysterical identification generates *oneiric space: intermediate* intra-/inter-subjective space between the undifferentiated relationship (position in

O) and the differentiated relationship (position in K) with reality and between self and other. It inaugurates the *actual* dream that, in going beyond the repetition in sleep of hallucinatory gratification during the waking state (which guarantees the narcissistic integrity of the sleeping infant), gradually takes shape as the symbolic realization of desire. Calling this intermediate space “oneiric” underlines the fact that, once the space of differentiated relationships has been permanently reached, it assumes a clear visibility and concreteness only during the dream. This does not mean that oneiric space remains confined to sleep; it is equally present in daytime life as a semi-darkness, in the border area that unites and differentiates the thinking of sleep and the thinking of the waking state.

Reverie is the oneiric space of the waking state that is formed (in the same manner as the dream’s figurative plot) as a contact barrier and separation between the unconscious and the conscious mind. It prolongs the existence of co-penetration between primary process and secondary process, characteristic of a major part of childhood, and has *alpha elements* as its first material.

Bion gives the following definition of alpha elements, “Alpha-function transforms sense impressions into alpha-elements which resemble, and may in fact be identical with, the visual images with which we are familiar in dreams, namely, the elements that Freud regards as yielding their latent content when the analyst has interpreted them” (1962b, p. 7).

The concept of alpha elements is of extraordinary importance because with it one can understand the articulation between the unconscious and the conscious mind, and between the dream and reality, that supports logical thinking, integrating it with oneiric thinking. However, Bion carries out an overlapping of levels: the visible images that are familiar to us in dreams, whose latent content is revealed by psychoanalytic interpretation, are images that are already highly symbolic (symbols with designations, different from the represented object, linked among themselves in a complex way), representing the second level of a process of metaphorization that leads to the word. We cannot consider them as the product of a direct transformation of sensorial impressions (impregnated with emotion and desire). Their production necessarily passes through an intermediate transformation.

In order to understand this intermediate transformation, we must resume our discussion of the alpha function. The first condition necessary for the alpha function is the mother's capacity to reflect the existence of her child while she takes care of his needs and satisfies his desires. This means that, over time, in the rhythms and modalities of caregiving, her more complex and multifaceted way of being (with the contradictions that are part of this) is not imposed on the child's way of being, deforming it, but reproduces it, transcribing it in its essence in such a way that her caregiving attitudes correspond to it.³ With this transcription, the mother metaphorizes the spontaneous manifestations of the child's sensorimotor states,⁴ through which she regulates herself in modulating these states in a way that renders them tolerable and pleasurable. The metaphorization that the mother creates of the child's experiences predisposes him to the capacity for metaphorical representation.

If the mother is able to repair her metaphorizing mirroring function, which normally suffers from inevitable small infractions, the containment of the fear of dying—which anticipates in the child the moment of separation from the other and prepares him for the experience of mutilation that it provokes—permits acceptance of the discontinuity of experience without the anxiety of losing the meaning of one's own existence. This is the second necessary condition in order for the alpha function to be constructed in the child—the alpha function that is *the capacity to transform the spontaneous gesture into an intentional, hysterical gesture that unites him and separates him from the mother*. In the intentional gesture, form (thought) and content (experience) begin to be dissociated, giving form to a protosymbolic communication, directed at the same time toward self and other.⁵ In my view, the alpha element is this gesture, a

³ The mother has an antinomous psychic structure that allows her to be simultaneously in O and K, whereas the infant can only be in O.

⁴ Sensorial impressions plus the motoric reactions to them.

⁵ The symbolic nature of communication based on the intentional gesture is supported by the relationship with the transitional object, which is the symbol of union between the object as part of the self and the object as totally differentiated (and thus of the passage from the purely subjective to the objective, which—as Winnicott says—is at the root of symbolism).

basic component of thinking and of metaphorical language.⁶ The interweaving of alpha elements constructs the plot between the lines of oneiric images, on which the entire body of the complex symbolization that characterizes dream work then grows. The space of inevitable discontinuities of the initial experience of life, which has become the equally inevitable space of the experience of mutilation (loss of the other as part of the self), is filled in by the transitional object and by hysterical identification, becoming the seat of oneiric experience (of sleep and of the waking state).

When the production of alpha elements remains unaltered and the patient has at his disposal the material necessary for dreaming, the therapeutic work changes perspective in relation to that indicated by Bion. Effort is concentrated on the demand that desire not be held back within the confines of the dream (remaining in the ambiguity of the choice between its self-referential, narcissistic falling back and object investment), but crosses the oneiric space to reach expression and a resting place in a relationship in which the difference of the desired object is fully recognized. The return of the repressed makes manifest the points at which integration and definition of subjective experience have been reached at the cost of an excessive closing off against otherness, which causes the subject's relationship with the other to become brittle. The intensification of oneiric thought in the waking state (reverie) within the analytic relationship, in addition to promoting the return of the repressed, also permits integration of the patient's experience to remain partially unsaturated and open to its redefinition. In this way, it reopens the borders between self and other and between the familiar and the strange, creating the possibility of their non-defensive reconfiguration.

I think Thomas Ogden is not far from this perspective when he says:

⁶ With the term "gesture" I mean a movement of the psycho-bodily structure that turns it outward, opening it to the outside world. This gesture is "spontaneous," in the sense Winnicott uses it, when it is only a manifestation of life which has not intention to communicate. The gesture of an expressive communication that constitutes, in my perspective, the alpha element, is a psycho-bodily creative tension, a primary configuration both of intention and metaphorical thought. Not a concrete realization of a perceivable form, but the psycho-bodily propulsion which is going to shape a representation, also a communication, throwing the human being into a relationship with external life.

One must struggle to “hold on to” one’s reverie experience before it is “re-claimed” by the unconscious. This struggle is not only a struggle with the forces of repression; because our reverie experience is so large a part of our almost invisible background sense of self, it is equally a struggle with the wish or need for the “privacy of the self” (Khan 1974) a reverie that has at one moment seemed fully available to conscious awareness will frequently at the next moment seem to “have disappeared,” leaving only a non specific residue of feeling in its wake. [1997, p. 721]

Through reverie, parts of the self that the patient, in his rigidity, set aside during the course of his development, again come into play. This keeps the trajectory of desire alive: the desire that leads from night to day, and from the privacy of the self to the relationship with the other (rendered more knowable and approachable by the reopening of borders). Given that reverie is a labile equilibrium—a struggle between unconscious and (pre)conscious thought, between private space and the relationship’s space, and between the opening and closure of borders in the encounter with the other—the more fleeting its content, the closer we are to the unconscious, the private space, and the opening of borders. Therefore, the analyst’s well-constructed reveries (manifest texts of dreaming activity that can make use of an aesthetic or poetic narrative plot) are far from representations of the intense point at which something of the patient’s experience struggles to come into conscious life, in order to become part of his relationship with the real world and to make him feel alive. Furthermore, the analyst’s reverie cannot be dissociated from the patient’s experience, which sometimes he can dream and at other times he cannot dream; he simply struggles to exist as an entire subject.

The more “narrative” the analyst’s reverie is, the farther we are from alpha elements. These elements are not concrete images that we can record, but rather the gesture that shapes those images, the opening of a way of being in the world that this gesture realizes. The analyst’s reverie must relate to the patient’s gesture (through mirroring and elaborating it) in its emerging image toward oneiric thought at the point when a previously foreclosed or repressed part of the patient opens or reopens to life.

REVERIE AS INTERMEDIATE SPACE BETWEEN PATIENT AND ANALYST

We must differentiate reverie as a creative process from its byproducts: the more or less developed fantasies that the analyst “dreams” (including during his nighttime dreams) based on his involvement with the patient. Reverie is a transformational operation in which the analyst’s participation is an “interpretation in action.” Its byproducts are potential materials to decipher, the object of traditional psychoanalytic interpretive work applied to the analyst’s contribution to his common fantasizing with the patient.

Psychoanalytic interpretation of the patient’s experience, inspired by or applied to the analyst’s fantasies as well, ushers in new possibilities of life that are recognized, made accessible, and integrated through the work of reverie. In this way, such life possibilities are given a more achievable form in the patient’s way of being. Here interpretation differentiates the patient from the analyst.

However, when the analyst tries to demonstrate how reverie works—the way in which his sensations, impressions, and fantasies were born and how they relate to his patient—he finds it impossible to reproduce what actually happened. Indeed, one cannot replicate the “silent” interpretive work that is co-created by both the analyst’s and the patient’s reveries, by their communication through creative gestures in which they use words not to construct meanings but to open existential spaces, to gradually expose themselves to unusual landscapes. The closest the analyst can come is to connect an emerging point that most impresses him with another, *a posteriori*. An outline of movement is thus created—an outline that does not reproduce a process as it happened, but one that indicates the direction the process took and how it evolved.

A CLINICAL ILLUSTRATION

A patient of mine whom I’ll call Antonio—a young psychotic man, suffering severely but capable of profound thoughts—had been almost totally silent for a year and a half. This followed an earlier period, also of a year and a half, during which he had been very talkative and had produced many dreams, most of them quite distressing.

From time to time, I asked Antonio how things were going or what he was thinking. Usually, he gave me very elementary responses: about comics, the only thing he read during this time, or about the local Neapolitan football team whom he regularly watched on television. He was very punctual in attending his sessions and did not seem anxious.

The silent period in Antonio's analysis started shortly after he reported a dream:

In a session with me, it was the patient's younger brother who was on the couch instead of him. Antonio was on another couch in another part of the room, in obscurity and totally alone. I was related to his brother. Antonio felt he would not succeed in getting up and coming close to his brother.

I saw in the dream the split between a part of the patient's self that was able to socially adapt and perform (identified with his brother) and another part that wasn't. For this other part of himself, the real, spontaneous person whom he was, life was not a successful adaptation; it was extreme loneliness.

Subsequently, Antonio told me that he couldn't see how words could cure. I replied that what cures is what comes before the words and determines their birth. But words, I added, can help set in motion what is there before them. The patient simply couldn't believe in the power of words to help him, however. He was able to dream and to express his emotions and feelings in words, but only in order to face an abyss—the point at which he could really feel involved.

Antonio's prolonged silence was the presence of his previous absence: that is, not being in the session in his accomplished brother's shoes (which made him extremely anxious when he felt alive), but in his abstention from real life. However, his presence was not a presence of death, and this greatly helped me tolerate the frustration of his silence. He was restricting his life to meeting his basic needs that excluded involvement and desire. He wanted only to exist without feeling that he was on the point of dying. He expected me to accept him as a lonely being. Everything he did (reading, watching television, eating, drinking) had its model in respiration: a person/body who simply breathes, simply exists.

I sometimes had grave doubts about the utility of my work with Antonio and my ability to help him, but he was nonetheless existing

miraculously inside our space. Incredibly, his presence was more certain than it had been earlier; somehow he was training himself to occupy the session.

One day in the summertime, toward the end of a session during which we had both been totally silent, I asked Antonio what he was thinking. He told me that he was looking at my office window's curtain; the window was open and the curtain was moving due to a light breeze. It reminded him of the dress of a former girlfriend whom he had lost because he felt impotent with her. He had dreamed about her many times in the past and had frequently mentioned her in his sessions. In response to his words, in my mind I formed a sensual image of a young woman wearing a very light, transparent summer dress that revealed the shape of her breasts and other forms of her body when she moved.

Some time later, remembering this episode, I became aware of an association between the curtain and a painting located near it on the wall of my office. The painting represents a pretty woman wearing a long Grecian dress with generous folds of fabric and a cloak over her head. The folds of her dress are in some ways similar to the folds of the curtain moving in the breeze. The dress reveals the sensual form of an attractive female body, but at the same time conceals it.

In the autumn, Antonio began to use his smartphone during sessions to play solitaire (called in Italy *solitario*, which also means *solitary*). I thought that he wanted to be alone in my presence, but he was also telling me that *I* was alone in *his* presence. I wondered: are there two lonelinesses mirroring one another?

Some weeks later, I noticed that Antonio was using his smartphone to examine his own reflection. It took me a few sessions to realize that, in looking at himself in his phone, he was also looking at my reflection. I said, "You are looking at yourself in the mirror," to which he replied, "Yes." I added: "You are also looking also at me in the mirror." Antonio confirmed: "Yes. You and me." I fantasized that I was his mother holding him.

I felt that something was evolving in the patient. Nevertheless, I was very surprised when he abandoned his silence one day at the beginning of a session, addressing me in a very natural way and reflecting aloud about why he always failed in relationships with girls. He spoke extensively about the girl of whom he had been reminded by the curtain's

movement. It was as though our conversation that day had never been interrupted, as though we had had this interchange the day before.

Antonio began to dream again and to recount his dreams with plenty of details and attendant discussion. Although his dreams contained distressing elements, alien figures and entities and uncanny situations were absent. He dreamt that *delinquents had abducted him from his house. They were part of his family and they didn't want to harm him.*

In a subsequent dream, *a young Muslim woman had fallen in love with him. They had a relationship but he didn't love her. He explained to her that he was afraid: he couldn't stay with her even though he felt so tied to her.* Antonio said to me, "The woman was dressed traditionally and wore a chador." That reminded me of the woman in the painting in my office, who also wore a cloak over her head.

One evening at around this time, I had dinner at the home of a friend. I spoke with him about the wine we were drinking, which we both liked, but we agreed it was not as good as an earlier bottle. Afterward, during the night, I awoke feeling tense and thinking about the wine. I associated my thoughts and tension with Antonio. I thought that he had been very jealous of his younger brother when he was born. His mother wasn't as good as she had been before, and his place had been stolen. He dreamt that delinquents who were part of his family abducted him.

Perhaps, I went on to myself, Antonio had experienced emancipation from his mother (the virile alliance with his father and brother) as an abduction from his special relationship and bond with her. Finally, my thoughts went to his dream of the Muslim woman, and I imagined her as the Madonna with the Christ Child. As soon as this image came to me, I fell asleep again.

In our next session, Antonio told me another dream:

His mother asked him to bring back a special baby to her, a baby whom she had had with a man who wasn't his father. The baby had incredible qualities; he was a messianic son. Antonio succeeded in finding the baby and bringing him back to his mother, but the man who was the baby's father wanted to kill him for this.

I pointed out to the patient that the messianic son belonged to his mother/the Madonna, who had probably made him—Antonio—very

jealous by giving birth to his brother; this made him fail with the women whom he desired.

He commented, "I think so. I never thought about this before. And I really was very jealous of my brother when he was born."

Antonio's messianic bond with his mother had filled the terrorizing empty space, the total interruption of contact that he always faced when involved in an intense, sensual relationship with life. Before his brother's birth, being his mother's idealized, performing son gave some support to a peripheral part of his desire and made him capable of representing his unbalanced experience in the world. However, it left behind the core of his existence as a desiring subject—alone, dissociated from reality. The sensual perception of his mother's body, being in her arms, made him feel abducted from his existence as a prosthesis of her, mutilated and torn from his only grasp on life.

Antonio was unable to transform profound sensual/sensorial involvement into alpha elements that could connect the core of his spontaneous, subjective existence to the objective conditions of his position in the world, which would have made his emotions bearable and even enjoyable. This inability condemned the patient to feeling that his emotions (connected, on a more evolved level, to his father's wish to emancipate him from his mother's power over him) could kill him.

In order to be recognized and mirrored, and to be transformed into an intentional being who could relate to another subjective existence according to the objective conditions of a real encounter and exchange, Antonio needed the possibility of a departure from his spontaneous existence. Movement of the psycho-body's structure was necessary, a movement that turned it outward and that was capable of representing both internal and external realities (which at the beginning co-exist in the same representation) as they start to take shape. Where the direction of a gesture originating from the outward-turning psycho-bodily structure becomes a form, though one as yet undefined, it becomes an alpha element: the basic material of our dreams. In the case of Antonio, this was indirectly materialized for the first time through a curtain's movement, which represented not only the sensuality of a female body, but also a desiring baby's movement toward the mother's breast.

The technique of reverie, as an intermediate space between patient and analyst, is not so far from the technique of cooperation in giving form to a squiggle adopted by Winnicott in his work with children.

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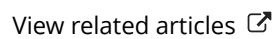
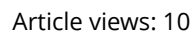
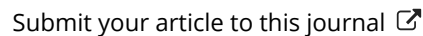
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FEELING DEAD IN EARLY TRAUMATIZATION: A CASE STUDY ON THE DEVELOPMENT OF HATE

BY MOHSEN EDRISI

The 12 years analysis of a patient suffering from traumatization during his childhood describes how he managed to function by reducing his psychic life and agony to a state of “deadness” while staying oriented upon daily tasks and goals. By opening up to his associations, he gradually came to face his inner chaos and negative tendencies (“hate”). While experiencing unbearable automatic associations beyond his will and choice, he felt invited to attend and revise his judgments on these old—however dominantly influential—fragments and memories. This case study describes the struggles one is burdened with when it comes to an overshadowing hate and unworthiness, growing on a lonely path, and finding new ways which may make relating, playing, tenderness, and joy possible.

Keywords: Feeling dead, intrusions, negative tendencies, hate, automatic thinking.

This article describes the course of a twelve-year analysis of a young man (Cyrus) from the point of view of the development of his negative tendencies (hereinafter referred to as “hate”). This hate was somehow present from the beginning, though formless, unfelt, undreamt,

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unthought, and undefined as such. I found it necessary to focus on hate in this study, as it is a main factor why many seek help.

For over two decades now, I have been working with severely traumatized people and have explored this field, which has extensive literature, in order to find perspectives for understanding, addressing, and communicating such an inner enigmatic state. In my clinical search, I came across findings closely related to psychoanalytic ideas, especially those from Freud. In this paper, I will mention only those Freud's assumptions that directly relate to my ideas in this particular case study.

The case study below primarily presents clinical developments and findings regarding the centrality of hate in the analysis of a man with early traumas. The analysis begins with analysand's feelings of deadness dictating his life.¹ Shortly after opening this state to permeation (free association), an enormous amount of forbidden psychic contents penetrated analysand's mind, bringing his hatred to life. This was a start of a process to recurrently re-experience the compulsive tyrannical tendencies (judgments) that try to reduce the frightening and hurtful contents to zero (deadness). The analysand's increasing awareness of his psychic contents and inability to regulate them, gradually mobilized a long-term sense of despair, hate, unworthiness, and severe depression. The article describes how analysand's pain and hatred settle down in the analysis and how this related to his mother in particular. It also demonstrates how the analysand is struggling helplessly and grievingly to find a way to live with his pain and his mother (including his analyst) inside and outside him. His inner struggle concerns, on the one hand, his helplessness and hatred and, on another front, his tyrannical and deadening tendencies in personal and relational arenas. The analytic process describes the importance of the shift from locating the danger and source of hurt from outside to inside, from "undergoing" negative contents towards containing and observing them, from harsh judgment and censorship towards admitting and playing with inner freedom and madness, and finding ways to (lovingly) live along with inner pain. It considers an

¹ In previous papers I described how traumatized patients could be dominated by psychosomatic pains and fatigue which during analysis can give way to severe depressed moods and the underlying feelings of hatred, and eventually to mourning reactions (Edrisi 2009, 2015).

evolution from maintaining a death-mindedness (zero-tension state) towards an ability to free associate, play, and enjoy.

THE CASE OF CYRUS: CRYBABY AND THE DEADLY JUDGE

Cyrus was 30 years old when he started his analysis, four times a week. He came across as kind, humble, and silent. He looked skinny, simple, and tidy. He suffered from physical complaints, mental fatigue, a socially empty life, and felt dead inside. Cyrus lived by himself and worked full-time. He would work long days and then fall back into emptiness, staying in bed for long hours and isolating himself. He could not get his post-academic study to proceed successfully. He had to read a piece of text several times to memorize and understand it. Treatment by the neurologist and other medical specialists for his severe headaches and bodily pains had not brought about any improvement.

Cyrus did not have mood swings. His sleep was disturbed and he had had a recurring dream for years. In this dream, he was on top of a tall building that swayed back and forth horribly. Cyrus looked down through the glass dome and saw a huge fire all the way down. He fell back in panic and woke up.

CYRUS'S LIFE STORY

His parents had been political activists and fled abroad when Cyrus was eight, leaving him and his 5-years-old sister with their childless friends. He worked hard, in silence, and performed well at school. He did not interfere with others. His sister was actually his only playmate. In the period of four years that he was separated from his parents, Cyrus had several traumatic experiences that were aggressive and sexual in nature, but which will be left out of the story here.

After this period, together with his sister and aunt, Cyrus fled to the Netherlands. He was twelve years old. Once reunited with his parents, Cyrus could not open up to them and felt increasingly changing into a stone. He described his inner state as *soulless, hard, dark, and cold*. He learned the Dutch language, finished high school and quickly moved out. In his contact with the outside world, Cyrus felt increasingly

overstimulated and confused. He isolated himself, repeatedly hitting himself in the face and banging his head against the wall. His housemates noticed this ritual, were shocked and called the police. Cyrus found it humiliating when he had to face a psychiatrist.

Cyrus was really gloomy. He felt deeply unhappy and lonely, and extremely unworthy because he could not connect with others. His first intimate contact occurred when he was 25 years old. Such contacts were short. He did not “feel” (his word) women. Some girlfriends and housemates also found him empty and inaccessible, which hurt him a lot. When around others, Cyrus found himself to be depressing, disturbing, unwelcome, not loved, inhibited, not alive, and unnatural. He believed he was capable of killing every interaction and depressing others merely with his presence. He was ashamed of himself and fled into loneliness.

During the analysis he expressed the wish to “have a normal life.” He said, “I cannot say I want to be happy, that seems almost impossible for someone like me.” I had an immediate fantasy when I looked into his eyes for the first time. It hid a kind of unpredictability that reminded me of the dark unvisited ruins. I lay awake that night wondering if I would be able to offer a good-enough and nourishing relationship and handle its practical severity and vicissitudes. However, his mad and wondering spirit, subtlety, modesty, and perseverance had already touched my heart.

In the following, the course of analysis will be described in terms of the appearance and evolvment of destructive feelings and tendencies. Cyrus followed an analysis four times a week for twelve years.

1. From Massive Warding Off to Letting Through

During our first meetings, Cyrus could not find an easy attitude on the couch. When silent, he was either nervous or motionless. He could not breathe calmly. When he spoke, Cyrus reconsidered his words and thoughts over and over. He was struggling and in pain, but as though he was not aware of it. If I asked whether he was “troubled?” He was surprised and answered, “not that I know of.” It took him some time to feel that he was troubled and was alarmed about negating something he was strongly feeling but not noticing. Cyrus's awareness of his struggle grew and reported that life was not made for him. In my heart, I agreed with him in that his intense struggle with discarding his feelings made playing

in life so impossible. I started to get an idea of the kind of dreams he was having and his thoughts about how life should have turned out differently for him. Only dreams he himself was not aware of.

Once, I asked if he was able to enjoy certain moments. With a slight angry tone, he said: "No, and that's never been the case either." I immediately felt a stubborn, repulsive, and radical *state* in him. An offensive and fierce manner meant to shut others out, conveying the message: "don't you dare get inside of me, just keep your distance but stick around; just drop dead but not fully dead." I came to see this radical state as his "very way," *his* way of being, the basis of his internal identity. I felt his urgent need to push away in order to stay intact (maintain his individuality) and thought to myself, "Rightly so, young man! To complain, bite and let nobody in"—one of many associations I had. My inner reaction had somehow to do with my fantasy that others in turn distanced themselves from him because of this radical shutting-out. I also felt that Cyrus needed this approach and maybe I was one of few people to whom Cyrus was showing himself. This did not make me feel special, but rather evoked another association that Cyrus was asking, "How can anyone get close to me while I am being so dead and hateful inside and act like I want to kill them?" So it felt somehow necessary to welcome and have this radical state settle down in analysis.

To his surprise, Cyrus opened up more and felt at ease "with a man sitting behind him," while he normally could not bear having anyone nearby. This was maybe an expression of his deepest longing to belong to someone—an assumption I could not yet communicate. He associated my presence with a silence and loneliness he was used to. Later in analysis, he returned to this subject and, while ashamed, he described my presence again as, "You speak and do what you do. But being with you sometimes feels as if you will stay inaccessible forever. It's a kind of loneliness I only feel at cemeteries." I sensed a kind of hurt and then emptiness in myself that gave a kind of direction, which Cyrus was not imagining people around him as dead but by fleeing into his own inner emptiness, he did not have to experience others as alive and therefore intimidating. It was a mechanism that made relating to others unnecessary. Thanks to this mechanism, he did not have to judge me as dangerous and himself as anxious and helpless.

Cyrus described what it meant to be exhausted day in, day out, and how he got sick of repeating himself. He started to look back at many horrible events, which occurred during the period of his separation from his parents, particularly the sexual abuse he suffered at the hands of a young adult man. He felt completely wasted and was convinced that he lacked the necessary elements to be a lovable and joyful human being. On other occasions, he used to repeat these exact words: "Everyone hates me and deserts me." In terms of our relationship, he would say, "I see that you care but I don't feel it. I am not able to do so." This witnessing position was associated with his chronic emptiness and fatigue. Cyrus demonstrated not only a rigid rhythm in his habits, but also in how he had come to think about himself over and over. Everything seemed rather dead to him. He lived on automatic pilot, as it were, and felt disconnected from his psychosomatic impulses and needs, even when he was talking about his painful memories.

This feeling of himself as un-alive, while describing others as capable and huge, also concerned me. I was a giant to him, having every nourishing resource available to me he was craving. He dreamed recurrently about himself wandering in the dark and me wearing white cloth, surrounded by others and not looking at him. After telling this dream, he fell silent, but it did not feel as a painful silence. A silence may become painful when the presence of the other is involved in it, but Cyrus seemed to immediately disappear in his own silence. The pain seemed to be mine. I replied by saying, "It's not nice I didn't see you in the dream." He got a bit uncomfortable on the couch and said, "It's just a dream."

2. *Massive Intrusions of the Forbidden*

Alarmed about his own condition, Cyrus became very involved with his inner life. However, his anxiety increased and he helplessly started to look for solutions and substitutions (relationships). None appeared. Contact with people easily overstimulated and confused him. Cyrus rapidly became overwhelmed by sexual and aggressive impulses and images. He described it "as if the dam is broken and a horrible tsunami destroys every structure."² A tsunami of sensations and images massively

² Compare the concept of "second skin" and autistic mechanisms (Bick 1968, Tustin 1990, 1991), and "autistic contiguous position" (Ogden 1989).

penetrated his attention and thinking. Forbidden images that created chaos in his mind, images of being anally raped while walking down the street or beating everybody to death. The whole scene before his eyes was filled with sperm, which he found disgusting and unacceptable, yet unstoppable.

He did locate them as coming from within, but could not help seeing them as though projected outside himself (as in a hallucinatory process). For example, during a nice conversation with a colleague, Cyrus would kindly pretend to listen and give short answers. However, his inner intrusions contained such aggressive associations that Cyrus had to turn his face away from the colleague in order for his vision not to be dominated by bad images and not to act out by hitting the colleague. One could not even call such a negative tendency a feeling: it was a dehumanizing kind of hatred, a blind condition experiencing (internally treating) a living being as a thing, an object to be violated or destroyed. An enigmatic impulse sticks to an aggressive image—which does not equal to a feeling.

During this period, autistic kinds of anxieties were dominant. I find autistic anxieties to have a disorienting feature to them, perhaps corresponding with the objectless state of helplessness. Cyrus mentioned fears of flowing away, being dissolved, annihilated by these impulses, having no ground under his feet, falling apart, into pieces, or into a bottomless space and disappearing in nothingness. In his dreams these states felt more intense. They made him panic, feel dizzy, and nauseous, and his hands and feet feel weak. The only way he could handle this condition was a fierce reaction of shutting off his inner life, trying hard to hold on to material things in order to reorient himself, or leaving the TV/radio on.

Cyrus noticed that his inner life, his pains and desires, were negated for a lifetime. He remembered being in physical pain on his way to school when he was ten, and the only remedy he could consider to his pain was to say to himself that, “this isn’t pain I’m feeling, but a ridiculous sensation.” He found his associations and feelings to be rather diffused, vague, quick, and apparently having no connection to anything. Now, however, he could express these things in the analysis. Yet he still found them bizarre and unspeakable, sometimes mysterious, sometimes overpowering, or otherwise painful and embarrassing.

Stabilizing interventions at this crisis-like stage of massive intrusions was crucial. I spoke to him in an educative manner, advising him to find a comfortable breathing rhythm and to take more care with respect to sleep, healthy diet, and physical exercise. I comforted him that all these painful scenes and sensations happened within his inner world, and that it may get crazy in there. He could now try to unravel his thoughts and feelings, but now *in the presence of* and *in relation to* someone; a way of being or playing unnatural and unknown to him.

Cyrus found calm breathing very helpful, reducing the high speed of his thoughts and anxieties. It took a while before he realized that the *tension* and sensations in his body could be unrecognized and undefined *needs*; his feelings and associations had a certain intensity, duration, and meaning, and that they were stories by which he was driven.

Cyrus had lived life as a talented man, only in a kind of restrained suicidal despair. A little orphan in a marketplace, lost, hungry, neglected, and upset, in search of something (not someone in particular)—something unknown to him. My mind was filled with scenes of sadism and fights. They were new impressions to me, meaningful pieces corresponding to hurts and desires Cyrus longed to communicate. He longed to be understood and known in secret and subtle ways because he could not bear the idea of others finding him so intensely needy and futile. He put it as follows: “I say one thing to you, but my soul—even right now—shouts other things.” I felt with conviction that one of his exclamations spoke the following words: “I’m never going to have *it*.” In his dreams I appeared to be a giant who had something, but withheld it: a powerful and selfish person being cruel and insensitive to the needs of others.

When I invited Cyrus to explore his own inner world for his own sake, he started to talk about an inner chaos that alluded to brutal ambushing fantasies he had never been aware of before. They were overwhelming unconscious psychic contents; undigested, uncomprehended, and undefined. Instead of observing (or “attending”) these contents, he was more automatically involved or re-experiencing (“undergoing”) them as an active participant, unconsciously with the aim of giving a different twist to the outcome of his terrible fantasies. However, they took new forms but never came to a satisfactory end. As a result these painful

scenes went on and on in his mind. He had the only functional way to repress, negate, and distort the contents in order to survive the day in real life. Out there, Cyrus was goal-oriented and not play-oriented. His psyche-soma tuned in to external dangers, i.e. what others did or thought, and not to feeling free to discover his own impulses.

3. *Rage: A State That is Just There*

Cyrus began to have a hard time at work because the nasty images were ever-present in his mind. He had to face intruding fantasies of fornication and slaughter. His despair, disgust and suicidal fantasies increased. Cyrus regarded himself as a pervert for thinking all of these things. During this phase, he could respond enraged and act out in response to daily irritations. He was afraid of his own seemingly boundless aggression. He could come in, pass me by without looking at me or shaking my hand, lie on the couch with his coat on and remain silent for a long time. I plainly felt as though I had done him wrong; a necessary message. He was in need and I had to do something. The idea of me as a ruthless giant within him, enjoying his suffering, was suffocating him. After a long silence, I said, "I'm sorry for your pain ... We have to be patient with this." He started to breath again. "It's all me ... Look at me lying here with my coat on. I feel so bad about what is going on." Cyrus sounded sad. "You sound as if you chose this," I said. "Didn't I? I fight it, it just doesn't go away." "Did you choose this? *Feel* my question, Cyrus." With a sigh, he responded, "Hell no! I never wanted this and I don't know how it got into me." "It's just there, within you. It's not your fault, you know! It's just there." Cyrus felt silent, wiped away his tears and continued. "It's a shame. So unacceptable that I am burdened with this."

"Can one unlearn a memory?" I threw this question into the space. It wasn't meant for anyone to answer. Before Cyrus got up to leave, he sat a bit on the edge of the couch, and uttered the following words as though it was a soothing mantra to him: "It's just there ... a *thought* I can't unlearn."

Analysis—and especially the above-mentioned moment, as he told me in retrospect—was helping him a bit. Cyrus felt more motivated to continue his self-inquiry out of the growing conviction that something within was frightening and hurting him; causing this way of being and functioning. Cyrus asked, "Can this be done painlessly?" I responded,

"Are you scared of bleeding?" With "bleeding," I referred to a previous moment between us. Saddened, he replied, "Yes, but rather this than what it was." When I did not seem to focus on solutions and deliver them to him quickly, his apparently positive and hopeful transference turned into a disillusion, which in itself bore feelings of rage and envy towards me. As a giant within him, I started to become someone he had to prove wrong. Someone who had limited knowledge, but yet was stingy with it, and who was actually incapable of deliverance while acting as though it was possible. His dreams were loud prophets, but Cyrus did not want to speak out the message. Something subtle within him kept him from doing so. This was because, in reality, there was something good going on between us; and that subtlety did not want to ruin that. I deeply honored this inner whisper in the dark.

Cyrus was gradually able to make a better assessment of the analytical labor while worrying about a long journey ahead. From having an anxious attitude, he came to be mad about his life within and life in general. "His volcanic anger" seemed to give him a sense of triumph, the feeling of mastering the situation without the element of joy and overview. He began to feel his own will, and the influence he could have in every interaction. A prominent problem Cyrus had to face during this phase, especially outside the analytical setting, was his incoherence in thinking and speaking. Cyrus was experimenting with opening up and expressing himself. Only his words were increasingly confusing and irritating to people. After having been a man of little words, he was now attempting to talk, but that which came out of his mouth seemed so fragmentary and senseless that a close colleague of him suspected that he was suffering from schizophrenia. Cyrus felt ashamed.

4. Depression and Self-Disgust

The massiveness of intrusions decreased. Cyrus firmly realized that the enemy was within him. The hurt had already been done, and it had left a dominating and everlasting influence behind. Nothing could change that history anymore. Cyrus felt "violated," with "a crippled soul." He felt severely depressed and was strongly aware of it now. It tore him apart that he could not connect with people. He said, "I don't know what it is I'm doing, but it isn't talking. I am not capable of conducting a normal conversation, am I?" "I replied, "How should I know? *I am able to follow*

you.” “Then you’re the first to do so,” he responded angry in his typical way, with that radical condition again, only stronger in appearance. That condition was primarily a way-of-being, a traumatic and automatic state without a clear representation, memorized at the level of sensory (bodily) thinking. I continued, “And probably the only one to do so?” Cyrus got slightly upset and protested, “Why the only one? I want others to understand me.” After a short silence, he reconsidered “No, that’s not true, I’m actually vague and volatile.” He eagerly wondered about his repelling tendency now. He discovered his fear of being swallowed up and destroyed by others and going insane from contact with others. He discovered his wishes and fantasies about a satisfactory relationship and a satisfactory other; dreams which made relating (“Socializing and connecting”) like impossible missions. In those fantasies, he was often “a nobody,” the lesser one, negligible, alien, unattractive, impotent, insufficient, and helplessly needy. And the other was superior, ever-solid, fulfilled, complete and withholding.

Whereas Cyrus first forbade his primal states of helplessness and rage by fleeing into an emotional deadness, he now realized that this state could not bring him the satisfaction experiences he was secretly dreaming of. He enforced a shift by getting relationally less inhibited and more involved. By feeling freer to associate, play, and engage. An overwhelming amount of fantasies opened up to Cyrus. He discovered more subtle kinds of dangers and (punitive) attacks taking place within him.

He was more able now to discuss his persecutory fears and fantasies because he was increasingly able to contain his moments of helplessness and the accompanying associations. The setting of the analysis and its frequency, as well as my availability, were making it possible for him to assemble his impressions, find coherence and a sense within them and relate them to an object.

His judgments, growing understanding, and new methods of containment helped him be less harsh, critical, punishing, and anxious during his negative intrusions. As such, after his dead-like condition and crisis of massive attacks, his dark unhappiness found the opportunity to express itself. In this state, Cyrus was better able to feel what he was missing, longing, and looking for (the search for a satisfaction experience).

Freely associating—which relationally meant that Cyrus attempted to entrust his inner life to me—about me remained a difficult matter for him due to the danger of rejection, condemnation, abuse (including conflicts around homosexuality), and punishment he attributed to me. It took him perhaps the entire course of the analysis to figure out what he was projecting on and associating with me.

A gradual understanding of the danger of being helpless in the face of “the almighty other”—which is a matter of an adequate and precise judgment process—enabled him to slowly defuse his projections, perceive, and judge the world around him in a way that was not as hostile as before, and to reconsider his desire to engage with others.

5. Wrath Towards the Other

Cyrus was sorry about who he was. His anger and disgust began to manifest more clearly and focus on all the neglect and humiliation he had experienced. “How can it be? So much anger!” he sounded so disappointed. I replied, “Rightly so, to be this angry.” Desperately, he added, “But why? So much? Almost all the time? First I didn’t feel anything, I suppose my whole life. Now, I feel anger versus non-anger. But where is joy?” Such a fair question. I was also asking the same, only silently. A main difference in that very moment was that Cyrus was undergoing his anger while I was watching and wondering about it. He briefly burst into laughter when I repeated his own words only in a witty way and said, “What a mess!”

Cyrus's memories were so disappointing. They always made him feel bad about himself. He hated them. And for that, he blamed his parents. However, it was difficult for him to analyze this anger. Some aggressive thoughts became more focused on some people and were not as severely and quickly repressed as before. During this phase, which he referred to as his curse-period, Cyrus felt his anger had become more “mobile” within him and did not get stuck in his body. I suspect that many psychosomatics are accompanied by an inability to adequately regulate primary feelings of hatred (see also Frankfeldt 1990). Cyrus's toxicity and acting-outs decreased, as did his somatic pains and complaints; for he had always suffered from severe muscle tension, migraines, and stomachaches. He now considered his anxiety and self-hatred as constants, permanent states within him.

His diffuse excitement to women reduced, and he became increasingly involved with specific individuals. I had been watching this change for some time now, and in particular how his excitement caused Cyrus think and talk very fast. This made him appear crazy and caused others to run away from him. Cyrus discovered how the eruption of his excitements was intertwined with his greed and his fear of not achieving his dreamy tacit desires. He was afraid of waiting and slowing down because he was afraid of losing my attention, my presence, and me. By claiming my attention, he was begging for me to stay, only not really noticing how his claims could affect and exhaust me. Since the gradual formation of the primary negative tendencies is central to this article, I will leave "excitement" aside and only note that this state went through a process of transformation and moderation, just as hate did.

Cyrus's excitement calmed down. He built up a strong bond with a female friend he had now been seeing for a while. He also increasingly felt the need to let go of his rigid rhythms and rituals. He went out more, stayed out late at bars, and got sloppy and disordered. He was mad at his body because it was lean, dysfunctional, unskillful, and inexperienced in life's adventures. He was angry with himself for being so stingy about tasting the good things in life. His greed started to find more ways of expression and was associated with a dreamy kind of search for satisfaction. He felt an intense craving for cheese and red wine. He could not say why he specifically craved these two things. He did associate the taste of cheese with an early sense, a kind of family care, and wine with intoxication and love affairs. However, he was not really satisfied with these associations because he found them too intellectualistic and artificial. Cyrus believed his cravings as being primitive, intensely natural coming from his body. He experienced them as coming into contact with his "real-I," his bodily being, closer to himself as never before, and a departure from his long-standing compulsive life. The discovery of pleasure in a sensory sense seemed to precede his experience of inner pleasure in a personal (imaginational) and relational sense. Later in analysis, his cravings shifted to other foods and, when all of these cravings came to an end, Cyrus laughingly stated, "My body now feels whole, it had to catch up on a lot of stuff, a lot of life. It was dead, now it's alive, I feel."

6. Between Aversion and Forgiveness

Cyrus was angry with his parents and felt guilty about it. He wanted to forgive them as quickly as possible. He did not want his anger to turn into a lasting hatred. He experienced this emerging sensation as overpowering, aimless and frightening because of "its insistence upon mutilation, destruction, ending, and death."

His rage did miracles. Cyrus became more resilient in a territorial sense. He was now able to travel and live together with, and ultimately marry,³ his girlfriend, whom he had known awhile. He was no longer so terrified of losing her to another man. Cyrus could contain, understand, and regulate his fear, jealousy, and rivalry. His radical fierceness could help him in this respect. He was able to welcome gatherings and think of himself as a companion, friend, and gradually as a father. Relating was no longer a matter of "actually being overwhelmed and destroyed."

At this stage, a feeling of mine started to get stronger. For a number of years, in the back of my mind, I had a specific fantasy that I had to be a mother figure for Cyrus. Only now, this fantasy took on a new shape, namely that I had to change in a complete mother-woman; a kind of fantasy or desire that did not belong to me though. This feeling or fantasy was further accompanied and supported by other events. For example, we knew that several men had mothered Cyrus before, and then completely severed ties with him. We also noticed at this stage that, as his anger towards his mother increased, Cyrus moved more towards his father and experienced eruptions of excitement. He also had memories of lying on his father's lap as a child. However, Cyrus did not remember much about his childhood. He had heard how loving that period had been, but he did not really feel it as such.

I asked in a related context if his mother had been depressed during his childhood. Cyrus thought that this was very likely and had ideas about it. He suddenly became curious and asked what I was thinking. I said that I suspected that his mother might have been unhappy and unavailable throughout his infancy and that his father had probably tried to fill her place by not only being a father but also *behaving* like a

³ Later in analysis, Cyrus's curiosity about his attraction to his wife increased a lot. He wondered whom she represented, a woman, a companion he desperately needed. His sister played a small part in this transference.

mother. Cyrus fell silent. After discussing a series of associations, he became toxic with pain.

After this session, Cyrus had gone straight to his parent's home and "rushed his way inside like a beast to get some answers." His father then took Cyrus for a long walk and told Cyrus that his mother had completely rejected him after giving birth and even treated him aggressively several times. His father constantly felt that Cyrus was in danger and had to take him away from his mother. He took care of Cyrus in a way that left him embarrassed and confused. His father ended the conversation by saying, "I'm sorry, son, especially that I lied to you about your childhood. And what can I say is that she's your mother but she was not a mother for you. That's the truth." Cyrus felt shocked, stupid, and manipulated even by his father who had always told him about having had a loving relationship with his mother, which wasn't true after all. Now he understood why there were so few pictures of him as an infant. Much later on in analysis, Cyrus speculated that his father, who was brought up as an orphan, must have been terrified to witness his own son going through life as an abandoned child. So the father decided to cover up the pain with compensatory actions and fairytale-like stories—a tendency his father seemed to be having more often. This speculation felt very right and plausible to Cyrus, but somehow he did not feel the need to find out the real truth about this. It no longer seemed relevant to him.

7. *Hate Full-Blown*

Cyrus understood that his mother had wished him dead. It was a difficult realization to digest. He called it, "the mother of all his pains." Like the child who projects the cause of his fear and sees a monster in a tree, we may project the reason of our earliest pains and protests. Then, in the supremacy of another's abstinence, withholding and rejection, we feel the shadow of our annihilation. We may feel so easily breakable, unworthy, and wasted.

Cyrus was filled with pain, but also with a final disapproval of and disappointment in himself. He felt stabbed. His hatred towards his mother increased, but he was resistant to fantasize about it. The setting stimulated a spontaneous emergence of new associations and the appearance of his sadism, even though Cyrus experienced this as terrifying. Cyrus allowed himself to imagine how he made his mother and

many others suffer. Spontaneously, he caught sight of how intense he could act out these aggressive fantasies in his own inner world. His modesty overcame his tendency to act out in real life. Hate was now where it had to be, Cyrus felt.

Hate may be considered as an angry protest in its initial form, asking for recovery (Grotstein 2000) or a short-lived hostile response to pain in order to deal with such emotional excess (Bennitt 1948, Lazar 2003). It may also be considered as a structured derivative of rage and a response to suffering, pain, or aggression. Hate—as a key affect of aggression—wants to destroy, wreck, hurt and control the bad object (Kernberg 1995, Klein 1957). The feeling that later in development is referred to as hatred depends on the ability to retain ideas and a no longer short but lasting capacity.

The element of “burning and fire” in Cyrus’s recurrent dreams began to take on several meanings, and as a result those dreams stopped coming back. The act of warding off the hatred—this potentially vital driving force—strongly diminished, as did his death-mindedness. He easily opened himself to his forbidden fantasies and tendencies, and felt incredibly alive, which helped him to better restore his ability to enjoy and perceive colors.

I want to emphasize the clinical importance of this deadening tendency. There is no need to explain that “death” is an important dimension in our thinking. In several cases with severe traumatization, this tendency may bring about a state of deadness as a result of reducing or rejecting all life connections to zero (death). However this tendency also proves to be necessary or functional if the traumatized individual simply wants to get through the day and survive. Aside from the fact that it may cause negativity, it may also be very comforting and somehow reparative for those who find themselves in such a tendency (state or fantasy).

Argued as such, the case of Cyrus may demonstrate an early mechanism that deactivates even destructive feelings such as rage and despair: a severe kind of repression. This also leads me to the following idea that requires further research: in almost all cases of early and severe traumatization, I have noticed that early pains and excesses, evoking an excessive physiological reaction, may enforce fantasies associated with death. This death-mindedness can indeed be examined and explained

phylogenetically, but it does not detract from the fact that from a clinical point of view it remains a strongly rooted and stubborn (radical) state, experienced as troubling and difficult to handle.

Moreover, the shocking reaction intertwined with the initial helplessness regulated by a severe deadening reaction may also lay the foundation for the later super-ego to come. This is a tricky scenario. In such a case, the adult analysand may swiftly pass by (i.e. “repel”) every challenging (i.e. frightening) question, and provide the most reasonable (ethical) answers to it (i.e. intellectualization, rationalization). This is a kind of conversation in which one eventually loses the analysand’s real feelings, as he is masterfully destroying all the connections pointing towards his inner life.

At this stage, hate had become a relational matter to Cyrus. It started every day from the inside, with the intrusion of negative fantasies related to his mother and some others. We could speak of a shift. Whereas Cyrus initially found homeostasis through reducing his inner world to zero tension by means of death-mindedness, he was experimenting with experiencing satisfaction in a sensory sense (eating, drinking, intercourse) and fantasizing about his aggression. With the evolution of his negative tendency into a conceivable, defined and trained hatred and anger, he was now gradually finding satisfaction in being more capable and competent. In particular, finding coherence in his thinking made him more skilled to analyze, speak, and dispute. He now started to enjoy his masteries.

8. Positioning

“I open my eyes in the morning and just now, for the first time, I realize how my inner world is immediately filled with recurrent battles and bad feelings.” The fact that Cyrus could now investigate his anger in analysis made him feel more comforted and comfortable with thinking about these bad feelings. He recalled in retrospect a moment between us, which hit him hard regarding his same old question. He desperately asked again if his anger towards his mother was ever going to vanish. To this I had replied, “Not as long as you look at it from the perspective of a victimized or neglected child.” Cyrus later told me that he had written this sentence on the wall as a constant reminder, with the word “it” in

large letters. He imagined that “it” applied not only to his mother, but also to anything he was angry about.

I made this remark to Cyrus to awaken him to the position that he who attended (experiencing-I) his negative thoughts and memories was still entangled in those battles. This participation (ongoing experiencing-I) was certainly not a matter of a deliberate choice, but more the result of a strong tendency, itself being a gained position from the past. In other words, Cyrus’s ongoing experiencing-I was still “undergoing” his emerging associations and not yet fully able to freely and freshly observe (attend) or think them.

Cyrus experienced how lonely and lost he was and, in that loneliness, he no longer feared hate. That gave him the confidence to find out how far his wild feelings could reach and what kind of a relationship he would like to have with his parents. His old wars as bad memories and stories remained as such, but he was now filled with dilemmas. In his fantasy life, he shifted from destruction and fighting to struggling, playing, and fooling around. He showed a better distinction between his memories of “back then” and the actual circumstances; between the psychic and the actual (sensory) reality; between real and imaginative dangers. Cyrus was quicker in recognizing when memories started to turn a beautiful sunny day into a psychologically dark and exhausting day. He was able to manage these internal assaults much better.

He could not deny his fundamental resistance to his mother now, even when greeting her. His body shrank like “a shrimp,” he would say. He realized he could not give himself to her. Every time he talked about his mother, his body gradually turned cold and he felt as if his stomach was empty. He could not deny his need or dependency towards his mother or to somehow make it right, but was resistant to think about it. Thinking about it would mean holding his mother in mind by the way of intimacy and love—the state that was still most hurtful to him. He could not grant her that. “Will I ever be able to forgive her in order to find closeness again?” he asked. At that moment, an old memory went through my mind, symbolizing to me how other people’s tacit desire can send one’s life in a certain direction. I was a young boy. After a two-week break, my parents had to return to the war zone for two working months. The moments of separation were killing. I said goodbye to my mother while the light of joy was missing in her eyes. History passed by before

my eyes, however against all odds. Grief was weakening my body while I tried to stand strong and face the farewell. My father stayed a bit longer and said "lad, I'm sorry that we have to leave. Be strong! Okay?" I nodded and saw him thinking. I also thought of a journey ahead, full of hardship and without each other. The fact is that I had already been living that request (of "being strong without them") for a long time. Only now it got words. The father's desire had secretly become a covenant.

In the meantime Cyrus was saying, "a mother who wasn't there for me." I replied, "I think you're right. She couldn't offer you what you rightly needed, and wanted you perhaps to live life without needing her." Cyrus felt silent, looking sad though. He repeated "a mother who commands her baby 'you shall not need me'? What will become of such a child?" Aulagnier (1975, p. 68) writes: "The primary meanings of which the I wishes to know nothing ... depend on the fact that they concern 'knowledge,' an illusion or a wish from which flow for the I a feeling of unpleasure, because they would entail a risk to its identifying markers."

"That stupid woman! She just didn't have it in her ... Look at me still begging, crying like a baby, still needing her to give, while she has never been able to do so ..." After he spoke out more freely about his need versus his mother as an incapable woman, he continued: "I have to admit being disappointed in you." His voice was trembling. I felt he chose soft words for his powerful feelings and I said, "Please continue, Cyrus."

"I really believe that you know how I can find a definite peace and a way to forgive and put an end to this torment, but I don't know why you just don't give it to me! It is a matter of hoping and waiting for a long time for you to speak out the magical words like you did when you said she *couldn't* offer me what I needed. It was at that moment that I vividly and clearly saw, for the first time, who that incapable woman had been. So why don't you just give the answer to me much earlier?"

Aside from this transferential moment, I would have liked to press his head against my chest and say that we all may wander in the valley of wonder, but that was not what he needed most at that moment. He was granting me something of his own now: his neediness. It was so courageous of him to have ultimately verbalized what he had been

thinking and feeling towards me for a long time. I was not only a reason for better times in his life, but I had—maybe always—been also a source of questions and headaches. The giant had turned into an authority, a pain in the butt.

9. Reconsidering Gods and Idealizations

Cyrus noticed at this point that he was not completely able to escape his negative automatic thinking. Disillusioned, he said: “There was no God who came to help, while truth dawned on me so late and slow. What a pity I had to bleed so bad in order to learn what life was really about for me.” Cyrus now spoke of his daily life, witnessing children blossoming in a good parent-child relationship. He enjoyed this, but with a deep sense of grievance. This ability indicated the consolidation of his aggression (Freud 1916). Hate now had a reason somewhere inside of him and was certainly not overshadowing anymore. It was contained and limited to certain situations (context, relationship). Cyrus was able to let go of the primary loyalties to gods and romanticized salvation and love. He was now enjoying the hard reality instead of being caged in a dreamland. His protests and hope were reduced to realistic proportions and a firm sense of openness and conviction emerged. For example, he considered the following touching tendency: “along the way, my soul made an enemy out of you, a continuous terrorizing and threatening presence while factually you didn’t act hostile. A part of my soul resembles a dictatorial regime, making file on free people, controlling, jailing and intimidating them.”

Cyrus began to speak freely about his daily struggle with me that he had carried longer in himself. He thought of me as inaccessible and was frustrated that I did not get into arguments with him. He “liked to kick my butt but was also afraid to be rejected by me.” He found analysis actually a lonely process. It was necessary for finding his individuality, but it was not always pleasant. “What would please you?” I once asked. “I really don’t know. I feel a bit embarrassed, but will certainly think about it.” Much later on, he expressed more about his transference, for example about his desire to somehow be a part of my life, as a friend, my secretary, gardener, or “old son.”

He once had to think of a session in which he felt hurt by something I had said and then turned his face away from me. I could also clearly recall that moment and feel his hurt and his not wanting me anymore, as he tried to stay polite. I said: "It's painful to see you like this. Rejecting comfort and contact when you are so hurt, that you want to disappear in loneliness and do not want the other anymore." Cyrus reported that that session had triggered a strong mourning reaction for several weeks and had made him consider how he was dealing with the experience of "comforting, being comforted, and making up" and the fear of "being neglected and sent away."

However, "eagerly bonding" was difficult for him because he thought he lacked the impulse of "eagerness," an impulse he differentiated from his eruptive excitements. Cyrus did feel a strong connection with me. And to my knowledge this connection—and not necessarily a bond—can function as a counterpart to the strongly rooted death-mindedness, which continuously seeks enactment and compensation.

10. Separating from the Horde and Art of Loving

Cyrus increasingly felt more dependency towards the people around him. Much of his energy, previously spoiled by traumatic thinking, was spent now at home. He had already graduated and "honored" with a challenging post at work. His realization that others give because they are generous brought about a fine sense of gratitude and a growing differentiation between his way and that of others. His appreciation and admiration for his wife grew. Nevertheless, Cyrus doubted his own capacity to love. He was used to seeing (*identifying* with) his own emptiness and loneliness, associating them with depression and unworthiness, and still felt guilty about it. He could not value his silence or existential loneliness whatsoever, nor could he see and sense what he could mean to others. When I considered that an expression of love is the act of "caring," he seemed a bit more awakened and educated. His associations concerning "care with guilt" arose, and he could also better appreciate his own kindness, sensitivity, and servitude. He recognized that his caring had a bit of a "begging quality" to it, associated with a state of neediness while being afraid of abandonment. It was a state he knew too well and had difficulty bearing.

My references could be considered as an additional—educative or psychotherapeutic—“influencing,”⁴ applied with caution in order to facilitate the analytic process for the analysand “to liberate and fulfill his own nature” (Freud 1919a). Much of this influencing has to do with facilitating binding process in order to bring about a psychic foundation (mental structures) that ultimately makes mental representation, free association, and self-observation possible. However, this process was greatly sabotaged by Cyrus’s fundamental uncertainty for which I have no proper words. It may feel like an immediate screaming state, as if one is on fire and only wishes to disappear, experiencing oneself as hopeless and desolate. This uncertainty in my opinion essentially concerned an early state, bearing a complex of meanings yet to be understood. This complex includes an early sense of “excessive helplessness while lacking a firm belief in continuation and outcome.” The notion of such belief is mirrored and facilitated by the object; the way it carries and comforts the child. Cyrus missed this notion and was convinced that he *was unable* to stand solid, love, and truly enjoy. My explanation of associating caring with loving tended to mirror his love and joy as having a certain existence. It was meant to be binding and reassuring.

The analysand’s intense doubtfulness and uncertainty could also be seen from the point of view of that which frightens him and makes him feel bad (about himself). Cyrus made it clear that whenever he was confronted with his so-called daily incapability, he found himself in his fantasy immediately shouting at and punishing his parents (and other people from his childhood). In his fantasy, they appeared as the ever-present threateners, spoilers, bullies, and destroyers of his soul. *They* were the cause of all his inabilities. The kind of (re)assurance Cyrus gained from that explanation could help him separate himself from staying identified with the victim or the lesser people, and also with the other (the destroyer) within himself who kept considering him as the lesser. He was no longer subject to other people’s determination and designation, but was someone who felt something of his own, was certain of it and could mark and distinguish his own position and perspective. My engagement in such moments could be considered as a

⁴ In the Dutch version, this term is translated from the German as “pedagogic elements.”

developmental object, bringing about an invitation and support towards a new skill or point of view.

Cyrus cared very much for his newborn son and turned out to be a committed and attentive father. His wife sent me a postcard at the time, writing, "Cyrus takes such good care of us." Cyrus thought a lot about his role in his family and felt the urge to reconsider the cultures and group demands (clan) he was familiar with. Separation from these—for which he needed his fierceness and discovering his own desires, for which he needed freedom to play—did not prove to be easy. For example, he analyzed his unconscious desires to see the father figure as an eternal mentor or the mother figure as a permanent provider of his needs. These were also transferential themes. As such, Cyrus moved away from an implicit clan culture towards a new culture in which strong ties (togetherness) could exist next to his own individuality. This growth gave new directions to his love-and-hate feelings and to his roles as a partner and father.

11. Separating from the Other's Desire and His Total Defeat

Cyrus had achieved a lot, but could not fully allow his mother into his heart or having caring thoughts about her. He kept having spontaneous punishing fantasies about her. He was through with fighting and gave up his search, as well as his pride and the idea of being able to accomplish his expedition. Cyrus said, "If it is not meant to be, then I can never realize having a loving relationship with her." He was mainly troubled by these spontaneous painful fantasies. "They are just there, like a bad neighbor. Why?"

He felt a total devastating defeat. And after that, an intense tranquility. In this state of being, which felt to him like a new beginning, Cyrus began to see how permanently important his mother had actually been to him, despite the fact that he had closed his heart to her. He said, "The little Cyrus continued to need her. Even though the mother did not want him to live." Cyrus asked rhetorically: "I feel that it's a necessary condition for me to feel life, only when I am able to allow her into my heart. But should I also find importance in what she wanted in the first place; me dead?"

The maternal death wish was strongly mixed with his basic self-feeling and sense of worthiness. Cyrus had never felt embraced and cherished but

helplessly endangered and lacking/needing something essential. His attention had become strongly oriented around a kind of phobic warding off of this neediness and around nestling in emptiness and deadness in order not to feel that pain, that longing. Through this early orientation, he obsessively could observe and register only the frustrating aspects in every life experience, and hence constantly experience the glass as empty or half-empty.

The process of separation from his mother's death wishes continued. To him, Cyrus was now the needy one, and his mother the lost and unloving woman. Cyrus could still feel the pain of his mother's rejection, but with much less guilt and unworthiness. He began to revise his mother's image and gradually improve his relationship with his parents. He now truly felt and understood that his longstanding hatred was strongly connected with an early state of being left alone in rejection and despair, feeling hopelessly unworthy.

I once said to him, "Cyrus, you seem to be angry at me for being away for a while." He replied with a bit of a laugh, "Damn right, I needed you here, and missing you makes me angry. The idea that I am nobody to you angers me because it intimidates me." At this point, he seemed to have realized that it was not really my (or anyone else's) absence; rather, the feeling that he is unworthy and does not matter had been a constant source of intimidation. He wholeheartedly said, "I hate simply because I feel intimidated by unworthiness."

12. Primary Judgment and Changed Perspectives

Cyrus increasingly realized that his mother's death wish was intertwined with his functioning before-he-could-think. He said, *my body conforms to what she wanted even though I do not want it myself*.

A meaning—the mother entrusting the baby to destruction and nothingness—had infiltrated the little boy's soul (psyche-soma). His remark demonstrates the severity of the shock and his psychosomatic reaction accompanying his total devastating lostness at the time. That psychosomatic reaction contains in itself a meaning, a judgment, a perception, a manner, and with it, a state is born which will continue to influence (and somehow determine) the formation of the child's later perception, judgments, tendencies, and choices (ego and super-ego).

Cyrus felt convinced that the mother he had hated for such a long time was now a comprehensive memory, strongly anchored in his psyche-soma. A compelling reminder in the form of a tendency to not want, repel or not absorb. It was an inner ghost, but also a (psychological) fact, absurd though meaningful, a self-wasting impulse. Little Cyrus had *felt* that his heartache, originating in traumatic moments with his mother, persisted in his psyche-soma—without realizing that a satisfactory intervention from outside could help him out of his misery. As such, his psyche-soma memorized an interaction, a meaning (out of some),⁵ in an emotional, rhythmic, and bodily way. A kind of meaning which later on looked for manners, images and words (symbols) to define and justify itself, and became a precursor of his later identity and ideals.

Cyrus eventually managed to liberate his ongoing attention (experiencing-I) of those past-pressing memories. He was able to change perspectives, think freshly about the reality surrounding him, and not base his perception and judgment on those memories and experiences. His new perspectives, along with his desire to make truce with the reality (i.e. his mother), helped him make a shift in his fantasy life. Cyrus's punishing thoughts made way for fantasies of repositioning towards his mother. With ease he could stay in touch with the negative fantasies (associations), acknowledging and evaluating his still bad feelings about them. In this process, the original memories remained virtually intact. The change largely pertained to where Cyrus located the danger (the source of intimidation and negativity), how he reacted, defined, and regulated it, and what roles and relevance (meaning) he attributed to himself and the other (internalized objects). Gradually, when new ways of viewing and functioning arose and gained strength, the previous ways and tendencies seemed to become less influential. They lost relevance to the extent Cyrus anxiously wondered what it would mean if he did not hold on to that anger anymore. "It freaks me out," he said, "It is as if sticking to that anger in itself is somehow a way to punish her forever for her crime, for her betrayal. It freaks me out that I'm able now to turn down the invitation by that anger." New sparkling and subtle dilemma's

⁵ "Out of some" refers to other meanings in addition to the dominant interaction between Cyrus and his mother.

arose at this point, though they are irrelevant to the theme of this article.

It must be added that the development of love and friendship does not always seem possible because these complex capabilities appear to be associated with built-in primary positive states or introjects. Some who have suffered early and severe traumatization seem to have little to no such introjects. Artificial or mechanistic transformation does seem possible for them in order to develop a quality (a role) such as friendship within them. In my experience, however, this will not really and completely be and feel natural. It is comparable to trying to master a foreign language as an adult. Without a primary positive introject, (re)finding pleasure and joy is just as difficult. In line with this observation, the development of pleasure also seems to start sensorially (affective) by definition, before it becomes an internal relational experience. To put it differently, considering the capacity to love among this particular population, it comes down to an evolution of feelings of guilt, reparation and appreciation, and not to an early impulse gained in a consolidated joyous and eager interaction.

And so, after a long time, the result of the analysis was that Cyrus's ongoing perception and judgment process and its primary state of purity was able to separate themselves from its negative thinking tendencies. In the final sessions, Cyrus looked back: "... I always believed that heaven was under your mother's feet,⁶ until you said 'Hell can too' ... Well, I'm somewhere else now. She was a bad mother but I also came to recognize the troubled woman who did not have luck on her side. Forgiving or forgetting no longer matters, neither if this is a never ending story ... Who would have thought that love and hard labor could bring so much?" Cyrus also discussed some of his future plans. He had booked a short trip together with his parents. They seemed to be loving grandparents for his child.

ANALYSIS, ITS FRAMEWORK AND MY KIND OF LISTENING

Cyrus's analysis is viewed from the standpoint of his tendency to exclude his painful associations. Although different traumas were motivated

⁶ This regards a Prophetic tradition.

from outside, it had factually or externally been a peaceful period for Cyrus for a while, but his inner ongoing gloomy life had never stopped. For me as his psychoanalyst, it was my task to mirror his ongoing war in peacetime and invite him to explore whether he was able to feel more at ease with his associations. Several elements are present in this approach, such as: his agony (helplessness); the dominance of psychological reality over the material reality; the psychosomatic thinking system which continuously judges and takes inward and outward (relationally) measures to deal with his pain; dominating negativity and deadness (centrality of aggression); and his struggle to find joy and satisfaction (binding process and installation of pleasure principle). This view—aside from the centrality of hate⁷—is in line with Freud's thinking on 'trauma,' which I will now briefly discuss.

Freud arrived at *helplessness* versus the *ego*⁸ in 1926 after a long journey and being entertained by the medical view on 'trauma' (Freud and Breuer 1895) and the bio-psychological state of "helplessness" (1950/1895). Eventually, whether trauma is initiated by a shocking outside event (through the stimulus barrier, 1920, 1925a) or by overwhelming intrinsic factors (failure of binding; 1915b) endangering the process of

⁷ According to Blum (1997), hate "has not received the attention it deserves" and this is still the case, certainly when it comes to trauma studies (van der Kolk 2014, Yehuda et al. 2015). In this paper, I just mentioned a few sources related to hate since I had difficulty finding a satisfying framework for it.

⁸ The ego refers to a *vertical thinking system*, a psychosomatic process starting from the position of Ego=Id in the primordial state of primary narcissism (1914c, 1916-1917). Its core consists of thinking processes (1940a/1938), such as repression and "judgment," of which "its basis is evidently the presence of somatic experience and sensations." (1950/1895, p. 395). Its unconscious aspect is equated with a body-Ego (1923b, p. 393). Thinking in this primitive form is sensory and affective (relational). Soon, the external reality (1926) and the object—as the Ego-ideal (1914c, 1917, 1927b)—necessitate and promote the differentiation of the Ego from the Id and narcissism. The object is regulating (satisfying, protective, loving) and, as the Ego-ideal (read "Super-ego"; 1923b), normally forbids helplessness. The needs and demands disturb the child's psychic rest, and bring about thoughts and wishes, which get converted into hallucinatory qualities (1911b). The tactile and acoustic thinking takes place first and only then does image-thinking follow (1905), which is more like the unconscious processes, older than word-thinking and needs to be linked to our representations and then pronounced (1923a). These representations are not a faithful replica of our perception and reality, and thus contribute to the process of "alienation" between the subjective and the objective (1925a).

gratification (1916/17a, read “frustration”: 1912, 1919a), Freud also considered the feared being *an inner enemy* (1919d) and *helplessness* as the first danger situation (1926d). When helpless, the shocked ego regresses into passivity (see also Garland 1998).

Trauma became a matter of feeling helpless, which could be experienced daily (1919h), early in our lives and repeatedly in the form of unbound, repressed (traumatic) memories and affect states (1920). Freud considered the repression underlying every neurosis as a reaction to trauma, referring to it as an *elementary traumatic neurosis* (1919d). When binding of freely moving energy to an idea fails, one experiences a traumatic state and thereby the pleasure principle does not develop (1920, pp. 192-193, 1915b). Freud assumed no answer (remedy) to human helplessness and despair (1927a, 1930).

By accentuating “helplessness,” Freud returned in 1926 to his original work where he considered *helplessness* and *satisfaction experience* to be polar conditions (1950/1895). When the helpless and disoriented newborn is disturbed due to major physical needs (such as hunger), and screaming out does not help, only *help from outside* is a satisfying regulation of this pain. This complex dependency process of needing and the realization of it from the child to (the response of) the object and back, is strongly invested and internalized. And, as such, the object-relational aspect of this exchange forms a basic search and regulation program, memorized and repeated by our thinking system. The process through which the need tension is eliminated is called *satisfaction experience* (1950/1895, 1900, 1915a).

In 1926, however, Freud did not return to the ego’s search for satisfaction; instead, he looked at the thinking process from the point of view of anxiety, symptom, and inhibitions. He could have theorized about early *relational regulations* included in the early ego, which seems having no answer to our later traumas and fleeing into a traumatic neurosis. Furthermore, it does not seem to be far-fetched to assume that initial (consolidated) interactions between the helpless child and the regulating object bring about a search and regulation system—a basic type of relatedness that can later be categorized in terms of attachment or object relation unit, a basic way of functioning from which there is also a search for meaning, an ambition to deal with its dilemmas, fulfill its desires, or repair its narcissistic wounds. One could say infinite forms

and dreams are sought by satisfaction experience as a driving force. These are different angles that Freud did not pursue in his later work.

Now back to Cyrus.

Observing and analyzing him on *helplessness* versus *satisfaction experience*, his pain versus regulations, resulted in a multi-faceted growth process whose outline goes beyond the scope of this paper. I deliberately took the dominant affect (deadness and the negative tendency) as the point of departure in order to describe the position of deadness/hate as an end-result of an exhausting process in the search of a satisfaction experience. In the process of finding a minimum tension level Cyrus had inwardly tended not to permit the sickening associations to arise and tried outwardly to make a living. To simplify schematically, one could argue that when Cyrus knocked at my door in the very beginning, he was dominated by three automatic states⁹ of despair, emotional numbness/deadness (non-thinking) enforced by a tyrannical tendency, and an adequate social functioning. Deadness as a satisfactory resolution was achieved very early by Cyrus's psyche-soma and gradually intensified. Only the price was that free thinking and enjoyment were lost.

For an important skill such as free association to take place, the process of binding seems to be necessary, as the ability to think and enjoy could be inhibited, damaged or even destroyed among severely traumatized patients (Blum 2003, Fink 2003, Laub and Auehahn 1993). Installing this process seemed necessary to make the negative forces manageable in favor of pleasure experience. It remains to be seen to what extent this sensory affective (rhythmic) thinking can develop into pictographic and word thinking.

During the hour, I listened to Cyrus's breathing, his panic, despair, and anguish. It seemed crucial to perceive to what extent that which frightened and hurt him was coming from inside. Cyrus himself was increasingly curious and passionate to understand "the source of pain" that ignited him emotionally; the objectless, the uncanny, the automatic that is located and repeated from inside; the black hole enforcing complex fantasies and the deepest forms of anxieties (Bion 1962; Winnicott 1974).

⁹ Compare to Bromberg's perspective on self-states (2006, 2008).

Whenever Cyrus said “I,” I mainly heard a reference to “his thinking in that body.” This hearing is not a product of active rationalistic consideration of mine, but a more natural effortless observation and wondering. I received and listened from the standpoint of “just being” within which (his and my own) associating occurs. Between my being and thinking, the code of impartiality¹⁰ cares for caution when it comes to what I eventually produce (judge) in terms of what I (choose to) do or say. The being stance is close to what I already referred to as “the purity state”—a stance close to the Bionian no-memory, no-desire, and no-understanding attitude or Freudian” psychic rest.”

I find that only the act of “listening” is not sufficient for analysis and healing to take place. For me, the attitude that this listening bears is more important. It might be done “lovingly.” I consider the analyst’s irrevocable construction or conviction, when it manifests itself and attempts to convey meaning (having something to do with the truth) in a passionate way, to be an act of love, even if the effect may be heartbreaking.

CONCLUSION: “THE REAL WORK COMES AFTER THE TRUTH”

There are some general points I would like to make.

One point pertains to the non-phenomenological and inexact term “trauma”—a challenging concept within psychoanalysis (see also Levine 2014). We have not systematically used the concept as a reference to a powerful and personal construct such as “helplessness.” Instead, we have conflated two different paradigms of medicine (pathology) and psychoanalysis. In my opinion, this kind of language use has sometimes misled the discipline to the extent that the study of “helplessness” and its colorful variations has not sufficiently flourished, while the concept of “trauma” is applied extensively but in a more general manner. I also admit that the concept of “helplessness” does not do justice to what I have been describing with respect to Cyrus. I have not yet come across a

¹⁰ This code offers me a perspective through which I can feel or perceive different aspects of one’s experience. The term “code” should not be considered as a protocolled way of intervention or stance.

better term than Freudian “helplessness.” I tried to come up with more descriptive words for this state: this timeless dissolving state, evoking a fusion of shock, panic, impotence, despair, screaming, a disorienting feeling of homelessness or uncanniness (1919h), a hopeless kind of agony. It is an indefinite state of biological urge or (excessive tension), that gets activated in an objectless inner world, canceling or violating the kind of thinking or experiencing we are used to. Finding an exact language may be a challenge for psychoanalysis.

A second point pertains to my view on the elemental presence of the helplessness state. My working with severe traumatized patients made me reconsider the majority of other pathologies, associating them with this elemental state and its regulations. I assume Freud gradually accentuated trauma in the same manner; he pointed to it as a decisive factor in the success of analytical therapy (1937a) and focused on the importance of constructions (1937d). Freud compared memory in primitive mental states with hallucination and theorized how our earliest pains can be explored and addressed. Applying this approach in his work on Moses, Freud defined traumas as impressions that were experienced at an early date and later forgotten, being of a great significance to the etiology of neuroses (1939a). In this work, even “conflict” is defined in terms of basic traumatic tendencies, where progressive tendencies are in conflict with the regressive and ultimately lead to compromise formation. He opened his last chapter (*the splitting of the Ego*; 1940/1938) with an adult in emotional distress due to a psychological trauma once experienced as a child. Freud defines the conflict of the Ego as the choice between—to my opinion two potentially *traumatic* experiences namely—the instinctive demands (from within) and the protest of reality (from outside, however internalized). He had put it differently before, “helpless in both directions, the ego defends itself vainly, alike against the instigations of the murderous Id and against the reproaches of the punishing conscience” (1923a, p. 49). One could argue that Freud not only started but also ended psychoanalysis with studies on trauma. In the same line as Freud, I would like to emphasize that the state of helplessness should not be reduced to a particular pathology, but rather be regarded as a potentially elemental state within us.

Finally, it is not the truth or even insistence upon love alone that may bring about liberation. Analyzing our hatred also seems to be

clinically necessary. Many analysands have demonstrated that “First comes the resistance, then facing the truth, and then an everlasting search for growth and maybe redemption.” This sequence, without claiming it as a rule, considered a search in this article through facing hate, but at the same time it was for love.

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NOSTALGIA: A LOST PLACE FOR THE REVIVISCENCE OF THE PRIMARY OBJECT—A CONTRIBUTION TO THE PSYCHOANALYTIC STUDY OF SOME CLINICAL ASPECTS OF NOSTALGIA

BY GEORGIOS STATHOPOULOS

In its attempt to revive the past, the nostalgic illusion tries to re-establish the relationship with the primary object, avoiding, in this way, the mourning of separation from it. Through two clinical cases, different aspects of nostalgia could be defined. One of these aspects is described as the subject's endeavor to take a drive revenge against a past that "won't go away": here, nostalgia acquires a compulsive character and comes as a response to early anxieties concerning the subject's existence itself, reflecting deficits of primary narcissism, and thus an affinity with an unreachable ideal ego. On the contrary, nostalgia in its more evolved forms, since it is associated with the ego ideal, preserves—in a sacralized way—the bond with the object, to which the subject appears devoted and loyal, and comes as a defense against the re-emergence of the polymorphously perverse infantile sexuality.

Keywords: Nostalgia, primary object, mourning, ego ideal, ideal ego.

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In the sunset of dissolution,
 everything is illuminated by the aura of nostalgia,
 even the guillotine.
 —Milan Kundera, *The Unbearable Lightness of Being*

INTRODUCTION

The Greek etymology of the word nostalgia (a compound of the Homeric word *nóstos*, meaning “homecoming,” and *algos*, meaning “pain” or “ache”) refers to the pain for the return to one’s homeland, in other words, to the pain for the return to the beginnings; it could be said it refers to the pain within regression, to the pain through regression.

Swiss physician Johannes Hoferus coined the term in 1688 and it was linked to an autonomous psychopathological disease called *The Swiss Illness* (*Mal du Suisse*) because it was common amongst Swiss mercenaries fighting abroad (Hoferus 1688; Starobinski 1966). During the following centuries, the meaning of the term has been displaced. From its primary meaning of homesickness, either as an autonomous disorder or afterwards as a symptom of melancholia, the term has progressively become synonymous with a fond and systematic recollection of the past, which thus becomes a sexual object, comparable, in some respects, with a kind of fetish.

The par excellence mythological pattern of nostalgia is Ulysses’ return journey to his beloved Ithaca. It is about the return to the ancestral land, where he was once king, so it is about the return to the psychic space of primary narcissism, to what has been named from Freud onwards *His Majesty the Baby* (Freud 1914, p. 91).

In this paper, my purpose is to examine the organizing and disorganizing aspects of nostalgia, as seen in the analytic praxis, in its articulations with the primal ideal ego and the subsequent ego ideal. Moreover, I am going to examine the relations of nostalgia with the infantile, with the idealization and sacralization of the past, as well as the defensive character of nostalgia vis-à-vis melancholia and, through two clinical cases of women, vis-à-vis the feminine melancholic element. Lastly, I will attempt to distinguish various clinical aspects of nostalgia. Some of them, which

are secondary and benign, have a par excellence organizing character that enriches the ego and distinguishes the subject from the object, thus keeping them distinct entities (Geahchan 1966), unlike some other forms of nostalgia which seem to perpetuate an endless repetition like that described by Bibring (1943) and De M'Uzan (1969). This endless repetition needs to be seen as a repetition compulsion that is connected to death drive (Freud 1920). In parallel, such forms of nostalgia which are close to melancholia, indicate a ceaseless return to a past that cannot be the object of a veritable work of mourning, as they are strongly attracted by the vortex of a deadly masochism.

NOSTALGIA FOR A REVIVISCENCE OF THE PRIMARY OBJECT RELATIONSHIP

Katerina is a patient who likes to come back to scenes of the past but also to keep various things from the past: clothes and small objects she received as gifts, childhood drawings, souvenirs from journeys, etc. While she was talking about an infantile reminiscence, the tone of her voice becomes particularly nostalgic. The scene is about a window and many lies. It is also about a mountain—i.e., a maternal breast: “I wanted to tell you that I remembered my mother who used to advise me not to tell lies and that if I started using lies and told the first one, afterwards I would need a second lie to cover the first one up and then there would be a third one and at the end a mountain of lies would have been created. ‘A mountain of lies,’ I remember this phrase. And I remember when I was little I used to look at the mountain from my room window and think of what she had told me; it seemed to me that the mountain was really huge.”

On the one hand, this is about a reminiscence of the maternal breast, a feeling of nostalgia for it, for that high “mountain of lies.” Lies that bear witness to the adventures of a feminine melancholic which was inscribed in the primary relationship with the object. This infantile memory illustrates the nostalgia that relates to the return to the paradisiacal maternal space. The use of a continuous tense in the wording in Greek indicates the repetitive nature of this return.

On the other hand, it is about invoking the pain of the present, as—through the transferential relationship—the patient opens up afresh to

the world of objects (looking out of the window). I commented: “Maybe you were thinking that for such mountains to be built, people must tell a lot of lies.”

“I have thought that I would like it very much if at one point you wrote about my case. And I have thought that you are writing: ‘The case of K.’ ... Behind this, I have a great need to feel that you give your attention to my case and, maybe in general, that others give their attention to me. This sounds rather childish. It is as if I did not receive it from somewhere. Or as if I did not receive it enough, as much as I should have. And it is a deep wish to be the center of someone’s attention, but of a specific person in particular, not in general.” At this point Katerina is describing a pain apart from a desire: to receive something she has not taken and as she is describing it, it seems as if she is faithfully following Freud’s thought when he wrote: “[the child] shall once more really be the center and core of creation” (1914, p. 91).

The central premise at the beginning of my thought on nostalgia lies on the idea that nostalgia, in whichever phase of a person’s life it may come, attempts deep down to rework, re-establish, and even revive the conditions of primary mourning that had taken place due to the separation with the initially fused symbiotic primary object. This premise is based on the known Freudian quote, as found in the text *An Outline of Psychoanalysis*:

There is no doubt that, to begin with, the child does not distinguish between the breast and its own body; when the breast has to be separated from the body and shifted to the “*outside*” because the child so often finds it absent, it carries with it as an “*object*” a part of the original narcissistic libidinal cathexis. This first object is later completed into the person of the child’s mother, who not only nourishes it but also looks after it and thus arouses in it a number of other physical sensations, pleasurable and unpleasurable. By her care of the child’s body she becomes its first seducer. In these two relations lies the root of a mother’s importance, unique, without parallel, established unalterably for a whole lifetime as the first and strongest love-object and as the prototype of all later love-relations—for both sexes. [Freud 1938, p. 188, italics in original]

The same premise regarding a deeper reviviscence of primary mourning could be supported by the fact that nostalgia seems to

manifest itself in the most intense way during life phases when the subject has to deal with a new psychical condition and accomplish a certain work of mourning which could reactivate earlier forms of mourning and most of all the one for the primary object. Typically, a person can be intensely nostalgic during adolescence (A. Freud 1958), following a grave physical illness, following the loss of a beloved person, in retirement, and in old age. In these phases, what can frequently be seen is a systematic reminiscence of the idealized past. In this case, the past itself becomes a representative of a once idealized object. In other words, in nostalgia, the past itself is treated by the ego as an object. To the degree that nostalgia for the breast is a consequence of its absence, we could claim that in nostalgia what is invested is the absence and that, furthermore, the past comes back to life within its absence and because of its absence.

The question of nostalgia, despite its kinship with that of mourning and depression, has not been the object of real interest in psychoanalysts in many years. Perhaps this is due to the sparse references of the topic in Freud's work. However, the topic of nostalgia is not entirely absent from Freudian thinking. While in the Standard Edition translation we do not come across the term of Greek origins but see the word "longing" instead, Freud's references to the matter are significant, albeit sparse. Nostalgia is consistently connected to a feeling of tenderness as well as to the mother, the maternal breast, and weaning:

... the phylogenetic foundation has so much the upper hand over personal accidental experience that it makes no difference whether a child has really sucked at the breast or has been brought up on the bottle and *never enjoyed the tenderness of a mother's care*. In both cases the child's development takes the same path; it may be that *in the second case its later longing grows all the greater*. And for however long it is fed at its mother's breast, it will always be left with a conviction after it has been weaned that its feeding was too short and too little. [Freud 1938, pp. 188-189, italics added]

The link I am trying to make between these two Freudian passages and the term of nostalgia may raise questions, to the extent that the German word *Sehnsucht*, employed by Freud, has been translated in

English as *longing*, a word that, though close, is not exactly synonymous with nostalgia.¹ However, I consider that “nostalgia” in the sense that I have in mind, that is, as a painful desire for the return to the origins, is implicit in the passages I have cited. I will invoke the main reasons I believe this is so. First of all, it seems to me that the term “longing” would be more appropriate if it were just about a temporary absence of the maternal breast and not its definitive loss. But in the above passages it is not about the *temporary absence* that could lead to the hallucinatory satisfaction of desire; it is about the *definitive loss* of the breast, which brings a psychic pain (*algos*) and, from that moment on, the consequent, “for a whole lifetime,” painful desire to return to the breast as well as to the primordial paradise that has been attributed to it. Apart from that, there is an equally important reason why I speak of “nostalgia.” Indeed, what Freud seems to imply here is that while the course of human life seems to be a forward-moving one, deep down it is a constant nostalgic journey backwards, to the degree that the primary relationship with the breast is, as he says, “the prototype of all later love-relations.” That means that the object choice will be “unalterably” marked with the stamp of the primary object and of the painful desire to refind it, that is, to refind something that is definitely lost. “The finding of an object is in fact a refinding of it,” wrote Freud, in one of the most known quotes of his work (Freud 1905, p. 222). I will also note that, like Paul Denis (1994), I prefer to use the term “nostalgia” in its most common everyday use and not so in its narrow etymological sense, which may refer to the psychic pain of depression, although a painful dimension is included even in the common use of the word. But even if we insist on the etymology of the term, we will be surprised by the close bond between nostalgia and the mother: the etymology of the word *nóstos* is associated with the ancient Greek verb *νέομαι* [*neomai*], meaning sailing, traveling, that is, having something to do with the sea and, through it, with the primal wet environment of the womb. In addition, the same verb gives as a derivative the adjective *νόστιμο* [*nóstimo*], which means (apart from the adjective of the word “return”) *tasty*, that is, something related to taste, and that, in my mind, is primordially linked to the maternal breast and milk.

¹ That said, in his first translations into French, Laplanche translated this German word as “nostalgie.”

As far as the link between nostalgia and tenderness is concerned, in *Three Essays* (1905), we know about Freud's frequent references on the two main currents of infantile sexual life: the affectionate current and the sensual current. So, if psychoanalysts, with few exceptions (Miller 1956), showed little interest in the topic of nostalgia, this may be linked to their scant attention on the tender or affectionate current of psychosexual development. Ferenczi (1932) was an exception in this general stance and brought the question back through a different viewpoint distinguishing the tenderness of the infantile eroticism from the passionate in the sexuality of the adult. It is no accident that in Ferenczi's thought we meet both the idea of an ontogenetic nostalgia to return in the maternal womb as a symbolic equivalent of a phylogenetic nostalgia for the aquatic mode of life (Ferenczi 1924) as well as the idea of the patient's nostalgic desire for love (Freud 1933), which is expressed in the form of transferential love and corresponds to a desire, behind which, according to Ferenczi, there is at the same time a hidden request to "get rid of this oppressive love" (Ferenczi 1932, p. 229).

NOSTALGIA FOR A PAST THAT IS NOWHERE NEAR ITS END AS A REVENGE OVER THE PAST: THE CASE OF PERSA

In our first meeting, Persa recounted a recent spat with her mother during which Persa's mother asked the daughter to give her "big cooking pots"; surprised and angry, Persa asked her: "Mother, don't you have big pots?" In Greek, the word "big" ("megala" in its plural form) is a homophone of the phrase "with milk" ("me gala"), so what I heard as Persa's possible latent question to her mother was: "Mother, don't you have pots (breasts) with milk?"

Sometime before she started her analysis, the patient had broken up from a relatively long-term love affair and had gone through a very difficult, "heavy winter" during which she shed "thick tears," a rather unusual phrase. Also, during the same winter that followed her breakup she had several "somatic crises" as she named them, with persistent fever as their main feature, a symptom she has had from time to time since her childhood. Persa decided to start analysis because in her previous psychotherapy she felt "stubbed." This phrase is equally unusual and, as

it concerned her initial request, implies a lack of space inscribing the somatic field itself (and not only the psychic one).

Indeed, she grew up in a house in which many of her relatives lived together and for a long period of time, a friendly family lived there as well, in a mirror-like fashion to Persa's house as the residence was divided into two, having identical rooms on both its sides that corresponded to the two families which had the same number of children, all of whom were girls.

Persa sustained two "crises" in the course of a few years at the very beginning of her adult life, which provoked partial paralysis of her upper and lower extremities for a few days. These crises were of uncertain origin, as after a series of tests and diagnoses, the doctors reached the verdict that there was not any specific organic damage or neurological disease.

One day, disappointed by her love affairs with men, she stood in front of a mirror and cried saying to herself: "No man has ever loved me," something which she later realized that meant, as she said, "Nobody loves me" and that in fact it was a message once addressed to her mother (and now, within the transference relationship, to me). During the sessions, when she frequently reminisced about the summers she spent in her birthplace, I was under the impression that she repeatedly attempted to kill the past as a way for her to survive. She described that she had a sudden, violent thought while in front of a mirror: "I should die!" She immediately added, retorting to her reflection in the mirror, "No! Not me! They (her parents) should die!" In her fantasy, this is a murder she has repeatedly attempted, though in vain, which brings to mind what Neyraut (1967) said: "Nostalgia is a refusal of mourning and a constantly renewed murder" (p. 62, my translation).

In her childhood anamnesis, we come across an intense insomnia, a baby that could never rest and did not stop having crying bouts. The mother, described as unable or incompetent to calm her down by ensuring her a safe protective shield system, left her in the hands of her own mother, the grandmother of the patient.

Before her dreams acquired the pattern of an ineffective quest for a lost thing, the prevalent element in them had been that of a persecution anxiety, usually by figures of unknown elderly men, but also a pattern of entrapment in dark dungeons. However, during the initial stages of

analysis, she brought dreams in which she strove to break a layer of ice but as she was breaking it, she realized that the layers were multifold. Figures that did not look at her, impersonal, smileless, and almost dead represent a mother that could not meet the role of the seducer for her child, could not meet the role of the object of identification for the creation of the feminine identity. She described the terror and the surprise she felt when she read the diary her mother had kept as a young woman. Her way of writing was "as if someone read the culture column in a newspaper: 'We went there, we watched that play, these actors starred in it.'" The mother's narration did not exude nor inspire vitality and liveliness. On the contrary, she was a rather operational mother both in life as in thinking (Marty and De M'Uzan 1963).

Persa's speech is intensely narrative and gives an apparent impression of a constant, almost compulsive nostalgia for a past that has dragged along with it a significant part of being. Nostalgia for the past has acquired here a defensive character against frustration, offering a refuge against a painful external reality. From time to time, especially when life brings disappointments, she longs for a summer twenty years ago during which she met Mr. P., a mysterious person in her life, whom she saw only twice. She repeatedly longs for the moment they met and, even to this day, talks to a friend she has had since these holidays who knows Mr. P.

Twenty years ago, after a short flirtation, which lasted a few months, Mr. P. married another woman and, some time later, Persa had the first of the two somatic crises, which at the time she had not linked to the frustration she felt. She has only seen him once since that time, but she has never stopped having an e-mail correspondence with him, writing numerous letters to him from time to time or drafting short stories inspired by their story. She often visits the webpages he maintains and reads general messages he sends, believing that they are deep down addressed to her. She talks of a "compulsive need which I cannot get rid of" and for which she feels ashamed. So, from time to time, the question of distinction between fiction and reality, between imagination and reality revives in her, or, in other words, the question of distinction between internal and external reality (reality-testing). This question has always been central in her psychic life. Indeed, before Mr. P., during a large part of her childhood, Persa had created an imaginary girlfriend with

whom she danced, played, and talked and to whom she had given a completely unusual name. For several years, her imaginary friend was a solace and companionship against the feeling of loneliness that has overwhelmed her since she was a little child when she felt as if she were “all alone in the world.” In trips she took with her parents, she remembered her fear that they would stop and abandon her in a mountain, leaving her there to crawl and move on her hands and knees. Abandonment and rejection from the object are ubiquitous.

Within the transference relationship, the rejection of my comments is prevalent for a long period of time and, for that time, her spontaneous reaction to what I suggest is usually this: “Yes, but on the other hand.” It is her way of excluding me, of keeping me away from her. Thus, on the level of countertransference, for some time I often go through her infantile experience instead of her: I feel excluded, squeezed, stubbed. The same manifestation (“Yes, but on the other hand”) also indicates Persa’s double position: She often says, “on the one hand,” simply to add a few moments later, “but on the other hand.” She cannot find a position between two sides (the house of her childhood). So, she stands alone, without a position between the sexes, in limbo between rotten and corroded identifications. Her solipsistic system often makes her psychically sufficient, she writes novels but never publishes them, “out of fear of exposure to the other and to criticism,” that is, out of fear to meet alterity: when the object acquires a non-narcissistic function, it becomes a threat for her that must immediately be expelled. Thus, Persa’s case reminds me of a “nostalgia without hope,” according to the formulation of Lafond (1992). In such cases, “the alterity of the object is formed in hate, as the result of this nostalgia without hope” (p. 1660, my translation). The power of the object becomes a threat for the subject, which has neither been subjectivised nor separated. All of this indicate serious narcissistic deficiencies and Persa’s overall negativism could make us think of a *death narcissism*, as that term was described by Green (1983, 2002).

One day, she recounted the following dream: “I saw that I was in my place of origin and I met a young lady, a young girl who is the daughter of a friend of mine. She had physically grown, her breasts had started showing, they were particularly developed but her period had not started yet. She wanted to change her clothes. Then, I went out to buy a

magazine in a French kiosk. The name of the periodical was *Le Compagnon*, 'the companion' that is. But I kept forgetting the name and called it *La campagne* and then said 'No, no, this is the countryside'; I later said *La compagnie* but thought again 'No, no, this means company.' I was not even able to conceive of the concept of a companion. They gave me another one, 'La chartreuse de Parme.' I bought it but kept on looking for the first one. They told me: 'We do not have it, but we could order it if you want to.' Two women ran the kiosk and they were the ones that advised me. At a certain point they told me: 'Since you bought the other magazine and what you are looking for is expensive, don't you think you should let it go?' And I thought: 'What does it matter since it is not for me.' And as I was uttering the words, I burst into tears and the lady who was next to me was comforting me and I was crying my heart out. When I woke up I was also crying. I once read 'The Charterhouse of Parma'; it is the story of a really sad love with limitations, everybody dies at the end. I do not know who these two ladies are. I wonder whether I am the one deterring myself." I commented: "The periodical you were looking for is perhaps related to the period this little girl does not have yet" (In Greek, as these two words have the same root, their connection is quite obvious; besides, a periodical, just like the period, comes out at regular intervals). She was moved. She cried and started talking at first about the daughter of her friend, who looks older than her age in real life. She then mentioned the developed breasts in the dream, comparing it to older dreams in which she saw that she had a penis. She continued on the topic of obstacles and forbiddance "so that the girl could become a lady and get the periodical of her choice. She is a girl beyond age, older and younger, *both* at the same time." This timeless character (which reminds us of the timeless of the unconscious) made her think of the topic of "childhood loneliness" she frequently talked about, using these exact words. She wondered whether this feeling of "childhood loneliness" she experienced in her recent journey "was related in any way with this 'beyond-age' element" that appeared in the dream "with the big-breasted girl who did not have her period yet"; this element was also linked with an enigmatic-for-her stay of her father in Latin America, where he was "neither too young, nor too old, or both too young and rather old."

The day after that dream, she got her period and, in this way, the emergence of the bodily came to the fore. She then talked again about a friend of hers who had been ill with multiple sclerosis and she had seen him gradually paralyzing. Now, a close friend of hers suffers from ALS disease and her doctor told her that she would soon not be able to float in water. She remembered in that way her own past with her old boyfriend and her two “crises” of unknown causes when she had paralyzed for some days. She had been diagnosed with multiple sclerosis herself, but this diagnosis turned out to be erroneous. She told me that within that context, she thought of a comment I had made some time before on “a past that never goes away,” a feeling that “has been burning me and causing me a lot of pain,” as she said.

The following week and while she had already talked about one of her young nieces who suffered from anorexia nervosa and the topic of discussion among relatives was “whether the kid was going to eat,” she talked to me about a short story she had been writing about the “somaticity of books.” The word is a neologism concerning “how you touch books, how you smell them, how you want to eat them.” I commented that all these appear to be related to the first experiences of a child with the mother, where touches and smells are dominant, but also the question of “whether the child is going to eat,” attempting among other things to establish a connection between the anorexic niece and herself, as an infant next to a mother who in all likelihood did not possess any “pots (breasts) with milk” (besides, the dream with the “big-breasted girl” was still recent). After my comment, she wondered about “what is the young child was going to eat” and asked me what I meant. I replied that what is at stake for a baby is if it is going to drink milk, if it is going to eat the breast or be eaten by it. She then revealed after years of analysis that “either way, I never breastfed, just like none of my sisters.” She carried on with the main character of her short story in which the girl “devours, eats books.” She completed: “This part on somaticity is my body in relation to the book, which is to say that reading imposes a certain position of the body” (I thought: just like the couch imposes a lying position). She continued: “It is related to a great extent to what you said about breast-feeding. I placed the girl close to a glass window so there is a kind of ‘mirror.’ So, while I am reading I can see my reflection in that glass window, which can be the relationship between the child and the

mother.” Her words make me think of the mirror-role of mother and the function of the maternal gaze, as described by Winnicott (1967).

In Persa’s case, the maternal object was unable to successfully perform the mirroring function, thus the early anxieties of devouring the breast or being devoured by it resulted in the non-organization of a functional nostalgia. Nostalgia for the primary object-breast does not fulfill its organizing role in this case and, as a result, the return to the past seems perpetual.

Coming back to that past and confronting it, she tries to exorcise it but also to take revenge over it. In nostalgia, among other things, we come up against a revenge over the past (Denis 1994). Indeed, in the following session she said that she had started a “new cleaning campaign” at home. She found various things and remembered a small painting workshop she once had. She found dolls, fabrics. “The moment I found them I felt sad. I sorted them out. I kept some and threw some others away. I thought of all this time.” In the session that followed, she referred to a dream she could not remember but “contained something I was looking for and negotiating, starting with the English letter, R. I thought it would be the first letter of the word Revenge ... I thought of how I would be if I did not come here. This feeling that I can address to someone, that there is someone to listen to me, there is a place to come to. Maybe other people had this experience as children. I think I never had the feeling that a person would help me if I encountered a problem. I think that I lack the knowledge of what this thing feels like.”

However, the defensive function of nostalgia was not completely failed in Persa’s case. As it was organized in order to fight against primitive anxieties, especially these of inexistence and formlessness, her way to return back to the past turned out to be fruitful. One day, she recounted a dream, which, in her words, she could not make much of. It seemed to her that the scenes of the dream were unconnected to each other. In the following session though, coming back to her dream, she said that she was able to apprehend some of its elements. She drew a parallel between that dream and a game of dots in which one must connect random points. She added: “These points, the dots, the dream are maybe the story of the last twenty years that start with mobility problems, then I accumulated problems before I collapsed.” Her answer to my comment that “by connecting these dots, what was initially formless is

transforming into something that has now an intelligible form,” was: “Yes, I think this is what is happening here. It is taking place here, but also inside me, I mean it is happening when I am not here. Anyway, it is due to the process that takes place here.” Her nostalgia was therefore a defense against formlessness while at the same time a means to create a form, where this was not previously recognized.

NOSTALGIA AS A SACRALIZATION OF THE PAST AND THE LOYALTY OF THE NOSTALGIC SUBJECT FOR THE LOST OBJECT: THE CASE OF KATERINA

Katerina came for analysis a few months after breaking up with her partner, a person she had met during some seminars she attended to further her work skills. Prior to that affair, she was in a long-term relationship with Mr. A., whom she abandoned to form a secret relationship with Mr. B., her instructor in these seminars. Later on, he abandoned her. Katerina is unable to openly express her anger towards Mr. B., while she remains guilty vis-à-vis Mr. A. She tried to apologize to him, but he adamantly refused to listen to her.

During the initial stages of analysis, a rather positive, eroticized transference is dominant. It looks as if, at the beginning, she attempted to place me in the position of Mr. B.—i.e., of a man who would have a double role towards her: that of a teacher and a lover, something which additionally would allow her to express her aggressivity and anger towards that man. The Oedipal problematic is evident and acquires the form of competition against her female superior at work but also forms into an intense fondness towards her father. She mentioned rather early that what is at stake for her is to be able to solve her problems with the opposite sex, to find a person with whom to get married and have a child but if this happens, then she thinks she will feel that she has betrayed me, that is to say she will have placed me, this time, in Mr. A.’s position—i.e., in the position of a man she betrays and leaves, to form an attachment with another man.

In her dreams, the polymorphously perverse disposition of the infantile sexuality gradually surfaces. In her sexual relationships, she experiences pain during penetration or tightens up. During the sessions,

Katerina frequently reminisces about the past, childhood friends and former acquaintances, but most of all, about tender moments from a childhood abound in emotions. She becomes particularly nostalgic when she thinks of childhood scenes she lived with her father, mother, and grandmother. In her case, I believe that nostalgia for the past acquired a defensive character vis-à-vis the polymorphously perverse infantile sexuality, in which anal eroticism (collection and retention of numerous objects), seduction scenes and fantasies, fetish-like object investments were dominant, but also infantile sexual theories that were prolonged until a rather old age and bore witness to a confusion in the distinction of the erotogenic zones of the body.

In a session, prompted by a dream she had about a puppetry show, she linked the spectator to herself, in relation to her parents, when “they put on an act before my eyes,” as she says. “There was always something fake in my mother’s behavior towards my father.” In another session and after having mentioned a child who was bold enough to distinguish his position from his mother, she said: “I wish I had done this in his age, to distinguish the position from my mother. Every time I opposed to her or argued with her, in some way it got drowned in me. I felt guilty that I made her sad. I remember a newscaster on TV, I was very young, and I told her: ‘I like this woman. Do you like her?’ And she would say: ‘No.’ So, I retorted: ‘Ok, I do not like her either.’ And she replied: ‘But you can like her. We do not have to like the same things.’ However, liking different things seemed extremely difficult to me. I feel as if I grew up thinking that my mother would not be able to bear with the fact that I was making her feel sad or making her feel angry, whereas she is capable of doing so.” Apart from her need to have a relationship with the object-mother in which there is no differentiation, that memory indicates her difficulty of leaving her mother alone and maybe of being alone, without her. In transference, she relives similar affects. Her wish to be liked by and devoted to the mother-analyst insinuates her nostalgic infantile desire for love, as this desire has been reactivated within transference. Every night, when she waves her mother goodnight, she definitely wants her mother to have looked at her, “because if I wake up the following day and my mother is not alive, I will feel very bad” (her infantile desire for love hides in it the desire to get rid of this love, hence the guilt).

In one of the following sessions, she refers to her obsession of remembering dates. The anniversary of Mr. B.'s leaving her house had recently gone by. She has kept three cigarette stubs he left, but her mother accidentally threw out one of them: "His breath is in the stub." In the following session, she said that she threw away Mr. B.'s toothbrush, which she had also kept for a year in her home. She mentions her tendency to keep things as amulets or souvenirs, which makes me think of Fédida's (1970) idea that if one keeps an object that belonged to a dead person, as a relic, this is because the relic guarantees, in the name of the reality principle, that the dead is not coming back.

Katerina adds, "if I removed or threw away from my house everything that is in excess or everything reminding me of something, I would be left with a third of my house and it would look double its size." Her choice of words brings to light the complex narcissistic relationship of the nostalgic with the object: on the one hand, if she throws past souvenirs, the house—i.e., the ego—will become bigger, will find greater space, and will look double its size. On the other hand, only a third of the house-ego will be left, so the ego will have to lose something from itself.

In the following session, talking about sibling jealousy, she mentioned her kindergarten paintings that she painted black. By opening up the chapter of infantile sadness, she passes the threshold of an infantile affective world. So, in the session that followed, she refers to her tendency to save some books Mr. B. left behind, and this reminds her of a fairy tale for children where a fire breaks out and the library of Basra is in danger. A lady decides to salvage as much as she can and starts keeping books which she hides in her home, in her friends' shops, etc.

She goes on to talk about a child's drawing a kid offered to her, which portrays emotions. It is about, in her words, a drawing that was "a museum of emotions." I commented that maybe in that museum of emotions and while facing a fire inside her, she is looking for help in an attempt to salvage something from these books-emotions. She reiterates the phrase "books-emotions" as if she is talking to herself before she says: "I don't know why I can't get these books out of my head, but maybe it is the last thing I believe I can save in relation to B.; there is nothing else, even though I have many of his manuscripts at home." After a brief pause, she continues: "I wonder what it is that is burning up inside. Possibly, there is something burning in me but, while it is about to be burnt, I think in a way

I want to keep it safe from burning.” At this point, we come across what Neyraut (1967) had pointed out, regarding the double nature of the nostalgic object, which remains both alive and dead simultaneously: while it is burning up, she wants to keep it safe from burning. The lost object in nostalgia remains alive, and maybe it is immortal in the patient’s fantasy. After a while, Katerina continues by saying: “Now that I uttered ‘a museum of emotions,’ actually before you told me what you’ve just told me, I thought that what you meant with the word ‘museum’ referred to something museological, sort of something I have kept for a number of years. Something I’ve kept inside me for many years or museum-like corners at home where I keep things.” After pausing again, she adds: “There is something else that springs to mind with this word: I think it has to do with my body. While I understand that our body changes because we get older, I still believe, even now, that there is something child-like on my body somewhere. If you ask me to pin that part down, I think it is my belly. I’ve always had a chubby belly and I remember that I would take a bath and notice it. As if the last child-like part is to be found on that part of my body. Emotions, too, become museum-like. This word becomes me after all. I keep a great deal, not just objects, it is as if I keep myself as older.”

What is apparent in this case is the narcissistic character of nostalgia (Neyraut 1967). Indeed, the nostalgic patient keeps and preserves *his* past—i.e., his own past. This psychic movement corresponds to a return to the self, to the degree that the return to the past is about himself. This alludes Kant’s definition on nostalgia, when he remarked that what the nostalgic patient wishes for is not the place of his youth but his youth in and of itself and that this wish does not extend to a thing he could find again but to a time he can never bring back:

The *homesickness* of the Swiss ... that seizes them when they are transferred to other lands is the result of a longing for the places where they enjoyed the very simple pleasures of life—aroused by the recollection of images of the carefree life and neighborly company in their early years. For later, after they visit these same places, they are greatly disappointed in their expectations and thus also find their homesickness cured. To be sure, they think that this is because everything there has changed a great deal, but in fact it is because they cannot bring back their youth there. [Kant 1789, p. 178, italics in original]

After some more moments of silence, Katerina says: "I remembered some people who, when they have grown really old, burn their diaries. I, too, have several diaries but none of them is complete. If I burned all of them, it would mean that I would have left them behind me and that I would have grown. It must be really nice being able to burn them without missing them." This means that she understands that it must be nice being able to accomplish one's mourning, something she is unable to, thus leaving the work of mourning incomplete, just like her diaries. Her nostalgia is organized as a defense against mourning, while at the same time is a solution to her inability to accomplish the work of mourning.

She adds: "The museum-like quality apart from the 'keep, keep, keep' attitude is also an exhibit, it means 'I have something to show.' It also means 'do not touch.'" Since she is in pain during intercourse, deep down she may be talking about her genitalia which is for her something untouchable, a museum-like object but also an exhibit that she has "to show"—perhaps in an exhibitionistic way inscribed in the context of the polymorphously perverse infantile sexuality. However, I decided to underscore the sacredness the past acquires in her by commenting: "Because it is a sacred exhibit from the past." Besides, my comment included a hint of a sexual organ—as a sacred exhibit from the past—particularly significant in the context of an infantile exhibitionistic sexuality. She seems to be thinking of the comment, before she starts speaking again: "Maybe I have sacralized the past a bit. I have thought numerous times that if I met a person and established a relationship, it would be like burying A. once and for all." She then remembered an old dream: "A. had these hand wipes, these cleaning wipes. When we broke up I remember I had a dream, that I had hidden some and even though I did not want to see them, they kept cropping up all the time. I felt that while I was trying to make A. die, to hide him, to ensconce him, he kept reappearing."

At this point, we once more come across the dimension of the sacralized function that is attributed to the relic, which she keeps as a warranty that the "dead" is not coming back, "is not going to crop up." We also see the hiding element, just like in the fairy tale about books, which a lady hurried to save and hide. In a similar way, in the dream with A.'s wipes, she tries to hide and ensconce the wipes just like she does with her feelings and with the books, in her waking life. We also see in this

dream the dimension of the devotion and loyalty of the nostalgic patient vis-à-vis the lost object. After she lost him, Katerina stays loyal and devoted to A., in the same way she stays devoted to her mother, with whom she did not want to have an argument, just like the times she says she feels guilty if she goes away from me, having found a man with whom she is going to have a baby. As Denis (1994) pointed out: “the nostalgic remains devoted to the object, refusing that he has lost it, and his devotion is in itself the means of his denial” (p. 146, my translation).

Coming back to the topic of the museum of emotions, Katerina adds: “I believe that the museum-like element is something in between life and death. It is as if it contains life as well as death,” a wording reflecting that the object in nostalgia lies between life and death, “is at the same time dead and alive” (Neyraut 1967, p. 60, my translation). But to the extent that in nostalgia the object is confused with the ego ideal, when in the following session Katerina will come back to the issue of “museum of emotion,” she is going to add: “I’ve been pondering on the issue of museum of emotions we were talking about the other time. I have the impression that I am a museum of emotions myself. I feel that I keep and preserve emotions that are not needed, that have no reason of being. However, this phrase ‘the museum of emotions,’ gives me the impression of something new trapped in something old, something like a prison without bars”; this choice of words defines, apart from other things, her transference experience within which it is as if “something new has been trapped in something old.” For her, every new object of investment bears in it something from the past, because the old “lost” object remains alive in her, it is actually not lost, as it has not become the object of an achieved work of mourning.

To recapitulate, I would claim that the “museum of emotions,” the dream with Mr. A.’s wipes, and Mr. B.’s stubs she has kept as a souvenir point to Katerina’s attempt not only to preserve the lost object, but also to conserve it intact.

NOSTALGIA, TRANSFERENCE, FANTASY

Nostalgia is inextricably linked with transference, to a degree that both involves and revives the past. However, nostalgia implies an idealization of the past and, in particular, a past that, albeit definitely *lost*, remains

actual for the subject. This dimension means that nostalgia maintains, on the one hand, close ties with historicization and subjectivation while, on the other hand, with the representation of an object that places itself as the representative of the primary object. The psychic locus of nostalgia is a lost place of the past, within which, deep down, the primary object relationship is revived, and memory and investment become the channel in the quest of this lost place.

During the final stages of analysis, nostalgia for the “time that has passed” can play an important role, in some cases, helping the subject to assume the work of mourning for the imminent end of analysis, thus allowing the successful resolution of transference. Besides, the ability to recollect presupposes owning a past but *having* a past presupposes, in turn, to some extent, being able to go back to it, from time to time recollecting it. At this point, we come across the paradox of nostalgia.

The final phase of analysis, with the condensation of time it brings, is also frequently revelatory of another feature of nostalgia: most of the time, nostalgia presupposes the parallel coexistence of a painful emotion pertaining to the memory of a past along with a longing and a feeling of pleasure for it. This reminds of the coexcitation phenomenon in its links with that of nostalgia, a question that, in turn, brings up that of primary erotogenic masochism (Freud 1920, 1924). Deficits of primary masochism could have as a consequence that the characteristic retrospection—attempted by nostalgia—may acquire an almost constantly compulsive character without an accompanying libidinal investment of unpleasure. In these cases, nostalgia fails to acquire a protective character of past reconstruction and memory rehabilitation. In addition, it cannot manage to adequately keep the ego distinct from the object due to narcissistic deficits, as manifested through the mirror experiences in Persa’s case. But most of all, in these cases, every retrospection into the past is in danger (under the attraction of a secondary masochism, which comes as a response to the deficits of primary masochism) of being transformed into an endless quest for an object, the traces of which cannot be found or is unable to generate anything but pain and aching. In such cases, the risk that establishes itself concerns a reviviscence of a past, linked to destructive and self-destructive impulses.

Focusing anew on the emergence of a nostalgic feeling during the final stages of analysis, it would be necessary to add that in several cases,

the intensity of the nostalgic feeling could hinder the resolution of transference and the successful outcome of the analysis, implying deficiencies and difficulties regarding the work of mourning and the interchangeability and replaceability of the object-analyst. Besides, the coexistence of opposing feelings could reflect the general bipolar quality of the nostalgic object. Indeed, to the extent that nostalgia revives the past, that is, to the degree that the nostalgic object is at the same time dead *and* alive, it could be claimed that it is characterized by such a bipolarity, which made Neyraut (1967) describe nostalgia as “the refutation of a perversion” (p. 65, my translation).

At this point, we could ponder upon the intimate relationship of nostalgia with necrophilia (love for something dead) but also with fetishism. As seen in Katerina’s case, the sacralized past corresponds to a kind of fetish, which not only must remain intact but also, through its presence, guarantees the denial of a lack as well as the existence of a parallel reality. Indeed, the function of the fetish, apart from the denial of castration, consists in guaranteeing, through splitting, the co-existence of two contradicting-to-each-other psychic conditions: “both the disavowal and the affirmation of the castration have found their way into the construction of the fetish itself” (Freud 1927, p. 156). Moreover, faced with the primal scene fantasy, Katerina undertakes both poles regarding the scopophilia/exhibitionism pair of opposites: she watches her parents “putting on an act” before her eyes and, in parallel, she demonstrates her own eroticism, while leaving something from the past intact and unchanged, just like a fetish. Following Neyraut’s thought once more, we could say that what nostalgia refuses to execute is not the mourning of a reality but the mourning of an unconscious fantasy, which preserves a perverse character, since it keeps itself alive and is infinitely kept in life precisely because it is constantly left uncompleted. Lafond (1992) also mentioned the correlation between the nostalgic object and perversion, claiming that nostalgia is a determinant affect in the psychic economy of the perverse subject. The author linked the primitive anxiety provoked by the danger of inexistence to its compensation through a grip on the object, which, apart from perversion, is also encountered in nostalgia.

The nostalgic disposition also indicates in a generic way an ability of the subject for autoerotic satisfaction. The salient feature of autoerotism is the ability it brings in enabling the hallucinatory restitution and

reproduction of the primary nourishing object inside the mouth. This *neo-object* that autoerotism will *discover* but will, most of all, create, will offer every resemblance with the lost primary object, while not being the same (Fédida 1993). The nostalgic object has a similar function, since it also attempts to restore a lost object, without it being the same. From this perspective, as the autoerotic movement and activity allows for fantasy formations, it could be thought that nostalgia keeps close ties with phantasy and its function. It could even be claimed that nostalgia forms the basis of the unconscious fantasy life. Nostalgia—as Freud mentions in one of his letters to Fliess in October 1897, only a few days after his first reference to the Oedipus legend—has in it an organizing character and is linked to infantile masturbation and the organization of fantasies in the infant:

This infantile character develops during the period of “longing,” after the child has been withdrawn from the sexual experiences. Longing is the main character-trait of hysteria ... During this same period of longing the phantasies are constructed and (invariably?) masturbation is practiced. [Freud letter to Fliess, dated October 27, 1897, *S.E.*, 1, p. 267]

The Freudian perspective is certainly different from that of Klein, as in the latter fantasy is present from the beginning, being extremely precocious. In the thought of Freud, however, the absence of the object will allow the coming and construction of the hallucinatory satisfaction of desire. The infant commences recollecting the breast that offered him satisfaction, starts fantasizing about it, and thus replacing it in a hallucinatory way. To achieve such a thing, the absence of the object is necessary, yet not enough. Before that, it is necessary for the primary object-breast to have already offered pleasure to the infant. In these favorable cases, when satisfaction has been sufficiently achieved within the primary object relationship, nostalgia for this attachment will have an organizing character. As Denis (1994) noted: “The richer in satisfaction the relationship with an external object was, the more possible its mourning becomes” (p. 149, my translation). In these cases, it could be expected that nostalgia will have such an organizing property for the ego, that it will allow access to mourning for the lost object.

On the contrary, when early deprivations and/or frustrations of satisfaction or precocious experiences of extremely intense pleasure and excitation contributed to an early trauma in the child, then nostalgia—which deep down is about the primary object relation—risks to fail concerning its organizing function for the psyche. In these cases, if not completely absent, nostalgia acquires an intensely compulsive, almost addictive character, which endlessly perpetuates the deprivation or the excess of pleasure. It therefore reproduces trauma and points to an inability of working through any loss, which, as “the shadow of the object” falls upon the ego (Freud 1917, p. 249), risks of carrying it away in a narcissistic collapse, akin to that of melancholia. In such cases, as evidenced through Persa’s case, nostalgia leads to an unceasing quest for the frustrating object, in dream life but in waking life as well. Thus, the subject feels he has lost something but “one cannot see clearly what it is that has been lost” or “he knows *whom* he has lost but not *what* he has lost in him” (Freud 1917, p. 245, italics in original).

Persa’s reminiscences lead to a past where intense and early frustration dominated along with infantile insomnia, an indicator of a deficient primary narcissism, and finally a past with a predominant lack of geographical and mental space. Her mother is absent in these memories, worse still, she is nowhere to be seen, reminding of what Green (1980) called *the dead mother*. “With my mother,” says Persa, “there is not any shade of emotion. Everything is very menacing and intrusive. Everything becomes dead.” Her only childhood memory she has of her is “plucking her eyebrows in front of a mirror.” In her childhood summer trips to the sea, Persa cannot remember her mother anywhere; on the contrary, she remembers a family friend she names “Aunt Mary,” “being there for the children.” Her dreams have no pleasure, usually the repetitive pattern in them is that of a loss: the patient looks for something she has lost but does not find it. In the place of such an absent mother, she put early on an imaginary friend-interlocutor, as a representative of a twin self which was the result of a splitting, in order to cope with early annihilation anxiety: “After her first child, my mother must not have been keen on the idea of having another child. It was more than she bargained for and did not want more. I was born because my father wanted to, and his reasons for wanting so was to have a son” (hence the dreams in which she is the possessor of a penis). The day of her mother’s preterm labor, her

parents had gone on a trip out of Athens. The labor, being premature, was unexpected and occurred during a public holiday that cut the family trip short. On their way to the maternity clinic, “my parents must have been arguing, as if I had got on their nerves; I think my mother must have thought that I was going to die ... I think that from early on the belief that I was an unwanted child established itself in me but also that I had to owe them a favor, that I had to be grateful, simply for being alive.” Here, the fantasy is not just the classic one of an unwanted child but one of an unwelcome child (Ferenczi 1929), which is different and is something that Ferenczi connected with the death drive, later seen in these children. It is also about what Lafond (1992) described regarding nostalgia in the term of *alienation to the mother*, as a survival condition for the subject.

MOURNING, NOSTALGIA, MELANCHOLIA: THE RELATIONSHIP OF NOSTALGIA WITH THE EGO IDEAL AND ILLUSION

In Persa’s case, the recollection of the past and nostalgia for it do not usually lead to a storyline with a beginning, middle, and an end, nor to a hallucinatory replacement of a satisfaction or a pleasurable infantile memory. The attraction of secondary masochism is such, that it renders nostalgia deficient or paralyzed. Here, nostalgia’s character immobilizes the present and the outcome is a constant sense of weight by the patient: “I feel a weight,” the patient has said time and time again, a phrasing that can be understood in a twofold way. “On the one hand,” on the level of the manifest content, she means that she feels *having* a weight, whereas “on the other hand,” on the level of the latent content, she herself feels *being* a burden to the insufficient, absent, and disappeared mother. She saw her mother in an old picture, young and beautiful before she had children. Her grandmother, too, had looked more beautiful and coquettish than she was when she knew her. She concluded by saying: “It’s as if the children cut the life of these women short.” However, apart from old pictures, her mother is missing from her memory and she has been looking for her to no avail in her dreams, in the form of a lifeless object she has lost but cannot find. For Fédida (1976), while mourning, just like its negative outcome, depression, have to do

with *loss*, melancholia is on the contrary more related with *disappearance*. In Persa's case the disappearance of the object-mother's trace is the dominant element. The mother is not simply absent, she is completely disappeared, making it impossible to find her—i.e., to “refind” her: “It is strange, but I don't remember my mother anywhere in the house when I was little. We were discussing it with my sister the other day, and we both ended up wondering: ‘Where was mother?’ She must have been at home all day, but neither of us remembers her, we don't have an image of hers inside the house.”

On the contrary, in its more evolved forms, such as that in Katerina's case, nostalgia is mostly linked to the ego ideal. In these cases, it is usually placed by authors (Denis 1994) between mourning and depression. For Denis, nostalgia is a kind of alternative *both* for mourning *and* depression. For as long as these both prospects remain open, it could be said that nostalgia corresponds to a time of indecision and hesitation.

According to Denis, nostalgia is about the desire to return to something that has been lost. The same author has put forward the idea of a *nostalgic position*, considering it an essential organizer of the psychic economy of certain patients. These patients are in such a constant “waiting for the past,” that a great part of their psychic energy is devoted to keeping a part of the past in life, more specifically, the memories of the emotions that were once experienced, not so much with a person but in relation to that person. Maintaining the investment in a lost past may remind us of a melancholic process; however, what characterizes nostalgia is the special use of reminiscence. According to Denis, it is a kind of fetishization of memory that aims not only at fighting against the perception of the lack, but also at negating it. Neyraut (1967) used the words *manipulation of the representations* for persons with a nostalgic psychic organization. On my part, I would claim that there is a crystallization of reminiscence, reminding of a kind of mummification of the past.

As we are looking into the relation of nostalgia with the past, it would be important to look into its intimate bond with the ideal. In 1914, Freud wrote:

This ideal ego is now the target of the self-love which was enjoyed in childhood by the actual ego. The subject's narcissism makes its appearance displaced on to this new ideal

ego, which, like the infantile ego, finds itself possessed of every perfection that is of value. As always where the libido is concerned, man has here again shown himself incapable of giving up a satisfaction he had once enjoyed ... What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal. [Freud 1914, p. 94]

This means that the formation itself of the ideal indicates, according to Freud, the taking of a distance vis-à-vis primary narcissism, since it is linked to a displacement compared with primary narcissism itself and the infantile ego. However, we could say that, at the same time, it also corresponds to a nostalgic attempt to return to the omnipotence of the lost primary narcissism. In other words, the ideal ego could be seen as the sacred and interminable nostalgic survival of a lost narcissism.

Even so, the relation of nostalgia with the ideal is far from being univocal. Studying the specificity of the nostalgic object, Lafond (1992) distinguished three types of nostalgia. The first one is encountered in sufficiently Oedipal structures. Hence, in this case, the nostalgic object is the father and is linked to the ego ideal. The second type concerns pre-oedipal structures, in which the nostalgic object is about the symbiotic mother. The third type of nostalgic object attempts to revive the once grandiose self of the child. While the first type is inscribed in the context of the ego ideal, the last two types of nostalgic object have to do with the ideal ego.

According to Denis (1994), the nostalgic object has the merit of respecting the possibility of a pleasure and, also, of leaving some leeway to autoerotism, unlike depression, in which the person overinvests in the shadow of the object. On the contrary, in nostalgia, the person overinvests in the glow of the object, which results in a revenge on the past, thereby placing us in the face of a manic temptation. This condition is constructed based on a confusion between the object and the ego ideal. In nostalgia, the ego ideal does not appear as an agency, in relation to which there may be some flexibility in the object-choice. Here, the ego ideal is confused with the possession of the object, the loss of which must be denied by the ego. As a result, when the nostalgic feels he has acquired some control over the lost object there is a feeling of triumph, which is close to the collusion between the ego and the ego ideal.

Consequently, for this author, nostalgia is finally in an intermediate position between mourning, depression and mania. As he wrote: "Mourning accepts the loss, depression refuses it and nostalgia by-passes it" (Denis 1994, p. 145, my translation). We could add that melancholia erases the loss by the cannibalistic incorporation of the lost object. According to Denis, nostalgia can form an outlet in the evolution of a depressive organization. Therefore, if the nostalgic system is trespassed and defeated, then the shadow replaces the glow of the object.

For other authors, such as Geahchan, nostalgia, being in an intermediate position between the neurotic and melancholic ones, has a defensive and protective character against the emergence of a melancholia (Geahchan 1966). In the perspective he put forward, we could generally distinguish two possible positions the analysand could take vis-à-vis the mourning he will be called to go into during analysis, whether it concerns losses of real objects or giving up infantile love objects. The first position involves hysterical and narcissistic identifications. These identifications maintain the attachments with the object, each one in a different way, when *Ananké* puts them at risk. In such cases, the work of mourning will be generally accepted, whichever difficulties it may face. On the contrary, in the second case, the work of mourning is avoided without, however, the subject reaching extreme cases of hallucinatory psychosis or narcissistic neurosis, thanks to the establishment of a *nostalgic object relation*.

This could mean that, to a certain extent, nostalgia is the guarantor of reality-testing, but only to a "certain extent," as the recognition of the object loss is partial and uncompleted, since the existence of the lost object is psychically prolonged for a long time. As we know, for Freud, the compromise which occurs between the demands of reality-testing on the one hand, and the opposition aroused against it on the other hand, is so extra-ordinarily painful that it makes the work of mourning enigmatic in terms of economics (Freud 1916, p. 306; 1917, p. 245). However, in the case of nostalgia, this compromise is even harsher than in mourning, because the rebellion against the recognition of the loss of the past is more intense.

Focusing now on the relation of nostalgia with the perpetuation of the pleasure principle, it could be said that when a person is nostalgic about something (person, situation, condition) from the past, he is in

pain in the present for a once pleasurable thing he has lost. Deep down, in nostalgia, the affect concerns the pain generated by the loss of the exclusive primacy of the pleasure principle. It could be therefore assumed that in subjects in whom nostalgia acquires an intense character, this loss and its accompanying establishment of the reality principle were either experienced extremely early and brutally or too late. As a result, in both the former and the latter case, the subject constantly recollects a primary pleasure state he refuses to give up. In returning to an idealized past, he attempts to revive this primal condition, so as, through this revival, to repair its deficiencies or retrospectively work through the plethora it once had. From this perspective, nostalgia corresponds to a secondary attempt of rehabilitating an early trauma.

Even though we previously saw that nostalgia maintains complex bonds with the ideal, it could be assumed that, in general, the ability to be nostalgic attests to the successful passage from the archaic and unattainable ideal ego to the more evolved ego ideal. This passage carries the mark of transitioning to a mature superego function, which among other things ushers the subject in the dimension of time, thanks to the ability to expect it brings but also thanks to the establishment of distance from the object. The idealization is the focal point where pleasure and reality cross one another; by coming to build the space between them, nostalgia corresponds to what Winnicott described as a legitimate illusion: "The infant can now begin to enjoy the *illusion* of omnipotent creation and controlling, and then can gradually come to recognize the illusory element, the fact of playing and imagining" (Winnicott 1960, p. 146, italics in original).

Nevertheless, as the nostalgic does not give up the fantasy of omnipotent control over the object, it could be claimed that he has not arrived yet at what Winnicott named *use of an object* (Winnicott 1968). During the first stage of the analysis, Katerina said that she would "feel guilty" if she managed to solve the problem with her love affairs at the end of the analysis, "got married, became a mother" and then, ended analysis and left me. She added, "I would feel as if I had used you." Although she herself seems to recognize the transferential dimension of her feelings, since she connects her guilt towards me to what she had felt when she left her ex-boyfriend to move on with another man, her words also indicate her difficulty to make use of the object-analyst. In

other words, they point to her difficulty to place the object in an area outside her omnipotent control, as an object of external reality, as an “external phenomenon” and not as a projective entity—i.e., as an *objective object* and not as a *subjective object*.

Yet, the nostalgic subject has developed *the capacity to be alone*. As Denis (1994) noted, nostalgic patients tend to re-establish a situation of *solitude in the presence of the object*, which is similar to *the capacity to be alone in the presence of the mother*, described by Winnicott (1957) as the ground-work of the capacity to be alone.

The nostalgic illusion consists in the creation of a parallel reality. To the extent that it concerns the past itself of the subject, its origin is narcissistic, which is moreover indicated by the expectations of the nostalgic subject. These expectations, which directly involve the ideals of the subject, maintain close ties with the historicization of the subject and place themselves vis-à-vis his own past as well as his own future. It is as if the nostalgic patient were in the waiting room, waiting for his past.

CONCLUDING COMMENTS

By prolonging the past in the present, nostalgia refuses the transience of life. By maintaining an intimate bond with the past, it attempts to form a deeply held bond with the future, laying on it the hope of rehabilitating but also of reviving the past. On the other hand, nostalgia emerges as an offset against the inability of the present to reproduce and bring the past back. Freud became nostalgic when, in 1936, he wrote the letter to Romain Rolland, recollecting the Acropolis incident that had happened to him in 1904, that is 32 years earlier. At the end of the letter, he revealed that the reason behind his frequent recollection of this incident in his old age was because he could no longer travel as he wanted to and as he had done so in the past (Freud 1936). Nostalgia corresponds to what Freud (1916, 1917) called a *revolt against mourning*. In that way, the nostalgic subject depreciates the present to the benefit of a dominance of the past, which not only he idealizes but also—in refusing to accept its perishability and its past nature—he attempts to make it endless.

In this paper, I attempted to introduce the premise that, deep down, nostalgia pertains to the quest of returning to the relationship

with the primary object. However, this quest does not always acquire a uniform character. Hence, I endeavored to distinguish between two different types of nostalgia. The first one reproduces a “perpetual recurrence of the same thing” (Freud 1920, p. 22), is caught up in the whirl of a deadly masochism and is related to a constant search for a past which does not “go away,” against which the subject tries to take revenge at a drive level. In such cases, it could even be claimed that there is a drive revenge of the nostalgic subject against his own past and it could also be assumed that this drive movement emanates from the death instinct. On the other hand, the second type of nostalgia pertains to the inscription on the ego ideal and springs up as a defense against mourning, but also as a manifestation of a work of mourning that has not been accomplished. However, in this type of nostalgia, access to mourning is not inconceivable, since the outlet is left open. The guilt about getting over the past is inscribed in the context of the Oedipal problematic, included in the psychosexual development of the subject. Nostalgia in these cases takes the form of a defense against perverse solutions, and that results in the sacralization of the past itself. Here, the attachment to the object is preserved, in contradistinction to the former type, in which the object has remained disappeared for a long time and where nostalgia, that is the resorting to the past, engages a defense mechanism which aims at confirming the impossibility of hoping for psychic recuperation. In this more adverse type, nostalgia is not about a defense against infantile sexuality but against early annihilation anxieties and fears of being devoured, anxieties related to the existence itself of the subject, while access to the mourning for the past is substantially more difficult. In many respects, it could be rightfully claimed that, in fact, here, the work of nostalgia fails, or it does not become functional, for the psychic economy of the subject. Finally, in these cases, due to failures of primary narcissism, nostalgia is linked with the unattainable archaic ideal ego, which directly involves the body through somatizations, as seen in Persa’s case.

The double face of nostalgia, as I attempted to highlight it in this paper, is possibly an intrinsic feature of the term itself when, simultaneously, pain (*algos*) for the past signals a desire for it. Thus, nostalgia outlines the complex relation of the subject with his own desire. In Neyraut’s (1967) words: “Nostalgia looks as if it cradles a dead child; everyone smiles or cries, either because some believe that the child is

dead or because some believe that the child is alive" (p. 58, my translation). Therefore, nostalgia is likened to the movement of a pendulum, with the present placed in one pole and the past in the opposite pole; in one pole there is something dead and in the other pole there is something alive, with the difference that here the polarity is reversed—i.e., the past is the living part and the present is dying in its favor.

Nostalgia must be seen as a ploy that aims at avoiding mourning. This ploy attempts to replace the pain, which is generated by mourning for the lost past, with a longing for it. Nevertheless, this ploy is not always successful. Sometimes, nostalgia is placed at mourning's service, allowing its purposes to bear fruit or preparing the ground for it. When nostalgia facilitates the work of mourning, it corresponds to a creative illusion of the subject. But even when it hinders the accomplishment of a mourning process it corresponds to a legitimate illusion. Nostalgia is a kind of uncured love if not a kind of incurable love. It is not a psychoanalytic concept, but its meaning, its inseparable bond with the past and especially with childhood as well as with the feelings of suffering and longing for a past which has always elapsed but simultaneously remains actual and alive, render nostalgia kindred to analysis and, to a certain extent, inherent in the analytic process. Life is a journey and analysis is a nostalgic journey of life—after all it is the nostalgia for that journey which is called life.

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THE DEBATE BETWEEN JANET AND FREUD REVISITED: TRAUMA AND MEMORY (1892-1895/1913-1914)

BY LUIS CÉSAR SANFELIPPO AND ALEJANDRO ANTONIO DAGFAL

The relationship between trauma and memory disorders is not an essential one; in fact, its origins can be traced back to the 1890s, to the works of Janet and Freud. In this article, we focus on two brief but fundamental periods in the works of both of these authors (1892-1895 and 1913-1914). Against most contemporary literature on the subject, we argue that Freud's works gave much more importance than Janet's to the relationship between trauma, memory, and pathology. Furthermore, we reconstruct two essential parts of their debate: the discussion about the relevance of hereditary and accidental factors and the one about the function of memory within the framework of treatment. As bibliographic sources, we use theoretical and clinical works—allowing for a better appreciation of the relationship between trauma and memory in both authors' theories and practices.

Keywords: Janet, Freud, history, trauma, memory.

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The relationship between the notion of trauma and memory disorders is not an essential one; in fact, its origins can be traced back to the 1890s. Throughout the nineteenth century, the word “trauma” was barely used in the medical world. It implied a mechanical action that affected the organism, producing a lesion that acted as if it were the immediate cause of symptoms. In cases where nerve centers related to memory functions were damaged, as a result, an anomaly in the subject’s memory could appear. However, no one considered trauma to be essentially a memory problem. Towards the 1880s, by different paths, a *psychologization* of trauma was produced (Hacking 1995, Leys 2000), implying that an *idea* or an *emotion* could generate symptoms in the absence of a physical lesion. However, at this point, memory was not yet given a central role in the pathogenic process. It was not until the last decade of the nineteenth century that the connection—that today seems evident and everlasting—between trauma and memory was established. The process of *memorialising* this ancient notion mainly took place in Janet’s and Freud’s works, which began to study this subject using the interplay between memory and amnesia as a starting point. For them, a traumatic event was not a mechanical blow nor was it an emotion or an idea, but the *memory* of an experience that, although *forgotten* by the subject, was active in him or her beyond consciousness and will.

Nowadays, there is a great amount of fairly recent literature dedicated to this historical problem, generating a new debate on the work of these two clinicians. These texts, whose authors often defend contemporary perspectives, are closely linked to the neurosciences and cognitivism, and not only had an impact in the field of psychopathology and psychotherapy, but were also referenced in several contemporary studies on social memory. For example, in the book *Trauma. Explorations in Memory* (Caruth 1995), we find a paragraph that clearly illustrates the current historical debate around Janet’s and Freud’s role on the subject:

Using only careful clinical observations, these early psychologists, particularly Janet, developed a comprehensive formulation about the effects of traumatic memories on consciousness. Even though Janet’s views were well known during the early part of this century (...), and though he accurately anticipated the developments in the neurosciences in the 1970s and 1980s, his monumental legacy was crowded

out by psychoanalysis, and largely forgotten, until Henri Ellenberger (1970) rescued him from total obscurity (...). For the past seventy-five years, psychoanalysis, the study of repressed wishes and instincts, and descriptive psychiatry virtually ignored the fact that actual memories may form the nucleus of psychopathology and continue to exert their influence on current experience by means of the process of dissociation. [Van der Kolk and Van der Hart, 1995, p. 159]

This passage has the virtue of pointing out the need for revisiting Janet's works, mostly unknown to the contemporary Anglophone readers, not only because English translations are scarce but also because his ideas remained in the shadow of Freudianism for many years. However, Van der Kolk and Van der Hart seem to read the past through the lens of present battles, attacking psychoanalysis and holding it historically responsible for "crowding out" Janetian thought. This kind of celebratory narrations presents the French doctor as pioneer who discovered "indisputable facts" and "anticipated" investigations that today are considered to be true.

These authors state that "Janet distinguished narrative memory from the automatic integration of new information without much conscious attention" (Van der Kolk and Van der Hart 1995, p. 160) or that, he "emphasized most forcefully, however, the role of vehement emotions such as terror in response to traumatic events" (Van der Hart and Horst 1989, p. 403). Furthermore, he was the first to "systematically elaborate on the concept of dissociation" (Spitzer, Barnow, Freyberger, and Grave 2006) and "the first to show clearly and systematically how [the concept of dissociation] is the most direct psychological defense against overwhelming traumatic experiences" (Van der Hart and Horst 1989, p. 397). Finally, "Pierre Janet's therapeutic approach to traumatized patients was the first attempt to create a systematic, phase-oriented treatment of post-traumatic stress" (Van der Hart, Brown, and Van der Kolk, 1989, p. 379). This type of analyses seems to state that the brilliant French philosopher and doctor created a theoretical and therapeutic framework centered on trauma, where the pathology was not caused by hereditary factors but traumatic experiences. These experiences produced a dissociation of consciousness and impaired the normal functioning of the narrative memory, thus constructing a "literal" memory of the event. On the other hand, these accounts imply that Freud was

someone so blinded by his theory of repression of desires and instincts that he was unable to see (and had complicated the discovery of) the role that lived experiences could potentially play in the pathogenic process (Van der Kolk and Van der Hart 1995).

As opposed to that kind of biased reconstruction, we argue that, in fact, Freud's works gave much more importance than Janet's to the relationship between trauma, memory, and pathology. For this purpose, we will focus on two brief, but fundamental, periods in Janet's and Freud's works (1892-1895/1913-1914). Furthermore, we reconstruct two essential parts of their debate: the discussion about the relevance of hereditary and accidental factors, and the one about the function of memory within the framework of treatment. We believe that these issues are important not only for history of psychoanalysis but also for current psychoanalytic practice. Finally, as bibliographic sources, we use theoretical and clinical works, allowing for a better appreciation of the relationship between trauma and memory in both authors' theories and practices.

THE CONCEPTUAL DEBATE BETWEEN JANET AND FREUD (1892-1894): WEAKNESS OR DEFENSE? INHERITANCE OR TRAUMA?

In 1892, Pierre Janet gave three conferences on hysteria at the Salpêtrière hospital (Janet 1892a, 1892b, 1892c), which Freud soon commented in his article on paralyzes (Freud 1893). Those conferences were published the same year in *Archives de neurologie*, a journal directed by Charcot and were reprinted in 1893, as a part of a book called *L'Etat mental des hystériques: Les stigmates mentaux* (Janet 1893). In these conferences, Janet mentioned anesthesia, amnesia, and suggestions (diseases of sensibility, memory, and will, respectively). Together, they make up the *stigmates*, or mental states of hysteria that, in contrast to *accidents* (such as subconscious acts, fixed ideas, somnambulism, etc.), should be present in all cases of that pathology.

Regarding hysterical anesthesia, Janet maintained that it could be systematized localized or general. He searched for a mechanism common to all of its forms (Janet 1892a). To this end, Janet used a framework outlined in his work *Psychological Automatism* (Janet 1889) in which sensibility, or the possibility of saying *I feel* (of articulating a new

sensation with the “ego”), would imply a “two-moment operation” (Janet 1892a, p. 34). A first moment was characterised by “*elementary sensations, affect states (...), subconscious phenomena (...)* that are simple, psychological facts, without the intervention of a concept such as that of personality” (Janet 1892a, p. 341). A second moment entailed a process by which “a grouping was carried out, a synthesis of all the interrelated, elemental phenomena that, in turn, combined with the vast and precursory notion of personality” (Janet 1892a, p. 341). For Janet, this synthesis was not a “defense mechanism,” because he did not believe in the existence of a psychological conflict to resolve. Rather, since his first doctoral thesis (Janet 1889), the synthesis consisted of a normal psychological process that allowed integrating each element to “the groups of previous images and judgments that form the ego or personality” (Janet 1889, p. 306). The failure of this second operation made elementary sensations (or elementary memories) remain isolated from consciousness, becoming potentially pathological.

From this viewpoint, hysterical anesthesia did not imply a failure of the first operation (the registration of simple elements), but of the second one (the synthesis or integration), due to the “narrowing of the field of consciousness” that did not allow the integration of every single element to the ego (Janet 1892a, pp. 344-345). Thus, for Janet, “hysterical anesthesia is not (...) an organic disease” but “a disease of the personality” (Janet 1892a, p. 352).

Concerning memory disorders, Janet stated that, “amnesia is central to hysteria, as it is one of the cardinal symptoms of this condition” (Janet, 1892b, p. 30). According to him, memory problems constituted “the main factor that intervened, to a greater or lesser degree, in all the other symptoms,” such as paralyses, mutism, and somnambulism (Janet 1892b, p. 30). In other words, memory is a function that can be altered by a particular illness, but it is also a factor central to the characterization of all psychological phenomena.

Janet identified two functions of the memory: the “conservation of remembrances” and the “reproduction—albeit diminished—of [pre-existing] images” (Janet 1892b, p. 38). Specific amnesias could alter each of these functions. In the case of hysterias, however, neither of these functions was completely compromised. In these pathologies, loss of memory was understood as a problem of the capacity to synthesis. According to

Janet, “there is no concrete destruction of elemental psychological phenomena, sensations or images; instead, there is always an impotence, an insufficiency of the synthesizing ability,” of the ability to incorporate an image to the rest of the existing schema of remembrances. This insufficiency is the reason for which an element is dissociated from a subject’s consciousness and can only be reproduced in certain circumstances characterized by automatisms, such as dreams, automatic writing, and somnambulism (Janet 1892b, p. 54).

Janet presented the weakening of the ability to synthesize in his third conference, as a part of an analysis on the use of suggestion in hysteria. The underlying condition that makes the subject vulnerable to suggestion is “of the same nature as anesthesia and hysterical amnesias” (Janet 1892c, p. 469). Thus, the failure of the capacity to integrate an elementary sensation from the present, or to integrate an elementary image from the past (stored in the memory) to the group of ideas that make up the ego, leads to a negative phenomenon: the *absence* from personal consciousness of a sensation or a memory. In the case of suggestion, however, the inability to synthesize causes a positive phenomenon: the *presence* of an idea whose constituting elements (visual, tactile, olfactory, motor, etc.) are present in a manner completely independent from a subject’s will. For example, during a hysteric attack, the person not only does not remember a past event in a faithful manner, but also, “repeats, ... with extraordinary precision an occurrence, an accident, or an idea” (Janet 1892c, p. 449). Through the use of examples such as these, Janet defines suggestion as, “the automatic development of all the elements contained in an idea, development that is produced without the participation of the will or the personality, unrelated to present circumstances” (Janet 1892c, p. 457). In other words, suggestion depends on a “specific problem of the will,” on an “abulia” (Janet 1892c, p. 469). That is, a weakness of the synthesizing power that makes it unable to stop the automatism of associations, since it is no longer able to integrate pre-existing ideas with the personality nor with the demands of the present situation. As a result, the hysterical subject cannot conduct his behavior voluntarily but *repeats* the past.

In the article “Contemporary definitions of hysteria” (Janet 1893a; 1893b), Janet explains further how he categorizes hysterical phenomena as a weakness of the synthesizing ability. After definitively refuting that

all hysterical phenomena could be defined by the mere influence of representations—as upheld by Möebius and Strumpell (Janet 1893a, pp. 421-423)—Janet introduces “the splitting of the personality” as the defining characteristic of hysteria (1893a, p. 426). For him, ideas that emerged during a state of altered conscience were dissociated from regular consciousness and acquired the strength needed to develop symptoms (Janet 1893a, p. 435). According to this perspective, the ideas themselves were not central to the production of the pathogenic phenomena since “the strength of these ideas depends on their being isolated” (Janet 1893a, p. 435). For Janet, the splitting was the cause that certain ideas became pathologic (as we shall see further on, soon after, Freud would change this principle by stating that the defense against certain ideas would cause the splitting). Finally, Janet included a fragment of his first thesis, where he declared that “the essential trait of this dissociative illness is the emergence, within consciousness, of two groups of phenomena, one that makes up the regular personality, and another one that has a tendency towards ... the development of an abnormal personality” (Janet 1889, p. 367; 1893a, p. 436).

Freud’s name appeared for the first time in Janet’s works in connection with these ideas. For the latter, the “Preliminary Communication” (Breuer and Freud 1893) was “a text essential to confirm our earliest studies,” since the Viennese authors considered that the disposition towards dissociation was a fundamental feature of pathological hysteria (Janet 1893, pp. 437-438). Janet’s first reference to Breuer and Freud’s work set the tone for the numerous references that would follow. At first, the French doctor emphasized that his own ideas on the subject preceded those of Breuer and Freud and, secondly, he sustained that what his colleagues upheld as essential, general, or universal only explained some elements of the pathology, but not all of them. From Janet’s perspective, by considering the splitting of the personality as the oldest and most fundamental phenomenon of hysteria, Freud and Breuer were ignoring two factors: on the one hand, that stigmas could not be explained by the dissociation of an idea from the ego (Janet 1893b, p. 1) and that, on the other hand, the cause of this dissociation continued to remain unknown. For Janet, this dissociation was based on a weakness, “the impotence presented by the subject ... to gather and condense his psychological phenomena so as to assimilate them to his

personality" (Janet 1893b, p. 7). "The splitting of the personality" would be "the immediate consequence of this psychological weakness in the ability to synthesize," of this "narrowing of the field of consciousness," that would constitute the primary and most essential element of hysteria, present in all cases and capable of providing an explanation for all accidental phenomena (Janet 1893b, p. 10).

The central role given by Janet to the weakness in the ability to synthesize allowed him to liken hysteria to another type of pathology: psychasthenia (Janet 1893b, p. 22). Although presenting different symptoms, such as "the delirium posed by doubt, ... obsessions, impulses, phobias, etc." (Janet 1893b, p. 22), both hysterias and psychasthenias, shared the same "mechanism," the same psychological "diminished integrative activity" (Janet 1893b, p. 24).

Nevertheless, the question remains as to the origin of this weakness preventing the integration of certain psychological phenomena to the rest of the personality. If a traumatic event could cause it, then, it is true that Janet was the clinician who most "strongly emphasized the role of vehement emotions, such as terror, in response to traumatic events" (Van der Hart and Horst 1989, p. 403). However, the text quoted above, which summarizes Janet's ideas on the subject, as well as those of his contemporaries, stresses the heredodegenerative aspect of the pathology:

Pathogenic *inheritance* plays in hysteria, as in other mental illnesses, an absolutely fundamental role ... we can state that this pathology is a "*degenerative illness*." A great number of circumstances play the role of "provoking agent" and manifest, by means of a series of accidents, this latent predisposition. These are: haemorrhages, anaemic and chronic illnesses, infectious diseases, typhoid fever, organic illnesses of the nervous system, diverse intoxications, physical and *moral shocks*, shameful *emotions* and, above all, a series of emotions of this kind. [Janet 1893a, p. 27, emphasis added]

Psychological trauma held a tiny place in this long list of provoking agents that manifested a "psychological unfitness" of a hereditary nature (Janet 1893a, p. 28). Janet, like his predecessors, continued to consider the etiological question in *hereditary* terms. *Thus, contemporary authors' claim that the concept of trauma was central to Janet's work is far-fetched.*

Our hypothesis is that Freud, during the same period, followed exactly the opposite way. The time he had spent in Paris during the previous decade had influenced his first works, showing that he was a faithful and dedicated student of Charcot's. Charcot's work attempted to trace the semiological boundaries of hysteria and to find a physiological explanation for the production of symptoms. However, as Freud advanced in his exploration of a pathogenic mechanism and etiology, the breach between him and his French colleagues widened. At this time, trauma became the privileged means to establish a possible accidental origin of the pathology instead of hereditary factors.

The first work where this dispute became apparent was "The neuro-psychose of defense" (an attempt at a psychological theory of acquired hysteria, of many phobias, and obsessions and of certain hallucinatory psychoses) (Freud 1894). Two observations can be derived from this title. On the one hand, like Janet, Freud had the intention to liken hysteria with obsessive and phobic disorders, in an attempt to present a psychological mechanism common to both pathologies (even though he did not agree with Janet that what was at stake was a weakness in the capacity for synthesis). On the other hand, Freud put forth the possibility that hysteria was an acquired pathology and that the "splitting of consciousness" was not a "primary feature of the mental change of hysteria" which would be "based on an innate weakness of the capacity for psychical synthesis" (Freud 1894, p. 45). In the case of "defense hysteria," the dissociation was a *consequence* of the patient's failed attempt at forgetting, when, "an occurrence of incompatibility took place in their ideational life" (Freud 1894, p. 46).

Thus, the splitting of consciousness would be the undesired *effect* of the attempt to forget a representation that conflicted with the ego. After the defense operated, the representation was repressed, separated from the ego and, a pathological phenomenon emerged in its place that acted as a mnemonic symbol of what had been forgotten. The symptom would consequently be a *pathological way to remember* what consciousness attempted to forget.

Moreover, in this text, Freud defined the "traumatic moment" as the instant at which the appearance of a representation incompatible with the ego caused the splitting of consciousness (Freud 1894, p. 47). This raises the question regarding what the author means by trauma, since his argument places memory in such a central role. One may come to

the conclusion that the source of trauma does not depend either on the event or on the intrinsic traits of the representation that is to be repressed. Neither does it depend on a supposed weakness of the subject that experienced the situation. Instead, it would depend on the *relationship of incompatibility* that was established *between* a representation and the group of representations that make up the ego. If the nature of trauma depends on a relationship then, it is possible to understand why the same situation can be traumatic for some (if it is incompatible with their ego) and harmless for others (for whom the representation is not contradictory). Moreover, this “relational” character of trauma allows us to understand why certain events are often traumatic for many members of the same community, who share the same representational world.

Therefore, the crucial element is the subject’s response to the traumatic agent. Not all cases led to a “defense” that produced symptoms. In fact, symptoms only appeared in those cases where “the subject decided to forget about it because he had no confidence in his power to resolve the contradiction between that incompatible idea and his ego by means of thought-activity” (Freud 1894, p. 46). The possible answers were two: forgetting the irreconcilable representation (which led to neurosis) or trying to solve the contradiction. The German term used by Freud for this second option is *Denkarbeit*, in other words, mental *work*.

Thus far, we have only analyzed some works where Freud and Janet presented a conceptual exposition of their hypothesis on neuroses. However, it is also necessary to take into consideration other works that give an outline of their clinical practice, presenting their views on the therapeutic effects of their own practices.

THE CLINICAL DEBATE BETWEEN JANET AND FREUD (1894-1895): BEYOND MEMORY

In 1894, Pierre Janet published an article that clearly illustrated certain general, clinical guidelines that would be a part of his work throughout his lifetime. The “History of a fixed idea,” appeared in the *Revue Philosophique de la France et de l’Etranger*, directed by Théodule Ribot (Janet 1894). In this text, he presented the treatment of his patient Justine, a 40-year-old woman whose fear of cholera emerged as a fixed idea that greatly impaired her day-to-day routine. Justine suffered hysteric attacks every

time that any reference, albeit remote, was made to something that could be related to the idea of cholera. These attacks included contortions and expressions of terror, followed by amnesia, which could last for hours.

Janet considered that, since she was consumed by this idea, Justine was “unable to perceive conscious phenomena nor conserve her memory of them” (Janet, 1894, p. 124). The clinician decided to “enter, so to speak, into the dream. When Justine says, ‘The cholera is going to get me,’ I – Janet – respond, ‘Yes, I am taking your right leg,’ and the patient, who appeared to be completely clouded over and unable to respond to stimuli (...) would violently pull back her right leg” (Janet 1894, p. 124). Partaking in the dramatisation of her delirium during her attack allowed Janet to “provoke certain answers,” and “direct her spirit towards other subjects” (Janet 1894, p. 124).

For Janet, during Justine’s attacks, the fixed idea “cholera” was excessively developed the moment that Justine lost consciousness (Janet 1894, p. 122). This idea had its origin in the impact generated on her by seeing two cholera-ridden corpses at the age of 17. When asked about how to cure a patient of this fixed idea, Janet used the opportunity to criticize Breuer and Freud’s proposals. He stated that they had merely, “Reproduced ... previous studies of ours on subconscious fixed ideas” (Janet 1894, p. 127). According to Janet, the German-speaking authors had concluded that the problem with these ideas was that they had not been sufficiently expressed by the patient and, thus, “in order to cure the patient, the outward expression of these fixed ideas had to be facilitated” (Janet 1893, p. 127).

For the Janet, the effort to get the patient to express their fixed idea was only, “the first and simplest part of the work; a fixed idea is not cured by means of its expression – in fact, quite the opposite. Do Justine’s countless attacks not sufficiently express her fixed idea of cholera? ... could this new expression, this new attack, be considered a cure?” (Janet 1894, p. 127). Thus, it was not enough for the patient to express a remembrance (even less so when this expression took on the form of a symptomatic repetition). *Something else* was necessary.¹ This “something else” consisted of another procedure that was, “slower-

¹ As we shall see later, Freud, too, arrived at this same conclusion, although his premises were different.

paced, more indirect, but perhaps more powerful" (Janet 1894, p. 128). This procedure made Janet's practice more complex and thus disputed the assumption that his practice consisted of merely recovering a remembrance by converting a "traumatic memory" into a "narrative memory." As Ruth Leys points out, contemporary analyses of Janet's work by authors such as Van der Kolk, Van der Hart, or Judith Hermann, which highlighted the importance of remembrance in his work, seemed to ignore an element that Janet considered to be at the heart of his practice: "making the patient *forget*" those ideas that were at the core of their symptoms (Leys 2000, p. 106).

However, the quest for the patient to forget was not a simple attempt to suppress a memory. It could not be achieved merely by means of a suggestive order to not remember that fixed idea. "The fixed idea seems to be a construction, a synthesis of a great number of images," and, in order to reduce its pathogenic potential it was "necessary to *deconstruct* it, to destroy or transform its elements, and then, possibly, the group of elements as a whole would no longer be able to subsist" (Janet 1894, p. 128). For this reason, Janet treated "the muscle contractions and olfactory hallucinations" separately, in an attempt to *suppress* them with "an array of suggestive procedures" (Janet 1894, p. 128).

Yet, other elements, such as visual hallucinations, remained "indestructible." Thus, after the *deconstruction*, Janet sought to *modify them* instead of suppress them (Janet 1894, p. 128). In this way, he was able to dress the naked corpses that appeared in each attack and was even able to transform one of them into a Chinese general (whose name would be "Cho-le-ra") that Justine had seen in an exposition. "It was a complete success" when Justine was able to watch the General stand up and march: "he was no longer horrific" but "hilarious" (Janet 1894, p. 128).

In conclusion, after having successfully recovered the memory that was at the origin of the fixed idea, Janet took on the work of *deconstructing* it in order to later *suppress* or *modify* its elements, a process much more complex than simply using suggestion (although, this technique still played a central role in his therapy). Furthermore, this work did not include the process of integrating the traumatic memory into the personality. The memory was *transformed* (a part of it was forgotten and another remained, albeit altered) and, in this process, the effect it produced (or the affect provoked) on the person was also modified. *To*

retrieve and transform, remember and forget: the therapy consisted of a complex interplay between the two poles of the memory process.

Twenty five years later, in one of his most important works, *Les Médications Psychologiques* (1919), Janet continued to appeal to a similar model, although the terms had changed: as part of the therapeutic process, some of the past experiences had to be “eliminated” (Janet 1919, v. II, p. 290). At the same time, others would be “assimilated” to the personality (Janet 1919, v. II, p. 291). Without this process that implies a simultaneous movement between *assimilation* and *elimination, retrieval* and *transformation*, remembering would be impossible. “The individual who maintains a fixed idea of an event does not necessarily remember it” (Janet 1919, v. II, p. 274). Thus, the therapy consisted of eliminating certain aspects of this past experience in order to assimilate it to the subject’s personality, avoiding repetition.

However, neither Ruth Leys, nor other authors who have studied the subject, pointed out the fact that this clinical perspective—that gave a central role to how the memory processes traumatic experiences—was focused on the treatment of a few accidental symptoms of a neurosis. These symptoms were caused by a fixed idea whose origin could be found in a past experience. Once again, for a past experience to become a fixed idea, a pre-existing deficit was necessary: “The dissociation of certain functions, the loss of unity, the decrease in the ability to synthesize” (Janet 1894, p. 150). This was a factor that Janet considered to be fundamental throughout all of his work, from his first doctoral dissertation theses to his final publications. As he put it, “It is precisely this general characteristic that explains the vulnerability to suggestion and the multiplication of fixed ideas” (Janet 1894, p. 150). For Janet, the opposite (the idea that a traumatic even could cause dissociation and a failure to synthesize) was incorrect. In fact, the final twelve pages of his 1894 article were dedicated to describing Justine’s hereditary background, where there was a “fundamental psychological lesion” present in “all members of the family,” which caused “the superior mental functions—the capacity for synthesis—to decrease and disappear” (Janet 1894, p. 163). He proceeded to state clearly that the pathology was caused by a “mental degeneration” and not a traumatic event, thus dispelling any doubts as to what he identified as being its true origin (Janet 1894, p. 163).

However, Janet was “far from considering these hereditary diseases as incurable” (Janet 1894, p. 164). In fact, once the symptom upheld by the fixed idea was cured, the most important part of the therapeutic process began: that of the “education of the spirit,” a sort of “exercise” to “increase the ability to synthesize” (Janet 1894, pp. 151-152).

In short, if the recovery of the memory or its expression were not enough to cure the hysteria, the processes of deconstruction, elimination, or substitution of the remembrance would also be insufficient. The cure would require a “spiritual education” whose objective was to increase the mind’s ability to synthesize and overcome the inherited weakness that was the cause of the pathology. In this way, Janet inscribed his modern psychological perspective within a historical tradition: the educational and hygienist perspective, fond of French hereditarianism.

Although he agreed with Janet about the fact that the recovery of a memory was not enough to cure the neurosis, Freud took a different path. If the splitting of consciousness (provoked by an inherited weakness) were not the cause but the result of a defense against a conflict, the cure would then necessarily require a modification of the conflicting elements. In his early work “The Neuro-Psychoses of Defense,” there is a phrase already suggesting this direction. The phrase outlined a cathartic method that introduced an element that had not been included in the previous description of this technique, described in his *Preliminary Communication*,

The operation of Breuer’s cathartic method lies in leading back the excitation in this way from the somatic to the physical sphere deliberately, and in then forcibly bringing about a settlement of the contradiction by means of thought-activity [*Denkarbeit*] and a discharge of the excitation by talking. [Freud 1894, pp. 47-48]

The novelty of these statements lies in the need for a certain amount of mental *work* [*Denkarbeit*] to be carried out on the contradiction. If a representation were repressed due to its irreconcilable nature, finding it and expressing it would not be enough to bring it to consciousness; in fact, it would also be necessary to *transform the relationship* between the memory and the ego. Otherwise, nothing would prevent it from reappearing and laying the groundwork for a new act of repression. In other words, locating a repressed memory was not sufficient; it was also necessary to modify the role played by the repressive elements concerning this

fragment of the past, considering that those elements certainly played a part in preventing the return of this fragment of the past to the present.

These affirmations would be mere speculations were it not for the publication of *Studies on Hysteria*, a year later (Breuer and Freud 1895). We would like to highlight three main points from this extensive work. In the first place, the debate with the French tradition and, in particular, with Janet, regarding the role played by inheritance and trauma in causing the illness. In second place, the wide array of techniques implemented as well as the transformations undergone by that the clinical method. Last, the introduction of the problem of the *resistance* against the act of remembering and narrating, an element that became central to Freud's therapeutic and psychopathological framework and that sheds light on his conception of trauma and memory.

With regard to the issue of inheritance, the debate with "The French school of psychiatrists" (Breuer and Freud 1895, p. 87) was present in the case study of the first treatment directed by Freud: that of Frau Emmy von N. The Viennese doctor sought to demonstrate that some of the patient's symptoms, such as her phobias and apathy, "were for the most part of a traumatic origin" and could not be considered "as stigmata of neurotic degeneracy" (Breuer and Freud 1895, p. 87).

On the other hand, Freud admitted that "the therapeutic process on the whole was considerable; but it was not a lasting one," for it did not eliminate "the patient's tendency to fall ill in a similar way under the impact of fresh traumas" (Breuer and Freud 1895, p. 101). In doing so, he also had to recognize that Frau Von N "was undoubtedly a personality with a severe neuropathic heredity" since "there can be no hysteria apart from a disposition of this kind" (Breuer and Freud 1895, p. 102). However, he insisted that there needed to be an effort to avoid the confusion between a predisposition and degeneracy: "To describe such a woman as a degenerate would be to distort the meaning of the word out of all recognition" (Breuer and Freud 1895, p. 104). If any doubt remained as to whom he was debating with, in the following paragraph the Viennese doctor concluded that he "can see no sign in Frau von N.'s history of the 'psychical inefficiency' to which Janet attributes to the genesis of hysteria" (Breuer and Freud 1895, p. 104).

This questioning of the idea of inheritance was also present in subsequent case studies. In the Elizabeth von R. case study, Freud thought he

had found “the features which one meets with so frequently in hysterical people and which there is no excuse for regarding as a consequence of degeneracy: her giftedness, her ambition, her moral sensibility...” (Breuer and Freud 1895, p. 161). Similarly, the Miss Lucy R. case study was presented “as a model of one particular type of hysteria, namely the form of this illness which can be acquired even by a person of sound heredity, as a result of appropriate experiences In cases of this kind, however, the main emphasis falls upon the nature of the trauma, though taken in conjunction, of course, with the subject’s reaction to it” (Breuer and Freud 1895, p. 122). In short, for Freud, it was possible to develop hysteria as a result of a traumatic experience. This could stem from the mere combination between the nature of the event and the response generated, without the presence of a pre-existing predisposition.

Regarding the problem of a clinical methodology, any interpretation of the text *Studies on Hysteria* can appreciate that the interventions conducted on the patient were not limited to inciting the catharsis of a traumatic memory. For example, in the Emily von N. case, Freud argued for a wide variety of interventions, including suggesting she have a “warm bath” or “massage her whole body twice a day” (Breuer and Freud 1895, p. 50). At the same time, he did not use hypnosis and suggestion as a means of retrieving memories but of erasing them. He took this strategy to such and excessive extent that he admitted, in a footnote, that after she had completed the treatment, he ran into Emmy and heard her complain about being unable to access certain significant moments of her life history (Breuer and Freud 1895, p. 61, footnote 1).

At the beginning of the Lucy R. case study, Freud presented the most important change in his methodology up until this point in time. Whenever the patients stated they were unable to remember the origin of their symptom, the psychoanalyst used the following strategy: “I placed my hand on the patient’s forehead and took her head between my hands and said: ‘You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for’” (Breuer and Freud 1895, p. 110). Freud’s certainty about the existence of an idea, and his insistence that it had to be communicated, were coherent with his new hypothesis on the role of conflict in the mechanism that produced symptoms. If the “forgetting is often intentional and

desired,” given the irreconcilable nature of the representation (Breuer and Freud 1895, p. 111), and if “the hysterical patient’s ‘not knowing’ was in fact a ‘not wanting to know’” (Breuer and Freud 1895, pp. 269-270), then the psychoanalyst believed he had enough arguments to state that “under the pressure of my hand some idea occurred” to the patient. “But she was not always prepared to communicate it to me, and tried to suppress once more what had been conjured up” (Breuer and Freud 1895, p. 153). The technique sought to relieve the patient of the power to decide what to communicate and what to keep silent. When the conflict came into sight, through suggestion, Freud hoped to counteract the inclination towards an act of repression that, in the present, continued to operate in the form of a *resistance* against remembering.

In summary, the act of retrieving what is forgotten due to its conflictive nature is never a simple task, reduced to a mere “expression” or narration of the trauma experienced, nor is it an unproblematic recovery of a past fragment of the memory. *The memory was not forgotten due to a lack of interest; in fact, there was an interest in maintaining its status of being forgotten.* Thus, the *act of remembering involves an interplay of forces*, where the admission of a representation is “dependent on the nature and trend of the ideas already united in the ego” (Breuer and Freud 1895, p. 269). To remember involved a double effort: *that of recovering the past by means of fragments and that of modifying the organization of the representations that make up the ego.* If the ego continues to find reasons to resist the admission of an idea because of its irreconcilable nature, then, this idea will not be admitted and will once again be forgotten.

This reasoning may further clarify what Freud was referring to when he wrote that, after conducting the quota of affect from the symptom to the repressed representation, a certain amount of “thought-activity [*Denkarbeit*],” directed at overcoming the contradiction was still necessary (Freud 1894, p. 48). The act of remembering is made possible only by a *work* that modifies the conflictive relationship with a fragment of the past.

THE REVIVAL OF THE DEBATE ON THE WORK OF REMEMBERING (1913-1914)

In 1913, Janet gave a conference on “Psychoanalysis” at the XVII International Congress of Medicine, held in London (Janet 1914). By

then, the French doctor and philosopher was renowned internationally and was considered one of the main figures within the world of academic psychology (Dagfal 2013, pp. 332-335). In this context, the content of his presentation became a sort of an “authorized opinion” on a theory and a movement that were rapidly expanding, but that still did not have the recognition that they would only acquire a few years later.

From this long report, we would like to highlight a few points illustrating what Janet understood about the role of traumatic memories and their clinical treatment around 1913. From Janet’s point of view, psychoanalysis “accepts, as a proven fact, that in all cases of neuroses, there exists a traumatic memory ... which is the cause of all the [pathologic] phenomena, which constitutes the illness as a whole” (Janet 1914, p. 189). On the other hand, Janet considered that:

Traumatic memories seemed to play an essential role in a great number of the cases, yet it is indisputable that they may not play any role ... The memory does not act on its own It is necessary, for the memory to pose a threat, that it concurs with a particular mental state ... : the *narrowing of the field of consciousness, the weakness in the ability to synthesize, the lowering of psychological tension*. [Janet 1914, pp. 179-180, italics in the original]

It is clear that, around 1913, after abandoning his “seduction theory,” Freud no longer believed that all neuroses had a traumatic origin. However, we are not interested in criticizing Janet’s inaccuracies. What we are trying to analyze is the correspondence of his positions with the historiographical accounts we mentioned at the beginning (Spitzer et al. 2006; Van der Kolk and Van der Hart 1995). We argue that the French philosopher’s own ideas, as well the ones he had on psychoanalysis, went in the opposite direction of the hypothesis of those who have tried to present him as a predecessor of contemporary neurological developments on trauma. In fact, according to Janet, his theory was not centered on trauma, while psychoanalysis was, which he strongly criticized.

Furthermore, Janet stated that psychoanalysis implemented only two types of treatments. The first one was the recommendation to engage in “regular and normal intercourse” (Janet 1914, p. 225), a prescription proposed by Freud towards the end of the 19th Century as a treatment for neurasthenias and psychoneurosis (Freud 1895), but that he had

already questioned well before 1913 (Freud 1910). The second type of treatment that, according to Janet, psychoanalysts carried out “consisted of ... generalizing an application of a type of examination that I myself had indicated in my early studies. I demonstrated that it could be convenient, in certain cases of hysteria, to search for the traumatic memory, which appeared to have been forgotten ... and guide the subject towards clearly expressing that memory” (Janet 1913, p. 225). This is the same argument put forth almost twenty years earlier. Janet suggested that Freud had merely generalized a part of a treatment that he himself had already proposed. In his opinion, it continued to be true that the expression of a forgotten memory was a “mere preamble Right after, it was necessary to work towards the dissociation of the traumatic memory” (Janet 1914, p. 225). For him, the “elimination” continued to be “the most difficult part of this type of treatments, for which the search for the subconscious memory was only an introduction” (Janet 1914, p. 225).

Probably in response to the return of this age-old critique, in 1914 Freud published a fundamental text: “Remembering, repeating and working through” (Freud 1914). “It seems to me not unnecessary to keep on reminding students of the far-reaching changes which psychoanalytic technique has undergone since its first beginnings” (Freud 1914, p. 47). Whether he was thinking about future therapists or his famous French colleague, Freud presented an overview of the various modifications his practice had undergone with the passing of the years. If, “in its first phase—that of Breuer’s catharsis,” the technique had been centered on, “remembering and abreacting,” the renouncement of hypnosis as a method (declared already in *Studies on Hysteria* in 1895) had given the need for “resistance to be circumvented” a central role (Freud 1914, p. 147). When, around 1900, the concentration method was replaced by free association, the goal was still the same: “Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistance due to repression” (Freud 1914, p. 148).

In this brief description, the struggle against resistance had already revealed the need for *something else* than the mere expression of a memory in order to attain the completion of a treatment. All the more so if one takes into consideration that, for Freud, resistance was the force responsible for the fact that “the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a

memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it” (Freud 1914, p. 150, emphasis in the original).

Then, the repetition was not merely a resistance to remembering; it was, at the same time, a pathological, symptomatic way to remember. Likewise, remembering would imply overcoming the resistance that prevented the recovery of the past as such, re-living the past and thus making it present. Finally, psychoanalytic therapy did not simply attempt to encourage the patients to express the past, but also to locate the resistance that made it impossible for them to remember it. In fact:

Giving the resistance a name could not result in its immediate cessation. One must allow the patient time to (...) work through it [*durcharbeiten*] This working-through of the resistance may in practice turn out to be an arduous task Nevertheless it is a part of the work which effects the greatest changes in the patient. [Freud 1914, pp. 155-156]

In other words, therapy was not limited to merely recovering a memory or signaling the resistance; it had to lead to something else: a *work* on the resistances that, in the present, blocked the acceptance of a fragment of the past.

FINAL COMMENTS

Throughout the article we try to show that it Freud—and not Janet—who gave more importance to the issue of trauma, not only in the construction of hypotheses about the causal mechanism of neurotic symptoms but also in the development of a therapeutic method to cure them.

On a theoretical level, both authors conceived the existence of elements split of consciousness, which formed a system that functioned independently of the ego (a subconscious second personality for Janet, an unconscious system for Freud). They also agreed, on a clinical level, that it was not enough to recover those isolated and forgotten elements to cure the neurosis. Their differences were subtler, and needed to be specified against the backdrop of what those authors had in common.

Even though for Janet and Freud the splitting of consciousness was a secondary phenomenon, the French doctor thought that this splitting was the result of a *hereditary* weakness for synthesis, while his Viennese

colleague proposed an *accidental* cause: it was the effect of a “traumatic” situation, during which an irreconcilable representation emerged, which the patient tried to forget.

In other words, for none of the two the traumatic nature of an idea depended, in any case, on its isolation from consciousness or on its intrinsic value. For Janet, an idea could become pathogenic if and only if it affected a specially predisposed person, with repetitive difficulties to integrate new elements to the ego. This weakness for synthesis preceded the splitting, which made the traumatic factors less relevant. On the other hand, for Freud, an idea became pathogenic because it entered in a *relationship of incompatibility* with the group of representations making up the ego. Thus, it was the ego that provoked the repression (and, therefore, the isolation) of the “traumatic” idea. The conflict (and the response given to it by the subject) preceded the splitting, which made the hereditary factors less relevant as a causal agent.

We have shown that these different theoretical positions were correlated to divergences in their therapeutic orientation with regard to trauma. Both authors agreed that it was not enough to recover the memory of a trauma to overcome it. Janet considered that it was also necessary to deconstruct the past idea in fragments, to suppress some of them and to transform some others. However, he thought that the most important task was to strengthen the personality, diminishing its hereditary weakness for the synthesis. On the other hand, Freud put the accent on the resistances to remembering. If a representation became traumatic because it was incompatible with the ego, then it was necessary to modify that contradictory relationship, that is to say, to change the subject’s response to that idea. In other words, during the treatment, Janet insisted on modifying the past (the old memory and the hereditary predisposition), whereas Freud aimed to modify the present (the current resistance to a fragment of the past).

At this point, we would like to conclude pointing out a reference that usually goes unnoticed by Freud’s readers, which we consider to be crucial, not only for historical reasons but also for its clinical consequences. We have already noted that, in 1894, Freud introduced the idea of mental work [*denkarbeit*] to overcome the contradiction (after the recovery of repressed representations), and that in 1914 he referred to the need to work through [*durcharbeiten*] the resistances to remember. A

short time after, Freud introduced the notion of “work of mourning” [*trauerarbeiten*] (Freud 1917). This recurrence of the same term is not accidental in an author such as Freud. Coping with a traumatic event, solving a contradiction, or overcoming a resistance, all those actions seemed to have one thing in common: they implied carrying out a “work” that was similar to the work of mourning, in order to modify the relationship that one has—in the present—with a fragment of the past.

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ON THE STATE OF “SPEECHLESSNESS”: WHEN ANALYSTS ARE MIS-RECOGNIZED BY THEIR PATIENTS

BY MEHR-AFARIN KOHAN

Relational psychoanalysts have been seeing ghosts, belonging to both patients and analysts, which can haunt the analytic dyad, especially if left unprocessed by any of the parties. Drawing on two clinical examples, I explore a state of “speechlessness” that followed comments by patients that alluded to assumptions about my ethnic and religious background. I make a case that in these encounters mis-recognition by the patient led to a confusion of self-states, leading to “speechlessness” and fragmentation in me. I further explore how certain ghosts of my past were called into the room in these encounters and how they possibly haunted me.

Keywords: Speechlessness, fragmentation, self-states, misrecognition, historical trauma.

The mythical Persian hero, Rostam, has to go through seven trials in his quest to rescue King Kay-Kavus, the last and most challenging of which is

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defeating the White Demon of *Mazandaran*. This giant demon lives in a dark cave, where Rostam finds him asleep. Upon awakening the demon, a bloody fight ensues ending in victory for the hero. King Kay-Kavus who has gone blind, miraculously regains his sight upon brushing his eyes with the White Demon's blood. I had read the stories of Rostam as a young child and it came back to me in writing this paper, as I wondered if the White Demon is not unlike the ghosts psychoanalysis sees deep asleep in the dark cave of our unconscious, ghosts that once awakened demand no less than a bloody fight if we are to regain our sight.

But the ghosts that I talk about in this paper are not just the ghosts of our early objects that Freud identified, they are also the ghosts of our previous generations, our historical traumas, as well as the ghosts of the hegemonic order of our time, our collective unconscious (Rozmarin 2017), that sleeps within the power structures of our society. And these ghosts do not just belong to the patient but also to the analyst. At times, our patients can awaken the white demons within us and these can haunt the analytic dyad, leading to fragmentation of the analyst and collapse of the intersubjective space. Under these circumstances, a part of the analyst can become dissociated, untouchable, such as possibly happened with the German psychoanalysts that immigrated to North America in 30s and 40s under the shadow of discrimination, genocide, and war (Ipp 2013). These analysts' reluctance to face these ghosts, by labelling them as being outside of the realm of an intrapsychically-focused psychoanalysis, "served to perpetuate the dissociated trauma of many of their patients who failed to experience a receptive recognizing emotional space for their indelible wounds" (Ipp 2013, p. 551).

The experience of these immigrant psychoanalysts is not unfamiliar to me and the process of writing this paper has not been too different from Rostam's quest to wake up the most dangerous of all demons. It all began with experiencing a state of "speechlessness" that followed comments by patients that alluded to assumptions about my ethnic and religious background. I make a case that in these encounters mis-recognition through a process of Othering by the patient led to fragmentation in me. I further explore how certain ghosts of my past were called into the room and how I was possibly haunted by them.

CASE EXAMPLE: ANN

It was the Monday after the first Travel Ban proposed by Donald Trump, an embargo placed on certain nationalities to enter the United States that included my country of origin, Iran. I greeted Ann, my "white Canadian" patient, as she sat on the sofa in front of me with her pleasant smile, waiting for her to begin about her week as usual. Instead there was a longer pause and then: "I was thinking of you all weekend."

It was instantly clear to both of us what Ann was referring to. She had correctly guessed my background, even though it had never come up, and she was concerned about me. Despite the kindness of her tone, I found my heart suddenly racing as I watched myself losing grip of the moment and my ability to respond therapeutically. My mind went blank and I was speechless for a moment, until I gathered my tongue enough to (regretfully) say: "It doesn't affect me that much."

But my response echoed in my head until the end of the session and each time, it puzzled me more. Not only it was a defensive response, anti-therapeutic even, aimed at shutting the matter down, it was not even accurate. It was true that as a Canadian citizen, I was *hopefully* immune to this ban but it was also true that I had cancelled my plans to travel to Washington D.C. the following week for fear of being stopped at the border. It was a while before the reasons behind this response became clear to me.

Multiple Self-States

In a short vignette written in response to the election of Trump, Kristin Long (2017) writes about a similar encounter with a patient who says that "[she's] crying for [her (Long)]," referring to the threats that Long may now experience due to her sexual orientation. Long writes, "The illusory deck of psychoanalytic cards collapsed in my mind, and I was speechless, feeling completely vulnerable in my unpreparedness." She is caught off guard as she realizes that she has not "permitted this reality to 'hit home'" (p. 375).

I have come across other similar accounts of analysts feeling speechless at certain moments (see for example Rozmarin 2017 and Khouri 2017) and the common denominator is often being seen by the patient differently than they were seeing themselves. In other words, an aspect

of the analyst's self is brought into the room by the patient's comment that the analyst is not prepared for at that moment. I find Bromberg's notion of multiple self-states very relevant in understanding this phenomenon.

Bromberg (1996) offers a view of the self as "a configuration of shifting, nonlinear, discontinuous states of consciousness in an ongoing dialectic with the healthy illusion of unitary selfhood" (p. 511). These self-states are embedded in an interpersonal/relational context that begins with the relationship with the caregiver. Bromberg asserts that self-states are often in conversation with each other as we "stand in the spaces" between them. But under certain conditions, self-states can become dissociated and thus unrecognizable. As Harlem (2010) puts it, "in this dissociated status, feelings, images, memories, and other fragments of experience ... are relegated to 'not me'" (p. 464).

It is possible that in the moments of speechlessness for the analyst, the split-off self-state is being called into the intersubjective space and leading to momentary fragmentation. We can ask, what self-states does the analyst take with her into the consulting room? Perhaps for Kristin Long, the self-state corresponding to her sexual orientation is one that she leaves outside the door and when her patient alludes to it, she cannot access that aspect of her self right away. In the same way, I ask myself whether Ann's question spoke to a self-state that I had dissociated at that moment, a self-state related to my status as an "immigrant."

Migration and Dissociation of Self-States

Migration is a unique experience that can challenge identity and cohesion of a self, as the immigrant is forever negotiating mourning the old life, while working hard to make a new life. Depending on the reasons for migration (e.g. exile versus voluntary immigration), this process can be even more complex. Akhtar (1995) writes about an immigrant's quest for synthesis of two self-representations corresponding to the old and the new country. He sees splitting as the main defense mechanism that "colors the immigrant's feelings about his two lands and his two self-representations" such that "the country of origin is idealized, the new culture devalued" and vice versa (p. 1058). To develop "a capacity for good-humored ambivalence" towards the two countries is the ultimate achievement for the immigrant (see also Hollander 1998).

Harlem (2010) writes about "migration as a special developmental challenge that invites dissociated living" (p. 471) in the sense that certain self-states can become de-linked as the immigrant struggles to bridge self-states pre-and post-migration. Harlem perceives self-states as embedded not only in an interpersonal/relational context, but also a historical-political-cultural one. Migration can be associated with many losses both personal and cultural and "'the shock of strangeness' in an interpersonal field on which security of selfhood depends" (Bromberg 2003, p. 690) is a traumatic event that can lead to the formation of 'not-me' states.

Migration and the Hegemonic Order

If we assume that self-states are embedded within a social context, then we cannot ignore the influence of what Antonio Gramsci calls the hegemonic order, the normative social order as determined by the dominant culture. Individuals are positioned within structures of power and are unconsciously shaped by them (Hollander 2017). The immigrant experience cannot be understood without taking into consideration the hegemonic order of the new country. What is the dominant view of immigrants? What are the normative assumptions about the immigrant's country of origin? What are the pressures to assimilate? What identity is the immigrant forced to adopt as the Other?

In talking about his immigration experience from Israel to New York, Rozmarin (2017) mentions that he found himself "misunderstood and misrecognized as an immigrant in ways that were disturbing" (p. 472) because of the assumptions that often accompanied others' view of him in the host country. This experience of not being recognized as a subject but seen rather through stereotypes that assume homogeneity of other cultures or the immigration experience, of always being identified as Other regardless of how much time has passed in the new country or how integrated into the society one has become, is disturbing and traumatizing. This is a situation where the other's separate subjectivity is not recognized and the "symbolic third" collapses (Benjamin 2009). When the immigrant cannot recognize the version of herself that is being reflected back to her by the members of the host country, disorientation and fragmentation sets in. Also in a culture where the immigrant is

consistently designated as Other, she is pressured to wear certain identifications that once internalized can lead to alien self-states (Csillag 2017).

The importance of being recognized cannot be underestimated for the immigrant, who by virtue of having lost a sense of belonging to a collective, carries a strong desire to fit in and not be homeless anymore. Indeed this desire is so strong and the feelings of isolation and separateness so dreadful, that the immigrant is willing to sacrifice parts of the self in order to assimilate (Boulanger 2004). This is particularly the case when assimilation is demanded of the immigrant in the host country and can lead to “the disavowal and negation of a former self” (p. 359). Boulanger (2004) writes about how this need to belong can drive the immigrant to engage in the hegemonic discourses of the new country, even at the expense of Othering himself:

Assimilation's promise of acceptance appeals to the immigrant, but it is an empty promise. The wish to belong is so strong, the otherness of not belonging so isolating, that the immigrant will grasp at one identity, becoming the “other” as a way of appearing recognizable, even though it results in repudiating another part of herself. [p. 359]

So how does all of the above apply to an immigrant analyst? How does she navigate her self-states, including the potentially dissociated ones, in the consulting room? What happens when she is Othered by a patient? These questions bring me back to my moment of speechlessness with Ann.

Back to Ann

In order to more fully explain my reactions to Ann's comment, I should add a few lines here about my own background. My family immigrated from Tehran, Iran in 1998 and settled in Toronto, Canada. I was an eager 16-year-old at that time, quickly adjusted to high-school life and began my academic path towards psychiatry and psychoanalysis. At the time of Ann's comment, I had lived more years of my life in Canada than I had in Iran. In fact, I had spent all of my adult life in North America and even though I had gone back to visit several times, I found the life in Iran more difficult to navigate each time. I needed a map to

get around Tehran, I was losing my grip on social norms, I had long stopped following the Iranian politics and I barely wrote in Farsi anymore. But I was not fully Canadian either. I maintained contact with an Iranian social circle, supported Iranian artists in Toronto and married another immigrant like myself. In this confusion, my profession became a ground for integration and I came to identify myself not so much as "Iranian" or "Canadian," but more as "psychiatrist," "psychoanalyst," or "writer," and these were the self-states that I took with me into the consulting room.

Despite her good intentions, Ann's comment mis-recognized me as she alluded to a self-state that I had dissociated at that moment (i.e. me as an immigrant). Her comment also inadvertently and unconsciously Othered me since it suggested that I belonged to another place (and where did I belong?). At that moment, I was reduced to an "Immigrant," a prototype, a non-subject. I now understand that my response was a resistance against this assumption and basically meant to say: "No, I am not an Other. This does not apply to me."

But the fact is also that in the post-Travel Ban era, I was not just from another country, I was from Iran. A country that was after all placed on the list of "banned" countries (or the "axis of evil"). Is it possible that at some level I was denying the reality of my Iranian or Muslim background for fear of being included with the "evil" of the world or be hated? And was there something from my past that remained inaccessible? Another clinical encounter brought my dissociated aspects to light.

CASE EXAMPLE: DAN

The day after a terror attack in Paris, my "white Canadian" patient, Dan, expressed anger at the "terrorist Muslims," then became embarrassed and mentioned that there was an "elephant in the room."

I was "confused" and said in a somewhat hostile tone, "What elephant in the room?"

"I don't know. That you're probably a Muslim." He said.

"Oh I see." I felt angry at him. He almost did not return the next session.

Dan was not wrong in sensing a ghostly presence, a white demon, in the room that his comment had awakened, except that I was unaware of

it at that moment. Months later, upon revisiting this puzzling encounter, I began to notice that I often reacted negatively to being called a Muslim. In fact, I tried my best to show others that my life style had nothing to do with Islam by my attire, the decoration in my office, changing my name, etc. Besides the fact that I did *not* practice *any* religion, I was unconsciously vigilant to not be taken for a Muslim specifically. This can be understood partly as a reaction to the widespread prejudice against Muslims in the world. But it also points to certain dissociated parts of my self (see also Khouri [2017], who fears disclosing her Arab identity after election of Trump, and Harlem [2010], who is reluctant to wear his Jewishness with a German patient).

Irreconcilable Self-States

The fact is that like many immigrants, I have a conflictual relationship with my country of origin: the home that after all I left behind. I grew up in the margins of a post-revolutionary Iran in a family of secular leftist activists that were persecuted by the Islamic government. Family members as close as my father were imprisoned, forced to live underground, exiled, or executed, in a period devastated by the Iran-Iraq war. So my memories of Tehran are filled with the sweet smell of my grandmother's kitchen, but also bombings, restrictions at school, horror and humiliation of being arrested for "non-Islamic conduct" and confusion about being forced to comply with Islamic rules outside of home while receiving strong anti-religion sentiments at home. The atmosphere of 80s and 90s in Iran was that of constant threat, emotional and physical. The irreconcilable worlds of comfort and trauma have essentially placed me in a love/hate relationship towards Iran, the paradox of a homeland that I do not belong to.

In an effort to distance myself from my aggressor, I have come to deny some aspects of my identity linked to "Iranian" or "Muslim." Maybe even to the extent of "forgetting" that my own grandparents identify as Muslim, culturally and spiritually, and that I always enjoyed hearing their sound of afternoon prayers. Through his assumption that I am necessarily a practicing Muslim (and that somehow aligned me with the terrorists), Dan brought up paradoxes from my past about my identity and belonging. Am I a Muslim after all or not? The irreconcilable self-states

activated at that moment made it impossible for me to maintain my analytic function.

"Health is the ability to stand in the spaces between realities without losing any of them," Bromberg (1996) writes, to reduce the "separateness of self-states" and facilitate "a transition from dissociation to conflict" (p. 512). To sustain simultaneous contact with multiple self-states, however, becomes daunting and challenging when past experiences are marked by trauma (Harlem 2010). In this situation, some self-states continue to exist in a dissociated state, unprocessed and inaccessible. The individual cannot reconcile multiple parts of himself and is prone to fragmentation. But the self-state that is dissociated can also become "a haunting presence" (Bromberg 2003, p. 696), just as a past that cannot be revisited becomes "frozen and gets populated by half-dead ghosts" (Csillag 2017, p. 456).

Both of these analysands inadvertently revived a past frozen by trauma that I often left behind the door of my consulting room. Once the white demon was awoken, I had to either flee the scene or draw my sword and face the ghostly intrusions. The dread of being flooded with "fears of persecution, isolation, and psychic abandonment" (Feldman 2016, p. 55) often makes it difficult for the analyst to stay present when traumatic wounds are opened up in the room. But as Feldman (2016) writes in discussing how he had to face the trauma of his Jewish identity before he could help his patient, "negotiating impasse first required the analyst to remember and rework his own traumatic legacy" (p. 53).

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MARTIN SILVERMAN, M.D. 1935-2019

BY DARIA COLOMBO

“That reminds me of a case I had.” Those of us who were fortunate enough to hear this from Martin Silverman, M.D., who died this August, would know they would both learn something clinically interesting and would witness some of the personal qualities Marty brought to his patients and colleagues.

Marty was Clinical Professor of Psychiatry at NYU School of Medicine, a training and supervising analyst and supervising child analyst at the Institute for Psychoanalytic Education affiliated with the NYU School of Medicine, and a training and supervising analyst at the Center for Psychoanalysis and Psychotherapy of New Jersey. For more than 45 years, Marty had an active private practice and contributed through his teaching and writing to the psychoanalytic and psychiatric community, with over one hundred published psychiatric and psychoanalytic papers, chapters, and book reviews. He was Associate Editor at *The Psychoanalytic Quarterly* and the long time editor of its Book Review. He was able to be productive, involved, and contributing until shortly before he died of pancreatic cancer.

Revisiting his prodigious output reveals just how both deep and broad his interests were. In his own papers, he focused in his early work on Piaget and issues related to child development. His interests gradually broadened even as his identity as a child analyst remained near and dear to his heart and his stories were perhaps most moving when he related interventions and developments in the course of a child analysis. He contributed a trove of written clinical material to our literature, particularly important now as clinical writing, particularly in his ego psychological context, is rarer. One had a sense of how Marty worked with his

patients, and of his active, enquiring, patient presence. And his relation to theory was a lively one: he was grounded in a generally ego psychological approach while being quite open to and curious about recent developments so that his case discussions, and his writing, never felt rigid and avoided becoming archaic. In his detailed clinical work with children he was alert to the pre-Oedipal as well as Oedipal derivatives of the material. "I do not see, in fact, how the Oedipus complex can be understood without taking into account the pre-Oedipal configurations that precede them and out of which, in part, they epigenetically arise (see Silverman 1980, 1986a, 1986b). The Oedipus complex does not suddenly spring up out of nowhere, without connection to its emotional antecedents."

In his 1985 paper, "Countertransference and the myth of the perfectly analyzed analyst," in this journal, he warned that, "The psychoanalyst who believes himself to be so "well analyzed" that he is immune to countertransference reactions as he undergoes the emotional dislocations required of him in the almost "impossible profession" of psychoanalysis may be the most vulnerable of all to their development" (p. 176). This self-awareness served Marty well; while he was for a length of time a Brennerian, he became more open and certainly curious about later developments.

Even in his theoretical partisanship, he was always humble about the limits of our knowledge and aware of the need for ongoing inquiry and understanding. This is how he wrote about homosexuality in 1987:

We do not know enough yet about heterosexuality, let alone about homosexuality or about many other aspects of human sexual functioning... . All we can do is to keep on collecting data, both normative and clinical, share them with one another, and work together to improve our understanding of the complexities of human nature. That is what psychoanalysis is all about... . We have need for continual study—for ongoing gathering of data, sharing of data, examination of data, and discussion of data with openness of expectation and without preconceived notions. [p. 260]

Marty describes his approach on his website:

Although I have acquired a solid foundation in traditional psychiatric and psychoanalytic fundamentals, I am not an adherent of any single school of thought. I appreciate and

respect the contributions which have been made and continue to be made from a variety of viewpoints. Every human being is complex as well as unique, and I am well aware that I need to keep learning and that I have to learn from many sources including from my patients.

Marty's long stint as Book Review editor for *The Psychoanalytic Quarterly* both exposed him to new developments and demonstrated his interest in bringing these to a larger audience. Marty wrote about field theory and was instrumental in bringing that contemporary development to the attention of readers. As well as being a regular contributor of his own papers, the breadth and number of books he reviewed attested to his wide-ranging curiosity. He brought the world to psychoanalytic literature, and brought his capacious knowledge of literature, religion, and folklore to psychoanalytic work.

Perhaps it was working with children that kept alive in him an ongoing openness and curiosity. While being clearly himself, recognizable, with his talents and foibles and preferences, he was also remarkably open minded, and it is perhaps this combination, of reliability and coherence matched with an open minded curiosity that was most striking to colleagues and his patients. Marty's eye would twinkle, he might chuckle, and he would cock his head to listen better. In his trademark turtleneck or short sleeved polo, he would begin telling a story, and if it was an old one, it would be infused with something new and relevant to the moment, and if it was a new one, it would be welcomed as a valuable part of the Marty archive one hadn't had to chance to hear yet. I feel privileged, having been party of Marty's CAPS 1 study group, to have received a good portion of his stories, as well as his thoughtful and careful attention to all the cases presented.

Marty served for two years as a psychiatrist at the 97th Army General Hospital in Frankfurt, Germany. During his second year, he was Assistant Chief of the Psychiatry Department. He also was given top-secret clearance and was assigned to be the psychiatrist for the U.S. Army Security Agency in Frankfurt. He published this characteristically self-deprecating anecdote in one his papers, commenting on Jonathan Lear's work about irony:

When I was called to active duty in the army a good number of years ago and made to go through basic training, I was

required to take a map-reading course. As a final exam, we were divided into squads, given a map and a compass, and required to find our way, starting out on our task a little before noon, to a specified destination. All of us in my squad were doctors much more than we were soldiers. We were not quite certain which end of the needle on the compass pointed north and which pointed south. As a result, we ended up not where we were supposed to be but in the target area for artillery practice. The instructor who rescued us was totally unable to appreciate the humor of the situation. I did learn from the experience how to read a compass, however. [Silverman 2012, p. 957]

His compass was patient care. His devotion to psychoanalysis was only surpassed by his devotion to his patients. He was willing to reach out in unorthodox ways; on his website, where he shared the story of how he became a psychoanalyst; in the *New York Times*, when he contributed to a column entitled “Parents Just don’t Understand” (November 28, 1999) the following: “Millions of kids are physically and sexually abused every day, and they’re helpless and weak. It’s no wonder they’re drawn to Stuart Little, a little mouse who uses his cunning, and his cuteness, to prevail.” Marty never forgot the lives at stake and the suffering of those around him. He never let jargon impair the clarity of his psychoanalytic writing, but more importantly he also didn’t patronize non-analytic audiences when he wrote for them.

It is undoubtable that Marty saved people’s lives, children and adult alike. He himself was alive until the moment he wasn’t, and was able to work and contribute even in the shadow of his decline, in an inexpressibly moving manner. The ways in which he discussed his cases was perfused by a deep and unmistakable sense of affection and respect, and I hope my memories of him reflect those very feelings about him.

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BOOK REVIEWS

PSYCHODYNAMIC APPROACHES TO BEHAVIORAL CHANGE. By
Fredric N. Busch. Washington, D. C. American Psychiatric
Association Publishing, 2019. 174 pp.

This slim volume is best appreciated as two treatises, addressed to different audiences for different purposes, woven together into a single book. One treatise is a primer on the use of psychoanalytic concepts and techniques, suitable for a beginning psychotherapy trainee who has had little or no exposure to these ideas. The other is a challenge to the psychoanalytic tradition, addressed to practicing analysts and psychodynamic theoreticians. Here the author argues that a set of techniques aimed at producing behavioral change, including explicit instructions to the patient about how to conduct his life, not only are compatible with an analytic stance, but also can serve to enrich the process and outcome of psychoanalysis.

In its function as a primer for the psychodynamic novice, the book is quite successful, and analysts should applaud the effort to spread these ideas to a new audience. The language is clear and jargon-free, and the chapters are well organized and supplemented with tables summarizing the main points. The Preface offers a clear statement of the variety of ways in which psychodynamic concepts can enhance the work of the non-analytic psychotherapist. The range of psychoanalytic ideas introduced is impressive: transference and counter-transference, conflict, defense, trauma, psychogenetics, mentalization, resistance, interpretation, reaction formation, the unconscious, fantasy, and repression, along with many others.

The text is generously supplemented with case examples of therapist-patient exchanges, drawn from work with twenty-eight different patients. The dialogues reported are unrealistically simple; most consist of a few comments back and forth, followed by the patient saying something like "I never thought of it that way," then a direction by the

therapist to act in a particular fashion, leading to a report in the next session of a successful outcome. This format is perhaps useful for the education of a novice therapist, but the more experienced clinician will suspect that a host of complications have been glossed over.

Dr. Busch has chosen to focus primarily on patients who present with difficulties in “assertiveness”; most are deemed to be insufficiently assertive, while a few others manifest the opposite side of the conflict by being argumentative or irritable. This choice is perhaps understandable, as difficulties in the management of aggression occur commonly in both psychoanalytic and psychotherapeutic practice. However, the focus on this particular conflict renders the book’s title misleading; other symptoms which might call for behavioral change, such as substance abuse, violence, self-injury, gambling, etc., are generally ignored.

The psychoanalytic reader will be more interested in the book’s other function, as a call for analysts to free themselves from the shackles of inherited theory and to adopt an explicitly directive stance. This challenge is laid out clearly in the Preface:

Rather than being at odds with or disruptive to psychoanalytic treatments, this book demonstrates how efforts to change behavior can be part of the development and employment of a psychodynamic formulation and therapy and can be used to enhance self-understanding and exploration of the transference.
[p. viii]

The author reviews the early history of psychoanalytic theory, and blames Freud’s aversion to “suggestion” for the subsequent limitations of analytic technique. He defines neutrality as “the analyst’s not siding with the ego, superego, or id, aspects of the individual that are often in conflict” (p. 3), departing from the classical formulation that the analyst tries to strengthen the ego by adopting a position equidistant from id, superego, and external reality. He implies that the reason for adopting this stance is to avoid generating a conflict in the patient about whether to comply with the analyst’s direction. He challenges the general belief among analysts that insight must precede behavioral change, arguing that a change in behavior, even at the analyst’s direction, can lead to new insight. He anticipates (p. 28) the argument that his approach can lead to problems, including promoting the patient’s need to please the therapist, fostering

dependency, generating guilt in the patient who does not follow the analyst's direction, and inducing defiance or rebellion. His response is to state repeatedly that "the therapist is alert" to such problems, but he offers little discussion of how they can be managed.

The directive approach promoted here includes specific techniques such as giving the patient written "homework" assignments: to keep a diary of thoughts and feelings, to maintain and update a psychodynamic formulation of herself, or to write "scripts" for anticipated interactions with others. Where a more classical analyst might comment, "You say you want to be free of your father's verbal abuse, but you continue to tolerate it" or "What do you imagine would happen if you confronted your father about the way he speaks to you?" Dr. Busch recommends saying "I think we should have you write a note that he has to stop criticizing you or losing his temper" (p. 70). Perhaps the most interesting question raised by this book is whether these approaches differ in substance or only in style.

The author's discussion of neutrality omits an important point, that part of the reason for refraining from giving advice is that the analyst's expertise in mental functioning and in the operation of the unconscious confers no expertise in questions of how people should run their lives. Busch acknowledges that "... the belief that one knows better than the patient about what to do in various life circumstances ..." can constitute a counter-transference error (p. 36), but he does not address the problem this recognition poses for his program of giving advice.

In discussing transference considerations, the author observes that, "Working with behavioral change allows for exploration of transferences that emerge in this effort, such as a need to please or defy the therapist, or wishes to be taken care of" (p. 10) but neglects the fact that these transference manifestations cannot be interpreted as arising from the patient's unconscious, since they appear in response to an overt intrusion by the analyst. He implies that a positive therapeutic alliance prevents transference distortions:

Discussing behavioral change can trigger intrapsychic conflicts and certain transference reactions, leading the patient to be unconsciously or consciously resistant or yielding to a therapist's suggestions. In the context of a positive therapeutic

alliance, however, the patient typically seeks the therapist's assistance and is not opposed or submissive to potential strategies. [p. 32]

In those case examples where transference interpretations are offered, the transference is always a negative one, and is interpreted not to gain insight but to dispel the patient's resistance to following the therapist's direction.

The concept of "assertiveness" as a psychoanalytic desideratum encapsulates a central theoretical problem. Busch defines it as "... the capacity to directly and appropriately express one's feelings, beliefs, and opinions to another person" (p. 13), but this formulation includes at its core a non-analytic value judgement, about what level of self-expression is "appropriate." A more consistently analytic stance would hold that all interpersonal behavior involves some measure of aggression, and that the judgement about where to draw the line between "appropriate assertiveness" and inappropriate aggression is a moral rather than a psychoanalytic one. The analyst can help the patient examine her own choices about this question, but cannot dictate the answer.

Ironically, the aspect of the book directed to an analytic audience can be understood as the author giving a directive to the analytic community, just as he advises analysts and therapists to do with their patients. He judges that analysts have historically been inappropriately inhibited about asserting themselves with their patients, interprets this inhibition as the product of the field's early developmental history, and offers a script: "I think you should tell your patients to be more assertive."

Overall, then, this book achieves a clear and laudable success in its function as an introduction to psychodynamic principles for the non-analytic psychotherapist. With respect to its function as an integration of psychoanalytic and behavioral techniques, the results are more problematic. Busch frequently bolsters his argument with references to authors who are said to agree with him (as well as to his own extensive writings), maintaining that a change of the sort he recommends, toward greater attention to manifest behavior and more explicit directives from the analyst, is already underway. It is clearly the case that psychoanalytic ideas and techniques are evolving; most analysts would now accept that psychoanalysis and supportive psychotherapy exist on a

continuum, rather than being discrete entities, and that non-analytic enactments happen regularly and can be subsequently analyzed to great benefit. But to say that deviations from neutrality are inevitable is not to say that they are advisable. When the analyst makes an explicit goal of producing a specific change in the patient's behavior (other than the goal of increased insight), something essential to the analytic enterprise is lost.

KEVIN V. KELLY (NEW YORK, NY)

**FREUD'S PAPERS ON TECHNIQUE AND CONTEMPORARY
CLINICAL PRACTICE.** By Lawrence Friedman. New York:
Routledge, 2019. 240 pp.

In his latest book, *Freud's Papers on Technique and Contemporary Clinical Practice*, Lawrence Friedman is a man with a mission. He is insistent that those of us who have studied and taught Freud's papers on technique have missed the forest for the trees, because these papers are much more than a collection of technical principles, or hallowed rules of psychoanalytic conduct, but are better understood as lab journals, as "continuous narratives" showing us Freud's discovery and creation of psychoanalysis. Friedman writes, "This book is a contemporary, real-time record of the discovery of a phenomenon of historical significance – the experience of a new degree of mental freedom" (p. 2). The *Papers* show us Freud at once exploring and interrogating himself, developing and experimenting with the scientifically and socially radical ideas that became psychoanalysis. While we tend to think about Freud as an authority handing down the guidelines of a nascent profession, Friedman wants us to appreciate and rediscover the Freud that was engaging in a continuous dialogue with himself and with his philosophical, literary and historical context. One feels fortunate to be admitted, with this book, into Friedman's seminar on Freud, punctuated with provocative questions such as, "What is this thing called Papers on Technique," "Why have the Papers been misunderstood," and a list of

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orienting questions at the end. Friedman makes a compelling case for the continuing relevance of this foundational text as he gives us "Friedman's Freud."

Certainly one might wonder what there is to learn in Friedman's book about Freud's "book": why bother to revisit this well-worn—and to many current thinkers, outdated—"old school" path?

Friedman's critical examination of Freud's papers is permeated by his insistence on the core of discovery and openness to the new that Freud's *Papers* exemplified. Friedman reminds us why its place in the history of ideas is a unique one, extracting from the *Papers* what Friedman feels is the essence of psychoanalysis, regardless of the tumult of its contemporary varieties: "More than anything else that Freud developed, it (the experiment of discovery) is unaffected by other factors on your horizon – attachment, reflective functioning, dissociation, projective identification, subcortical connectomes, dialectical constructions, après coup, mirror neurons, cognitive style, temperament" (p. 3). He continues, "his (Freud's) overall disinterest in treatment now shakes hands with today's shyness about the very idea of 'technique', to which we add popular resentment over rules, regulations, progression, evaluations, and certification" (p. 7). Rather than staking out a location among various threads of contemporary theory, Friedman identifies in all of them the danger of a relative neglect of the primacy of creativity in Freud's endeavors. Friedman's central contention is that Freud's papers on technique reveal a process of discovery, "an experiment in the evocation of a certain state of mind" (p. 3) called psychoanalysis. The *Papers* are not then primarily about a theory of mind, or a reflection of Freud's character or preference, nor are they a set of strategic decisions, written as a caution to beginners to avoid scandal.

These views of it miss the central point. Friedman notes "... the book's ghost haunts psychoanalytic controversy... the various sects and schools of analysis tend to identify themselves with where they stand on terms from that book. Indeed, we might almost define psychoanalysis as a thought-collective that argues about the terms in *Papers on Technique*" (p. 75). Friedman stakes his ground clearly. What he prizes is the immediacy of the work and Freud's intrepid movement towards understanding mental life within the context of clinical work whose goals and parameters are in the process of being created. As he witnesses the

laborious process Freud describes in these papers, of facing one surprising difficulty, then finding some resolution, only to face the next difficulty, and another resolution, on the way to the patient's self discovery, Friedman almost sounds like a breathless commentator at an Olympic event describing the alternating catastrophic risks and remarkable finesse in the mastery of the danger. Through out his descriptions (including transference entanglements as a humbling confrontation with a "Laocoon-like" enactment problem), Friedman wants us to appreciate that every step in Freud's challenging process of discovery is experienced by each of us in every treatment we undertake. This is a core lesson Friedman offers. He implores us not to ignore this or lose this sense in our rereading of this text.

This volume is structured in four parts, each with 2-5 chapters, with most of the chapters drawing on Friedman's published papers, preceded by an orienting Preface. Throughout, Friedman wants the reader to feel the clinical immediacy of the experience Freud was undertaking, and to recognize that while "libido theory was in the back of his mind" What we can say, however, is that, up front, what was visibly pulling Freud forward was a set of orienting problems that all psychoanalytic therapists face all the time" (p. 19). As Friedman insists: "I believe that in the *Papers* Freud is preoccupied with the most experience-near, interpersonal, almost physical aspects of the treatment situation, as it is felt by all practitioners" (p. 22). Describing the transition from *Studies on Hysteria* (1895) to the *Papers on Technique*, Friedman makes it clear: "Freud is not a theoretician reworking old concepts for the sake of consistency; he is a clinician who has met trouble and, like all clinicians in such circumstances, is calling on both old and new theory for all the help he can get" (p. 32).

Perhaps the most important discovery, as Freud navigates his challenge from hypnotist-facilitator of memory retrieval to psychoanalyst proper was the resistance. In "The Dynamics of Transference," love as transference is not the patient's incidental error, but as "real" as any other love. Central to the entire effort was the patient's normal motive not to remember but to live the unconscious wish for love, and that it was the analyst who was resisting the patient's desires: "Before our very eyes a scheme for retrieving memories is gradually overlaid with a

plan for integrating wishes" (p. 28). This is what makes psychoanalysis so strange and difficult. It is also what makes it a struggle.

Quoting Freud: "a struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act... . It is on that field that the victory must be won... It is impossible to destroy anyone in absentia or in effigy" (p. 35). A new theory of treatment emerges. Memory retrieval is superseded the effort to create a "double awareness" as the patient repeats, remembers, and most crucially works through.

"Just as wishes replace memories in the new theory of treatment, the act of working through replaces the act of remembering: instead of recovering memories simpliciter, treatment cultivates current wishes and finds memories that fit them" (p. 41). We continue to face in our current analytic work the technical challenge Freud described as: "one must allow the patient to become more conversant with the resistance that is unknown to him, to work through it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis" (pp. 41-42).

Today, our analytic world is debating whether this continues to be valid: do we confront unconscious motivation, disavowed yet insistent wishes? Or are we attempting to heal dissociation as a form of sequestered mental content that has not entered the mind as formed desire or narrative?

For me, the most compelling of Freud's technical papers have always been "Remembering, Repeating, and Working Through" (1914), and "Observations on Transference Love" (1915), and I found Friedman's discussions of them most important. These papers reveal Freud at his most penetrating in placing his discoveries in the fabric of human life. The pursuit of self-knowledge and the nature of love are abiding fundamentals in our lived lives as analysts and as persons. Friedman offers his richest explications of the profound challenges described in these two papers. As he describes the technical paradox: "indeed, the power of the fundamental rule lies in the fact that analyst's advocacy of the rule is his only self-disclosure and his single communicated wish. In the new theory the analyst actually seduces the patient's wishes and, by being a seducer with only the fundamental rule as a desire requires the patient to frustrate himself to please the analyst" (p. 46).

Many of the chapters will be familiar to readers of Friedman's papers (as he states in the Acknowledgements). Gathered together, one feels the force of Friedman's freedom to interrogate Freud, the field of psychoanalysis, and its place in the history of ideas about being human. As Friedman reminds us, in his penultimate brief chapter, "One Freud or Two," Freud himself had mixed feelings about his *Papers on Technique*, seeming to disavow them near the end of his life: "Freud regretting writing *Papers*; of that there can be no doubt. But as far as I know he never disowned its content What Freud regretted was one thing and one thing alone, namely the use of his principles as absolute, context free rules" (p. 218). Friedman continues:

1. The book sets down the most important attitudes for therapists to adopt in order to conduct a psychoanalysis.
2. These attitudes are the most important because without them the analysis will not move forward.
3. The analyst attitudes that move the analysis forward are the opposite of a person's inclinations ("temptations").
4. These principles will need to be adapted to the circumstances of the individual patient at the moment, as part of the analyst's overall, preconscious assessment of the patient's operating mental dynamics.
5. But the principles behind the negatives ("the obligations") can never be disregarded. [p. 218]

Friedman ends this chapter with vision of the aged Freud looking back with a sense of disappointment in the treatment, but some satisfactions in the discovery of psychoanalysis as an exploration of human experience.

The book ends with an unusual chapter entitled: "Author interviews himself" in which, as Friedman says, "I wish to express my own opinions more directly and informally" (p. 226). He is summing up with particular and at moments frenetic emphasis. We are in an intense conversation with Friedman about what Freud in these papers was up against and attempting to do. He wants us to appreciate the uniqueness and enormity of Freud's ambition and achievement. He wants us to see the intense scrupulousness Freud marshaled in discovering the psychoanalytic phenomenon. Friedman wants us to appreciate how much Freud wanted not to impose anything on his patient—no suggestion or

influence. As Friedman repeatedly points out, it is the analyst who must resist the patient's wishes; it is the analyst who has the resistance. The patient stays in the analysis, in spite of frustration, because of his attachment to the analyst. The cure comes from the patient who must confront and integrate the conflicting wishes. The analyst has stayed out of "the operative field as much as possible." The work and the healing is the patient's.

Contemporary readers may find it this problematic. Of course the analyst influences, gratifies, wishes, needs, and must be intensely vigilant to recognize what he or she wants with or from the patient. We are an essential element of therapeutic action in ways that it is hard to know whether Friedman's Freud could have anticipated and agreed with. That we are essential "change agents" Freud understood; but our journals are filled with our endless debates about how and what this involves. Interspersed through the volume, but especially in this last chapter are many of Friedman's "pet peeves" about current controversies and political attitudes abroad in the psychoanalytic landscape.

In the end, Friedman makes clear it is *ambiguity* that is central in Freud's text and efforts: "The analyst's ambiguity is what allows/forces some measure of freedom for the patient" (p. 235). At the very final pages, we receive a parting gift: Friedman offers an excellent guide for teachers in the form of questions one would ask students in a seminar (which we know Friedman has done for a long time) as they read *Papers on Technique*.

Friedman acknowledges the redundancy in this volume, and perhaps, some readers might have wished for more editorial tightening. But some of the repetition captures the passionate stubbornness of Friedman in conversation. Friedman can certainly sound insistent; he wants us to "get it – make no mistake!" No one writes in anything approximating Friedman's direct, vernacular, uniquely conversational and at times argumentative voice. An example: "Papers on Technique ... a timber for the furniture we nonchalantly call 'the frame' ... as though one can pick up a few pieces and assemble according to taste" (p. 4). Or late in this book, in the chapter called: "Flirting with Virtual Reality," addressing our predicament about reality in analysis, he says: "A couple of warnings: I love scholarly writing but I hate fussy

speech, so be prepared for rough and facetious characterizations” (p. 147).

I have been a reader of Friedman’s papers over the years, having read, and learned much from him about how to think about our psychoanalytic theory and practice, and about the place of psychoanalysis in the history of ideas. Reading Friedman’s writings is like being on a very animated walk with him as he tries to help you see the essential structure and hidden complexities in the topic at hand, disabusing you along the way of any naïve notions you may hold dear. *Papers on Technique* will never be the same for you once you have finished this book. The rewards in this book are enormous: both the revisiting of Freud’s classic work with Friedman as extraordinary guide and companion, and rereading of several of Friedman’s most engaging and challenging papers. Friedman’s papers, at times jarring and surprising, insist that we challenge our familiar thoughts on the nature of psychoanalysis and its place in understanding human mental life, and our notions of our work as analysts.

Friedman is one of our preeminent psychoanalytic scholars, an incisive interrogator of our thinking and practice; in his writing, he is a marvelous engaging companion in our journey to understand what we think and do. He is a teachers’ teacher.

ROBERT ALAN GLICK (NEW YORK, NY)

DEATH AND FALLIBILITY IN THE PSYCHOANALYTIC

ENCOUNTER: MORTAL GIFTS. By Ellen Pinsky. New York: Routledge, 2017. 134 pp.

In this direct, courageous, and erudite book, Ellen Pinsky addresses the abiding *ethical vulnerability* at the core of our profession as psychoanalysts. She does this via fixing her gaze (and ours) on the singular human promise of psychoanalysis on the one hand, and everything that makes us legitimately, even wisely, uncomfortable about it on the other. Pinsky emerges as both a passionate partisan and a keen skeptic as she recreates the psychoanalytic situation in full bloom while also keeping her eye on its continuous potential for fracture, decay, and misuse. Starting with

Jane V. Kite

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In this direct, courageous, and erudite book, Ellen Pinsky addresses the abiding *ethical vulnerability* at the core of our profession as psychoanalysts. She does this via fixing her gaze (and ours) on the singular human promise of psychoanalysis on the one hand, and everything that makes us legitimately, even wisely, uncomfortable about it on the other. Pinsky emerges as both a passionate partisan and a keen skeptic as she recreates the psychoanalytic situation in full bloom while also keeping her eye on its continuous potential for fracture, decay, and misuse. Starting with

Freud's observation that "The course the analyst must pursue is one for which there is no model in real life,"¹ she pointedly (and genuinely) asks: "What is Freud talking about?" (p. 26). She highlights the paradox that the "newly invented professional figure" of the analyst is "limited as a human being, (yet) limitless in the patient's casting of him" (p. 6). The "newly invented" analyst figure is charged, that is, with being both real and unreal. How can an ordinary person be both real and unreal? And perhaps more importantly, what are the all too real occupational hazards involved? How do death and the possibility of real failure, including real harm to the patient, become crucially important ethical matters in psychoanalysis, perhaps *especially* in psychoanalysis?

These questions are linked to persistent foundational questions for all of us as analysts. Why do I read? Why do I write? What am I doing by becoming an analyst? Why is Ellen Pinsky writing? In Wendy Lesser's prologue to "Why I Read" she writes: "When it comes to literature, we are all groping in the dark, even the writer. Especially the writer."² I would paraphrase this as follows: "When it comes to psychoanalysis, we are all groping in the dark, even the psychoanalyst. *Especially* the psychoanalyst." As a gifted writer and a scholarly and questioning/questioning psychoanalyst, Pinsky is singularly well equipped to write her way into the ethically dark places in her chosen profession, the places we don't readily think about or go to, using her extraordinary grasp of literature to help light her way. Her vivid sense of mission also made me wonder, however, what had motivated this prodigious effort. Why go to the trouble of stripping psychoanalysis down to its "queasy core"? (p. 48). My tentative answer to this question after reading Pinsky's book is: "to bring it back to (real) life." Dan Chiasson observes in a recent book review that "Far from embodying an arc of unbroken concentration, books have always mapped their reader's agitation," to which I would add that books also map the writer's agitation in writing them.³ Pinsky's agitation in this book is evident, and consequential for all of us. And her starting point, not surprisingly, is personal.

¹ Freud, S. (1915). Observations on Transference-Love. *S.E.*, 12.

² Lesser, W. (2014). *Why I Read*. New York: Farrar, Strauss and Giroux, p. 4.

³ Chiasson, D. (2019). Reader, I Googled it. *The New Yorker*, September 2, p. 60.

All of us have private stories, and as analysts our private stories and the painful questions they raise inspire our best (best because most highly motivated) work; there is always something existential at stake. There are two personal stories (sudden, disturbing) at the heart of the collection of interconnected essays that comprise this book. The first is the sudden death of Pinsky's therapist of many years only a few weeks after he had disappointed and angered her by not agreeing to become her analyst. How do we think about the patient's grief when the analyst dies? Pinsky's working out of the terrible conundrum posed by the analyst's death – "who was I to him, who was he to me?" – is the leitmotif propelling her deep dive into the remarkably complicated and profound nature of the psychoanalytic situation. In "Mortal Gifts" she essentially reviews and repurposes the psychoanalytic situation itself in an effort to understand *what* she has lost, more than *whom* she has lost. What Pinsky conveys to the reader in her effort to remedy "the century-long, nearly total neglect of the analyst's mortality" (p. 112) is a re-visioning of the core tenets of psychoanalysis itself. "If the discipline of psychoanalysis locates at its heart an intense, intimate, private relationship with the reliable professional caretaker," she asks, "shouldn't its theory incorporate the fact of that caretaker's mortality – an ultimate unreliability?" (p. 20). And, just behind that, is the lingering question of why her therapist had refused to become her analyst in the first place. It should be noted here that few if any psychoanalysts have asked - let alone pursued - these questions.

The second and far darker thread in Pinsky's inquiry is the analyst's mistreatment and frank misuse of patients (fallibility). Pinsky mentions "losing" three senior analysts to sexual "boundary violations" in the space of ten years at her institute (Boston), two of them while she was a candidate. While an analyst's death and the way in which it is heralded (or not) and an analyst's sexual involvement with patients both entail ethical concerns and questions, it is the sexual boundary violations that cause widespread and permanent alarm and disruption, especially among candidates. One candidate at the Boston Institute has written, "It is not simply problematic professionally – being and becoming a psychoanalyst is deeply personal. When there is sexual misconduct, I am deeply shaken".⁴ My own conviction, and Pinsky's I believe, is that analyst/patient sexual contact is experienced by both the patient and the

community as an actual violation of the incest taboo, and also seems literally *unthinkable* ethically. But how *do* we speak about this? How do we even think about it?

Directly, it turns out. Starting with a disclaimer—"I will try to navigate between an enervated weariness with the subject, on the one hand, and a strident, self-righteous accusatory tone, on the other" (p. 45)—Pinsky addresses the question of what we euphemistically refer to as sexual "boundary violations" in Chapter 3, originally published in 2011 as "The Olympian Delusion." Here, after an elegant discussion of the fundamental "buoys"⁵ of abstinence and integrity in psychoanalysis, she steers directly out into the open sea, turning abruptly to "Anna Freud and the queasy core – her analysis begun when she was 22 years old" (p. 48). The sudden appearance of a "queasy core" in this context surprises us, and telegraphs her discomfort. Pinsky reminds us here that the original "boundary violation" in psychoanalysis was Freud's analysis of his daughter. It's something we'd rather not think about, a vivid instance of our "peculiar legacy" in the form of "the psychoanalytic history of questionable judgement about clinical boundaries, a misestimation of potential for harm sitting right alongside the genuine and profound power to help." In Pinsky's view, Freud's having analyzed his daughter (whom she has just provocatively but also correctly referred to as his patient) also maps itself onto the history of "egregious boundary violations" among several early followers/practitioners, and (parenthetically) his disinclination to call them out. "It's unsettling to consider how blindered this great thinker is in relation to his own discovery and his own child" (p. 49), she continues, while reminding us that Ferenczi's remarkable insight in "Confusion of Tongues,"⁶ in which he distinguishes the language of tenderness (children) from the language of passion (adults), was lost on him as he fell in love with a young patient who

⁴ Fromberg, D. (2014). Trouble in the family: the impact of sexual boundary violations in analytic institute life. In *Traumatic Ruptures: Abandonment and Betrayal in the Analytic Relationship*, ed. Robin A. Deutsch. London: Routledge.

⁵ Friedman, L. (2008). A renaissance for Freud's *Papers on Technique Psychoanal. Q.*, 77:1031–1044.

⁶ Ferenczi, S. (1949). Confusion of tongues between the adults and the child – (the language of tenderness and of passion). *International Journal of Psychoanalysis*, 30:225–230.

was also his mistress's daughter, "sending her off to Freud for treatment with the hope of becoming her husband" (p. 51). In the midst of an astute recasting of the history of psychoanalysis as something potentially transformative while also *inherently* ethically troubling, Pinsky zeroes in on what she has identified as its queasy core.

Pinsky's vivid language in this essay enacts what she is talking about: the juxtaposition of Freud's extraordinary thinking alongside the flagrant misuse of patients; an admiration of what Freud built alongside an accounting of its human costs. Pinsky acknowledges the fundamental vulnerability and paradox in psychoanalysis, a field in which "the analyst's ordinary humanness, with all its flaws- is the necessary vehicle of treatment" (p. 56). She sees Freud's genius set in the context of his human vulnerability, and of the risks entailed when two people spend countless hours alone in a room "just talking." Yet she also calls him to account for what we now consider ethical lapses: "The same genius who in 1910 explained 'transference' as a re-experiencing of 'old wishful phantasies' in relation to the physician, and who in 1914 articulated the need for the patient's early experience lived out in the treatment – the concept of 'working through' – a few years later analyzed his daughter. How does a daughter intensely relive 'old wishful phantasies' with her father in treatment?" (p. 64). Pinsky systematically contrasts the enduring mutative power of psychoanalysis with the mortal fallibility (death, serious and consequential mistakes) of ordinary psychoanalysts. None of this is settled, or settling. On the contrary, Pinsky establishes that the shadow of Freud's Olympian stature and what some might consider his exceptionalism has also been cast on subsequent generations in the form of analyst-centered treatment, where analysts, like Gods, indulge an occupationally hazardous narcissism. "The Olympian is immune to ordinary mortal limit, and endures no reprisal for liberties taken or injury inflicted" (p. 50).⁷ Mt. Olympus, in other words, is a self-referential culture.

⁷ To Pinsky's point, in a recent online issue of *IPA News*, Romolo Petrini (the Web Editor) asks himself why some IPA Component Societies have refused the request to institute codes of ethics and ethics committees. He ultimately speculates that the culprit is "A presumption that Psychoanalysis *contains the ethical dimension itself* and therefore is safeguarded" (emphasis added). He goes on to say that if this hypothesis is true it is also dangerous, "because it is capable of producing a culture of self-referentialism," Petrini, R. (2019). "From the Editor" in *IPA News*, October 30, 2019.

In Chapter 2, "The Potion" (2014), Pinsky identifies the analyst's narcissism as "the problem I'm poking at throughout" (p. 41), and indeed Freud's central concern in his "Observations on Transference Love." This "quintessential document" limns out the dangers for the analyst in this "combustible arrangement" (the "potion," as in in the "love-juice" in Shakespeare's *A Midsummer Night's Dream*), where the (young, female) patient is liable to fall in love with the analyst as an inevitable development in the treatment, quite independent of the "charms of his own person."⁸ The patient appeals to the analyst's narcissism, which the tempted analyst must keep in check. In this chapter Pinsky convincingly identifies "Observations on Transference Love" as the site of the most important ethical questions in psychoanalysis, and the central idea that for the analyst, "the ethical and the technical are inseparable" (p. 28). She trusts Freud here, and forgives him the "sexualized joke about dogs and sausages" he makes as part of his effort not to "come to grief" over the eroticized transference, even as she worries that the joke may also be revealing his essential discomfort with just that. In what seems to be a signature move however, she returns in Chapter 5 ("Mirrors and Monsters"), to the same point about the joke, which she now identifies as a "queasy, uncomfortable, maybe even alienating moment in this fundamental paper"; "a smutty chuckle imbedded in the peroration" (p. 110). This is the second appearance of the word "queasy" in this book. What appeared to her as potentially discomfiting and condescending when she first read the "smutty joke" in Freud's "quintessential document" as a graduate student now strikes her (as a mature analyst) as more definitively uncomfortable, maybe even alienating. Her writing itself is queasy in this chapter. She reiterates Freud's statement of the analyst's unequivocal responsibility for the safety of both analyst and patient in the treatment, but highlights the fact that "Observations on Transference Love" is addressed to the analyst, and the possibility that *he* may "come to grief." She then points out that that "the woman patient who falls in love with the doctor is treated as an impersonal and threatening force of nature," adding that the risk taken by the patient extends beyond "grief" to the possibility of "lasting harm" in the form of sexual boundary violations. The patient is objectified

⁸ Freud, S. (1915). Observations on transference-love. *S.E.* 12, p. 161.

while the doctor is humanized (p. 111). In my view, Pinsky's identification of Freud's "sexualized joke" as a brief glimpse of his own aggression and excitement in the middle of a powerful essay on transference love is brilliant, and only one instance of her consistently close reading of her chosen psychoanalytic authors starting with Freud. I believe that Pinsky has located the "queasy core" of psychoanalysis in the fact that given the nature of the treatment setup and the fundamental power of transference, every analyst is fallible and every patient potentially vulnerable to mistreatment. There really are no guardrails other than what we hope will be the fundamentally ethical character of the analyst him or herself.

The book ends with an extraordinary epilogue. Pinsky returns to "the century-long, nearly total neglect of the analyst's mortality," and with it, the nature of the patient's grief when the analyst dies. This sequence is worth relating in some detail, as it comprises the ethical core of a book on ethical practice and human vulnerability. After more than four years of intensive psychotherapy, Pinsky asks her therapist if she can begin an analysis with him. He demurs, telling her that given his age (71) he is cautious about beginning new analyses. Pinsky excitedly and hopefully argues her case over the next ten days, firmly bypassing his reluctance. He finally interrupts her with: "There's more than one person in this room to be considered". She realizes at this point that it had been her "unconscious hope" to keep them both from thinking directly about it, "but he didn't give up that responsibility." And then he clarifies: "*Near the start of our next meeting, he said that, given the nature of my own losses, and the power of analysis, and given the good possibility that he might die before the work was done, analysis with him was not a good idea...*" (p. 120, italics added).

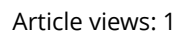
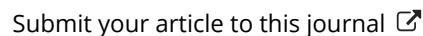
His last words to her before leaving for a weekend conference were: "What have I done to make you think I don't understand how disappointed you are?" Pinsky's (still hopeful?) response was, "I'll think about it, and I'll let you know Monday morning." The last line in the book is: "He collapsed without warning on Sunday in the airport in Philadelphia, and he died six days later, apparently never regaining consciousness" (p. 121). Here we have a vivid illustration of the "lasts" in mortality: last session, last words, and last line in Pinsky's book.

Pinsky's grief in this plainspoken epilogue is palpable. In the space of three pages she has referred to this man as Joseph Nemetz, Nemetz, and Dr. Nemetz, in effect repeatedly asking the questions, "who was I to him,

and who was he to me?" But in these three forms of address she also locates him as "my therapist" ("Joseph Nemetz"); as someone whose professional conduct in having thoughtfully refused to become her analyst conveyed in retrospect "an implicit critique of the inadequate professional literature" regarding both the therapist's death and fallibility ("Nemetz"), and the fact that "his refusal was dictated by his understanding of and respect for the power of the analytic process, for his own human limitations, and for me" ("Dr. Nemetz"). His last moments with her were in a sense prophetic: he *did* know how disappointed she'd been by his mortal limits, and his "no," but could he also have been aware in some small way of what kind of use she'd make of it? Did he sense the potential in the scrum of her disappointment? What neither person knew at the time was the truly remarkable use she would make of her work with him overall and her last few sessions with him in particular; two real people in a room together, one of whom hoped for more and one of whom had distinct intimations of mortality. Pinsky's experience with Nemetz was his mortal gift to her. This book is Pinsky's mortal gift to us.

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**ABSTRACTS FROM THE GERMAN JOURNAL
*PSYCHE: ZEITSCHRIFT FÜR PSYCHOANALYSE
UND IHRE ANWENDUNGEN*, THEME:
OBSESSIVE-COMPULSIVE DISORDERS**

BY RITA K. TEUSCH

HEINZ WEISS. (2017). Neuere Überlegungen zur Psychodynamik zwanghafter Mechanismen (Contemporary reflections on the psychodynamics of compulsive mechanisms). *Psyche: Zeitschrift für Psychoanalyse und Ihre Anwendungen*, 8.71: 663–732.

The author begins with the observation that, in contrast to other therapeutic schools, psychoanalysis views obsessions and compulsions not only as symptoms that manage anxiety, but also as expressions of and attempts to deal with longstanding unconscious conflicts. Psychoanalysis possesses the deepest clinical understanding of compulsive phenomena, which it has gained through long-term and high frequency treatments. However, such clinical evidence stands in contrast to empirical-statistical evidence. We now have increasingly empirical evidence about the effectiveness of psychodynamic and psychoanalytic treatments of these conditions (Dörr 2003, Leichsenring and Steinert 2016, Leuzinger-Bohleber 2017).

Weiss argues that, historically, according to Freud and Abraham, anxiety and guilt about unconscious aggressive and sexual impulses was considered central to the development of obsessive-compulsive neurosis. These unconscious conflicts are expressed in obsessive thinking and compulsive behaviors. Typical defense mechanisms include intellectualizing, isolation of affect, rationalization, reaction formation, undoing, and displacement. The presence of pre-genital characteristics especially anal preoccupations, were considered to be central, in addition to the repetition compulsion, which is a central dynamic in all compulsive behaviors.

We have since come to understand that obsessive-compulsive phenomena occur in a great variety of psychiatric disorders. Compulsions can serve to fend off depressive affects such as loss and guilt conflicts and also paranoid-schizoid anxieties in borderline and psychotic states. They also occur in patients with psychosomatic illness. Rather than focusing on drive-conflicts, later clinicians, especially Melanie Klein who was analyzed by Abraham, have focused on object-relations conflicts.

The neo-Kleinian John Steiner further contributed to our understanding of compulsive phenomena. With his concept of "pathological organizations," he illuminated (1998) how obsessions and compulsions come into being and the psychological functions they serve, depending on the underlying anxieties. Steiner attends to the patient's ability to symbolize, and describes various defenses commonly used. The most important defense, according to him, is projective identification, in which the patient puts parts of the self into a receptive object unconsciously hoping to be able to reintroject these parts in a modified form later on. If this process goes array, some parts of the self will remain indefinitely in the object, which brings about repetitive mechanisms and a distortion of the patient's sense of reality. Sometimes different versions of reality can exist side by side. The patient may know about the irrationality of his thoughts or feelings, but will nevertheless be significantly influenced by them.

Another useful concept in the understanding of different forms of compulsions is the concept of "reparations" (Klein and Reviere 1937). The need for reparations arises when the subject becomes aware that he loves and hates the same object, and fears he has damaged the good object. When engaged in making reparations, the subject acknowledges the damage he has done, mourns it, and reestablishes the relationship, which enables him to experience gratitude. When reparations are successful, the subject experiences mourning and guilt feelings and develops the ability to symbolize. In the case of compulsive disorders, the reparation process remains unsuccessful and is not completed: the patient with compulsive symptoms attempts to magically repair the relationship with his object that he feels he has damaged through his sadistic attacks and which he now views as vengeful towards him. Additional compulsive actions function to prevent feared attacks from the object or function to control the object, and it is impossible for such a patient to

experience guilt and mourning about the damage he feels he has done in phantasy. The patient with obsessive-compulsive disorder cannot protect the object from damage, but he also cannot give it up. In this context it is important to highlight the role of a cruel and unforgiving superego, which tortures the patient with never-ending guilt feelings and self-punishment, but does not allow him to make true reparations.

When reparations fail, the patient has to engage in more and more desperate attempts at reparation. In this sense, the compulsion to repeat can be understood as a failed attempt at reparation. Any attempt to repair the inner objects and spare them additional suffering results in more damage. Such patients suffer from chronic depression, unconscious phantasies of revenge, and persistent grievances.

There is a paucity of research on the nature of successful and failed reparation processes and their relationships to the superego (Weiss 2017). To change such a patient's primitive and sadistic superego into a more benign structure, the patient needs to experience successful reparations. On the other hand, successful reparations require the presence of a benevolent and forgiving superego. Many of our patients with obsessive-compulsive disorder or neurosis are stuck in this dilemma: as long as they feel tortured by guilt, they cannot engage in successful reparations, but as long as they cannot make successful reparations, they have to live with the burden of torturous guilt feelings.

One of the characteristics of a failed reparation is that it tends to remain a concrete phenomenon rather than become a symbolic form of reparation. As long as the reparation remains in the concrete realm, it is only a "repair" and not a "reparation," and therefore cannot be any resolution of an internal conflict. Many obsessive-compulsive symptoms are concrete, such as hand washing, counting rituals, and touching prohibitions.

Many patients with obsessions and compulsions who have experienced trauma experience torturous and repetitive trauma-based intrusions, which can be understood as failed repetitive attempts to psychically integrate and bind the traumatic affects. The therapeutic challenge consists in helping the patient symbolize the trauma, often through analysis of the transference and countertransference.

Weiss presents the case of Mr. A, a 29 year old, deeply religious professional, a married man with one child, who grew up with an absent,

but authoritarian father and a borderline mother with severe mood swings, who repeatedly humiliated the patient, forcing him to go to confession regularly even as an adult. The patient suffered from a hand washing compulsion, he was germaphobic and had to clean all door-knobs and toilet seats before he touched them. He was constantly tormented by irrational thoughts and ideas, for example, when he saw a rock in the road, he began to think that the rock could pose a danger to others and he felt forced to return to the spot and remove the rock. When he saw a plastic bag at the side of the road, he would be tortured by the thought that it might have contained a baby and that he was guilty of not saving the baby. He would feel forced to drive back and remove the bag, or he would call the police to relieve himself from torturous guilt feelings. He could only drive short distances at the time he began the treatment, and only his mother's reassurance that he could always come back and live with her again calmed him. The immediate precipitating event for coming to treatment was as follows: on a walk with his young family, he had seen a dying bird in the woods and felt compelled to kill the bird to relieve it from its suffering. He sent his family away and killed the bird with a rock, but then was not sure if it really was dead and he separated the head from the body. He hurt his finger while doing this and then became obsessed with the fear that the bird had had rabies and he now was infected. He tried to keep his obsessions and compulsions secret, but it was getting more difficult.

Weiss states that this patient had completely repressed any aggression toward others, including his wife with whom he had never had an argument. Any sexual thoughts were highly guilt ridden, and his sexual relationship with his wife was constricted. When he was 12 years old, he began to have doubts about his faith and he also began to have strong guilt about his urge to masturbate and he completely suppressed any such urge. In his sessions he, at first, expressed great doubt about the value of analysis, but then submitted to the free association rule and felt a compulsion to confess highly shameful and self-degrading material. Gradually his angry feelings became more ego-syntonic, and he began to feel anger in the transference, and his compulsive symptoms lessened significantly. He felt that "getting better" was a gift to his analyst. Mr. A's masochistic confessional rituals can be understood as his attempt to prevent further attacks from an object he perceived as hostile towards him.

His compulsion to kill the bird on his walk was motivated by his wish to protect it from additional suffering, and may be understood as a failed attempt at reparation, i.e. instead of leading to a sense of relief, his attempt at reparation resulted in its further damage and an increased torturous situation for him. Weiss suggests that such patients remind him of the tragic Greek figures Sisyphus and Prometheus, who, after rebelling against the Gods, i.e. the primitive, sadistic super-ego, they are tortured and punished in a never ending way. These patients often suffer from intense anger, unconscious phantasies of revenge, and chronic depression.

Weiss ends with a summary stating that contemporary analysts view obsessions and compulsions as heterogeneous phenomena, which come about through different pathways, depending on the patient's underlying anxieties, ability to symbolize, and the defense mechanisms used. In addition to encountering obsessive-compulsive neuroses as conceived of in classical theory, obsessive and compulsive phenomena are also present in psychosomatic illnesses, Post-traumatic Stress Disorder, and borderline and psychotic conditions. Our increased understanding of projective mechanisms and pathological personality organizations has shown that obsessions and compulsions can function to control paranoid-schizoid anxieties which threaten the patient's identity, and also protect the patient from depressive anxieties and associated feelings of mourning, loss, and unbearable feelings of guilt.

The central dynamic in obsessive-compulsive phenomena is the repetition compulsion, which Weiss regards as the prototype of all compulsive mechanisms. In addition to the classical understanding of the repetition compulsion, which focuses on the repetitive reemergence of repressed unconscious phantasies, contemporary analysts emphasize the conditions maintaining obsessive and compulsive repetitions, such as failed reparations and failed attempts to symbolize. Obsessions and compulsions are now also understood to become independent over time of their original etiology: compulsive and obsessive repetitions, can maintain a pathological organization and regulate interpersonal relationships. In this view, obsessions and compulsions are defensive because they prevent further psychological development and change. Weiss points out that such a psychological dynamic is analogous to medical oncology in which metastasized tumor cells become increasingly

independent from the original tumor and develop into independent organisms. Weiss suggests that being open to the great complexity of meanings embedded in obsessive and compulsive phenomena improves treatment outcomes of many treatment resistant conditions. He specifically recommends that the analyst focus on micro-developments in the transference and countertransference.

HERMAN LANG. (2017). Zwang und Narzissmus. (Compulsions and narcissism). *Psyche: Zeitschrift für Psychoanalyse und Ihre Anwendungen*. 8.71: 687–703.

The author takes issue with the notion that an obsessive-compulsive character is the precondition for developing an obsessive-compulsive neurosis. Lang argues that obsessions and compulsions occur in a whole cluster of narcissistic disturbances and act to fulfill a patient's fundamental need for safety and control. He suggests that patients with a compulsive character organization, for example, those suffering from compulsive perfectionism, exhibit intense anxiety, insecurity, lack of self-worth, dependency, and inhibitions, which is often not recognized adequately and which he describes as the hidden underside of these character organizations. Case material has demonstrated that obsessive-compulsive mechanisms often function to compensate for a lack of a safe emotional attachment to the primary object. Furthermore, compulsions provide an outlet for the patient's repressed narcissistic rage. Understanding obsessive-compulsive disorders in the context of severe deficits in healthy narcissism allows for a better appreciation of the whole range of the patient's vulnerabilities.

Lang presents several case examples. A 30-year-old professional man sought analysis because of disturbing phantasies and a lack of success in his life. He had the obsessive wish to hurt his father, who used a wheelchair. The patient had repeatedly the impulse to push his father down a steep hill, stab him, or kill him with a hammer. He had to reassure himself constantly that his father was still alive. On the other hand, he wished to be loved by his father. He was close to his mother until age eight, when his mother found out that his five years older female cousin wanted to sleep with him. The patient reacted with intense feelings of

guilt, which he managed with daily praying rituals. His father was a prominent man in a highly successful business; at home he was controlling, dominant, with an aggressive temper. The patient's conception was an accident—he was the youngest of several highly successful siblings. He felt like a total failure in the family, and had grandiose phantasies of becoming a well-known and influential politician.

Lang states that one can understand this patient from a classical perspective: he had unresolved Oedipal conflicts that underwent a regression to the anal-sadistic level. The patient was thrifty, which allowed him to have a sense of autonomy in his wealthy family. He had death wishes toward his father, who he saw as a rival to his incestuous erotic wishes for his mother. He also had conflicting negative Oedipal wishes toward his father. However, Lang maintains, the patient's narcissistic vulnerability seemed even more important. He felt like a failure and compensated with grandiose phantasies. His compulsive death wishes toward his father created strong anxiety and guilt feelings, and he longed for his father's death so that he would be able to experience himself as an autonomous self, which felt impossible, given his father's dominating character.

Another example is a case Lang discussed in detail in an earlier publication (1989). Ms. S was a professional woman who presented with a great variety of obsessive-compulsive symptoms. The most upsetting symptom was that she had to check constantly if the telephone receiver was in the right place on the phone. She feared that her (healthy) father could become an alcoholic and die of his alcoholism and she had to be ready to receive his call, should he call her for help. In addition to this symptom, the patient suffered from agoraphobia, migraines, erythrophobia, and severely painful menstrual periods. These symptoms intensified significantly after the patient left her parents' house at age 24. She had always been an easy child, never went through the "terrible twos," was toilet trained at age 1, had a very close relationship with her emotionally seductive and punishing father and a distant relationship with her mother, who she experienced as rigid and controlling. After moving out the patient had planned to get married to her fiancé, but when the relationship ended, she moved back in with her parents. Now her mother became again very jealous of the patient's close relationship

with her father and accused the father of sexualizing the relationship with the patient.

Lang states that a classical conceptualization of Ms. S. would suggest that her compulsive symptoms developed because of an unconscious conflict between strong erotic and aggressive impulses and a rigid super-ego. These unacceptable impulses underwent repression and a regression took place to the anal-sadistic level, resulting in anal-sadistic impulses manifested in compulsive symptoms. The patient's strong, unconscious guilt drove her compulsive fears, impulses, and tendencies to make repairs, and stemmed from her envy and hatred of the same-sex parent. Her preoccupation with the death of her father revealed her anxiety about her death wishes, which, under the influence of anal stage magical thinking, which equates thought and action became a feared and guilt-producing reality.

Lang states that the classical model does not explain well why the patient's death wishes should be directed towards her father whom she experienced, however ambivalently, as a love object. He suggests that Ms. S was suffering, in addition to her Oedipal issues, from unresolved oral-depressive narcissistic issues, i.e. she had not experienced a gratifying early maternal object. This absence and frustration of a legitimate maternal object need resulted in a premature, erotized turning to the father in the hope of getting from him the attention and care that was missing in the relationship with her mother.

Ms. S remembered that she had always felt inferior to other kids and had suffered from a strong fear of blushing as long as she could remember. A scene she frequently talked about was: as a young child she waited every night for her father to come home and play and cuddle with her. Her father had not had the opportunity for higher education and felt frustrated in his job, took pleasure in interacting with his beautiful princess. Her mother, on the other hand, left her alone, locked her up and was jealous of her close relationship with her father.

It is Lang's hypothesis that Ms. S had to repress her premature Oedipal triangulation, i.e. her early sexualized turning to her father to get the affection from him (that was missing from her mother). This early sexualization caused her severe guilt and shame, and she defended against these feelings with obsessive-compulsive symptoms. Because of his role as her substitutive primary narcissistic object Ms. S later on

wished to achieve separation, independence, and autonomy from him, but this was experienced as harming him, making him ill, ultimately as killing him. Lang observes that a patient's love and hate when directed to the same object are more difficult to resolve than when these emotions are split between two objects, as is typical during normal Oedipal development.

Lang summarizes the end-phase of his analysis with Ms. S, because it was only during the end-phase that her compulsive symptoms were relieved. Whereas Ms. S's phobic and somatic symptoms had disappeared during the early and mid-phase of the analysis, her compulsive worries about her father remained unchanged for many years. Then she began to experience a deeply negative transference towards her analyst characterized by repeated sadistic and aggressive phantasies and dreams. She experienced the analytic setting as a prison she was trapped in (just as she felt trapped in her compulsive fears and behaviors) and her analyst became her torturer who she raged at and tried to kill in her phantasies with all sadistic means possible. During this time she suffered from intensified hand washing rituals, which, Lang suggests, pointed to the anal origin of her compulsions. Gradually, after analyst and patient survived this difficult phase Ms. S was able to get in touch with her painful oral-depressive feelings of loneliness and abandonment. She got married and was able to move to a home close to her parents (because of her husband's job) without becoming symptomatic again, and she was able to end the analysis.

Two years later, she contacted the analyst again when she was unable to get pregnant, including with IVF. She had become depressed again with significant feelings of worthlessness, and feeling defective as a woman. The analyst met with her and analyzed her wish to have a child. She revealed that she did not really want to have a child. Having a child meant to her that she would be tied forever to her husband, and that the child would take her over physically and psychologically, and she would no longer be in control of herself. She also had the narcissistic fantasy that a child would fill up a deep-seated loneliness in herself and in her marriage, and that the child would rescue her from having to do a job she did not enjoy. When she became aware of these motivations and fantasies, she started to mourn deeply her experience of not having had a soothing and caring mother. For the first time, angry feelings toward

her father emerged—she now began to view him as devaluing of and exploitative towards her mother, and she began to express a deep empathy with her mother. During this time her life-long symptom of very painful periods disappeared, and she became pregnant on her own and gave birth to a healthy child.

Lang ends stating that classical theory views compulsive symptoms as compromise formations, which relieve an unconscious conflict between drives and defenses. He suggests that if we make adequate room for the narcissistic component in psychic life, we can understand the compulsive symptom as a more generalized, self-protective and regulating attempt to deal with strong feelings of insecurity, anxiety, and loss. In this sense, the compulsion allows the patient to experience a measure of safety and control that he does not feel is otherwise possible. If the patient suffers from early psychological damage, a compulsion can function to stabilize a fragile ego and protect the ego from annihilation and a fear of falling forever into an empty space. The repetition compulsion to check or rehearse the events of the day can provide structure and chronology for a person whose ego feels at the brink of dissolution. Lang quotes research (Lang 2015) that people who suffer from depression with compulsions are less likely to commit suicide than depressives without compulsions. The same is true of schizophrenics: those with compulsions tend to have a better prognosis than those without compulsions.

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LANG, H. (2015). *Der gehemmte Rebell. Struktur, Psychodynamik und Therapy von Menschen mit Zwangsstörungen*. Klett-Cotta, Stuttgart.

MARIANNE LEUZINGER-BOHLEBER, LISA KALLENBACH, LORENA ASSEBURG, JUDITH LEBIGER-VOGEL, CONSTANCE RICKMEYER. (2017). Psychoanalytische Fokalthérapien für Patienten mit Zwangsstörungen. (Focus-oriented short-term psychotherapy for patients with obsessive-compulsive disorders) *Psyche: Zeitschrift für Psychoanalyse*, 3.71: 704–732.

The authors begin by stating that for the past 30 years, both in Europe and the United States, there seems to be a broad consensus that the treatment of choice for obsessive-compulsive disorders is cognitive

behavior therapy combined with medication. While there are quite a few published case studies that demonstrate therapeutic success with psychoanalysis for these patients, more empirical evidence is needed, especially also to help maintain insurance coverage of psychoanalysis for patients with these conditions. The authors present this paper as a conceptual preparation to such an empirical study.

Leuzinger-Bohleber proposes that several technical principles need to be followed for patients with compulsive disorders to be treated successfully with short-term psychoanalytic therapy and psychoanalysis: the short-term analytic therapist must create a safe therapeutic alliance with such a patient and work toward the following goals with the patient: 1. Help the patient realize that her compulsive symptoms have an unconscious meaning. 2. Help the patient realize that her symptoms are severely limiting her life and her wishes for herself. 3. Help the patient feel encouraged to confront her unconscious conflicts and try out what it would feel like to refrain from compulsive actions and thoughts. If the patient can reach this kind of awareness in the safety of an analytic relationship, the patient's defensive structure that has been in place, often for years, is questioned and new psychic processes are set in motion. Some patients will experience an increase in the quality of their lives through short-term analytic psychotherapy, others may need longer to receive a lasting benefit, but may be encouraged to seek psychoanalysis if the short-term experience was beneficial. An example is a successful short-term therapy with a pianist, who was able to become aware, through the analysis of his transference fantasies about the analyst, that there was a connection between his compulsive playing of certain sequences and his unconsciously forbidden masturbation fantasies. These compulsive sequences were out of the patient's control and acted to destroy the patient's performances. He unconsciously punished himself for the "forbidden" repetitive masturbation. When he became aware of this connection, his compulsive symptom remitted.

The authors present reviews of Freud's extensive work on compulsive disorders, Anna Freud's work, and also more recent conceptualizations of obsessive-compulsive disorders. They also review different models of short-term psychodynamic psychotherapy, among them the two most influential schools of Focus-Oriented therapy. The authors follow mostly the model presented by Rolf Klüwer (2000) who has detailed

his research and therapeutic work over the past 30 years. Focus-Oriented therapy restricts the range of possible topics in a psychotherapy by focusing or addressing a patient's "central conflict," which often gets activated in particular stressful life circumstances. Klüwer defines the goal of his Focus-Oriented therapy as "a binding of chaotic-destructive forces in a secure analytic environment, so that a warm feeling of security can be established" (p. 299). The authors of this paper discuss various issues regarding the compatibility of short-term focus-oriented analytic work and longer term psychoanalytic work. They state that the most important challenge, regardless of the length of the treatment, is to get going a psychoanalytic process that allows the analyst to work together with the patient to understand the transference and countertransference and to test out whether a certain psychodynamic interpretation of a conflict that presents itself is helpful and matches the patient's self-experience.

The authors present the case of a 31-year-old woman, Ms. G. who was treated by Leuzinger-Bohleber and was referred to the analyst after she underwent a late-term abortion that left her in a state of shock. She suffered from uncontrollable crying, insomnia, inability to eat any food, paranoid obsessive-compulsive thoughts and a hand washing compulsion. Her history included difficulties getting pregnant and two miscarriages before getting pregnant. When it was discovered that the child would have Downs Syndrome, the patient and her husband agreed to a late-term abortion.

In the first three therapy sessions, the Ms. G's acute trauma was articulated including her images and flashbacks of the stillbirth and her acute guilt for having destroyed a life. Interpreting her hand washing compulsion as her attempt to get rid of unbearable guilt brought her some initial relief. Both the patient and her husband had believed that the other would not be able to handle raising a severely disabled child. As a result of these initial sessions the couple decided to bury the stillborn child, which allowed them to directly grieve their loss. Like many patients in this situation, Ms. G had the phantasy that perhaps, after all, there was nothing wrong with the stillborn baby. However her obstetrician confirmed the diagnosis and this brought her further relief. Ms. G then agreed to a course of Focus-Oriented therapy, which, she was told

might last for about a year (because the grieving process generally takes a year).

It soon became apparent in the therapy that the emotional crisis and trauma of the late-term abortion had awakened in Ms. G. her traumatic pre-history of abandonment. When the patient's 14 months younger brother was born, Ms. G's mother had reacted with a severe post-partum depression, and Ms. G was sent for a year to live with her grandmother in a distant city. During the day she was in full-time day care with strict rules regarding cleanliness, which had resulted in an anal fixation and difficulties with autonomy and separation. Ms. G had suffered from severe compulsive symptoms already prior to the late-term abortion. She suffered from compulsive cleaning and arranging her papers in her office. When she was an adolescent, her parents divorced and Ms. G felt responsible. Her mother had developed a compulsive need to clean after her divorce and Ms. G's compulsive cleaning was, in addition, understood as an adolescent identification with her mother.

The beginning phase of the therapy was characterized by a positive transference to the analyst. The patient processed her trauma again and again. She especially suffered from severe guilt and produced many anxiety dreams in which both she and her baby died. The analyst helped her understand that she also had the unconscious phantasy that the dead baby would take revenge on her and that her body would be destroyed. The patient had felt totally helpless at the moment when she had taken the pill to abort, and her compulsive symptoms functioned to control and prevent any additional feelings of helplessness. Gradually, as a result of these insights and working through, her compulsive symptoms lessened somewhat, and she began to be able to mourn her loss in a deeper way.

Ms. G then became aware with the help of her analyst that she was severely controlling of her husband. She projected on him her split-off aggression and became very angry with him when he disappointed her in the slightest way. She had many dreams that revealed her death wishes for him. She rejected him sexually and also emotionally, and her associations revealed that she unconsciously blamed him for the abortion and thought that his sperm was defective. Becoming aware of these thoughts brought her additional relief. She began to explore her phantasies about her own damaged body, which was painful, but subsequently allowed

her to feel more sexual and desirable. Eventually, the couple went on a holiday and Ms. G reported feeling closer to her husband than she ever had.

During the mid-phase of this Focus-Oriented Therapy, Ms. G.'s unresolved Oedipal issues became prominent in the transference relationship. She had dreams that revealed her jealousy of the analyst's husband, especially his phantasized potency. She had phantasies that the analyst did not want to continue working with her because the analyst's husband was attracted to younger women like her. She also had the phantasy that the analyst was in communication with her gynecologist and had told him that Ms. G. should not attempt to get pregnant again. This led to interpretations of her fear of her Oedipal rival in the transference, her ambivalence about her sexual impulses, and her guilt about her Oedipal wishes. When her first attempt to produce healthy eggs again failed, Ms. G revealed the phantasy that this was her punishment for the abortion and evidence that she was severely damaged. Ms. G. continued to feel better as a result of these insights and subsequently became pregnant with a healthy girl.

The analysis helped her work through her fears of not being a normal woman who can have a healthy baby. This was accomplished through the analysis of Ms. G's aggression, which became increasingly constructive rather than destructive. Ms. G became able to experience her husband as a strong, helpful, deeply desirable and also protective partner who has his own mind and can stand up to her in a helpful way.

The analysis ended shortly before the patient gave birth. While there may still be unresolved issues, Leuzinger-Bohleber states that she believed that the abortion no longer unconsciously dominated Ms. G's experience of her pregnancy and upcoming childbirth. Her obsessive-compulsive pathology had gradually remitted over the course of the year and was hardly noticeable at termination.

The authors state in their summary that for Focus-Oriented analytic therapy to be successful the analyst needs to maintain an analytic attitude and create an intermediary space in which the patient's associations, transference, phantasies, and their unconscious manifestations such as dreams and slips of the tongue can become apparent and be analyzed. The success of this kind of therapy is dependent on the analytic competency of the analyst and the analytic couple and perhaps also on

the quality of supervision, which the author recommends to help the analyst deal with often intense transference and countertransference phenomena that can quickly arise in this kind of work. Different from short-term analytic therapies developed by Luborsky (1977) and Strupp (1993), Leuzinger-Bohleber does not advise the use of parameters or supportive measures. The analysts involved in the upcoming research study will be provided with a manual on the specific psychodynamics of patients with obsessive-compulsive disorders developed by Leichsenring & Steinert (2016) including the multiple pathways to this disorder.

The authors end with the observation that in psychoanalysis compulsions are not understood as symptoms, but as conflicts. There are a number of unconscious conflicts and phantasies underlying this disorder, for example attempts to master paranoid-schizoid anxieties which threaten the ego's or self's survival, disavowal of depressive anxieties such as grief, loss and unbearable guilt, and protections against becoming overwhelmed by traumatic affect. Central to obsessive-compulsive disorders is the repetition compulsion, which functions to maintain a pathological organization and prevents the patient's psychological recovery. In contrast to the Freudian conception of the repetition compulsion as an attempt to heal the psyche, the authors emphasize that the compulsive symptomatology functions to prevent further psychic development and acts to freeze any potential change. The patient's active repetition of her compulsive worries and/or actions is designed to help her gain control over the self, the other, time, development, and external reality, which are experienced as potentially threatening and overwhelming to a vulnerable self. This dynamic is being addressed in Focus-Oriented Therapy because this therapy activates the patient's conflicts with regard to control, dependency, time, being stymied versus development. The patient's fear of and resistance to tolerating her underlying anxieties and conflicts becomes the focus of the therapy, and a space is opened up to analyze what the underlying phantasies, anxieties and conflicts are that prevent the patient's further development.

A potential patient has to be won over for such analytic work prior to the beginning of the therapy—not with psycho-educative measures, but with information about the goals of Focus-Oriented Therapy, i.e. to understand the meanings of the patient's unconscious conflicts and phantasies that drive him to seek refuge in obsessive-compulsive

behaviors and symptoms—which, on the one hand, protect him, but on the other hand paralyze him and prevent him to live his own life. The authors mention a third group of patients with obsessive-compulsive symptomatology, in which the obsessions and compulsions function to prevent a psychotic break. The authors stress that Focus-Oriented Therapy is not indicated for these patients. The authors hope their upcoming research will establish that a diagnostic differentiation of this group from the healthier group is possible in the initial interviews.

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